

FROM SOCIAL HYGIENE TO SOCIAL HEALTH: INDIANA AND THE
UNITED STATES ADOLESCENT SEX EDUCATION MOVEMENT, 1907-1975

Angela Bowen Potter

Submitted to the faculty of the University Graduate School
in partial fulfillment of the requirements
for the degree
Master of Arts
in the Department of History,
Indiana University

October 2015

Accepted by the Graduate Faculty, Indiana University, in partial fulfillment of the requirements for the degree of Master of Arts.

Master's Thesis Committee

Philip Scarpino, PhD, Chair

William H. Schneider, PhD

Nancy Marie Robertson, PhD

Acknowledgments

When I tell people that I am writing on the history of sex education in Indiana, the common reply is “that should be a very short thesis.” Nearly everyone that I have mentioned the project to has remarked on the seemingly universal experience of awkwardly watching a bad sex education movie in the gym. Not only has sex education stood out in our historical memories far out of proportion to the time spent on it, but also in our cultural memory. All of this is to say, the topic has proved much more challenging and complex than I dreamed it might be.

First, I would like to thank the Social Health Association for sponsoring this project and welcoming me into its offices. Everyone was so generous with their time, stories, and patience as the project took longer than anticipated. Researching the history during a time of profound change for the agency, I developed a deep respect not only for the past leaders, but also for the current staff, board of directors, and school partners. I am inspired by SHA’s willingness to commit its resources to preserving and promoting its history and hope other organizations will follow its lead. In particular, I wish to thank Executive Directors Michael Howe and Tonja Eagan for their support of the project and edits on the public portions of the document. In addition, I am appreciative to Doreen Fatula, Shelia Kanaby, Nancy Haskell, and Michael Howe for their willingness to do oral histories. Though SHA has reviewed drafts of portions of this thesis, this project represents my own views and conclusions, and not those of SHA.

At IUPUI, I must thank the IUPUI Solution Center, now a part of the IUPUI Office of Community Engagement, and the History Department for financial support of

the project. My advisor, Philip Scarpino got me into this interesting project—and perhaps more importantly—helped me see a way out of it when it seemed hopelessly tangled.

Also on my committee, William Schneider helped me see the importance of the medical side of this story, particularly in the areas of health and eugenics. Nancy Robertson has provided invaluable encouragement and professional advice during the project. Portions of this thesis emerged from class projects, and I must thank IUPUI's Elizabeth Brand Monroe and Rebecca Shrum and Purdue University's Wendy Kline and James Farr. I would also like to thank my fellow public history graduate student cohort at IUPUI and those in history at Purdue for their critiques of this project and moral support.

My boys, Hamilton and Sinclair, have endured babysitters and my clumsy attempts to help them grow up to be strong men with healthy attitudes towards their bodies and sexuality. Karen, Ginger, Rev, Vern, Charlotte, and Mildred have all given editorial, emotional, financial, or childcare support to the project

Portions of this project have been presented as “Ignorance is not Innocence”: The Social Health Association of Indiana and Adolescent Sex Education, 1907–2007” at IUPUI Research Day, April 11, 2014, “Confessions of the Sex Lady: An Intimate History of Adolescent Sex Education in Indiana, 1960–1988” at the Purdue History Writing Workshop, November 19., 2014; "Celebrating Eight Decades of Leading the Way for Kids," SHA event presentation and exhibit February 2015; "Writing the Book on Modern Sex Education: Reactions to the Social Health Association of Indianapolis' Sex Education Curriculums 1967–1974" at the Indiana Association of Historians Conference, February 28, 2015.

