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Venereal Disease and American Policy in a Foreign War Zone: 39th Infantry Regiment in Sidi-Bel-Abbes, Algeria. May of 1943.

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Venereal Disease and American Policy in a Foreign War Zone:
39th Infantry Regiment in Sidi-bel-Abbès, Algeria
May of 1943

A Thesis

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Master of Arts
in
History

By

Thomas J. Gibbs

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Dedication

To my Mom and Dad: without you this would not be possible

Acknowledgement

First and foremost I would like to thank Dr. Allan Millett. His unique way of questioning my work to make me understand it better has helped me get the most out of myself. From the beginning this topic took me on different paths. Dr. Millett helped clarify those paths by sending me down others.

I would be remiss if I did not thank the entire History Department at the University of New Orleans. They stuck by my side as I entered the professional world, and always kept faith that I would finish my degree.

Abstract

Second Lieutenant Charles Scheffel, B Company Platoon Leader, 39th Infantry Regiment, 9th Infantry Division modified existing methods of venereal disease control in Algeria, North Africa during Operation Torch after being ordered to reduce the venereal disease rate by his regimental commander, Colonel William Ritter. Tasked with defeating the Germans first, Scheffel learned other enemies lurked as well, and he instituted an illegal policy to solve the problem as fast and as effectively as possible. Official United States policy on the eve of World War Two prohibited the establishment and operation of a brothel. Scheffel operated this brothel as the United States Army occupied Arab lands for the first time in its history and improved the combat effectiveness of his regiment.

Keywords: Company B, 39th Infantry Regiment, William Ritter, Operation Torch, Venereal Disease, Initiative, policy, prostitution, Sidi-bel-Abbès, penicillin, brothel, Algeria.

Table of Contents

Abstract.....	v
Introduction.....	1
Venereal Disease in World War 1.....	2
Venereal Disease on the eve of American Involvement in World War II.....	6
Venereal Disease in Sidi-bel-Abbès, May 1943.....	8
Conclusion.....	30
Bibliography.....	35
Vita.....	36

Introduction

This thesis will examine the system of prostitution in Sidi-bel-Abbès, Algeria that existed before the introduction of American troops in early 1943, and how the introduction of American forces from the 39th Infantry Regiment of the 9th Infantry Division transformed it. By introducing penicillin, the control of venereal disease became possible for American forces. While it can never be completely eradicated, penicillin was the cure that alleviated historically high rates of venereal disease in the US Army dating back to World War I and even further. Venereal disease has always been a problem for the US Military. With the advent of “bigger wars” the amount of soldiers involved increased exponentially. The venereal disease problem, as it presented itself during World War I, alerted the medical community in the inter-war years to the severity of the problem as it related to the general population, and especially the military.

During World War I one hundred thousand more men were tallied as casualties due to venereal disease than to being wounded or killed. Six and a half million days of duty were lost during the roughly one and a half years the United States had troops abroad.¹ Venereal disease ranked fourth on the disease list, preceded by tuberculosis, heart disease, and mental deficiency. The United States military also had specific trouble spots that accounted for high incidences, such as in the Philippines, and in terms of specific groups, black troops had nearly a forty percent rate of venereal disease.² Out of the men who served in Europe during World War I the incident rate was thirty four men per one thousand. Out of the men who served on the home front, one hundred and twenty seven men per one thousand contracted venereal disease.³ This was a result of poor education.

¹ Henry Michie, *Preventive Medicine During WWI Venereal Disease: Statistical Considerations*, Chapter VII (Washington DC: Office of the Surgeon General: Department of the Army, 1960), 263.

² Ibid.

³ Ibid., 269.

Syphilis and gonorrhea especially presented a public health challenge within the military during World War I. Sexual abstinence was the policy that was officially set into law by the Selective Service act of 1917, which forbid prostitution within five miles of a military base. Soldiers were expected to not engage in sexual behavior outside of marriage. Punishment as required by the Selective Service act of 1917 ranged from a fine to a year in jail for, “any person, corporation, partnership, or association receiving or permitting to be received for immoral purposes.”⁴ Through the inter war period the treatments of these diseases did not change. The attitude of abstinence was reinforced through aggressive public health campaigns stemming from the venereal disease problem recognized during World War I.

The United States, after entering World War II, decided that stopping Germany would be its first priority. As a result of discussion with its allies the American Army set its eyes on North Africa as the first place to combat the Axis. The logistical nightmare of shipping enough men, material, and supplies was daunting and US officials gave little thought to civil affairs, particularly the control of communicable disease. But the American Army would soon find out that venereal disease control was crucial as soldiers arrived in a world of registered prostitution that existed well before their presence.

The spread of venereal disease was always a problem at home, but it posed additional problems for the United States Army in North Africa during World War II. Upon discovering the size and scope of the problem, the American military adjusted established policies with a view to improve upon local procedure to control venereal disease. This thesis will examine the 39th Infantry Regiment and its struggle after assignment to Magenta, Algeria to maintain acceptable venereal disease rates in North Africa. Magenta’s proximity to the town of Sidi-bel-Abbès put

⁴ 65th Congress, *Selective Service Act of 1917*, (Session 1, Section 13, 1917).

U.S soldiers in proximity of a town that not many of the soldiers had envisioned ever seeing in their life. The home of the French Foreign Legion in Algeria, Sidi-bel-Abbès was a teeming multi-cultural center with many different social layers. In 1943 Sidi-bel-Abbès would be a hotbed for American soldiers looking to have a good time.

Venereal Disease and World War 1

The number one concern for any commander of troops, especially combat troops, is their ability to perform their mission. The United States of America's armed forces on the eve of World War II again faced a problem they had encountered in World War I. Venereal disease accounted for non combat casualties during World War I that reduced combat effectiveness and stretched medical services. The official United States Army policy on sex during World War I was abstinence.⁵ Social and religious factors shaped American views on the subject, and it was expected that troops would adhere to a home front moral standard overseas. Contraction and actual treatment of the disease was a terrifying experience that would do little to influence any type of moral standard imposed on young men thousands of miles from home, free from family and community pressure.

When American entry into World War I was imminent, the Selective Service Act of 1917 allowed the Federal Government to raise the necessary army through conscription. An average of five percent of inductees had venereal disease, with seven states reporting rates of ten percent or higher.⁶ The Selective Service Act of 1917 also prohibited prostitution within five miles of all military bases and expanded legal authority to the military to enforce the prohibition. The Public

⁵ Michael Imber, "The First World War, Sex Education, and The American Social Hygiene Association's Campaign Against Venereal Disease," *Journal of Educational Administration and History* ,(1984), 16, 47-56.

⁶ Ibid.

Health Service claimed that by the war's end ninety percent of prostitution had been eliminated in areas surrounding bases.⁷ Many reopened as soon as hostilities ceased. Out of the Selective Service Act was born an educational initiative designed to inform the troops on the ills and horrors of venereal disease. Military planners were aware of a number of factors that influenced sexual promiscuity and they included, but were not limited to alcohol use and proximity to prostitution.⁸

In 1917 the Commission on Training Camp Activities formed to address the recreational needs of recruits. Its establishment sought to curb “the sexual impulse...through instruction, exercises, and wholesome entertainment.” Many felt that the war and its aftermath would simply exacerbate the spread of venereal disease.”⁹ As the draft began to take effect, and more soldiers entered the ranks of the military, it was apparent to the medical officers screening these soldiers upon induction that, “high levels of venereal disease were found among recruits and that medical men working among the troops found that there was a gross ignorance and mis-education on the whole subject of sex.”¹⁰ Without the knowledge of how to diagnosis, prevent, and treat syphilis or gonorrhea, a soldier was more likely to contract and spread those diseases.

