

Friend or Foe? Venereal Diseases and the American Presence in Trinidad and Tobago during World War II

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Introduction

Venereal diseases or sexually transmitted diseases in the early twentieth century, according to Roy Porter, were “typical of the new plagues of an era of disturbance and migrations, being spread by international warfare, surging population and the movements of soldiers and refugees.”¹ This interpretation of the nature of venereal diseases (VDs) exposes the extent to which these social illnesses were affected by the character and stability of the politics and society of the time. VDs thrived under conditions of conflict when desperation, displacement and disillusionment generated a relaxation of sexual conduct. Conversely, during these times of social upheaval, an equally strong reaction occurred and extremes of progress in healthcare were also apparent. These opposite forces of regression and progression thus generated dramatic escalations in VDs in periods of war, yet also produced the greatest advancements in prevention and treatment of these social diseases.

This trend was witnessed clearly during the Second World War. Many countries directly or indirectly involved such as Scotland, Canada and England, faced incredible obstacles in controlling the spread of VDs as the conditions created by the war began to influence behaviour and the effective operation of health services. As a major international port and migration point, the British colony of Trinidad and Tobago, in particular, was generally vulnerable to many social diseases. As worldwide focus on VDs increased, greater efforts were made to identify causes and generate and propagate treatments for these ailments. For many countries this resulted in the first extensive campaigns to control VDs. In Trinidad and Tobago, the foundation and success of the VD control program in the twentieth century was attributable largely to a situation also responsible for the rise of these diseases - the presence of foreign military forces, particularly of the United States from 1941, on Trinidadian soil. This article examines the factors associated with the prevalence of VDs during this conflict in addition to the culpability of these outside forces in escalating and assisting in the control of VDs within the colony.

Early Twentieth Century Pre-American Presence

All known VDs were present on the twin island colony of Trinidad and Tobago by the turn of the century. But despite efforts to establish clinics² and, by 1921, the employment of two VD Medical Officers, the early twentieth century left the medical authorities alarmed by the high numbers of cases in the colony, especially of gonorrhoea and syphilis. Their ignorance as to the true prevalence and inability to design effective prevention and control measures were also of grave concern.³ Furthermore, the numbers being reported were undoubtedly inaccurate since the intimate nature of these diseases discouraged infected persons from attending clinics, hindering the recording and notification processes. Nonetheless, the reputed rate of

infection led medical officials to conclude that “the total infection of the colony must be considerable” and that these diseases were second only to malaria in terms of morbidity in the colony.⁴ Thus by 1938, the year prior to the declaration of war, though efforts had begun against VD, these diseases had not been effectively brought under control by health authorities and numbers continued to climb.

It is important to note that the first official connection in the Second World War of escalating cases to the presence of foreign armed forces was established at the outbreak of war, before the arrival of the first American soldier. Early troop deployments in 1939, as the British moved immediately to secure the Caribbean, increased the presence of British and Canadian troops (a total of 6,840 troops were stationed in Trinidad) which immediately began to affect VD numbers.⁵ Though not a new problem,⁶ increasing international attention was brought to bear on VD and public systems in the Caribbean, after frequent complaints by military authorities about the escalation among sailors following visits to certain islands. Jamaica was of particular concern, as claims arose that the “worst effects on H.M. Ships [had] been experienced at Kingston.”⁷

Though not as extensive as Jamaica, the problem in Trinidad was quite similar and early efforts to combat these diseases, in response to a demand by legislators, took the form of education of the British seamen and the establishment of prophylactic stations on shore by naval authorities.⁸ This, however, was thoroughly ineffective in curbing the explosion of VD in the colony.