Angela Bowen Potter

FROM SOCIAL HYGIENE TO SOCIAL HEALTH: INDIANA AND THE
UNITED STATES ADOLESCENT SEX EDUCATION MOVEMENT, 1907-1975

This thesis examines the evolution of the adolescent sex education during from 1907 to 1975, from the perspective of Indiana and highlights the contingencies, continuities, and discontinuities across place and time. This period represents the establishment of the defining characteristics of sex education in Indiana as locally controlled and school-based, as well as the Social Health Association's transformation from one of a number of local social hygiene organizations to the nation's only school based social health agency. Indiana was not a local exception to the American sex education movement, but SHA was exceptional for SHA its organizational longevity, adaptation, innovation in school-based curriculum, and national leadership in sex education. Indiana sex education leadership seems, at first glance, incongruous due to Indiana's conservative politics. SHA's efforts to adapt the message, curriculum, and operation in Indiana's conservative climate helped it endure and take leadership role on a national stage. By 1975, sex education came to be defined as school based, locally controlled and based on the medicalization of health, yet this growing national consensus belied deep internal contradictions where sex education was not part of the regular school health curriculum and outside of the schools' control. Underlying this story is fundamental difference between social hygiene and health, that hygiene is a set of practices to prevent disease, while health is an internal state to promote wellness.

Philip Scarpino, PhD, Chair

TABLE OF CONTENTS

Chapter 1: Talking Sex, Teaching Sex, and Learning Sex	1
Chapter 2: Indiana’s Early Adolescent Sex Education Campaigns, 1907-1937	29
Chapter 3: Thurman Rice’s Sex Education Campaigns, 1933-1948	64
Chapter 4: Indianapolis’ Sex Education Curricula, 1948-1975	96
Chapter 5: Conclusion	138
Appendix 1: Organizations of the Adolescent Sex Education Movement in Indiana, 1907-2013	145
Appendix 2: IUPUI Research Day Poster, “Ignorance is not Innocence: The Social Health Association of Indiana and Adolescent Sex Education, 1907-2007”	145
Appendix 3: “Celebrating Eight Decades of Leading the Way for Kids,” SHA exhibit	147
Bibliography	159
Curriculum vitae	

List of Tables

Table 4.1: Comparison of *Pike Plan* and *Modern Sex Education* Curricula. 114

List of Figures

Figure 2.1: <i>Social Hygiene vs. The Sexual Plagues.</i>	37
Figure 3.1: AMA Bureau Pamphlets, 1944.	74
Figure 3.2: School Health Programs in Relation to Home and Community Health Efforts.	88
Figure 5.1: SHA Total Annual Program Service, 1975-2012.	143

Chapter 1: Talking Sex, Teaching Sex, and Learning Sex

The history of adolescent sex education in the United States, according to sex education historian Julian Carter, is a “story of shifting strategies aimed at discouraging people from having sex outside of marriage.”¹ These shifts in strategies were reflected in—and often influenced by—the sex education movement in Indiana. The Social Health Association of Indiana (SHA), established in 1937, is the nation’s longest operating school-based health education organization; however, the Indiana sex education movement started much earlier.² This thesis examines the evolution of adolescent sex education from 1907 to 1975 from Indiana’s perspective, primarily through SHA and its predecessor organizations. It highlights the contingencies, continuities, and discontinuities across place and time.³ This period represents the establishment of the

¹ Julian Carter, “Birds, Bees and Venereal Disease: Towards an Intellectual History of Sex Education,” *Journal of the History of Sexuality* 10, no. 2 (April 2001): 234. I use the term “sex education” to refer to the adolescent school-based efforts that varied over time as well as to describe the broader movements, as any faction in the debates did not specifically claim this term. Where possible, I used the sexual terminology employed by the historical actors. Robin Jensen argues that reformers employed “ambiguous language” purposefully to “maintain or affect existing social structures.” For a discussion of the critical role of rhetoric and “ambiguous language” in the sex education debates, see Robin E. Jensen, *Dirty Words: The Rhetoric of Public Sex Education, 1870–1924* (Urbana: University of Illinois Press, 2010), 2. For the historic construction of sexual terminology, see John D’Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* (Chicago: University of Chicago Press, 2012), ii–xii.