Out of the roughly three and a half million hospital admissions during World War I, eleven percent, or roughly 380,000 cases were as a result of venereal disease.¹¹ As American troops flooded into France, President Georges Clemenceau wrote to John Pershing offering France's help in establishing special bordellos for American troops. Bordellos in the French

⁷ Ibid.

⁸ Michie, *Venereal Disease, Statistical Considerations*, 271.

⁹ Alexandra M. Lord, *Condom Nation The U.S. Governments Sex Education Campaign From World War 1 to the Internet*, (Baltimore, MD: Johns Hopkins University Press 2010), 24.

¹⁰ Ibid.

¹¹ Frederick Holmes, *Venereal Disease: Index of Essays-WWI*. (University of Kansas School of Medicine 2014), Volume 1, 1.

military during World War 1 operated out in the open. Pershing passed the letter up to Secretary of War Newton Baker who said “My God, if Wilson sees this he’ll stop the war.”¹²

By not giving soldiers condoms in World War I the US Army reflected the social attitudes towards sex and prostitution. Venereal disease was looked at as a moral problem rather than a public health problem. Propaganda posters targeted soldiers from World War I. They denigrated French prostitutes and painted them in an even more unflattering light as infected enemies. This was in comparison to the established prostitution rings for French officers who had their choice of upscale prostitute.¹³ In the American army, Major Hugh Young, a rising star in the field of urology at the time, oversaw a new military consensus that made commanding officers in the field directly responsible for the sexual health of their troops.¹⁴ Officers were required to take appropriate action, by any means necessary, to ensure the sexual health of their troops. Soldiers taken off the line during World War I were disciplined by their officers. Discipline usually involved cutting a soldier’s pay.

Some soldiers responded to such regulations in novel ways, including contracting venereal disease through non sexual means. Analogous to shooting one’s self in the foot to avoid combat, soldiers in trenches were known to spread venereal disease using a wide range of methods, including the notorious matchstick method. A soldier who had discharge as a symptom would swab out the inside of his urethra with a matchstick. For a fee, this matchstick would then be inserted into a healthy man’s urethra, giving him the disease and a chance to get off the line. This demonstrates some of the means employed by soldiers to get out of combat, and who would then be judged and disciplined for contracting such a disease.¹⁵ The stigma for contraction was

¹² Ibid.

¹³ Michie, *Venereal Disease, Statistical Considerations*, 271.

¹⁴ Ibid., 2.

¹⁵ Ibid., 1.

high amongst the enlisted men, and especially black troops who did not have access to basic education. Officers were usually free from the stigma. The treatment for syphilis in World War I was to have several mercury injections into a man's urethra, a painful procedure. This pain, and the way it was inflicted through needle injections in a sensitive body part made some soldiers think twice.¹⁶

Treatment options in the military were usually met with skepticism by the troops that required it. Atabrine, used as a cure for malaria, had a wide range of side effects including yellowing of the skin, nausea, and psychosis.¹⁷ Soldiers' deep suspicion of Atabrine led medical officers to verify that soldiers did in fact swallow their Atabrine tablets when given to them. Atabrine had a high success rate when taken correctly, and like other treatments for syphilis and gonorrhea it acted as a deterrent because of the perceived side effects. Meanwhile the treatment for syphilis and gonorrhea had very real side effects in the form of pain.

Other efforts arose following the passage of the Selective Service Act of 1917. The issue of venereal disease required coordination with other civilian agencies. The US Public Health Service and the American Social Hygiene Association attempted to raise awareness on the issue of venereal disease. Their main goal was to further educational outreach in areas around military bases that could be a hotbed for prostitution, and other illicit activities that soldiers might seek in their free time. Educational campaigns and programs to teach public health around military bases arose.

By the end of World War I the effort to contain venereal disease was perceived to be a failure. Fifteen percent of American soldiers visited the hospital for gonorrhea and syphilis.¹⁸

¹⁶ J.E.R McDonough, *The Treatment of Syphilis in 1915*, (London Lock Hospitals), 1915. N.P. #.

¹⁷ Paul Russell, *Preventative Medicine in WWII Communicable Diseases, Malaria*, Volume VI, (Office of the Surgeon General: Department of the Army: Washington D.C, 1963), 7.

¹⁸ Imber, *The First World War Campaign Against Venereal Disease*, 47-56.

The rate of venereal disease stationed in the United States was 50% higher than those serving overseas. Incidence among troops in the Philippines in that same time period was higher than 50%. According to these statistics, American women should have been watched more closely than foreign women given the disease rate on the home front.¹⁹ Arguably a head start could have been gained on the issue had the American military taken the simple step of providing condoms to their soldiers and prophylactic stations.

Venereal Disease Policy on the Eve of American Involvement in World War II

The draft of 1917, which conscripted one million young men, served as a litmus test for health agencies. The military was aware as well that many young men would be entering the service with venereal disease.²⁰ The conscripted soldiers coming into the ranks of the military to meet the manpower needs of World War I got the attention of the medical community. The U.S. Public Health Service (USPHS) was one of the primary agencies in raising awareness among the civilian population and the military about venereal disease. From 1918-1920 the USPHS launched an ambitious campaign to bring sex education to America. The USPHS targeted rural communities in America because of their distance from cities and their inability to ascertain useful information quickly. Informational pamphlets, lectures, motion pictures, and exhibits were produced.

Dr. Thomas Parran was the sixth US Surgeon General, serving from 1936 to 1948. In 1937 he published a book entitled *Shadow on the Land: Syphilis*. With war looming and the mass mobilization of men and material more and more likely, health officials anticipated an increase

¹⁹ Holmes, *Venereal Disease*, 2.

²⁰ Thomas Parran, M.D. Surgeon General of the United States, *Shadow on the Land: Syphilis*. (United States Public Health Service, New York 1937), 122.

in communicable disease, particularly venereal disease. Relaxed moral attitudes in the 1920's had led to a sexual revolution of sorts. Dr. Parran's book led to a more general awareness and, eventually, legislative action. Dr. Parran's book, many argue, led to the freeing of federal funds that created the La Follette Bulwinkle Act of 1938.²¹

The federal funding procured through the La Follette-Bulwinkle Act of 1938 allowed for the organization of venereal disease educational programs on the state level. The Bulwinkle Act created an atmosphere of cooperation between the federal government and civilian state agencies such as the US Public Health Service. After World War I these organizations cooperated to bring sex education to many rural areas in the country. The co-operation that the USPHS and the American Social Hygiene Association demonstrated post-World War I was sought once again. Collaborative effort sought during a number of conferences produced an agreement officially called, "An Agreement by the War and Navy Departments, the Federal Security Agency, and State Health Departments Measure for the control of the Venereal Diseases in Areas where Armed Forces or National Defense employees are contracted." Known as the Eight Point Agreement, it was adopted by the Conference of State and Territorial Health Officers, and its recommendations and policy were adopted by the US Armed Forces in September of 1940.²² The Eight Point Agreement was soon joined by the May Act. The May Act gave broad authority to the military to police areas outside of military establishments with regards to prostitution. The May Act also allowed the military to close down any establishment that was linked to prostitution. The US Surgeon General and the Army approved the May Act on July 11, 1941 as a means of policing prostitution and venereal disease.

