WOMAN:  
"Oh... circumstances there. You narrow it down as far as time and occasion goes, and, it's fairly certain."  

INVESTIGATOR:  
"How about signs and symptoms? Did you notice any particular sore or anything like this?"

1:04 - TAKE B (on sight)  
WOMAN:  
"No, I didn't.  

(EDIT)  
I had been aware that there was such a thing as venereal disease, but I had never known any of the symptoms associated with it. It had always been presented to me as something that happened to other people."  

INTERVIEW SEQUENCE 1:20 A SOF UNDER FOR:  
CONTINUES
C SOF, DOMINIC:

Syphilis, gonorrhea....dirty words,
something to be swept into dusty, forgotten
corners....VD means you got caught....
VD means you are promiscuous....therefore,
VD is something we don't talk about in polite
society.

A SOF OUT

VD is a disease that can be easily diagnosed
and cured today. An aggressive countrywide
campaign after World War II through the late
fifties almost totally eradicated the menace.
But then, the Federal and local governments
relaxed, and cut budgets. Today, VD has
again reached epidemic proportions.
People are still afraid to be treated for V.D.,
many are unaware that they have it:

A SOF, MALE PATIENT:

"I think most people in general, whether
they're heterosexual or homosexual, have a
basic fear
about venereal disease.
It is unfortunately a disease, or series of
diseases which unfortunately have an aura of
C SOF, DOMINIC:

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A SOF, MALE PATIENT:

"I think most people in general, whether
they're heterosexual or homosexual, have a
basic fear
about venereal disease.
It is unfortunately a disease, or series of
diseases which unfortunately have an aura of
taboo about them. And, it's a very difficult thing in my mind to break down this fear.

A SOF CONTINUES, MALE PATIENT:
A person, I think, only through education can learn to break this taboo down within his own feeling and within his own thinking to a point where he can do something about it.

A SOF, TEACHER: (LOW LEVEL)
"If you don't have the courage to go to your family physician, for Pete's sake, get down someplace so you can have it diagnosed and treated. This is most important.

And, your venereal diseases do not just happen in your lower income areas or in your big cities. These venereal diseases occur all over to everybody,

or shall we say, to the people who are promiscuous.

And, these are the people who will spread your venereal diseases,

and it does not matter whether or not they have two cents or two million dollars." (3:26)

B SOF, WOMAN:
"I told you I was raised in an uppermiddle class, very very suburban, terribly respectable mileiu.
And, the very notion that anything of this sort could enter into my life, it was....I laughed. Believe it or not, I laughed. I got scared later when I began to realize what was, what it could be, how deadly insidous the disease was. But, at first, it was a joke, which seems pretty incredible in retrospect.

It was a joke. This was something that happened in dirty stories, in some strange dimension which really didn't have any bearing on my life.

But, it happened to me." (4:12)

COMMERCIAL POSITION #1 1:00
FADE IN

SLIDE #3: COLOR TITLE SLIDE

DISSOLVE A

PATIENT SLUMPED OVER IN WHEEL CHAIR

A SOF, ACTUALITY SOUND EST & UNDER FOR :04

:04 C SOF, DOMINIC:

Syphilis, one of the most common of the venereal diseases, used to be very hard to cure. (:10)

A SOF UP FULL & UNDER FOR C SOF:

:14 Today, with penicillin, treatment is routine and simple. But, the horrifying thing is that after a brief flurry of sores and rashes, it has no symptoms, and the victim can think he is cured until 15 or 20 years later:

:32 C SOF, DR. TRUMAN:

"......syphilis of his central nervous system affected mainly his brain and the higher centers of the cortex which involves recognition and communication and understanding. He was exhibiting a lack of control of his hands by paresis movement, and also by shuffling and moving of his legs during the interview."

C SOF, DOMINIC:

Something like this can be the end of the road
Vivid examples like this are the reason why health officials are concerned with the epidemic proportions of VD in the United States today. (1:08)

Throughout the country, the United States Public Health Service furnishes personnel for city VD investigation units. These men make it their job to track down every VD case they can, locate all contacts and see that they are treated. For them, VD is an invisible epidemic that must be located:

"The diagnosis, after talking with the doctor again, was not late syphilis, it was secondary syphilis, with the classical manifestation of palmar rash, a healing primary chancre. This man was interviewed on November 20th. And, he named two sexual partners, one
steady exposure over the past two years, and another steady exposure up to '67, and then two times in '68... once in April, and once in July."  (2:05)

A SOF UNDER FOR

2:07  TAKE B  CLOSEUP OF CONLON AT TABLE, LISTENING,

2:05  C SOF, DOMINIC:

In Cleveland, one of the investigators is Richard Conlon. Every day, he ranges the city looking

A SOF OUT for people who might have VD, and not know it.