² This thesis is part of a larger public history project that includes archival review, oral histories, public exhibits, and academic analysis and presentation. The SHA records, oral histories, and project reports prepared in conjunction with the project are deposited in the IUPUI Ruth Lily Special Collections Library. Samples of the public exhibits and posters are included as appendices to the document. In 1993, an initial collection of SHA records was deposited in the IUPUI Archives and cataloged as the Social Health Association of Central Indiana (SHAIC) Records. In 2014, in conjunction with this research project, another large accession was placed in the archives that included not only records created since the initial donation, but also historical records found in the interim. At the time that I consulted the records, however, they were housed in the basement of SHA offices in the English Building in Indianapolis, Indiana. They were not well organized, so my citations refer to the container label at the time they were consulted. As of June 2015, the 2014 accession had not been organized or a collection guide made available. This second accession will be referred to as SHA Files.

³ I selected 1907 as the beginning date for this thesis based on both the emergence of the American movement and the work in Indiana in 1907. I chose 1975 as the ending date because SHA no longer being an affiliate of the ASHA. In addition, the changes in birth control and abortion marked the period after

defining characteristics of sex education in Indiana as locally controlled and school-based as well as SHA's transformation from one of a number of local social hygiene organizations into the nation's predominant school-based social health agency. While Indiana was not an exception to the American sex education movement, SHA was exceptional for its organizational longevity, adaptation, innovation in school-based curriculum, and national leadership in sex education.⁴

Indiana's eventual leadership in sex education seems, at first glance, incongruous due to the state's conservative politics.⁵ However, sex education did not fit neatly into any specific political agenda. Sex education shared many underlying tensions of the Hoosier state as a whole. Indiana has been wary of government power and reacted strongly against efforts to encroach on its personal independence and fiscal conservatism. Yet Hoosiers were known for accommodating change, and developing innovative public-private partnerships.⁶ SHA's efforts to adapt the message, curriculum, and operation in this conservative climate helped it endure and take a leadership role on the national stage. By 1975, sex education came to be defined as school-based, locally controlled, and rooted in the medicalization of health. However, the growing national

1975 as different. There is enough overlap in mission, activities, and leadership to argue the 1907, 1922, and 1938 groups were a continuation of the movement. See Appendix 1 for a list of the organizations.

⁴ To date there have been no published state or local studies of sex education beyond short case studies primarily focused on defeated sex education movements. SHA's claim to be the longest operation is based on the end of local ASHA affiliates in the 1970s as well as SHA attendance at national conferences. Oral History of Roberta West Nicholson by F. Gerald Handfield, 1985, Manuscript Section, Indiana Division, Indiana State Library, Indianapolis, IN.; Angela Potter, Oral History with Nancy Haskell, Executive Director SHA 1988–2000, August 12, 2013, SHACI Records; Angela Potter, Oral History with Michael Howe, SHA Executive Director 2007–2013, November 14, 2014, SHACI Records.

⁵ James H. Madison, *Hoosiers: A New History of Indiana* (Bloomington: Indiana University Press, 2014); Richard B. Pierce, *Polite Protest: The Political Economy of Race in Indianapolis, 1920–1970* (Bloomington: Indiana University Press, 2005).

⁶ This analysis follows the recent work of James Madison. Madison, *Hoosiers*.

consensus around sex education belied deep internal contradictions where sex education was not part of the regular school health curriculum and outside of schools' control. Underlying the evolution of sex education is the fundamental difference between social hygiene and health as advocates began to move from hygiene as a set of practices to prevent disease towards health as an internal state to promote wellness.

