

History and Microbiology Podcast 2 - Prostitution and Community Syphilis in Porto Rico 1919 [\[1\]](#)

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[\[2\]](#)

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History/Microbiology Podcast 2 - College of the Holy Cross

Prostitution and Community Syphilis in Porto Rico 1919

By: Michael Chaoui, Meg Gentile, Patrick Hogan, Katherine O'Malley, Matthew Wilk

Michael: Hello everyone, welcome to today's edition of What Went Wrong: a liberal arts radio show in which we break down historical articles to identify sources of problems in the past.

Today, we have Katherine O'Malley and Meg Gentile, professors of microbiology at Harvard University discussing a 1919 medical study titled "Prostitution and Community Syphilis". Thank you for coming on the show today. I'd like to start by asking, what does this study tell us?

Katherine: Well, first of all, thank you for having us here today to discuss this paper regarding Syphilis in Puerto Rico and we are excited to really dive into the topic. From my background in microbiology, I have learned that the best way to assess information that a study is giving us is to look at what the author is aiming to accomplish. Throughout the paper, Goodman is trying to show the possibilities of prevention of syphilis and spread of the disease on the island of Puerto Rico. Specifically, it is important to note that Goodman is conducting his research in 1917. He is discussing Puerto Rico in the

early 1900s and late 1800s when US troops were occupying the island.

Meg: It's great to be speaking with all of you. Katherine, I definitely agree with what you identified as the aim of the paper. Of course let me know if you disagree with me, but I felt as though what the study was really telling us was more just a survey of the prevalence of syphilis on the Island and that they were simply reporting the surveillance data gathered. From my reading, I found that the paper only really gave one suggestion on how to prevent the spread of syphilis, which was isolation or arrest of prostitutes and consistent monitoring.

Katherine: I think that is a great point and I definitely agree the paper is very data heavy, but we can touch on that a little bit later.

Michael: So, we have all heard of syphilis before, but would you care to give us a biological perspective on what it actually is and why it is so bad? What is syphilis? Why is it so bad?

Meg: I'm glad you asked, I think it's crucial to understand the nuts and bolts of a disease in order to have more holistic understanding of this paper. Reading the numbers is one thing, but is impossible to grasp the implications of syphilis on Puerto Rico without knowing a bit more about the bacteria that causes the disease- which is why we are here!

Katherine: Exactly. So for starters, syphilis is a disease caused by the bacteria *Treponema pallidum*. *Treponema pallidum* is a spirochete bacteria which simply describes its shape. Spirochete bacteria are flexible and spirally twisted. *Treponema pallidum* is also extremely small, with few bacteria having smaller genomes. The mode of transmission for *Treponema pallidum* is via sexual contact. The bacteria itself aids in the spread of the disease which at least in my opinion is pretty cool. *Treponema pallidum* cannot survive outside of its host, in this case humans, for more than a few hours. This makes total sense when you think of the mode of transmission; if *treponema pallidum* didn't have very specific conditions required for survival, then the prevalence of syphilis would be much higher as it could be transmitted other ways besides just sexual contact.

Meg: Now that we have some knowledge of the bacteria that causes syphilis, we can explore why syphilis is harmful to humans. Syphilis infections cause sores called chancres and can also progress into full body rashes and even cause damage to the brain, nerves, eyes, and heart. A sad but true reality of syphilis infections is that babies can be infected during birth. Syphilis in babies can cause serious implications like deafness. So overall, although small, *treponema pallidum* can really cause a lot of damage.

Michael: Yikes! The disease sounds much worse when contextualized, what about the data that the paper presented? Do you think that it was an appropriate method of Data collection, and do you think that it was accurate?

Meg: So the way in which this data was gathered was through hospital, jail, and army medical records. For example, an "Especial Hospital for Women," created an interesting system for prostitutes to be monitored. These women were commonly referred to as "card women" because they were legally required to have a check up at the hospital in order to have their card stamped and continue business. Women who were found to have Syphilis were required to stay in bed until they were safe to leave. 21% of these "card women" were required to stay in bed at some point.

Katherine: One of the ways that they collected data which was interesting was through arrests. At the "Hospital Jail of Ponce", more than 12% of the confined women had untreated syphilitic lesions. Women who were arrested for alcoholism were tested for syphilis as well, and they were most likely prostitutes, and 44.7% tested positive via the The Wasserman Test (which is a serological test). Additionally, medical records from United States military revealed that the Puerto Rican regiment had the highest rate of syphilis at 55.93%. This number nearly mirrors the prevalence of syphilis among prostitutes on the island, which is 62%.

Michael: Sorry Meg and Katherine, I'm afraid I have to interrupt you - we have a phone call coming in live to the show. [ANSWERS PHONE], Hello you're live on What Went Wrong, who is speaking?

Pat: Hi, my name is Pat Hogan. I'm here with my colleague Matt Wilk, we work in the history department over at University of Wisconsin, Madison. We were listening to your program and decided to look up this study for ourselves, and

we think it's pretty problematic in the way that it characterizes the syphilis outbreak and the island of Puerto Rico in general.

