

Early History of ASHA

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THE CARTOON ON THIS PAGE CAPTURES THE GOALS of the American Sexual Health Association's (ASHA) early history and some of the core methods and ideas that informed its early work: the importance of education, medical research, and treatment in the fight against sexually transmitted infections (STIs) and an attack on the cultural myths and "false modesty" that allowed STIs to spread. Researching ASHA's history using its archival records provides an up-close view of the past though items such as this cartoon and the hundreds of thousands of letters, reports, posters, pamphlets, and other documents in the ASHA files. The Social Welfare History Archives at the University of Minnesota houses more than 100 feet of records that document ASHA's predecessors in the early 1900s, its founding, and its first 90 years as the American Social Hygiene Association and the American Social Health Association. The records are an important part of the story of public health and social reform in the 20th century.

From our current vantage point in the early 21st century, it is sometimes difficult to grasp the groundbreaking nature of ASHA's early work and to see past perspectives and language of 100 years ago. Looking back at the history of ASHA through its archival records highlights many important differences and advancements over time. However, it also shows that common concerns and themes remain: the importance of accurate sexual health information; open discussion of sexual health topics; and a collaborative responsibility for personal and public health shared by the individual, society, and the community of health, social service, public policy, and education professionals.

ASHA's many activities and accomplishments in its first 100 years cannot be covered in a single essay. In recognition of ASHA's centennial, this essay focuses on the founding and early history of the organization and briefly discusses its work up to the mid-1940s, when the availability of penicillin changed the terms of the fight against STIs. It outlines important themes and goals of ASHA's early decades and describes some programs that exemplify them, many of which continue today, albeit in different forms.

THE FOUNDING

ASHA was formed by the consolidation of organizations fighting against prostitution, trafficking, and STIs, known at the time as "venereal diseases." The American Social Hygiene Association had roots in two important reform move-



"If We Can Get The Beast Out Of His Lair We'll Win the Fight"
A promotional cartoon drawn for the first National Social Hygiene Day in 1937 by Harry E. Larimer.

ments of the 19th and early 20th centuries: the health and sanitary reform movement and the “social protection” and anti-prostitution movement. Both outlooks influenced ASHA’s early work. In *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880*, Allan Brandt explains: “Social hygiene drew together two prominent Progressive contingents: those demanding a homogeneous moral order and those dedicated to a new scientific, technocratic vision. The social hygiene campaign, committed both to health and sexual morality, attempted to negotiate the inherent conflict between these emphases.”¹

ASHA’s anti-prostitution, social protection roots came from two organizations: The American Purity Alliance and The National Vigilance Committee. The American Purity Alliance was incorporated in 1895. Its predecessor, the New York Committee for the Prevention of State Regulation of Vice, was founded in 1876. The Alliance advocated legal protection for underage women against prostitution and giving “aid and encouragement in the way of securing victims of social vice and in providing them with suitable homes and employment.” The National Vigilance Committee was formed in 1906 to fight for “constant, persistent and absolute repression of prostitution,” the “rescue and protection” of girls and women, and to promote knowledge of the “social evil” (a contemporary term for prostitution). These merged in 1912 to form The American Vigilance Association.

ASHA’s more progressive, sexual health origins came from the American Federation for Sex Hygiene, which was founded in 1910 and incorporated in 1912. The Federation advocated educating the public about the “physiology and hygiene of sex” and preventing STIs and prostitution through “sanitary, moral and legislative” means.

Another organization, The American Society for Sanitary and Moral Prophylaxis, which was founded in 1905 by Prince Morrow, eventually merged with ASHA in 1918. Morrow, a physician-turned-reformer, had been strongly influenced by the 1902 Congress on International Traffic in Women and Children in Brussels. He re-



turned to the United States inspired to combat prostitution with a combined educational and moral campaign. Although Morrow died in 1913, he was an important influence on ASHA’s combined focus on educational, “sanitary,” and regulatory tactics.