This is not a story of Indiana's triumph or failure in its vision of sex education or even the medical profession exerting control over the agenda. It instead demonstrates that intricate ideologies and negotiations took place in the debate over sex education, causing both progress and setbacks. The difficulty in forming a cohesive strategy even among proponents was one of the fundamental tensions embedded with sex education itself. Politically, it relied on a progressive, democratic ideology that sought individual health and welfare and a conservative distrust of any national program aimed at constraining choice. These contradictions played out at every level—from federal policy to individual sexual decision making.⁷ At the national level, the federal government and national organizations such as the American Social Hygiene Association (ASHA) and the American Medical Association (AMA) set the agenda and shaped funding. At the state level, the governor, legislators, and state agencies set policies that directed activities. Less studied, sex education implementers profoundly shaped the sex education experience through their interpretation and implementation of the curriculum at the school and

⁷ This examination of the various powers and limits of the players was identified by Schoen in her account of eugenics in North Carolina. Johanna Schoen, *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005), 8–10. This idea also draws upon looking at sex education from the “user” perspective, see Nelly Oudshoorn and Trevor J. Pinch, *How Users Matter: The Co-Construction of Users and Technology* (MIT Press, 2005). The theme of contradictions emerges in many periods, see for examples Jensen, *Dirty Words*; Susan K. Freeman, *Sex Goes to School: Girls and Sex Education before the 1960s* (Urbana: University of Illinois Press, 2008).

individual level.⁸ Finally, the most significant power seems to have lain in the hands of those individuals—the students. Only the students had the ability to learn, to ask questions, and to make the behavioral changes so debated and desired, and yet the other players seemed to pay the least attention to this group. Despite real differences in power, no one agency or individual ever possessed total control, and all of the participants shaped the course from the schoolroom to the bedroom.⁹

Though local control of the content of the curriculum defined sex education in the United States, the interplay of national and local factors for school systems and government decision-makers remains largely unexplored by historians.¹⁰ Looking primarily at national sources, particularly newspaper accounts, flattens the complexities and alliances at the local level, and diminishes the role of informal networks between

⁸ Implementers included state agency leaders, teachers, and groups such as the SHA. The more commonly used term “teacher” is contested throughout this period, due to debates over authority. In this case, I have used the term “implementer” to highlight the role that sex education played as a social policy, not merely just a curriculum or lesson. Schoen, *Choice & Coercion*, xvii; Jeffrey P. Moran, “‘Modernism Gone Mad’: Sex Education Comes to Chicago, 1913,” *Journal of American History* 83, no. 2 (September 1, 1996): 481–513.

⁹ The research attempting to capture the adolescent perspective emphasizes the importance of formal as well as informal education. See for examples, Beth L. Bailey, *From Front Porch to Back Seat: Courtship in Twentieth-Century America* (Baltimore: Johns Hopkins University Press, 1988); Joan Jacobs Brumberg, *The Body Project: An Intimate History of American Girls* (New York: Random House LLC, 2010); Freeman, *Sex Goes to School*. For international comparisons with the American and international eugenics movements, Schoen, *Choice & Coercion*; Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Berkeley: University of California Press, 1985).

¹⁰ The American model of local control is unusual nationally. For international comparisons, see Lutz Sauerteig and Roger Davidson, *Shaping Sexual Knowledge: A Cultural History of Sex Education In Twentieth Century Europe* (London: Routledge, 2009); Jonathan Zimmerman, *Too Hot to Handle: A Global History of Sex Education* (Princeton: Princeton University Press, 2015).

reformers.¹¹ Focusing on political debates, as opposed to curriculum, minimizes a high degree of overall continuity in message and method during the twentieth century.¹²

To better understand Indiana's place in the national sex education movement, it is important to understand how the changes in *talking* about sex, shaped *teaching* sex, and *learning* about sex. *Talking* about sex changed due to society's views of sexuality and adolescence. While historians have emphasized the importance of the changing meaning of "dirty words," related to sex, and the social hygiene movement, Indiana's experience demonstrates the importance of the medicalization of sex and health in the twentieth century and the connections to changes in the practice of medicine. The defining aspect of *teaching* sex was its local character that was directed by schools, which emerged from 1907 to 1975. Due to the American focus on the "local," the factors shaping this diffuse pattern of control and implementation can be best understood at the local level. Tracing *learning* about sex at the classroom level by teachers or social hygiene reformers adds another level of contingency. In the classroom and in policy debates, both proponents and opponents of sex education focused on an instrumental model of education where increased knowledge led to changes in behavior. Yet, there was not always this consensus on the instrumental model. In Indiana, public health, physicians, and social health advocates suggested alternatives to this instrumental model that were based on different ideas about sexual knowledge, authority, and evaluation that competed for dominance.