Michael: A historical perspective! Very interesting! What do you find problematic with this study?

Matt: Well, there's a couple of things. To begin, the wording of this acts like this is a Puerto Rican problem, imposed on the US military. I understand the lieutenant is writing as a member of the US military, but in reality I think the problem was the other way around: the United States' military was imposing on Puerto Rico.

Pat: Yeah, going off of that, it's a double edged issue. We have a foreign military occupying the island and making a lot of legal changes which are not helping the situation, and we're sending tens of thousands of troops down into a place which has its own set of customs and ideas about things such as sexuality. There's a lot of historical issues with the narrative of this report.

Michael: Historical issues? Could you clarify what you mean by this in the context of the narrative of the report?

Matt: Well at a high level, it is important to take into consideration prostitution's historical role in Puerto Rico. In the late 1800s, there was a migration to urban spaces which provided work opportunities, and many women were able to earn enough to support themselves. Puerto Rican women, many of whom were from Afro-Puerto Rican descent and had darker skin, defied more modern societal gender roles surrounding femininity. But in the mid-1890s, wealthier, white residents were threatened, and began to complain about this underclass of women, and branded them as scandalous, linking them to prostitution. This triggered a series of policy actions to regulate the industry in the interest of public health, and as early as 1894, there were registries of prostitutes. Public women had cards on them that demonstrated their most recent screening from special hospitals. Unfortunately, the 1898 military occupation of Puerto Rico changed this dynamic. The United States military were perpetrators of hedonistic colonialism, and committed significant sexual practices against public women. It is no surprise that Goodman notes that British troops in India experienced similar rates of venereal disease.

Pat: The report backs this up with statistics. It's mentioned that in regiments on the island, 467 of every thousands troops, almost one in two, was infected with syphilis. That number was 84 per 1,000 for troops in the mainland US. There was a 12% prevalence of syphilis among women who were jailed in Ponce, most of whom were jailed for prostitution. Two things to take away there. One, it shows you how common the use of prostitutes was among troops in Puerto Rico. Second, we are talking about the imprisonment of prostitutes. It's cultural imposition by the United States. Like Matt said, these women were registered public women less than two decades prior. They were receiving routine checkups at special hospitals in order to keep the venereal disease rate down. But Anglo-Saxon ideals, valued by the United States, cast prostitution as a sin. Goodman even says so, he calls prostitution a social evil. So when the United States shut down the special hospitals for these women, the sex working industry became a black market, and venereal rates increased.

Michael: Pat, you mentioned cultural imposition during this time period, I am not sure that I fully understand the scope of what you are saying. I understand that the United States wanted to push Anglo Saxon ideals, but was there more to it?

Pat: When I say cultural imposition, the United States had a series of campaigns to essentially rid Puerto Rico of its Latin roots and assimilate the island into US culture. We can see that at the top of the report. Goodman calls the island "Porto Rico," with an O instead of a UE. That was the official name imposed on all the colony and its documents until 1931. It was a blatant move to anglicize the island. Furthermore, the US drew up a map by which protestant missionaries could divide and de-catholicize the island, because the US was a protestant country. Outlawing prostitution is relatively minuscule when it comes to some of the policy changes which the US enacted, all of which were essentially to make Puerto Rico abandon its Latin heritage and become just like the US.

Michael: Given that historical background, what do you make of his conclusions about the data? Would you say that there is no merit to the data, or would you say that Goodman just did not touch upon the full picture when drawing conclusions from his data?

Matt: I understand Goodman's methods in this study, but I think it important to re-evaluate his conclusions and be more critical of the paper's aim. As noted, Herman Goodman is a First Lieutenant in the Marine Corps. The primary focus of the

paper is not on the people of Puerto Rico, but rather, the rates of venereal disease among his own troops. Given his proximity to the United States, it is no surprise he concludes that the cause of this problem are Puerto Rican women, whose actions he describes as a “scourge of the race”. Likewise, his blatant disregard for the people of Puerto Rico is evident in his final conclusion, in which he writes “in a decade, this island should be the example to all the world as the test-tube experiment which proved that syphilis need not be”.

Michael: I'm afraid we are out of time, any closing remarks?

Pat: I'll just summarize by saying that statistics are not always objective. As easy as it is to characterize an outbreak by saying a disease exists in a population and was spread to another, there were a lot of factors which led to the syphilis outbreak among US troops in Puerto Rico. The US enforced laws which discouraged harm reduction among public women, its troops practiced hedonistic colonialism on the island, and underwent an overall agenda of cultural imposition which made what was previously a well-managed risk become a public health outbreak among US troops in Puerto Rico. If you are ever reading a public health report, it's incredibly important that you don't divorce the statistics from their cultural context.

Michael: A big thank you to Meg, Katherine, Matthew, and Patrick for participating today! I think we were really able to get a perspective on what went wrong! As always please tune in next week where we will talk about the medical apartheid and **WHAT WENT WRONG!**

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