Following Morrow’s death, hygiene and anti-prostitution movement supporters John D. Rockefeller Jr. and Grace H. Dodge urged these disparate organizations to form one national group. There had already been some discussion and tension around the issue of whether the groups should join forces, and the intervention of these two important donors helped tip the balance towards a merger. Starting between 1910 and 1913, ASHA’s archival records reveal discussions of a possible merger among the many interested parties in the fight against prostitution and STIs.

The International Congress of School Hygiene held in Buffalo, New York, in August 1913 brought together many key figures in these movements. At the confer-

ence, the American Vigilance Association and the American Federation for Sex Hygiene agreed to merge. Minutes of American Federation for Sex Hygiene's August 27, 1913 meeting at International Congress contain a resolution "...to unite with the American Vigilance Association....and to be hereafter known as the American Sex Hygiene and Vigilance Association." This early name was quickly dropped in favor of "American Social Hygiene Association."

The October 23, 1913 minutes of the American Federation for Sex Hygiene discuss a proposed constitution for the "American Social Hygiene Association," possibly the first mention of the ASHA name. At a special meeting of the Federation on December 3, 1913, the board and executive committee voted to adopt a new constitution and bylaws and set April 1st as the official date for the merger. On January 21, 1914 the certificate of incorporation was signed by Donald R. Hooker, Delcevare King, Robert W. Hebbard, Thomas M. Balliet, Edward L. Keyes Jr., Thomas N. Hepburn, William Freeman Snow, and James B. Reynolds. The new association was publicly announced on Valentine's Day, 1914.

ASHA's constitution stated that it would "promote social health;" "advocate the highest standards of private and public morality;" "suppress commercialized vice;" defend the community against STIs through "education, sanitary or legislative" means; investigate "prostitution and the venereal diseases in American towns and cities;" and promote cooperation between local organizations to support this work. This revised version of the constitution had a slightly more progressive and scientific tone than the one proposed at the International Congress in 1913. In particular, investigation plays a key role in the program and replaces the "social protection" language of the original document. Research and investigation as well as education became cornerstones of the ASHA's program.

ASHA's new co-executives were James B. Reynolds, a lawyer from the National Vigilance Committee, and William Freeman Snow, professor of public health at Stanford University. In 1914, ASHA had two departments: the Legal Department, headed by Reynolds, and the Education Department, headed by Snow. Its main office was in New York City with branch offices in Chicago and San Francisco. By 1915, it also had a Department of Investigation headed George J. Kneeland. This department also employed investigators (including women) as needed.

ASHA'S EARLY WORK

ASHA's core goals and messages in its early decades reflect the sometimes competing, sometimes complimentary goals of both the Progressive Era reformers and the purity and vigilance movements. ASHA's first annual report in 1914 outlines a more progressive method of approaching social problems "not after the manner of impulsive and superficial sentimentalists, but in the spirit and with the methods of modern science, education, and enlightened morality" and to "unite intelligent men and women throughout our country who abhor alike inaccurate sensationalism, wilful ignorance, and timid inaction." ASHA recognized how silence, misinformation and "wilful ignorance" allowed sexual exploitation and STIs to thrive.



Three principle goals of ASHA's early decades were sex education, eradicating prostitution and trafficking, and prevention and treatment of STIs. This essay focuses on these goals and briefly discusses examples of the ASHA programs that exemplify them. ASHA's first year of work included activity in all of these areas. The minutes for 1914 mention a wide range of activities that set the model for subsequent years. These included: community investigations; field visits; STI prevalence studies and other research; exhibits and publications; legislative work, including injunction and abatement laws that were used to close brothels; advocating the appointment of women police officers to oversee dance halls and other public spaces; working with the U.S. Bureau of Education to institute sex education in schools; university lecture appointments; correspondence with numerous organizations in Europe, South America, and Asia; and meetings with educators, school officials, professional organizations, social service organizations, and community groups in the United States. By 1916, ASHA estimated that its lecturers had reached 15,000 people and its exhibits had been viewed by 100,000. Subscriptions to its publications reached 30,000 and over 350,000 publications had been distributed. In addition, ASHA staff visited 127 cities and corresponded with 8,000 people.