ATC: BG CROWD NOISE

DRAWING BLOOD

Most cases begin with either a report from a private physician who thinks one of his patients has VD, or from a reactive blood test.  (2:23)

C SOF, CONLON:

"Every laboratory is required to report reactive blood tests to the Ohio department of health, and to the local health department. We get blood tests from pre-maritals.... also there is pre-employment physicals. Just about any company will require new employees to have some sort of physical,
and usually a blood test is part of that.

AT SCOPE

Anybody who gives blood has a blood test before they lay on the table.

ATC: DOWN & OUT

Blood tests are about the most important part of the diagnosis of syphilis."

CU THRU SCOPE

WOMAN SORTING CARDS

C SOF, DOMINIC:

When test results come in, the machinery to reach the infected persons moves quickly.

OVER SHOULDER TO CHART

One case, not traced, can cause a giant epidemic. The classic example in the health service files reached 1800 people: all from one infection.

C SOF, CONLON:

Well, the only way to transmit syphilis is through lesions, you have to have the lesions.

But, the problem is the lesions could be inside; inside the vagina or the urethra.

CONLON ON PHONE

3:27

B SOF UNDER C SOF

It takes as long as six months to develop the secondary lesions, and as long as three months to develop the primary. And, we try to cover everything, because when somebody gets a sore on their privates, they make up some
So, if we try to cover their excuses, they should be able to remember a lesion, and very often they don't. They don't remember any lesion, and there's no blood test, we'll still interview them. We'll try to get all their sex contacts within the past year, and maybe longer. We try to get all their contacts examined."

Tony, I'll ask you since you're the one that brought it up the other day. Would you, if you had sex relations, I'm using you since you brought that out, would you tell the, tell the investigator who you had contact with?"

"Well, I think you had to get it from somewhere so I think it'd be better if you told where you got it from."

"You'd have to. Just picture what would happen if you didn't, Bob."
Bob:
"Well I think it would be smart to tell the person that, you know, you got it from that you were going to tell, you know, to the health inspector and everything. I think if the health inspector came to somebody that I gave VD to, and all of a sudden he comes up to me, I think I'd like to know about it first."

ATC #2:
AUTOMOBILE SE

C SOF, CONLON:
"We're kind of devious, I guess.... even when somebody gives us the name of the person who referred them, we keep telling them they haven't given us everybody. That's one way we have of making sure that everybody is examined. Everybody the person's had sex with is, that he can't forget anybody. ".....from one interview we could get eight contacts, or one contact. It may take a week, or a month, to find one contact.

ATC: OUT

A SOF UNDER C SOF

Or, it may take a day to find out, maybe,
the others. So, we just persist. We continue looking for a person till there's absolutely no way to find them.
If we know they've gone to another state, we send the paper, or call the information to that state and ask them to keep an eye out for this fellow. He may come to their clinic, he may develop the infection and may just be scared witless.
We don't work with the police.
We see an awful lot of prostitutes, and we don't report on them. It's not our job. Our job is to eradicate syphilis and other venereal diseases. So, if the police can't find them, we're not going to help find them. Because, if the word got out we were reporting people wanted by the police, people would hide from us.
You don't usually get the name of a prostitute. They'll remember a nickname: Tiny, Littlebit, Charlies, Johnny....you know, any kind of nickname you can think of....and then, where was the bar, her favorite bar where she can do her prostituting in." 6:34

6:34 -TAKE B

B SOF FULL NEXT
CONLON:

"This case originally came to your attention when we got the report of reactive serology from a private physician. And, as soon as I got it, I called him, and he said he'd made a diagnosis of secondary syphilis. And, he gave me permission to contact the patient to expect a call from us.

So, I went out and talked with him, I interviewed him. And, he named many contacts, all prostitutes. He could remember no names, only exact locations of where the exposures took place.

CONLON:

"It's in the rear block there... second or third house from the corner down here... I'm not sure where. He says it's a brown house. It looks to me like we've got a couple of brown houses. There's a policeman. I'm going to try this one here first." (7:38)
A SOF UNDER,

CONLON ENTERING HOUSE, ETC.