Promiscuity and Prostitution

“War aphrodisiac” or a notable relaxation in sexual behaviour, especially for women, had certainly been evident in most theatres of war during the 1939-45 conflict, according to Lane.⁹ This was obviously true of Trinidadian and Tobagonian society, with the excitement generated by the conflict and the thousands of local, British and Canadian uniformed men on the islands (totalling 33,640 by the end of the war)¹⁰ creating an environment that further encouraged frequent casual liaisons and prostitution. In a letter to the Colonial Office, the governor expressed concern over rising prostitution indicating that the idea of licensing existing brothels had even been seriously contemplated by the legislature to ensure that proper testing and safety measures were employed at these places.¹¹ However, this proposal was never endorsed¹² and prostitution remained uncontrolled in Trinidad. By the time the American forces began fully exploring the idea of opening a military base on the island, prostitution had become even more flagrant than in prior years. American Lt. Col. Fox revealed, for example, that while on a reconnaissance visit to the colony in 1941 he “was assured by every taxi driver interviewed that they could take [him] to [prostitution] houses with inmates of any race desired.”¹³

Thus it is obvious that the attitude of the population, ineffective governmental control and the lack of adequate facilities and advancement in available treatment laid the foundation for the distinct establishment of VD as a principal cause of morbidity in the colony before the arrival of the first US soldier. The special conditions of the war, in particular the presence of increased British and Canadian forces, exacerbated the incidence of the already endemic diseases, setting the stage for the further explosion of social diseases with the arrival of US forces into the region.

The Americans

With the signing of the Anglo-American Naval and Air Base Agreement on March 27, 1941, twenty-three areas in the West Indies were leased for 99 years to the United States for military, naval and air bases as part of a Western Hemisphere Security Zone, Antilles Division.¹⁴ In Trinidad, over 200 areas were opened to defence by the US military, and 17 airfields were established around the island.¹⁵ Out of a total of 100,000 troops in Trinidad and Tobago during the war, approximately 70,800 men were part of the American detachment making this contingent one of the largest of the Antilles Division.¹⁶

Escalation

As American soldiers and sailors flooded the streets of Port of Spain, the problems created by increased prostitution and promiscuity in the early years of the war spiralled further out of the control of the health authorities. Many women, particularly in north Trinidad where the armed forces were concentrated, attracted to the aura of wealth and foreignness of the Americans attached themselves to these men as girlfriends or simply occasional sexual partners. It must be noted that this was a common experience in areas of the British Empire where American forces were stationed. In Britain, these women were referred to as “good-time girls” and their acquaintance with American soldiers “frequently led to intercourse and the spread of venereal disease.”¹⁷ This mirrored the situation in Trinidad. The foreigners, without the stabilising connections of friends and family, turned to local girls, usually the more promiscuous type with prior exposure to a VD. The military men would in turn infect other women and this destructive cycle escalated the rate among the local population and the visiting military to epidemic levels. Local males were also affected by the atmosphere of sexual freedom, engaging in a similar cycle of repeated sexual liaisons with infected and non-infected females contributing significantly to the spread of VDs.

These issues were immortalised in local culture through West Indian music and literature set in that period. Renowned local novelist, Samuel Selvon, for instance, describes an incident in *A Brighter Sun*, set during the war, in which his main protagonist, Tiger, an Indo-Trinidadian, visits Port of Spain and encounters a prostitute who:

“approached him...but changed her mind as she came closer and turned away...and he thought it must be hard night for she if she can’t find a sailor or a soldier, and so much of them all about!”¹⁸

Experiences such as this were also expressed in the local calypsoes with Rupert Grant’s (Lord Invader) 1943 composition “Yankee Dollar”, for example, giving humorous insight into the relationship between local women and American forces. He sang:

“Since the Yankees come to Trinidad
They have the young girls going mad
Young girls say they treat them nice
And they give them a better price

They buy Rum and Coca Cola

Going down Pt. Cumana
Both mudder and daughter
Working for the Yankee dollar

Ah, look I had a little girlfriend the other day
But her mother came and took her away
Herself, her mother and sisters
Went in the cab with some soldiers.”¹⁹

These fictitious accounts nonetheless reflect one of the major concerns of the time - the increased level of casual liaisons and prostitution as a direct result of the American presence, the consequences of which produced great upheavals in public health in Trinidad after 1941.

With the increase in employment opportunities on American projects, for example in the construction of major roads such as the Lady Young, Churchill Roosevelt and the Maracas access roads and as civilian workers on bases, the flood gates were opened to an exploding pattern of migration in Trinidad. This acceleration of migration, especially to the urban regions, placed a distinct strain on health and increasing demands on healthcare provision. The colony experienced both intra-island migration - within Trinidad and Tobago approximately 40,000 labourers moved to work on bases - and interisland movement typically from Barbados and Grenada.²⁰ These patterns of migration that facilitated the increase of population in already susceptible areas provided more fodder for prostitution and casual sexual relationships and thus severely impacted the rate of sexually transmitted diseases.