PROMOTING SEX EDUCATION

Sex education was a core mission of ASHA and its predecessors. In May 1910, Delcevere King, a wealthy member of the Anti-Saloon League and social hygiene movement supporter, wrote to Prince Morrow proposing a "National Movement for Sex Education." His letter states that "The 'conspiracy of silence' on Sex is the most terrible failure of our civilization." King promised help raising funds for a national organization that eventually became the American Federation for Sex Hygiene and, later, ASHA. ASHA advocated sex education for young people and the general public, combating public silence about sexual health with educational programs. Its earliest sex education campaigns include information on basic reproduction that was factual for

the time, but limited in scope. ASHA also promoted personal responsibility for sexual health and advocated sexual abstinence and moral purity believing this would lead to a healthy married life.

ASHA produced sex education pamphlets, exhibits, and poster displays for students, parents, medical professionals, youth-serving organizations, civic and industry groups, and educators. It also conducted studies on attitudes towards sex education. One of ASHA's core ideas in the early years was that the family was the basic social unit. It educated parents on how to talk to children about sexual health topics and advocated for sex education as a responsibility of both parents and schools. ASHA also contributed content for school and college-level sex education curricula and wrote guides on how to teach sex education for teachers and college students studying to be teachers.

Archival records demonstrate that ASHA was not just talking to its "inner circle" with these efforts. The annual reports for the 1910s and 1920s record lecture attendance and literature distribution totaling in the hundreds of thousands. By 1924, an estimated 750,000 college students had attended an ASHA lecture. Exhibits were viewed by tens of thousands annually, and the 1915 annual report stated that ASHA's gold-medal-winning exhibit at the Panama Pacific Exhibition was viewed by 100,000 people. The 1924 annual report also noted that ASHA's new exhibit would be installed in the "Hall of Health" at the Smithsonian Institution.

ASHA also used the relatively new mediums of radio and "motion pictures" to spread its educational message. The first sex education radio program aired on November 21, 1924 when ASHA-affiliated sex educator Bertha Chapman Cady spoke on the "Story of Life." ASHA produced documentary and feature-length dramatic films to spread its message as well. Annual reports from the 1920s show that ASHA films were loaned to state health departments and various professional conferences. Nearly 150 copies of ASHA films were sold in 1919-1920 and there were over 200 showings of its films in the same year. In 1933, ASHA collaborated with the Canadian Social Hygiene Council

and Weldon Picture Corporation to produce *Damaged Lives*, a full-length feature film about a young man who contracts an STI as a result of an affair and infects his fiancée. The film, which reflects many of ASHA's sexual health messages, was shown in the United States, Canada and England to a positive response from viewers.

Another example of ASHA's early educational work is the *Keeping Fit* and *Youth and Life* sex education poster exhibits. These were designed for young men and women in 1920 and 1921 in collaboration with the United States Public Health Service. The posters contained basic information on reproduction and healthy lifestyles, as well as moral messages about responsibility, marriage, parenthood, and self-control. These early sex education tools would probably now be categorized as "abstinence education" and promoted traditional gender roles, but for their time they were remarkably frank and factual.

ERADICATION OF PROSTITUTION AND HUMAN TRAFFICKING

A second key part of ASHA's program was ending prostitution and trafficking. It fought against tolerance of prostitution in red light districts and promoted an "American Plan" of using legal, educational, and community activism as well as economic measures to try to wipe out prostitution. This method was viewed as a counter to the "European Plan" of tolerance and medical inspection.