²¹ Sternberg et, al, *Preventive Medicine During WWII: Communicable Diseases Transmitted Through Contact or Unknown Means*. Volume V Chapter X (Department of the Army. Washington DC 1960), 140.

²²Ibid.

This high level of control around military bases was seen as essential to combat the spread of venereal disease. Coupled with the educational attempt by the US Public Health Service and the American Social Hygiene Association, officials put in place a dragnet around bases to prevent prostitution and venereal disease. Many commanding officers around bases did not take this seriously and preferred to “wink at prostitution” and ignore the official Army policy directing a “vigorous” repression of prostitution.²³

The War Department concluded in its War Department Circular No. 249 that “the guiding principle shall continue to be that continence and self control not only develop character, but are the only completely satisfactory methods of preventing venereal disease.”²⁴ Former boxing champion Gene Tunney, who was an officer in the US Navy, conducted a speaking crusade about the perils of venereal disease. *Readers Digest* printed Tunney’s essential message:

Tally cards seized as evidence showed how much these prostitutes had earned in one day; three cards showed forty-nine, thirty-seven, and twenty-eight customers... Can you imagine what happened to the hundred and fourteen servicemen who visited them that day? Can our sailors and soldiers, as champions of democracy, afford to indulge in sexual promiscuities, scorned by most prize fighters? Dare they forget that in the First World War, seven million days of service were lost to the US Army as a result of venereal infections?

Tunney would later admit that the appeal to continence was a failure because, “men don’t get medals for practicing it.”²⁵

²³ John Costello, *Love Sex & War: Changing Values 1939-1945* (University of Virginia: HarperCollins 1985), 128.

²⁴ *Ibid.*, 129.

²⁵ *Ibid.*

Right before the Pearl Harbor attack, General George C. Marshall, the US Army Chief of Staff, issued a directive aimed at repressing prostitution. He argued that if venereal disease existed in a unit, unit commanders had failed to prevent soldiers from visiting houses of prostitution. Marshall went on to say: “The guiding principle shall continue to be that continence, and self-control not only develop character but are the only completely satisfactory methods of preventing venereal disease.”²⁶ Unit commanders would be held responsible for keeping their soldiers uninfected.

Venereal Disease in Sidi-bel-Abbès, Algeria

In July of 1942 Franklin D. Roosevelt and Winston Churchill decided that the first Anglo-American Allied offensive target would be North Africa. They agreed to appoint Dwight Eisenhower the Commander in Chief of the Allied Expeditionary Force that would invade North Africa. American military strategy up to this point would have told these leaders that a direct thrust into France would be the most advantageous. Eisenhower scribbled on a note to himself on January 22, 1942 that “We’ve got to go to Europe and fight, and we’ve got to stop wasting resources all over the world and still worse time.”²⁷ Churchill, however, pushed vigorously for an invasion of North Africa, claiming that the Americans were not ready for an attack directly into Hitler’s war machine. Churchill lobbied for an invasion of North Africa which the American military command rejected almost immediately. Roosevelt considered his options carefully. With the vast amount of German men and material tied up by the Russians, and with the United States’ recent support of Russia through the Lend-Lease Act, Roosevelt felt that he had to open up a second front against the Germans in order to support the Russians. American military advisors

²⁶ Ibid.

²⁷ Rick Atkinson. *Army at Dawn: The War in North Africa, 1942-43*. (New York: Henry Holt and Co, 2002), 11.

told Roosevelt that if the Russian effort against Germany collapsed then the war could last a decade.²⁸

The capture of 30,000 British troops at Tobruk marked a change in Roosevelt's thinking. He could no longer consider an invasion of France which was nicknamed SLEDGEHAMMER. On July 30th, 1942 Roosevelt closed the door on an amphibious invasion of France. He chose North Africa as the spot to open up a front against Germany under the codename TORCH. Thus began a massive undertaking to launch what would be at that time the world's largest amphibious invasion. The main goal of Operation Torch was to control North Africa from Morocco through Algeria, which would place an Allied Army in Tunisia behind the Axis armies in Libya. For the first time in history, the United States Army would find itself operating within an Arab population.

Ensuring tactical military success depended on many things in North Africa. The biggest question on a tactical level was whether or not the Vichy French soldiers in North Africa would fight against the Americans. American planners hoped that in the face of the overwhelming odds, the French would abandon their de facto alliance with Germany. George Marshall, in a memo to President Roosevelt in September of 1942, informed him of the plan to co-opt the Vichy administration in North Africa:

The success of the TORCH operation is critically dependent upon the reactions of the authorities, inhabitants and troops of North Africa. With this in mind, General Eisenhower has on his staff a Civil Administrative Section to co-ordinate the civil and political matters in immediate relation to the operation. He urgently requests that men from the State Department

²⁸ Ibid., 15.

be released to serve on this body.²⁹

The 9th Infantry Division took part in the Allied landings for Operation Torch after having spent the better part of October and early November on troop transport ships headed for North Africa. The divisional baptism by fire took place on November 8th, when a battalion of the 39th Infantry Regiment appeared at the gates of the Maison Blanche airfield.³⁰ Several French troops attempted to save face by firing wild shots into the advancing the Americans, but gave up immediately upon realizing who they were facing. American troops ran into firing French soldiers for up to three days after the invasion.³¹ Most of these incidents were not serious and lasted for very short periods of time. After the initial invasion, the 9th Infantry Division would enter a period of quiet for roughly two and a half months. The Battle of Kasserine Pass brought little action to the 9th Infantry Division, however, the divisional artillery played a key role during the battle.³²

The 39th Infantry's toughest task came on March 28th, 1943. From the American perspective the 39th commanded the right flank of the battle near a cluster of hills called the Djebel Berda area. Their main goal was the assault of Hill 369, thought to be lightly guarded.³³ General Manton S. Eddy, the divisional commander, ordered the 47th Infantry regiment³⁴ to attack Hill 369. Roughly half the regiment was lost and General Eddy received a verbal lashing from General Patton. In an attempt to cover his tracks, Eddy ordered the 2nd battalion of the 39th

²⁹Harry Coles and Albert Weinberg, *Civil Affairs: Soldiers Become Governor*. (Center of Military History United States Army. Washington D.C 1992), 31.

³⁰ Maison Blanche Airfield is currently known as the Houari Boumediene Airport and is located less than five miles from La Bateau Casse where soldiers from the 9th Infantry Division landed on November 8th, 1942.

³¹ Atkinson, *Army at Dawn*, 116.

³² *Ibid.*, 455.

³³ *Ibid.*

³⁴ The 47th was a sister regiment of the 39th Infantry Regiment.