As VDs raged through the society with the arrival of the Americans (new cases of gonorrhoea in the Port of Spain clinic numbering 573 in 1940 had risen to 3,445 by 1941) the local and imperial governments recognised the necessity of launching a full investigative and treatment oriented assault on the diseases²¹ Obviously this attack, they concluded, could only be successful with the involvement of the United States military.

Anglo American Caribbean Commission

The primary responsibility of the American military health authorities was undoubtedly to their troops. However, it was obvious that a twofold campaign, which also targeted the local population, would be necessary. The Trinidad government and the Colonial Development and Welfare Fund were ready to fund any VD programme, but could not “obtain the personnel, supplies, and equipment necessary due to the war-time demand for such...not only by the British military services but on the bombed-out home front.”²² With the urging of the Anglo American Caribbean Commission, a joint consultative committee of the British and US governments, the Americans took their first steps in VD control in the colony.²³ They had access to medical personnel specializing in VDs and could supply equipment and drugs necessary to launch a comprehensive educational and treatment campaign.

On August 4, 1943 in Barbados, the Commission decided that a central control program would be set up in Trinidad and inaugurated with personnel and supplies from the US. US personnel would be responsible for training local workers with original staff returning to the United States as rapidly as possible, with the aim of eventually turning over the programme completely to local personnel. This Trinidad centre was also to be used as a training programme for medical and laboratory personnel from neighbouring colonies. Thus, the

control of the first comprehensive VD programme in Trinidad, and by extension the British West Indies, was held by the United States military.

American VD Control in Trinidad: Medical Centre and Clinic

This programme officially began in March 1944 when American Lt. Col O.C. Wenger, appointed by the Commission to head the VD operation, entered the colony with a 21 strong US medical team that became the backbone of the programme and instructors of local personnel.²⁴ One hundred tons of medical and hospital equipment and material (amounting to c. \$1 440 000) were transported to Trinidad from the United States.²⁵

By mid 1944 a permanent site had been leased on Wrightson Road²⁶ and the Caribbean Medical Centre (CMC), which included a Central Diagnostic Clinic where patients were examined by doctors and nurses of various specialities, a serological and bacteriological laboratory and a hospital of 105 beds, commenced operations. A major advantage of this facility being operated by the American military was that it placed the programme at the cutting edge of technology. The CMC was supplied with the most up-to-date equipment and medicine available to the United States military at the time. One such example was a newly developed X-ray machine able to take 250 pictures an hour that was employed in Trinidad in 1944 before it was ever introduced for general use in the United States.²⁷ With all of these advantages and new developments, the CMC, by 1944, was attending to three quarters of all new cases of VD in the colony.²⁸

Military Program

Investigations into the health of US forces by Wenger revealed that “the Trinidad sector, US armed forces, had the highest venereal disease rate of any in this area, and one of the highest in the entire United States Army.”²⁹ This led to a full scale educational campaign of lectures, posters (Figure 1) and short movies to the armed forces stationed in the island. Consequently, within six months, “the contingent with one of the highest rates dropped to one of the lowest rates” according to US officials.³⁰ Among British troops there was a similar reduction - 239 per thousand in 1944 to 71 in 1945.³¹ The main goal of the United States’ initiative in VD control in Trinidad was achieved within a very short period. It was the secondary goal of reducing the incidence in the civilian population that proved more difficult.