¹¹ Natalia Mehlman, "Sex Ed... and the Reds? Reconsidering the Anaheim Battle over Sex Education, 1962–1969," *History of Education Quarterly* 47, no. 2 (May 1, 2007): 203–32.

¹² For another perspective on continuity that emphasizes AIDS as the primary turning point in sex education, see Zimmerman, *Too Hot to Handle*.

Talking Sex

The Progressive Era, roughly the period from 1890–1920, valued the combination of the medical and scientific strategies to promote moral living.¹³ The doctrine of social hygiene was closely tied to the Progressive-Era ideology of *medicalization*, which turned moral problems into medical conditions that could best be remedied by science.

Sociologist Peter Conrad’s *Deviance and Medicalization* shows how cultural understanding of venereal disease changed from one of *badness* to one of *sickness* in the early twentieth century.¹⁴ Medicalization is a series of cultural processes where social problems became medical conditions and thus became the subject of medical study, diagnosis, prevention, or cure. For example, Indiana’s social hygiene leader, Dr. John Hurty used the term “sexual plagues” in 1910 to refer to venereal diseases’ work as

¹³ Theodore M. Porter, *Trust in Numbers: The Pursuit of Objectivity in Science and Public Life* (Princeton: Princeton University Press, 1996).

¹⁴ Since Conrad’s path-breaking work, historians have explored the historical processes involved. Peter Conrad, *Deviance and Medicalization: From Badness to Sickness* (Philadelphia: Temple University Press, 1992); Peter Conrad, *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (Baltimore: Johns Hopkins University Press, 2007). For a more recent interpretation of medicalization, see Peter Conrad, “Wellness as Virtue: Morality and the Pursuit of Health,” *Culture, Medicine & Psychiatry* 18, no. 3 (September 1994): 385–401; Philip K. Wilson, “Confronting ‘Hereditary’ Disease: Eugenic Attempts to Eliminate Tuberculosis in Progressive Era America,” *Journal of Medical Humanities* 27, no. 1 (Spring 2006): 19–37; Adele E. Clarke et al., eds., *Biomedicalization: Technoscience, Health, and Illness in the U.S.* (Durham, NC: Duke University Press Books, 2010); Juaune N. Clarke, “Medicalization and Changes in Advice to Mothers about Children’s Mental Health Issues 1970 to 1990 as Compared to 1991 to 2010: Evidence from *Chatelaine* Magazine,” *Health, Risk & Society* 15, no. 5 (August 2013): 416–31; John Burnham, “The Societization of Medicine or the Medicalization of Society?,” *Reviews in American History* 37, no. 4 (December 2009): 611–16; Elena Conis, *Vaccine Nation: America’s Changing Relationship with Immunization* (Chicago: University of Chicago Press, 2014). Peter Conrad, “Wellness as Virtue: Morality and the Pursuit of Health,” *Culture, Medicine & Psychiatry* 18, no. 3 (September 1994): 385–401; Philip K. Wilson, “Confronting ‘Hereditary’ Disease: Eugenic Attempts to Eliminate Tuberculosis in Progressive Era America,” *Journal of Medical Humanities* 27, no. 1 (Spring 2006): 19–37; Clarke et al., *Biomedicalization*; John Burnham, “The Societization of Medicine or the Medicalization of Society?,” *Reviews in American History* 37, no. 4 (December 2009): 611–16; Conis, *Vaccine Nation*. Medical historian Andrea Tone argues for understanding medicalization as a cultural frame, allowing for more agency and interaction between physicians and patients. She describes a model of the physician-patient relationship, where the physician maintained a position of authority while patients could also demonstrate agency through their patterns of consumption. Andrea Tone, *The Age of Anxiety: A History of America’s Turbulent Affair with Tranquilizers* (New York: Basic Books, 2012); Porter, *Trust in Numbers: The Pursuit of Objectivity in Science and Public Life*.