Infantry to finish the job. Almost the entire battalion was lost. The 39th Infantry Regiment, as well as the 47th would see heavy losses at the end of March 1943. The intensity of the fighting, and the reduction of numbers are explained by Rick Atkinson:

Tens of thousands of mortar and artillery rounds fell on both sides. The 9th Division would expend more than a million rounds of rifle and machine gun ammunition at El Guettar. The 47th Infantry added another 75 stretcher bearers to the regiment's original sixteen; the 39th added sixty. Even the squeal of ambulance brakes at night drew fire. The dead were stacked like sawed logs in a truckbed and hauled to Gafsa for burial.³⁵

The 39th Infantry Regiment after March of 1943 would find itself on guard duty in Algeria for the better part of three months. During this time soldiers found themselves in a strange land, one far from home and teeming with exotic pleasures and places. The search for alcohol, distraction, and sex became paramount to many soldiers reconciling their fates in their heads and sitting in the desert with nothing but time on their hands. One of these areas the men of the 9th Infantry Division found themselves in was a town called Sidi-bel-Abbès. The city of Sidi-bel Abbès was no stranger to prostitution and venereal disease by the time the United States Army showed up. A search on prostitution in the area yields records stretching back about one hundred years. A multi-cultural center, Sidi-bel-Abbès was the home of the French Foreign Legion in Algeria from 1843-1962.³⁶ The Legion had maintained a brigade sized presence, but after World War 1 the importance of Sidi-bel-Abbès as a military base lessened as French colonial prospects lessened.

³⁵ Atkinson, *Army at Dawn*, 458.

³⁶David Jordan, *The History of the French Foreign Legion from 1831 to Present Day*, (London: The Lyons Press, 2005), 38.

In Sidi-bel-Abbes, the inadequacies of the United States' public health plan became readily apparent. The United States' public health plan as compared to the battle plan for North Africa was vague at best, and nonexistent at first.³⁷ The scope of the disease problem was not realized until American soldiers were on the ground. The French had long before set up rudimentary systems of public health, but it was mostly confined to French soldiers and support personnel, not the indigenous population. Existing systems of prostitution in Algeria utilized by the French, and particularly the French Foreign Legion were adapted and expanded upon by American forces. In colonial Algeria the French had made great strides in safeguarding the health of its settlers and soldiers for over a century, but not the locals. The locals meanwhile continued to live in filth and disease, as compared to other living conditions, particularly in the United States.³⁸

The number of prostitutes in North Africa prior to Allied involvement was massive. Many population centers larger than a hamlet officially contained at least a couple of prostitutes.³⁹ Hundreds of prostitutes could be found in larger cities. Prostitutes in Algeria fell into one of two categories: "inscrites soumises or inscrites insoumises." Inscrites soumises represented prostitutes that were registered and operated in a recognized house of prostitution. Inscrites insoumises represented a registered prostitute who did not operate in a recognized house, but rather operated as a freelancer. Registration as a prostitute was compulsory, unless the woman had been arrested on morals charges.⁴⁰ Moral charges were filed against a prostitute who was operating out of her designated area. Once registered, a prostitute could not change her

³⁷ Richard Taylor, *Preventive Medicine in WWII Civil Affairs/Military Government Public Health Activities. Volume VIII.* (Office of the Surgeon General: Department of the Army: Washington DC 1976) 255.

³⁸ *Ibid.*, 258.

³⁹ Sternberg et al, *Communicable Diseases: Venereal Diseases*, 206.

⁴⁰ *Ibid.*

profession unless it was officially changed by French authorities. Twice a week registered prostitutes in Algeria were supposed to report to their local health center for a cursory inspection of their skin. They also underwent a speculum inspection of their vagina and cervix. Cervical smears were also taken from the woman and stained with methylene blue and examined immediately. A serologic test was also required every three months for syphilis.

Colonel Perrin H. Long was the American forces headquarters consultant on medical issues in North Africa. Dr. Long immediately saw fault with how quickly the tests were conducted in North Africa. He also noted how each health center was conducting these tests and collecting material on up to one hundred women per day.⁴¹ Long's own personal observation in Algiers and Oran contradicted with what was presented to him as official policy. Long found that only one in ten women actually received proper testing through the methylene smear method.⁴²

The regulated form of inspection was found to be inadequate by American standards. While the "inscrites soumises" and the "inscrites insoumises" were subjected to a substandard form of medical inspection, there was an unknown class of prostitute that would add to the prostitute population and provide further challenges to the public health of American soldiers because they generally received no inspection and had no access to treatment. According to French authorities, clandestine prostitution had existed in some of the larger cities, with prostitutes operating in and around hotel and café areas. As a result of German occupation, particularly after the fall of France, a large number of individuals were displaced or found themselves in entirely new areas. Underpaid female workers in other professions found that, with the influx of American soldiers and money, they could make a living by becoming a prostitute. Beginning with the American invasion on November 8th, 1942 the rise of "clandestine" further

⁴¹ Ibid.

⁴² Ibid., 207.

impeded French efforts to control disease. By burdening the existing testing system with new workers, it added to the pool of women who would not receive proper testing. These “new” prostitutes constituted a large section of women who were not subjected to the medical requirements imposed on the incrites soumises. This, coupled with weak testing methods, allowed venereal disease to run rampant after American occupation in November of 1942. Confronted with the widespread use and availability of prostitution, the US Military had two options. Officials concluded that banning prostitution outright was impossible because of the availability of prostitutes in the area. The second option, the one American planner’s eventually settled on, was to allow de facto access to prostitution as long as it was regulated and controlled.⁴³ Americans then found themselves regulating a system of prostitution without the medical knowledge and material ability to solve the problem.

Public health in a war zone depends on cooperation between the occupier and the civilian population that is under control by the occupier. This relationship existed as a result of infrastructure and the ability of the population to support hospitals, education centers, and other treatment facilities. While the colonial French had access to health centers where venereal disease was checked, the local Muslim population did not, greatly improving the chances local women did not have the knowledge necessary to prevent the spread of venereal disease. Once the Allies landed, the Civil Affairs doctrine for Operation Torch was as follows:

The Allies had no political course in mind other than to win campaigns in the field while allowing the French to work out their own internal problems unhampered and unaided. This policy was avowed by the President and set forth as approved military doctrine....The fundamental purpose was to avoid any interference with the population, except what was necessary and

⁴³ Ibid., 208.

inescapable to assist military operations.⁴⁴

From recommendations came hard policy decisions from President Roosevelt. He appointed Robert Murphy as his personal representative for civil affairs and gave him ambassadorial rank.⁴⁵ Murphy was given the title of Operating Executive head of the Civil Affairs Section for Operation Torch and Advisor for Civil Affairs under General Eisenhower. Murphy had long had the ear of President Roosevelt. Roosevelt perhaps felt that by having Murphy on the ground, he would be able to manage his next directive. In the same memo in which he appointed Murphy, Roosevelt informed him that, “no change in the existing French Civil Administration is contemplated by the United States.”⁴⁶

From The Medical Department of the Army wrote later “It is important to note that certain conclusions concerning American civil affairs policy, which were arrived at following the TORCH operation, affected all later civil affairs planning.”⁴⁷ The plan assumed that the French Army and colonial police would control the Arab population. This issue would be decided shortly after the Allied invasion on November 8th. Allied negotiations with the French representatives loyal to Chief of Vichy State Marshal Pétain on November 10th, 1942 attempted to convince Pétain that it was time to support the Allies and their mission to topple Nazi Germany. American invasion forces were met with Vichy French forces that were ready to lay down their arms in most cases. These negotiations centered on what the Allies could offer. Supplies and goods, and a reminder of American power were presented to Vichy representatives.