Figure 1: “Venereal Disease Covers the Earth.” Example of type of poster used in the US Military Programme.³²

General Public

The second aspect of the two fold initiative of the American Venereal Disease programme in Trinidad and Tobago, which was the education of the general public, began on July 1, 1944. Lectures (including VD movie reels [Figure 2]) given by CMC personnel, and the involvement of influential members of communities throughout Trinidad brought increasing awareness to the public. The extent of the Trinidadian public’s response to these lectures given by the CMC staff was a result of the public’s growing concern over the disease, the attraction of discussions of a sexual nature and the desire for entertainment (short films were shown). Whatever the reason, the success of the lectures was clearly phenomenal with audience numbers typically between 500-1200 (Figure 3).³³

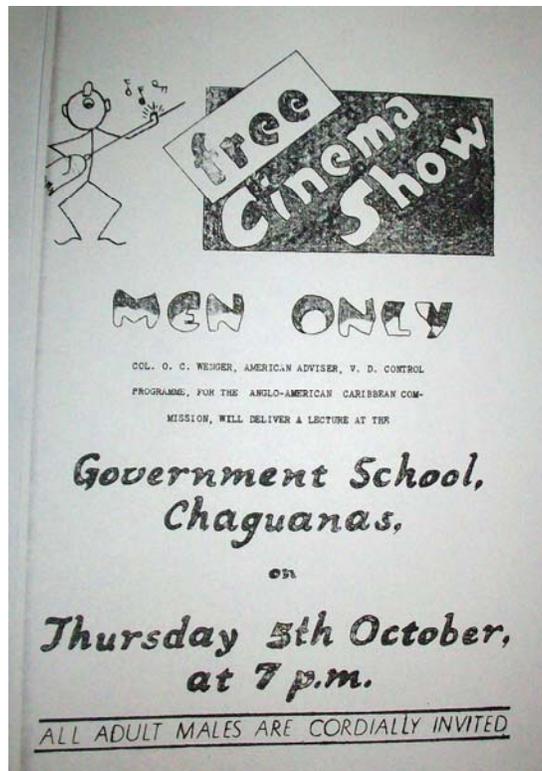


Figure 2: Flyer Promoting Lecture by Dr. Wenger and VD Film Showing for Men, 5 Oct 1944.³⁴



Figure 3: Mass Blood Testing at Princes Town Court House, 5 Nov 1944.³⁵

In addition to the education drive, an extensive serological survey was simultaneously initiated by the staff of the CMC, and by mid-1945, 38,895 specimens had tested, of which 10,253 were found to be positive for syphilis (Figure 4 and 5).³⁶ This VD serological survey was the first of its kind to operate on such a large scale in Trinidad, and according to Wenger, “provided the Colonial Government with the first factual data regarding the prevalence of syphilis in Trinidad.”³⁷ Non-VD related diseases such as tuberculosis were also discovered in the process of testing, underscoring the value of the CMC to the society.³⁸ This programme signified the beginning of a proper foundation for the development of a VD Division, the success of which could be attributed, in large part, to the efforts of the American military and personnel. This was, without a doubt, one of the greatest triumphs in the period of conflict though the numbers of the affected people remained fairly high.