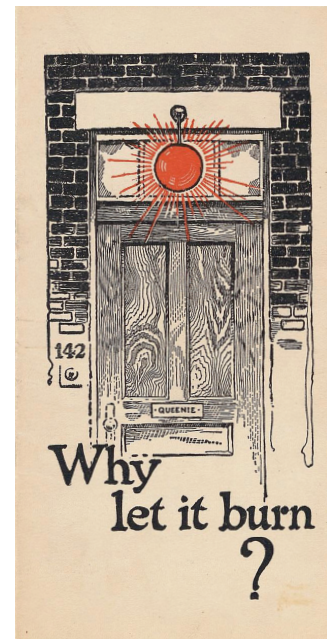
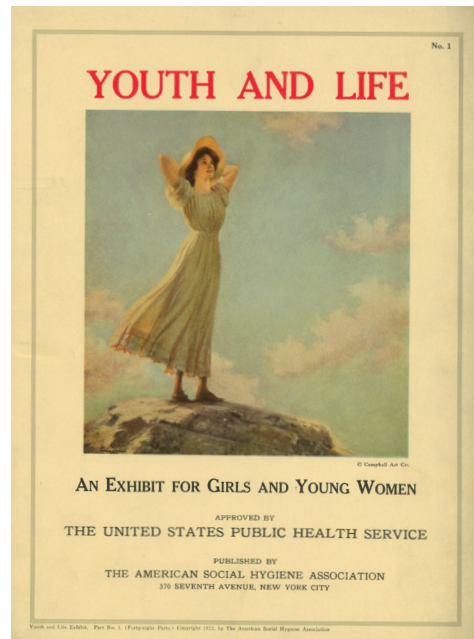
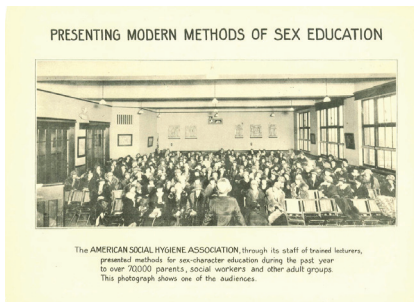
ASHA wrote pamphlets and model laws documenting how to fight prostitution both on a national and local level. It conducted studies, issued reports, and created public relations materials on the economic, logistical and legal aspects of prostitution and to explain its role in disease transmission. ASHA also worked with international efforts to end human trafficking and prostitution through international studies, the League of Nations' anti-trafficking and anti-prostitution commissions, and efforts to pass international trafficking treaties. Its work in these areas demonstrated an understanding of trafficking and prostitution as an economic issue as well as a legal and public health problem.

A History and A Forecast, a pamphlet published in 1920, is a good example of how ASHA questioned the view that prostitution was a necessary evil and demonstrates ASHA's arguments against prostitution. The author contended that apologists for prostitution mimicked old pro-slavery rationalizations that some were meant to be enslaved, that slavery was an economic necessity and ending it would destroy property values, and that those who questioned the status quo were impractical visionaries. ASHA rejected these ideas when applied to prostitution and argued that "this supposedly fundamental social institution was a most artificial product. It existed solely by virtue of political corruption, stimulation of trade through advertising, and a white slave traffic to supply the artificially created demand."

STI PREVENTION AND TREATMENT

Understanding the medical context of ASHA's founding and early history helps to explain some of the organization's priorities and programs. Identification of the syphilis spirochete in 1905 and development of the Wasserman test for syphilis in 1906 allowed better diagnosis and better understanding of rates of infection and the epidemiology of STIs. The development of salvarsan in 1909 and neosalvarsan in 1914 offered new treatment options that improved on ages-old mercury treatment. However, treatment with these arsphenamine compounds was time-consuming, arduous, and potentially toxic to the patient. The public often resorted to "quack" or home remedies or simply remained ignorant of the cause and possible treatment of their symptoms.²

It was also difficult to track and prevent the spread of STIs due to public misconceptions as well as practices within the medical profession. Numerous records in the ASHA archives discuss how misunderstandings about STIs and the social stigma surrounding them made diagnosis difficult, especially when patients did not seek treatment or took home remedies and then spread the disease under the false impression that they were cured. They also include drastic, though sometimes contested, statistics on high rates of infection in the general population, fears



about “syphilis of the innocent” (meaning the wives and children of the infected individual), and eugenic ideas about STIs as a threat to “racial health” that added to a crisis atmosphere.