⁴⁴ George Howe, *Northwest Africa: Seizing the Initiative in the West. Section III Tactical Plans and Political Preparations*. (Center of Military History United States Army: Washington D.C 1957), 58.

⁴⁵ Andrew Buchanan, *American Grand Strategy in the Mediterranean during WWII*. (London:Cambridge University Press 2014), 90.

⁴⁶ Cole and Weinberg, *Civil Affairs: Soldiers Become Governors*, 33.

⁴⁷ Taylor, *Civil Affairs/Military Government Public Health Activities*, 55.

The Germans also wanted the support of the French. For the Germans, their civil affairs plan for North Africa was markedly similar to the Americans. It focused on gaining control and maintaining the status quo of the local population so as not to affect military operations. The plan was that French inhabitants would be regarded as friendly and as allies to be gained in the fight against Germany, however this never happened.⁴⁸ According to American planners, the Arabs were not willing to change their living conditions and improve their personal hygiene, and did not receive any type of education on basic sanitary living, which would include education on venereal disease. The substandard living conditions were seen as a threat by American forces before they landed in North Africa.⁴⁹

In January of 1943 British and American forces hosted a conference in Algiers with local French representatives. American and British forces learned the extent of the prostitution problem in Algeria and elsewhere. Algeria itself had over 600 registered prostitutes.⁵⁰ As General Marshall insisted U.S. Army local commanders bore the responsibilities of ensuring that their troops did not fall prey to the lure of sex and alcohol, a deadly duo of dissolution, in foreign lands. Arab Africa was certainly foreign, a brew of French and Arab culture unfathomable to the average GI. The French Colonial Army and the people of Algeria had established a cultural truce: liquor and sex could be found for the money in certified, isolated locations that were well-policed and inspected by medical personnel. In return, Arab women need not fear molestation by European soldiers. Sexual relations between an Arab woman and foreign soldier would be considered rape, punishable under French law and (worse) the cause of violent revenge by the

⁴⁸ Taylor, *Civil Affairs/Military Government Public Health Activities*, 254.

⁴⁹ *Ibid.*, 258-59.

⁵⁰ Sternberg et al, *Communicable Diseases: Venereal Diseases*, 206.

“wronged” women’s family. A blood feud rarely improved relations between civilians and the military.

Colonel William L. Ritter would take command of the 39th Infantry of the 9th Infantry Division on April 26th 1943, after two regimental commanders were captured or killed in April of 1943. William Oakes would be lost at El Guettar and Trimble Brown at Djebel el Garsia, respectably in April 1943.⁵¹ Ritter was assigned to the 39th Infantry after Brigadier General Donald Stroh, the Assistant Divisional commander, took control of the 39th Infantry. Stroh commanded the 39th during a critical engagement centered around Hill 438 after Trimble Brown had been captured. Ritter would find himself in command of a combat weakened regiment which had sustained heavy losses during April 1943.⁵²

Ritter was born in Hartford City, Indiana on January 12, 1898. He had enlisted in the Army in June of 1918 and fought at Belleau Wood alongside the U.S. Marines. Ritter was an artillery spotter for support units in the battle. Having served in World War I, his familiarity with the French certainly helped him in North Africa, although his personal attitudes towards the French are unclear. His combat experience in World War 1, coupled with his command of the 39th Infantry Regiment in North Africa, put Ritter on the fast track. From 1944-1946 he was deputy commander in chief of US Forces North Africa Middle Eastern forces under General B. L. Giles. Prior to his promotion, Ritter would implement and oversea a regulated bordello in his unit, at a time when venereal disease was running rampant in a unit getting rest after a long fight. Ritter would give this task to young lieutenant Charles Scheffel, B Company Rifle platoon leader

⁵¹ Howe, *Northwest Africa: Seizing the Initiative in the West*, 618.

⁵² The 39th Infantry Regiment had seen a long two months of combat, beginning with action at Kasserine Pass in February of 1943. In March of 1943, the Regiment saw combat at El Guettar. A brutal eleven day stretch saw two company commanders killed or captured.

from Oklahoma who knew very little about his own Army, let alone containing venereal disease in a foreign land.

Born in 1919 in Oklahoma to parents of German descent, Scheffel had a middle class upbringing in Dust Bowl America in the 1930's. His father owned a tire shop in Oklahoma City prior to Scheffels' birth. Choosing a rural existence to escape the city, Scheffel's father moved one hundred miles north of Oklahoma City to Enid, Oklahoma. He opened a filling station, became respected in the business community, and engaged in mineral rights speculation.⁵³ A second son, Stanley, was born when Scheffel was two years old, and after three years it was apparent that Stanley had dwarfism. When Scheffel was 11 his father died, leaving behind his wife and a special needs brother. The family faced the Depression as a single income family with few assets. Scheffel's mother sold off their Studebaker automobile, made the families' clothes, grew vegetables, and collected rainwater. Scheffel earned nearly a dollar a day on his aunt's farm when unemployment was at record levels. For seven summers after his father died, Scheffel worked on his aunt's farm as his mother thought it would be good for him.⁵⁴ Scheffel continued to grow and mature, while always allotting time to work on his basketball game he would cultivate into a ticket to college.

In 1938 Oklahoma A&M offered Scheffel a full scholarship.⁵⁵ Oklahoma A&M, as a federal land grant college, required two years of Army ROTC for its students. Scheffel studied finance and with basketball taking up a good deal of his time, took the minimum course requirements for ROTC. Scheffel had a good sense that the war was coming. In the fall of 1940 Congress passed the Selective Service act of 1940 requiring males over the age of 18 to register

⁵³ Charles Scheffel, *Crack and Thump: With a Combat Infantry Officer during WWII*, (Camroc Press LLC: Plano, TX. 2007), 10.

⁵⁴ *Ibi.*, 12.

⁵⁵ Oklahoma A&M is modern day Oklahoma State University

for military service. If a student took the advanced ROTC course they had the option of becoming an officer. The basketball coach at Oklahoma A&M Coach Hank Iba, informed his eager athletes that it was better to take the advanced course so that one could sign up for the military on their own terms, like choosing to be an officer.⁵⁶

Scheffel went on to take the advanced course, a path that would lead him to being commissioned in the Officer Reserve Corps as a second lieutenant. Scheffel went through the paces of training. His commissioning was in June of 1942, shortly before shipping overseas for the November 8th three pronged invasion of North Africa.

Lieutenant Scheffel's deployment saw him headed for Europe on the luxury liner the Queen Elizabeth. Scheffel was deployed to Europe to train for the invasion. The 39th Infantry Regiment, which Scheffel was a part of landed in Glasgow, Scotland. Scheffel and a company sized force immediately got detached from the 39th Infantry Regiment to engage in what amounted to be an experiment resulting from inexperience. Since the British had a significant fighting force in Libya and Egypt already, American commanders thought it would be a good idea to integrate some of the veteran British units with the fresh American ones. Scheffel was in charge of the 21st Highlanders, a supply company of the 1st Highlander regiment.