7:41 C SOF, CONLON

"It's about the second or third house from the corner; it's the apartment directly over the front porch.

I don't know the girl's name that we're looking for. I just have kind of a general description of her, and I'll go up there, and I imagine I'll speak with the landlord. I don't know who's going to answer the door." (8:00)

ACTUALITY HOUSE CALL CONTINUES

B SOF, FULL CONLON,
A SOF UNDER

"In this house, you've got to be a little patient.

We don't always expect to find the person right away, especially a girl like this who is pretty transient.

Unfortunately, the manager was not there, so I just left a message with one of the tenants to give to the manager.

I hope he can call me, so I can talk with him and ask him who the tenant is, in that front apartment."
When he calls me, I'll come out and speak with him. I'll try not to do it over the phone.

Leaving that house, there was the possibility that it was either one of those houses of the two.

On the way next door, this man stopped me, and he seemed to know what was happening. He took me upstairs to the front apartment, and there was another man there, and he says he knows the girl that works that corner,

so, he took a message, a referral." (8:58)

If the referral message works, another potential chain of syphilitic infection can be nipped off.

The unhappy, but necessary job of snuffing out the spread of infection criss-crosses the fabric of our society from the stricken streets of the inner cities to the leafy avenues of suburbia.
And too, it runs the gamut from the expected transference of VD from man to woman, woman to man.

9:24 B SOF FULL FOR 05 & UNDER

But, the disease is also running wild in the shadow world's of the nation's homosexuals, female and male:

9:29

9:36 C OUT

9:36 B FULL

O'TOOLE:

Let's talk about for a minute what was your first experience or inner feeling about the infection when you were notified that you had syphilis.

LARRY:

Well, to begin with, I, of course was like everybody else dread it, you know, the fact of getting syphilis, but I first, I saw an infection, a sore on the private, and I thought well I'll wait, I'll let it go away and then I'll go to the doctor and have an examination, have a blood test because if it isn't syphilis, maybe he'll think I'm dirty, that was my feeling. So therefore I waited three
or four weeks and it didn't go away and then I got a rash on my chest and stomach and arm and of course the first thing I thought when I saw the sore, it might be syphilis. So I saw the rash, then I went, then I knew I had it. So actually I wasn't surprised. But of course I was depressed, you know.

See this is when the whole damn thing happens, when you're out, like I was on 48th and Lexington Avenue one night and picked up this guy, took him home, he was well-dressed. I have a feeling that he didn't know that he had syphilis. He had no idea. He looked like a nice person. I had relations with him - drink, and all that sort of thing.... The point is when you're half stoned, or half, out drinking it doesn't, you don't look for signs, you see. And that's the whole damn problem. So he's probably still walking around, has given it to somebody and doesn't know it because his sign would be internal. And not know it. So he might
get a rash and that would be it, but the sore
would be on the inside, in the anal.

11:31 DISSOLVE A

SLIDE #4: "It's Not Always
Someone Else"

FADEOUT

COMMERCIAL POSITION #2 1:00
Syphilis, untreated, after 15 or 20 years can cause what we see here: insanity, paralysis, heart damage, but the disease also attacks at the other end of the age scale:

a pregnant woman can give birth to a syphilitic child.

Now, if this woman is not treated, say up to the fourth or fifth month it’s kind of a lead way in there. But if this person is treated up to the fifth month for syphilis then the chances are that the baby will be born normal.

If not the chances are one out of six, one out of six that that child will be born normal.

And at least five out of six children born from
a mother of syphilis will be born abnormal or some sort.

Could be deformity, death, born dead, blind, things like this. All right, now, what's one of the first things when a woman finds out that she's pregnant, what's one of the first things that happen. Anna.

Go to the doctor.

All right. What does the doctor usually do?

Give a blood test.

All right, they give her a blood test.

You can go back before that. What's the first thing that you have to do before you get married besides buying your license. What do married, future couples have to do. Nancy?

The doctor takes a blood test and he'll find out right now whether or not you've been exposed and if you have any of these venereal diseases.

And this way they can cure it before you can get, before supposedly you'll get pregnant and then the baby has a normal chance.
CONVERSA TION WITH HARRIS:

OTHER INVESTIGATOR

CONLON:

What shall I tell her to look up.

HARRIS:

Just see if she was treated and what the date was, and what the diagnosis was, her mother was secondary syphilis, her mother's name is, her, the baby was born 12/12, 12/11/68 on a Thursday.