“social assassins” and hoped to link together the moral language of the Bible with the new growing cultural importance of microbiology.¹⁵ As part of the medicalization process, Progressives had tremendous faith in the power of education to change behavior, seen in virtually all of their movements. This basic premise was applied to everything from prostitution and masturbation in the case of the social hygiene movement, to clean milk in the child hygiene crusade, to the “feeble minded” in the mental hygiene effortst, and to any number of “deviants” in the racial hygiene, or eugenics.¹⁶

Venereal diseases such as syphilis and gonorrhea were either incurable or extremely difficult to treat with medicines prior to the 1940s. With advances in medical science, syphilis became less a social ill and more a medical problem to be solved.¹⁷ From the public health perspective, venereal disease education efforts remained at center stage from World War I until after World War II. Progressive-Era state and local public health officials took responsibility for venereal disease control, moving gradually from emergency responses to disease epidemics to the more general promotion of public health. Other early public health education efforts indirectly influenced the sex education

¹⁵ Indiana Society for Social Hygiene, *Social Hygiene vs. the Sexual Plagues with Their Rapid Invasion of the American Home. The Direful Consequences of Sex Secrecy and the Obligation of Parents and the State to Protect the Rising Generation* (Indianapolis: Indiana State Board of Health, 1910), 3.

Duffy, *The Sanitarians*; Rembis, *Defining Deviance*; Rima Apple, *Perfect Motherhood: Science and Childrearing in America* (New Brunswick, N.J: Rutgers University Press, 2006); Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction, and Women’s Health in the Second Wave* (Chicago: University of Chicago Press, 2010); Dawley, *Changing the World*; McGerr, *A Fierce Discontent*.

¹⁶ Michael Rembis, *Defining Deviance: Sex, Science, and Delinquent Girls, 1890-1960* (Urbana: University of Illinois Press, 2013).

¹⁷ European medical researchers’ isolation of the syphilis bacteria in 1905 brought more attention to the disease by public health officials.

movement, such as child and maternal health, school safety, infectious diseases laboratories, and, most notoriously, eugenics.¹⁸

Society viciously debated sex education for more than a century, which demonstrated its strong cultural power, despite the repeated demonstrations that increasing sex education has little direct impact on social issues such as teenage pregnancy, syphilis and AIDS rates, or divorce rates.¹⁹ Education policy leaders and sociologists have developed a number of theories over the enduring cultural power of the issue. Irvine argues in *Talk About Sex* that sex education draws its cultural power from sexual shame and fear.²⁰ More than just a political movement, however, ideas about sex are also deeply personal. The understanding of the importance of sex, divided into views of sex as natural or sacred by sociologist Kristen Luker, is often the best predictor of the support of sex education.²¹ While most of these sociological and historical explanations of sex education tie into the changing ideas of sex in the debates, they pay less attention to the discourse of health and the medicalization of sex.²² The role of the medicalization

¹⁸ Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1987); John Parascandola, *Sex, Sin, and Science: A History of Syphilis in America* (New York: Greenwood Publishing Group, 2008); Philip K. Wilson, “Bad Habits and Bad Genes: Early 20th-Century Eugenic Attempts to Eliminate Syphilis and Associated ‘Defects’ from the United States,” *Canadian Bulletin of Medical History* 20, no. 1 (June 2003): 11–41; Alexandra M. Lord, *Condom Nation: The U.S. Government’s Sex Education Campaign from World War I to the Internet* (Baltimore: Johns Hopkins University Press, 2010).

¹⁹ Moran has even gone as far to pronounce it a “failure” from the historical perspective. Jeffrey P. Moran, *Teaching Sex: The Shaping of Adolescence in the 20th Century* (Cambridge, MA: Harvard University Press, 2000), 217–34.

²⁰ Janice M. Irvine, *Talk About Sex: The Battles Over Sex Education in the United States* (Berkeley: University of California Press, 2002).