In his personal account Second Lieutenant Scheffel alludes to his displeasure with being assigned to a British unit although he was able to learn some things that kept him alive and served him well throughout the war.⁵⁷ For three months, Scheffel was a member of this supply company attached to the 1st Highland Division, and it was not until February of 1942 that he

⁵⁶ Ibid., 14.

⁵⁷ Scheffel has two oral accounts readily accessible online. One is contained on the digital archive site of the National WWII Museum in New Orleans, LA at ww2museum.org. The other can be found contained in the digital archive of the Nimitz Education and Research Center Collections at the Museum of the Pacific War in Fredericksburg, TX at digitalarchive.pacificwarmuseum.org/cdm/search/searchterm/Scheffel,%20Charles,%201919-/mode/exact

rejoined the 39th Infantry Regiment of the Ninth Infantry Division in Algeria. Scheffel became a B Company rifle platoon leader and was assigned by the regimental commander Colonel William Oakes in March of 1943 to secure the town of Philippeville from saboteurs and thieves.⁵⁸ Philippeville is a coastal town in Northern Algeria. French, British, and American troops from the Ninth Infantry Division and First Infantry Division had their own camps around the town. Social activities available for soldiers in Philippeville included, but were not limited to prostitution, drinking, gambling, and “carousing.” This created the potential for a volatile environment, and Scheffel knew it. He formed a patrol with British and French units after some “local hoodlums” roughed up some drunken American servicemen.⁵⁹ Scheffel’s job specifically was to close the bistros and bordellos at dark and to make sure that there were no violations of the blackout policy.

Examples from Orléansville, Algeria highlight the issues created not by thieves and saboteurs, but by Americans themselves. In March of 1943, in Orleansville in Algeria, there was an incident involving the shooting of an Arab local by an American soldier. American soldiers, who suspected the local population of stealing food and supplies, took it upon themselves to go find the culprits. A document received by Allied Force Headquarters outlined the French complaint about drunken American soldiers who were bivouacking in various neighborhoods in and around Orleansville. “During the night the soldiers leave their quarters and go into town. Some get drunk and fire off shots which has stirred up the emotions of the

⁵⁸ Scheffel, *Crack and Thump*, 36.

⁵⁹ *Ibid.*, 37.

population...It is absolutely necessary to obtain from the American authorities immediate dispatch of the Military Police.”⁶⁰ Charles Scheffel ran into AWOL soldiers as well.

On one of the nights Scheffel went to close down a brothel in Philippeville, he was greeted by a madam who allowed him to search the house. However, Scheffel walked in on a First Infantry Division soldier engaging in sex with a prostitute. As Scheffel remembered, “This guy had to be AWOL, the 1st was fighting in Tunisia, and even if he was in support unit, this guy was miles away from the rear.” Scheffel chose to let the man go as long as he promised that he would return to his unit.⁶¹ The 1st Infantry Division soldier AWOL miles away from his unit engaging in sexual acts demonstrates the lack of control that that led to policy allowing bordellos

Scheffel’s first run-in with soldiers utilizing the services of local girls would not be his last dealings with the sex trade. After Philippeville, Scheffel became upset with his current posting with his British comrades, desiring a return to the 9th Infantry Division. He requested, to little protest from the British, that he be detached from the 21st Highlanders and allowed to find his unit. Scheffel located the 9th Infantry Division headquartered near Sidi-bel-Abbès in Magenta, a small isolated oasis 30 miles from Sidi-bel-Abbès. As a result of Magenta’s proximity to Sidi-bel-Abbès, Scheffel noticed his men started to go AWOL with increasing frequency by hitchhiking or walking towards civilization. Scheffel says, “The men of the 9th Division did not take well to living isolated in tents at the edge of the desert with nothing to do but drill.”⁶² Sidi-bel-Abbès had a local population of 50,000 people, and with pleasures so close the problem of AWOL became very real for Scheffel. A French Foreign Legion brigade, who

⁶⁰ Allied Force Headquarters, Subject: *Intercept APO 512 USA. March 1943 Orleansville Algeria*. Records of Mediterranean Theater of Operations, United States Army. Record Group 492; National Archives at College Park, MD. February 23, 2011.

⁶¹ Scheffel, *Crack and Thump*, 38.

⁶² *Ibid.*, 95.

previously occupied the prostitutes' time, was fighting in Tunisia. When the 9th Infantry Division set up camp, the women had not received their usual flow of customers for some time. Daily inspections of the American men's genitals, known affectionately in the Army as "short arm" inspections confirmed what some feared. The proximity to Sidi-bel-Abbès had become a barrier to keeping the 39th Infantry combat effective.⁶³

A cosmopolitan center, Sidi-bel-Abbès had a rich history of prostitution in conjunction with the French Foreign Legion presence. The central part, or European heart of the city, had well maintained and designed streets. It led to an area known as the *fabourg Bugeaud*, but more popularly known as the *village nègre*.⁶⁴ Here the "streets smelled of kebabs and dung, Arabs hustled donkeys laden with impossible loads between the low-roofed houses, and the bleating of terrified sheep in the abattoir mingled with the raucous quarrel of prostitutes."⁶⁵ Diversity abounded, at the height of an average day in the *village nègre* one could find native Algerians as well as members of the substantial local Jewish population. Bel Abbèsians, transplants from Europe could be found at local markets and on the streets.⁶⁶ While precise proportions are difficult to gauge the local prostitute population undoubtedly drew from, and reflected, the racial diversity in both culture and skin color.

After knowledge of this problem spread, Scheffel was summoned by Colonel William Ritter, regimental commander of the 39th Infantry. In his memoirs Scheffel describes entering a tent to find Colonel Ritter, and a major who was the battalion surgeon. Scheffel was asked if he could stand to look at a naked woman without going crazy. "Barely" was Scheffel's

⁶³ Ibid., 96. Scheffel notes in his personal memoir that one company had gone down to 160 men, from a normal strength of 220-250. At the height of the problem they were losing 40 percent of their available force to venereal disease and illness. Scheffel notes jokingly, "The doctors were treating more and more cases, some with symptoms they had never seen before."

⁶⁴ Douglas Porch, *The French Foreign Legion: A Complete History of the Legendary Fighting Force*, (New York: Sky Horse Publishing 2010), 411.

⁶⁵ Ibid.

⁶⁶ Ibid.

response. Scheffel was ordered to go to Oran, which was over 100 miles away from his location, to procure a new miracle drug. The miracle drug that Colonel Ritter was referring to was penicillin. Penicillin allowed for the existing system of regulation to exist unchanged, however, with the introduction of penicillin a cure actually existed that could get rid of venereal disease. Armed with this new miracle drug, Scheffel, much like the overall civil affairs plan, piggybacked an already established system and made it work with penicillin. The idea was born then to run a regimental bordello⁶⁷. Scheffel was ordered to collect money from every company so that the bordello could be operated in Sidi-bel-Abbès. Scheffel visited every company commander in the 39th Infantry Regiment. Most of which had a slush fund, a pool of donated funds from the soldiers in the unit that would go to a particular activity or cause. Most only had a few hundred dollars in them. Scheffel attained three thousand dollars from company commanders in the 39th Infantry Regiment for the establishment of a regulated US Army bordello.⁶⁸

Colonel Ritter, with the battalion surgeon present, was aware of what he was facing as evidenced by the upper echelon medical efforts of Colonel Perrin H. Long M.D. Long was the American forces headquarters consultant on medical issues.⁶⁹ After researching the issue of prostitution in North Africa the medical consensus was that American forces should do everything in their power to keep the local prostitute population of roughly six hundred clean. Unregistered prostitutes Long believed presented a disease transmission issue since their health could not be monitored. This fact, Dr. Long concluded, was enough for him to recommend that

⁶⁷ Yuki Tanaka, *Japan's Comfort Women: Sexual Slavery and Prostitution during World War II*, (London: Routledge. 2002), 92. The idea was seen as new to Lieutenant Scheffel, however examples can be found of bordellos operating in Africa prior to 1943. In 1942 a brothel in Libera was set up to service the 41st Engineer outfit. This bordello was called "Paradise."