The mother was a contact a, last September when she was pregnant, and she was given 60 tablets to take for 15 days, four a day, and her husband was an infected person, and she didn't take these pills as prescribed.

And so she subsequently developed secondary lobbies and she went to the delivery room when in this stage and she delivered the baby while she had secondary syphilis. So undoubtedly the baby is infected by it now.

CONLON:

You want to find out if the baby was treated and diagnosed.
O'HARE:
Right, there was some slip up in this at the hospital, but they hadn't treated the baby right away, and I talked to one of the doctors that had diagnosed the mother, and he said he would get in touch with the nursery unit there to make sure that the baby was treated, so I know the baby's probably been treated.

CONLON:
OK. How old is the mother?

O'HARE:
Off hand, I'd say she's 25.

A OUT

CONLON ON PHONE

CONLON:
Mrs. Bly, I'm glad you called right away. We got two cases for you. One is right there at Metro, it's a case of congenital. It's one of Phil O'Hare's cases. He wanted you to check it. It's baby girl _____. He wants to know if the baby was treated, the date she was treated, and the diagnosis. Could you check that for us. OK. Can you do it now, or are you gonna call back. OK.
Now the other one that I have, I got a call from Mt. Sinai from Mrs. Boll, and she wants you to call her. She's got a five year old with gonorrhea that maybe you can follow.

4:38 TAKE A ------------

4:38 B SOF OUT

4:38 A SOF FULL:

O'TOOLE:

What do you think as a person who had the infection is the best way to let other people know about it, and make sure that they get the treatment for it.

PATIENT #1:

Number one, you've got to crack the conspiracy of silence. You've got to do it right at the beginning, and that means you've got to get in schools, and you've got to tell the kids like it is, you've got to quit making believe that kids are chasted, they're not. You've got to tell them what risks they're running, what symptoms to look for, and what to do if they spot the symptoms. And it wouldn't be such a bad idea in amongst all the usual physical examinations that teenagers are
put through in a course of an ordinary hygiene course at junior high school to give them a blood test every year. It ain't gonna hurt none.

STUDENT:
What about our class. I mean how are we to know if we'll have syphilis or not. I mean because like, we don't get checked periodically or anything. I mean you have to have a blood test, correct. I mean except if you're really sick or something.

TEACHER:
Right.

STUDENT:
Well, how are we going to know if we have it or not if only get checked like when we get into the army or something.

PATIENT:
There is no conspiracy of silence about the Hong Kong flu for instance, as we all know.
It's the top of the news report every day these days. And everybody knows that you do this and you do that, and everybody talks about it, and as a matter of fact, you get rather tired of the subject, all right, fine. But the only thing that makes syphilis any different is that nobody will talk about it. It is not considered a disease, it's somehow considered a fall from grace. Well, this immediately renders it deadly because all right, you might have the symptoms but nobody ever told you what the symptoms are so you're not going to recognize them, then even if you do recognize them, you're not going to talk to anybody about them because there is this feeling that, 'oh no, you mustn't be caught'. Well, I've got news for you if you're not caught you're gonna regret it very seriously and may it just not happen to anybody else. That's all.

But you get, if you had sexual, sexual
intercourse with a person, and know you see these symptoms appear. There's a good chance, you know, that's the idea of this course we're trying to enlighten you and trying to give you an idea of what to expect and what some of the causes and what some of the ways of curing it are. Ten years ago we couldn't have put this class on and told you the same thing, but modern society we're able to do it. And I think there's a need for it, even in a suburban type community we have.

SLIDE #6: IT'S NOT ALWAYS SOMEONE ELSE

FADE OUT ---------------

COMMERCIAL POSITION #3 1:00
AUDIO TAPE, ANNCR:

For information about V.D. or obtaining treatment for V.D., call or write the Cleveland Division of Health. The phone number is 268-5220. Remember, V.D. doesn't always happen to someone else.
FADE IN ----------------- MUSIC:

MATTE SLIDES:

8) IT ISN'T ALWAYS SOMEONE ELSE
9) DOMINIC
10) LEONARD
11) SCHOENWETTER
12) MRZENA
13) GOULDEN
14) CREMO
15) IN CO-OP WITH
    CLEVELAND HEALTH DEPT.
    NEW YORK CITY HEALTH DEPT.
16) SCHNEIDER
17) MORAVEK
18) MONTAGE LOGO
19) WKYC PUBLIC AFFAIRS

FADE OUT ------------