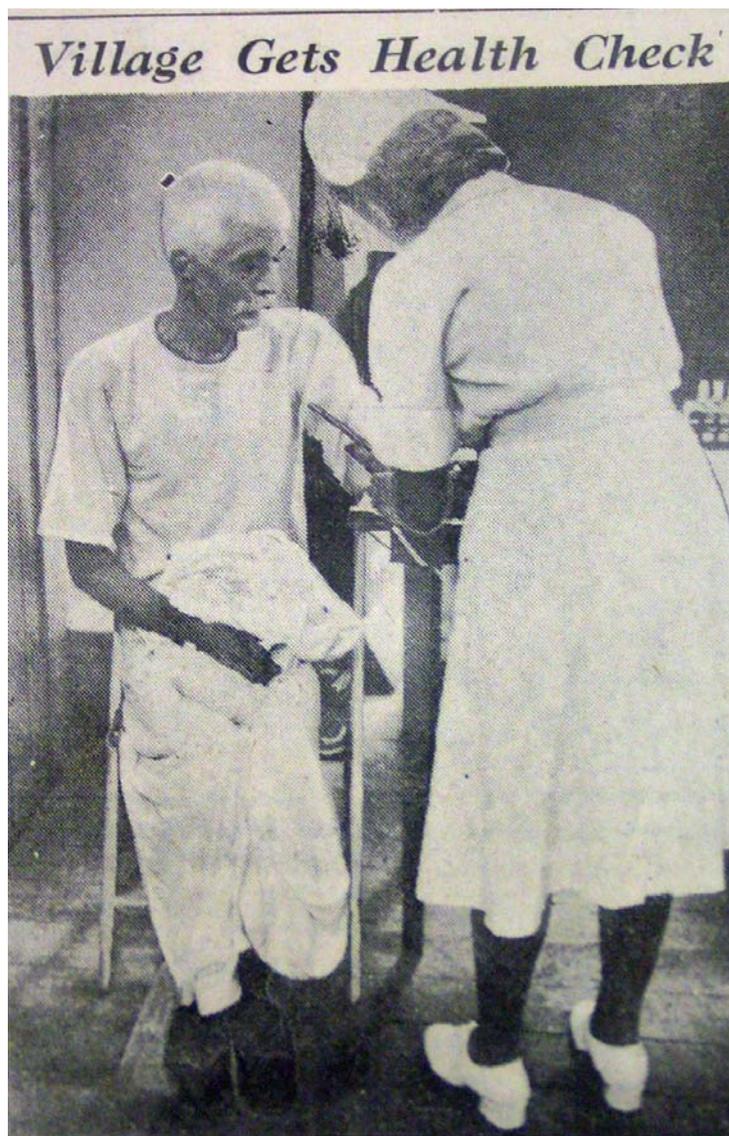


Figure 4: Old Indo-Trinidadian Male from San Juan with CMC Nurse taking blood.³⁹



Figure 5: Young Afro-Trinidadian Girl Getting Tested at Arouca Government Secondary, Nov 18 1944.⁴⁰

The CMC also upheld its goal of becoming a training centre. By March 1945, the United States military and medical personnel had trained 56 local persons as technicians, nurses and clerical workers to take over many of the operations of the CMC.⁴¹ In addition, trainees from other British colonies had undergone special instruction at the Centre.⁴² Overseas scholarship was also awarded to the future local VD Control Officer, Dr. Donald R. Huggins by the CMC and the Rockefeller Foundation.⁴³ The work of the Caribbean Medical Centre and the US run VD campaign of 1941-1945 made a marked impact on VD treatment and prevention in Trinidad and Tobago, and certainly laid the foundation for a more knowledgeable and expansive VD Division within the health service of the colony.

Conclusion

The Second World War created conditions in the colony of Trinidad and Tobago that decimated the minute control over VDs that the health authorities had held prior to the war. The catalysts present at the beginning of the war were significant but it was the American presence that was considered most responsible for the extreme escalation of sexually transmitted diseases after 1941.

However, in a period of conflict when victory was determined by the strength of one's allies, Trinidad and Tobago could have no better ally in the struggle against VDs than the United States. The US military must be credited with propelling the development of VD control in Trinidad and Tobago in ways unavailable to the British and local health authorities at the time. And though perpetuating the dependency on foreign involvement in the public health system, it is nonetheless clear that without this support, at this particular moment in history, the effects of VDs in the colony would have been catastrophic after World War II. The participation of the United States in the arena of VD escalation and control during the

Second World War in Trinidad and Tobago was therefore typical of their involvement in the Caribbean as both a destructive and constructive force, an enemy and an ally.

Endnotes

¹ Roy Porter, *Blood and Guts: A Short History of Medicine* (London: Penguin Group, 2002), 23.

² R. Seheult, *Survey of the Trinidad Medical Service 1814-1944* (Port of Spain: Government Printing Office, 1948), 30. Clinics were temporary educational and treatment programmes on particular days at Colonial and district hospitals. The 1918 Committee appointed to inquire into the VD occurrence in the colony revealed that syphilis, in particular “constituted an appalling proportion of the Colony’s mortality” and the rural communities of the colony were just as affected as the urban. By 1921 temporary Venereal Disease clinics were run on particular days at both Colonial Hospitals in Trinidad - Port of Spain in the north and San Fernando in the south and by the mid 1930s this had been extended to Scarborough in Tobago. In addition, other clinics were conducted by District Medical Officers at district hospitals and health offices mainly in the northern region of Trinidad in St. Joseph, Tacarigua and Arima and in the major urban area of Tobago. The eastern and rural parts of both islands were mostly neglected in terms of VD control. This situation did not change with the establishment of the first specific VD facility, a more permanent clinic in the Port of Spain Colonial Hospital, later described by the United States military health authorities as “a very active clinic...completely equipped, properly located and in the charge of a qualified physician.” This clinic saw 2352 new cases in its first year and by 1940 had engaged the services of a private practitioner on part-time basis to meet the growing demand of patients. Nonetheless the reality of the VD problem was further revealed in the assessment of the colony made by Lt. Col Leon Fox of the US military on the advent of the arrival of American troops on the shores of Trinidad: “It will be many years before this clinic can have much influence on the incidence of venereal disease on the island. I question if at present it can be regarded as more than a stop-gap to provide treatment for the acute open cases.”