⁶⁸ Scheffel, *Crack and Thump*, 97.

⁶⁹ Charles Wiltse. *The United States Army in World War II; Medical Service in the Mediterranean and Minor Theaters*, (Department of the Army: Washington D.C 1960), 210.

they should, “convince Allied medical officers to support and maintain a system of controlled prostitution.”⁷⁰ Registered prostitutes insisted that the Army provide prophylactic stations and that soldiers perform pre coitus and post coitus cleansing routines or face disciplinary action. Moreover, he believed, if prohibition were enforced it increased the chances a rape might occur, which would create a serious problem for Colonel Ritter.

Scheffel headed downtown to where multiple established and well run bordellos were operating. A number of houses had opened up for the enlisted men. Scheffel located a five story hotel that was doubling as a bordello in which two dozen women⁷¹ serviced French officers. However, with the French out of town the bordello was empty and ready for business.⁷² Scheffel walked in with a musette bag with three thousand dollars in it and negotiated a price with the madam. With a house secured, the logistical side needed to be attended to. Other units occupied the town. One of the sister regiments, the 47th Infantry, was nearby, as were other soldiers from the First Infantry Division. The regiment, as a result of the fighting at El Guettar, had only 1200 men in it. Not all had been lost to venereal disease; some had been lost to diarrhea and other causes.

Transportation was the first pressing issue. How was Scheffel going to manage the transportation of 1200 men thirty miles away through a strange land? His answer was to requisition battalion supply trucks so that they could be used to transport the men from their camp at Magenta into Sidi-bel-Abbès. By procuring the trucks, Scheffel demonstrated that the order was unit-wide. Soldiers likely caught word of a bordello being established when Scheffel

⁷⁰ Perrin H. Long, MD. Report, 28 September 1945 subject: *Historical Report Upon Activities for the Control of Venereal Disease in the North African Theater of Operations from 3 January to 8 March 1943*. N.P#.

⁷¹ Scheffel does not note the exact race or skin color of the prostitutes utilized at the regimental bordello. Scheffel does note that the Madam did speak excellent English, indicating a bordello of higher reputation. Charles Scheffel Interview, The National WWII Museum, <http://www.ww2online.org/view/charles-charlie-scheffel/segment-8>, accessed on 2 November, 2015.

⁷² Scheffel notes in his personal account that roughly 25,000 French Foreign Legion soldiers were normally stationed in Sidi-bel-Abbès.

initially made his rounds asking for money. The round trip from Magenta to Sidi-bel-Abbès took roughly two hours. Scheffel accounted for three round trips per day. While two dozen women could service ten or twelve men a day, it still did not allow for 400 men at a time, which would have been needed to cover everybody. Instead Scheffel set up a rationing system where one hundred soldiers could go at a time.⁷³ Scheffel instituted a ticketing system where he developed little red tickets that were treated as ones pass into the bordello. Scheffel saved this item in one of his scrapbooks. Since his family would go on to see this scrapbook, Scheffel noted that it is for “passage to the sporting house in Sidi-bel-Abbès.”⁷⁴

Arguably the most important aspect of the entire operation was the introduction of penicillin into the already established system of genital inspections and prophylaxis station. In the lobby of the hotel, Scheffel established a prophylaxis station. One of the battalion doctors was on hand to administer yet another “short arm” inspection. This short arm inspection would prove to be more critical than one performed in the field since it gave a doctor one last look literally minutes before the sexual encounter. Every man on top of these inspections would receive a “pro kit” which contained a condom and some salve that was supposed to cure any possible type of sexual ailment known at the time. If the kit failed, or if a man was seen to have a venereal disease upon check in, he received a penicillin shot and was sent to the back of the line to heal and rest.

Military Police were also an integral part of the operation. Many examples can be found of disorder in the North African theater of operations, but at Lieutenant Scheffel’s bordello order prevailed. Military police set up a barricade of concertina wire in the front of the house, which

⁷³ Scheffel, *Crack and Thump*, 97.

⁷⁴ Scrapbook containing Sporting Pass to Sidi-bel-Abbès Gift of Charles Scheffel, from the collection of The National World War II Museum, 2009.208.001.

provided security around the house. Most importantly this added layer of security kept the men in line, especially after they had consumed alcohol. Scheffel notes in his book that they were there specifically to “keep our drunks and rowdies in line.”⁷⁵ Military police also handled soldiers who got out of line, overstayed their welcome, or engaged in some other behavior that was not tolerated in the bordello.

Venereal disease cases in the 39th Infantry went down according to Scheffel’s account.⁷⁶ Most important to solving the initial problem which created the need for this organized system Scheffel says, “the penicillin did its job, or so the doctors told me. And the men believed in it. This had nothing to do with combat directly, but indirectly it was most important. It got men ready to fight.”⁷⁷ Scheffel had done his job. He had confronted a problem that was a serious one to the fighting integrity of his unit. Free from the fear of mercury injections and hospital stays, the men were energized realizing that penicillin would cure their issues. He utilized what resources he had, while integrating new ways to fight venereal disease. By setting up a quota system that was highly regulated, he was able to tackle this one specific problem and return his unit to a level of acceptable combat readiness. Colonel William Ritter acknowledged his success.

Not all saw it this way, though. A few weeks after the successful establishment of the system, Scheffel was called into Colonel Ritter’s office. Three civilians were waiting for him inside. Ritter went on to say, “Lieutenant Scheffel, these three gentlemen are here from the American Red Cross in London. They are here to investigate what you’re doing to corrupt the morals of American servicemen in North Africa.” Mail was censored, but somehow mothers had received word in the United States that whorehouses were being operated by the military. The

⁷⁵ Scheffel, *Crack and Thump*, 98.

⁷⁶ Ibid.

⁷⁷ Ibid.

three men were in their 60's and 70's and represented a cross section of American occupations. One worked for a steel company, one worked for Heinz, and the other was a former businessman, all finding employment with the Red Cross and its expanded war time roles.⁷⁸

According to Scheffel's account he was forced to defend himself on the spot. Scheffel told his story to these three men who were there to sniff out immoral activities. After a full half hour of informing these men of every last detail the men said upon Scheffel's conclusion, "That's an incredible story, Lieutenant." Scheffel responded, "Yes sir it is. But if you had been in my shoes, or the colonel's here, what would you have done?" According to Scheffel the gentleman had a consensus in their response when they said, "Same as you did, Lieutenant. Forget this visit."⁷⁹

Colonel Ritter, who gave the order to Lieutenant Scheffel to establish the bordello in the first place, must have known that this was a fundamentally illegal order, but that did not stop him from enabling Scheffel to procure the supplies he needed to get the job done. Receiving the blessings of the Army Surgeon General certainly helped as well. Once it was recommended that U.S forces regulate existing bordellos, Ritter, and anyone else who was complicit in the 39th Infantry Regiment would be absolved of any wrong doing. After the Red Cross visit Scheffel remembered, "The operation lasted another few days until the 9th Division went back to Bizerte, Tunisia, the jumping off point for the invasion of Sicily."⁸⁰

The successful operation of a bordello in Sidi-bel-Abbès would come to an end as the regiment, and the division, embarked for the Invasion of Sicily in July of 1943. By managing and maintaining order in a foreign land, Scheffel's actions under direct order from Col. Ritter

⁷⁸ Ibid.