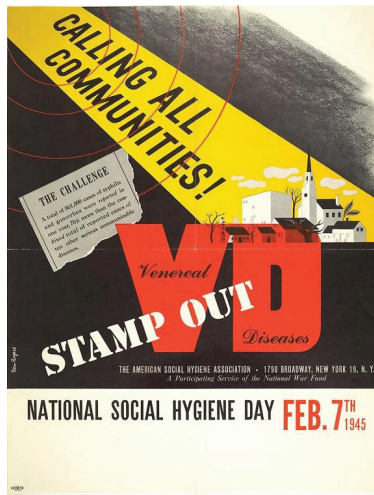
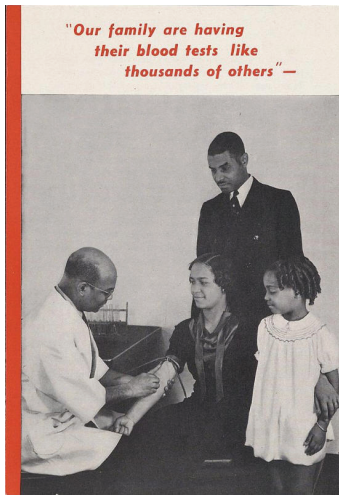
At the time of ASHA’s founding, the medical profession was grappling with the competing needs of disclosing that a patient was infected to protect public health and the tradition of secrecy that had led most doctors up to that point to protect the privacy of infected individuals at the expense of their partners’ health. ASHA promoted the importance of disclosure to the medical profession, but recognized that it was fighting a long-standing code of practice as well as the social stigma of STIs.

Many early publications by ASHA and its predecessors question the attitude of secrecy and lack of medical intervention for STIs when other infectious diseases were attacked so vigorously in late 19th early 20th centuries. In his summary of the hygiene movement, “Progress, 1900-1915,” William Freeman Snow stated “...the public will soon assume the same attitude toward venereal infections that it does toward other dangerous communicable diseases. This attitude as expressed in tuberculosis or typhoid fever, for example, is one of sympathy and assistance for the infected indi-

vidual, while a frank and searching inquiry is made into the source of the infection and the conditions of the community which may have contributed to the opportunity for his infection.” This “searching inquiry” was a key part of ASHA’s work to prevent STIs.

Research projects included undercover investigations that identified “quack” healers and pharmacies that prescribed illegal, ineffective treatments. ASHA also promoted medical research in the testing and treatment of STIs, conducted research projects into STI infection rates and epidemiology, and did studies of hospital and clinic operations. It shared its findings broadly, including with governmental, medical, and private sector organizations, to promote treatment and prevent transmission. It also worked with professional associations, such as the American Medical Association and American Public Health Association, to get STIs on their agendas as a public health issue.

Reports and other documents in the archives show how ASHA staff attended medical conferences, corresponded with physicians, promoted updated knowledge about treatment protocols, disseminated methods of diagnosing and tracking STIs, published operational standards for clinics, and helped teach courses on STIs at medical schools. It also published the *Journal of So-*



cial Hygiene, which was aimed at both a professional and lay audience, and distributed monthly updates to state venereal disease officers on diagnosis, treatment, social service follow up with patients, and recent research.

Examples of ASHA's large-scale prevention and treatment work can be seen in Social Hygiene Day and its programs during World War I and World War II. Social Hygiene Day, which started in 1937, was an annual series of public events, national media campaigns, and community action projects designed to promote ASHA's programs and drum up support for its work. Each year, ASHA selected a theme and developed a series of materials aimed at encouraging local individuals and groups to sponsor events and publicity efforts. Instructional kits for local Social Hygiene Day events show a wide range of activities including radio programs, exhibits on treatment and other related topics, conferences, poster contests, and newspaper stories. The public attention around Social Hygiene Day showed how much progress had been made from the days when sexual health topics could not be discussed in polite society and showed how far ASHA's work had helped to take the issue of sexual health.

World War I programs helped to set a model for work done during the following decades and cemented ASHA's relationship with the government, in particular the United States Public Health Service. STIs were a significant problem in the military during the war and high rates of STIs

discovered in incoming military personnel added urgency to the entire ASHA program. ASHA staff were commissioned as army or navy officers or as part of the Commission on Training Camp Activities and collaborated with the United States Public Health Service.