³ Gonorrhoea- a disease initiated by a micro-organism and usually progresses to a chronic state. It is rarely fatal but is a chief cause of infertility in women. Syphilis- disease caused by a bacteria spread through broken skin or mucous membranes. It manifests as painless sores and swollen lymph nodes and can cause heart, brain, and nervous system failure in final stages. Gonorrhoea and syphilis were responsible for the severe morbidity associated with VDs in the colony with hundreds and at times, in the case of syphilis, thousands of cases and most of the deaths associated with VDs each year. Other VDs such as lymphogranuloma venereum, urethritis and chancroid were present in the society though their numbers remained small in comparison to gonorrhoea and syphilis.

⁴ Seheult, 30.

⁵ *US Military History, Trinidad Sector* (Chaguaramas: Chaguaramas Military Museum, 1945).

⁶ G.D. Owen, “Correspondence from Colonial Secretary to Ship Captains entering the Port,” Bridgetown, Barbados, January 23, 1934. Reports had been made to the Colonial Office, for instance from Barbados in 1934, regarding the “extent to which seamen of His Majesty’s ships which [had] recently called at port [had] been infected with Venereal Diseases.”

⁷ Commander in Chief, American and West Indian Stations, “Letter to The Secretary of the Admiralty: Prevalence of Venereal Diseases in certain West Indian Islands,” January 3, 1939. Included in Report From Major Sir H.W. Young to Malcolm MacDonald, MP, (August 13, 1939), CO 318/436/18. Report claimed that: “During 1938, the visits of HM Ships ORION, AJAX and YORK to Kingston, Jamaica, were all followed by a large number of cases of venereal diseases. ORION reported 27 cases during a 12 day visit. During the crisis in September, ORION visited Kingston for 2 days and 15 cases were contracted in the short stay. AJAX contracted 18 cases during a stay of 4 weeks. YORK contracted 5 cases during a 7 day visit out of 14 cases for the whole quarter.”

⁸ The governor at the time, Sir Hubert Young, requested an enquiry into the prevalence of VDs.

⁹ Joan Lane, *A Social History of Medicine: Health, Healing and Disease in England 1750-1950* (London and New York: Routledge, 2001), 155.

¹⁰ *US Military History, Trinidad Sector* (Chaguaramas: Chaguaramas Military Museum, 1945).

¹¹ Owen, “Correspondence from Colonial Secretary to Ship Captains entering the Port.”

¹² *Ibid.* The suggestion was debated in the Legislative Council but a bill was never passed. The Colonial Office also seemed to not have been in favour of this proposal.

¹³ Lieut.Col Leon A. Fox, Medical Corps, USA, *Sanitary Survey of Trinidad, B.W.I. 1941*, Rockefeller Collection, RG 1.1, Series 451, Box 3, Folder 35 (New York: Rockefeller Archive Center, 1941), 24.

¹⁴ Including parts of Jamaica, Antigua, St. Lucia and Trinidad.

¹⁵ *US Military History, Trinidad Sector* (Chaguaramas: Chaguaramas Military Museum, 1945). At the height of the war there were c. 226 defended areas in Trinidad.

¹⁶ *Ibid.*

¹⁷ "Control of Venereal Disease: Minutes of a Conference held at the Home Office," (London: Home Office, 16 April 1943), HO: MH- 102/1149, 1.

¹⁸ Samuel Selvon, *A Brighter Sun* (England: Longman Group, 1952), 112.

¹⁹ Rupert Grant (Lord Invader) "Yankee Dollar" (Trinidad: 1943).