⁷⁹ Ibid., 99.

⁸⁰ Ibid.

undoubtedly kept his unit in an improved fighting condition. Realizing that there was a problem, but more importantly a solution, was key to the health of the 39th Infantry. By utilizing penicillin, Scheffel was able to take the French system, and turn it into a system that produced excellent results from an Allied and strategic perspective.

Conclusion

Major William Brumfield was tasked with examining prostitution in Africa, the Middle East, and India during World War II. His account is famous for its analysis of the Japanese comfort women and their fates during World War II. Brumfield was aware that many American units directly controlled local prostitution as a method of controlling venereal disease.⁸¹ While the idea of running a bordello seemed new to Charles Scheffel, it undoubtedly was not a new practice for the American military. In fact, Brumfield noted that in areas occupied by British and American soldiers, practices existed before the introduction of penicillin that helped maintain acceptable venereal disease rates. Brumfield also noted that roughly 5 million condoms were captured from the Italians in North Africa and helped contribute to the practice of safe sex.⁸² Brumfield also confirmed what Scheffel learned about safety and security. Brumfield observed that all successful bordellos in North Africa had a prophylaxis station, a doctor present to perform checks, military police, and a regulated system to keep the infected out. What was revolutionary to the tactics Scheffel used was the introduction of penicillin. Penicillin alone helped craft a more successful civil affairs plan.

The civil affairs plan in North Africa heavily relied on the premise that the French, once subdued and convinced of American victory, would maintain control over the Arab populations,

⁸¹ Tanaka. *Japan's Comfort Women*, 92

⁸² *Ibid.*

thus creating an environment where existing civil control and authority could maintain the status quo of the indigenous way of life. Fortunately for the Allies they were able to maintain this status quo to a large degree, but did not account for the human interaction and social activity. A pre determining factor were the moral attitudes bred from World War I, and despite overwhelming evidence that venereal disease was a known problem in North Africa; organizational clarity on the issue did not exist, leaving men like Colonel William Ritter and Lieutenant Scheffel to handle the situation themselves.

The Army limited civilian access to its supply chains. Civilian access to any supplies was seen as a strain on the supplies of the men fighting to win the war. Merchant ships had limited space for civilian supplies. The Army admitted in a supply memo that they are not going to be able to maintain a pre German occupation level of food and supplies to the civilians. Later messages request that civilian supplies be relegated to the control of disease, including venereal disease.⁸³ This makes the accomplishments of Lieutenant Scheffel and the success he demonstrated even more remarkable.

Colonel Perrin Long's recommendation to operate brothels out in the open, which was meant to keep venereal disease under control allowed for William Ritter's decision to set up and establish a regimental bordello in Sidi-bel-Abbès. With the battalion surgeon in the room, Ritter felt comfortable issuing the order to Scheffel to set up and operate the bordello. This is important because it demonstrates Ritter was issuing these orders as a result of established medical opinion. Support from all aspects of the 39th Infantry demonstrated organized complicity on a number of levels that contributed to the successful operation of the bordello. Scheffel worked with nearly every aspect of the regiment during his operation. Soldiers, supply, medical personnel, and

⁸³ Cole & Weinberg, *Civil Affairs: Soldiers Become Governors*, 150-1.

military police all had a hand in assisting Scheffel. By receiving the blessing of the regimental commander, Scheffel had all the clout required to set up the operation. From requisitioning battalion supply trucks, to ensuring that a medical officer was present in the bordello, Scheffel had complicity at every angle and every turn. Perhaps most impressive is his wrangling of the military police, who, “rolled out concertina wire, guarded the place against intruders from other units, and kept our drunks and rowdies in line.”⁸⁴ The policemen also roused soldiers out of the bedrooms if they had overstayed their welcome.

The Red Cross visit that was paid to the 39th Infantry highlights the level of home front morality and concern, and how it did not correspond with desires on the ground. Through Scheffel’s actions in setting up a bordello, he was following the recommendation made by Dr. Perrin Long in that doctors should be present, as well as prophylactic stations in any bordello where U.S soldiers frequented. Dr. Long was an MD, and as such understood the medical realities of certain situations. While his order ran counter to the May Act and other established policies, he issued the order since he understood the severity, and social realities of the situation. The bordello that was run in Sidi-bel- Abbès was not illegal, but was set up and operated according to the specifications per the recommendations of Dr. Perrin Long. Long had seen firsthand how the established bordellos ran. He also saw firsthand how the established medical procedure was not followed (blue methylene). With the introduction of penicillin into the established medical checkpoints, Scheffel was able to mirror the system already in place, but do it much better and more effectively.

William Ritter’s order to Scheffel freed every support unit that provided a service to the 39th Infantry. One can reasonably assume that the level of complicity was high amongst the supply battalions, as well as the military police because they themselves might be interested in

⁸⁴ Scheffel, *Crack and Thump*, 98.

frequenting such an establishment. After the hard fighting at El Guettar, culminating with the 39th Infantry's final attacks in Algeria, Ritter probably felt to an extent that the men deserved to relax and get away from military life a bit. Ritter allowed this bordello to openly run and operate because of the realization by medical officers that the venereal disease problem in North Africa was massive.

Civil Affairs policies in North Africa would continue long after the men of the 9th Infantry Division left North Africa, and the responsibilities of civilian governance became an expanding proposition as the Army began its trek into Sicily. On a budgetary level the American Army was gravely concerned about the cost and upkeep of governance of civilian areas.⁸⁵ On a public relations level, the military wanted to keep some of the ugly aspects of war away from the eyes of the public. Prostitution, as an "illegal" operation, was permitted by the United States military in North Africa during World War II, with the support and endorsement of US Army Medical personnel in the name of maintaining civil order and combat effectiveness in the US Army in North Africa in 1943.

⁸⁵ Cole & Weinberg. *Civil Affairs: Soldiers Become Governor*, 60.

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Vita

Thomas John William Gibbs was born on September 1st, 1987 at George Washington University Hospital in Washington D. C. He graduated Thomas Edison High School, Alexandria, Virginia, in June of 2005. Thomas earned his B.A. in History from Loyola University New Orleans in the spring of 2009. Of note, Hurricane Katrina hit on what was supposed to be Thomas' first day of class freshman year. Upon graduation from Loyola University New Orleans, Gibbs entered the M.A. program at the University of New Orleans in the fall of 2009. Thomas Gibbs currently is employed at the National WWII Museum in New Orleans, LA. As a Historian Thomas conducted over 290 on camera oral history interviews with veterans, and currently is a project manager for the Musuem.