



DEPARTMENT OF THE ARMY  
OFFICE OF THE SURGEON GENERAL  
WASHINGTON, D.C. 20315

MEDAS-S

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Professor Joshua Lederberg  
Professor of Genetics  
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**Dear** Professor Lederberg:

This is in response to your inquiry of 27 June 1969. It is a somewhat delayed answer due to many other pressing matters.

As you have correctly stated, venereal disease--except cardiovascular, cerebrospinal, and visceral syphilis--are not disqualifying for military service. It has been so since December 1942 and it applied to draftees. Since December 1960, it is equally applicable to applicants for enlistment. (See attached excerpt from our current regulations for medical fitness standards; Incl I.)

Our published studies on disqualification for venereal disease relate to these types of venereal defects. Their prevalence is indeed very small (see Incls II and III). Our most recent disqualification data (unpublished) deal with 18-year-olds examined during the period from July 1964 through December 1965. We examined at that time some 357,000 youths: 308,000 white (~non-Negro) and 49,000--Negro youths. We disqualified of that group, only 41 youths for venereal disease: 30 white (~non-Negro) and 11--Negro, indicating a prevalence rate of such disqualifying venereal diseases of 11, 10, and 23 per 100,000 examined youths, for total, white (~non-Negro) and Negro youths, respectively.

As to the prevalence of the other VD--the bulk of the venereal disease--we have no data at present. However, our regulations dealing with the processing of youths for military service require that the Armed Forces Examining and Entrance Stations (AFES) prepare in quintuplicate a PHS Form 956 (copy attached) for all applicants and registrants suspected of VD. (Incl IV). The original of this report is mailed to the Chief, Venereal Disease Branch, Public Health Service Communicable Disease Center, Atlanta, Georgia, 30333. Two copies of this form are forwarded to the local or state authorities, and a copy goes with the applicant or registrant who are instructed that they must obtain treatment prior to entrance into military service.

It is our understanding that the above-mentioned VD Branch conducts follow-ups of these cases which should provide full information on all actual VD cases. (Some of the suspected cases could be false positives.) If such data are available and could be obtained by type of VD, ethnic group, time of examination (in terms of a year or so), type of examinee (applicants or draftees), and by state--for draftees only, we could, I believe, provide the proper population bases for computing corresponding prevalence rates. Of course, such a study will be limited in terms of sex and age. (Perhaps, we would be able to compare such data with similar data I published for World War II; Incl V.)

Dr. Leslie C. Norins is the Director of Communicable Disease Center. May I suggest that you write to him about this matter (address above). If such a study could be made, it should prove very important, indeed.

By the way, I am very much disturbed about the recent discussions with respect to IQ, especially in view of the fact that in all our discussions we have been emphasizing all the time that the Army tests, neither the present nor those of World War II, are measures of IQ, as commonly understood. But to prove their point, both Drs. Shockley and Jensen utilize these Army data as starting points for their IQ discussions. (See Incls VI and VII.)

My son is to be a senior next year at Stanford, so perhaps I'll have the pleasant opportunity to meet you some day.

Sincerely yours,



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