ASHA worked with the U.S. War Department on two primary strategies. The first was to educate soldiers and civilian industrial workers about STIs and their transmission. The second strategy was to investigate and eliminate prostitution, which was recognized as the primary vehicle for STI transmission among the armed forces. ASHA was successful in shutting down many of the prostitution rings that traditionally surrounded military bases.

Educational programs for soldiers included pamphlets, health lectures, lantern slide shows, poster displays, and films. These employed themes of patriotism, comradeship and duty as well as factual information and moral persuasion to teach soldiers to remain disease-free and "fit to fight."

During World War II, ASHA fulfilled a role reminiscent of its work in World War I. ASHA had its hands full with the wartime military and industrial expansion and the resulting increase in prostitution and "sex delinquency." "Khaki-struck girls," wartime sexual freedoms, and single women moving to military and industrial zones to work for the war effort added a new element to ASHA's STI-prevention programs.

The 1943 annual report include Army estimates which suggested that as much as 70 percent of STIs could be “traced to girls and women who were promiscuous or delinquent, though not prostitutes.” It proposed the return of “social protection” activities, such as women police, control of venues serving alcohol, and supervised recreational activities or teen clubs. ASHA also proposed a school curriculum on “personal living in wartime” that acknowledged the likelihood of wartime relationships, but urged responsibility and abstinence as both a personal and patriotic responsibility.

The ASHA records include many World War II-era educational materials, such as sexual health training kits for officers, pamphlets for soldiers, and numerous fliers and posters. These show that education programs for soldiers used messages of patriotism and shared duty reminiscent of World War I. In addition, campaigns such as “Men Who Know Say No” warned soldiers not to trust appearances and abstain from casual relationships with prostitutes or “pick-ups.” Cartoon poster series such as “Private Caution” and “Them Days is Gone Forever” used humor and peer pressure to suggest that soldiers who got infected with an STI were “dopes” who had been fooled by a “good time girl.” However, ASHA also acknowledged sexual activity and promoted condom use (“prophylaxis”) and medical treatment at “pro stations” for those who did not “say no.”

After decades of promoting research to improve the treatment of STIs, ASHA was one of the many partners that helped to usher in the era of antibiotics. For example, ASHA staff served on the National Research Council Subcommittee on Venereal Diseases. The Council supervised numerous research projects, including experiments using penicillin to treat syphilis and gonorrhea. ASHA reports from 1944 discuss penicillin stating that it was “one of the greatest advances in therapy in the long history of medicine” and calling the new drug “a powerful weapon.” True to form, ASHA reminded its constituents that there was still a lot of work to do to educate the public and medical community and to ensure effective treatment: “Even penicillin will not win our battle unless it is made

generally available and actually applied to infected persons.” In short, “new and improved methods of treatment should not lull us into complacency but . . . stir us into still more intensified action.” Though the development of penicillin was a pivotal event for ASHA, the organization continued to promote sexual health education, prevention, and treatment of STIs, and work toward ending prostitution.

MOVING TOWARD SEXUAL HEALTH

Much has changed in the past 100 years in terms of medical knowledge, attitudes toward sexuality, and the tools available to promote sexual health. ASHA’s archival records include perspectives about sex, gender roles, patient rights, public health, and a host of other issues that are diametrically opposed to what the organization believes today, yet ASHA’s early work remains important. At a time when sexual topics were often repressed, ASHA advocated accurate sex education and proper treatment of STIs. Although society usually tolerated sexual exploitation as long as it was invisible, ASHA fought the established attitude that prostitution was a necessary evil. The organization used research, community action, and education to bring these issues to light and break down the wall of silence surrounding them.

This essay has touched only briefly on examples of the many ASHA programs from 1914 through the 1940s. Many more are documented in the ASHA records, as are continuing and new activities in the 1950s through the early 2000s. In spite of the many changes in ASHA’s outlook and priorities over time, the records show that ASHA consistently advocated for the availability of accurate sexual health information, free discussion of sexual health, and a collaborative responsibility for personal and public health as part of its mission of “Creating a Sexually Healthy Nation.”

1 Allan Brandt, *No Magic Bullet: a Social History of Venereal Disease in the United States since 1880*, (New York: Oxford University Press, 1985), 46.

2 Ibid.