²⁰ Claus Füllberg-Stolberg, "The Caribbean in the Second World War," in *General History of the Caribbean Vol V: The Caribbean in the Twentieth Century*, ed. Bridget Brereton (Paris, London and Oxford: UNESCO Publishing, 2004), 97. Beverley A. Steele, *How Grenada Won World War II* (Grenada: Grenada Centre, 2002), 9. Migration from Tobago to areas surrounding American bases in Trinidad was also quite widespread resulting in increased VD rates in Tobago as those who returned from Trinidad to work spread their newly acquired VDs in their Tobago communities.

²¹ Director of Medical Services, *Medical and Sanitary Report of Medical Services For the Year 1941* (Port of Spain: GPO, 1942), 5.

²² O.C. Wenger, *Caribbean Medical Center: The Organisation, Development and Activities of the Caribbean Medical Center at Port of Spain, Trinidad, B.W.I. from Feb 9 1943 to March 1 1945* (Washington: Caribbean Commission, 1946).

²³ "The Genesis and Constitution of the Anglo-American Caribbean Commission" (London: Colonial Office, 1942) in "Collaboration with US in Caribbean," CO 318/452/2, 1.

²⁴ Included a laboratory director, clinicians, dentists, nurses, X-Ray and laboratory technicians, a dietician, an educational director, a counsellor and administrative personnel.

²⁵ Peter McKnight, "1 440 000 VD Equipment Coming Here," *Trinidad Guardian*, March 24, 1944, 1. Wenger, 51. Initially the responsibility of funding the program fell to both the Trinidad and US governments with each expending \$258,000.00. But to ensure that the control was eventually placed in the hands of the local authorities it was decreed that by July 1st 1945 the Trinidad Government with the assistance of the Colonial Development and Welfare Fund would assume full responsibility for the cost of the program.

²⁶ Wenger, 8. Due to the constraints of war, the first office occupied by the staff imported to fight VDs was a two storey building located at 106 Henry Street in the heart of the capital city of Port of Spain which was eventually turned into a clinic.

²⁷ "Most Modern Equipment Backs Anglo US Anti-Disease Drive," *Trinidad Guardian*, August 11, 1944, 9.

²⁸ Seheult, 31.

²⁹ Wenger, 3.

³⁰ *Ibid.*, 4.

³¹ *Ibid.*, 4-5.

³² "Venereal Disease Covers the Earth," *World War II Poster for American Troops* (c.1940) Visual Culture and Public Health Photos, History of Medicine Division, US National Library of Medicine, National Institutes of Health, Department of Health & Human Services (Maryland, USA).

³³ *Ibid.*, 11. The Director of the Caribbean Medical Centre claimed that: "The response of the public to these measures was without precedent in our experience. Never have we had such an overwhelming return. In every instance the facilities available were crowded to capacity. All seats were taken, many persons sat on the floor in the aisles, all other available floor space was occupied by standees, and nearby roofs and windows were crowded...There were usually as many persons outside as inside the building, listening to the lecture and trying to get a glimpse of the picture through the open windows."

³⁴ *Ibid.*

³⁵ *Ibid.*, Appendix.

³⁶ *Ibid.*, 53. This survey was focused on uncovering cases of infectious syphilis as "it was the only one of these infections at present which [lent] itself readily to mass case finding and treatment," and one of the most prevalent of VDs in Trinidad and Tobago.

³⁷ *Ibid.*, Appendix.

³⁸ "Colony Wide VD Campaign to Start Soon," *Trinidad Guardian*, April 9, 1944, 6. Patients, for instance, who were able to get to the CMC were X-Rayed with the intention of diagnosing cardio-vascular syphilis and in doing so diagnoses of tuberculosis cases were also made.

³⁹ "Village Gets Health Check," *Trinidad Guardian*,² September 8, 1944.

⁴⁰ Wenger, Appendix.

⁴¹ *Ibid*, 11-12.

⁴² "VD Control Pushed: Colonies Urged to get Candidates Ready for Training Here," *Trinidad Guardian*, April 9, 1944, 6. Trainees from British Honduras, British Guiana, Dominica, Grenada and St. Lucia underwent training from 1945 at the Centre.

⁴³ "Colony VD Expert Finds Study Tour Rich Background," *Trinidad Guardian*, July 23, 1944, 4.