²¹ Kristin Luker, *When Sex Goes to School: Warring Views on Sex--and Sex Education--since the Sixties* (New York: W. W. Norton & Co., 2006).

²² For a recent review on the scholarship on sex education and the social functions of education, see Natalia Mehlman Petrzela, *Classroom Wars: Language, Sex, and the Making of Modern Political Culture* (New York: Oxford University Press, 2015).

of sex has not been evaluated in the sex education secondary literature and offers a richer understanding of the variety of authorities in the sex education debate.²³

In the first half of the twentieth century, liberalization of views of sex gradually led to more public discussions about sexuality, as well as actual changes in sexual behavior.²⁴ In addition to the social hygiene movement, feminists and birth control activists made limited strides in increasing women's legal rights and access to contraceptives. In terms of behavior, this generation enjoyed a general increase in premarital sexual intercourse, more variety in sexual positions, and a new focus on sexual fulfillment in marriage. Increasingly, the voices of deodorant advertisers, doctors, peers, and parents competed with classroom lessons to determine backseat realities. The 1960s became a turning point where the growing sexual liberalism changed underlying social structures, such as family composition and work patterns.²⁵

Debates surrounding birth control proved the most volatile public health issue in the twentieth century, more than eugenics at the beginning of the twentieth century or

²³ Burek Pierce work offers an example of the importance of this perspective as she looks at the debates between mothers and physicians in the creation of health texts to be used in the home. Jennifer Burek Pierce, *What Adolescents Ought to Know: Sexual Health Texts in Early Twentieth-Century America* (Amherst: University of Massachusetts Press, 2011).

²⁴ The study of the history of sexuality reflected a cultural assumption that sex is historically and culturally relative, with understanding of sexual behaviors changing over time. In contrast to essentialist positions, where sexuality represents an "overpowering force in the individual," constructivist or postmodern frameworks represent the biological aspects of sex as taking on their meanings from the specific historic context. Michel Foucault, *The History of Sexuality* (New York: Pantheon Books, 1978); Nathanson, *Dangerous Passage*; Elaine Hatfield, *Love and Sex: Cross-Cultural Perspectives* (Lanham, MD: University Press of America, 2005).

²⁵ In many ways, this complex calculus, not well understood by sex educators or subsequent historians, offers another interpretation of the success or failure of sex education. Bailey, *From Front Porch to Back Seat*.

abortion battles at the end of the century.²⁶ Though often difficult to find, birth control sale and distribution was generally legal in the United States throughout most of the nineteenth century. Women across the twentieth century sought to limit their family size in an era of social and technological change and birthrates declined during the first four decades of the twentieth century.²⁷ During the Progressive Era, U.S. reformers attempted to legalize or criminalize contraceptive technology. The social purity movement also tied to the social health movement, targeted birth control in its efforts to outlaw vice due to the association between birth control, prostitution, and obscenity. The 1873 Comstock Act, prohibited mailing contraceptive devices or any form of contraceptive information, often including sex education materials. By the beginning of the twentieth century, state and federal governments prosecuted Comstock cases, and the contraceptives disappeared from newspapers and store shelves—but not the bedroom. Birth control advocacy organizations were developed, including in Indiana, often tied to the maternal health movement of the 1920s. In 1953, birth control activist Margaret Sanger brought together scientist Gregory Pincus and biologist and women’s rights activist Katherine McCormick to begin research on hormonal contraception. The Food and Drug Administration

²⁶ Irvine, *Talk About Sex*; Donald T Critchlow, *The Politics of Abortion and Birth Control in Historical Perspective* (University Park: Pennsylvania State University Press, 1996); Kristin Luker, *Abortion and the Politics of Motherhood* (Berkeley: University of California Press, 1985); Schoen, *Choice & Coercion*.

²⁷ Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2002); Peter Engelman, *A History of the Birth Control Movement in America* (Santa Barbara, Calif.: Praeger, 2011); Joseph F. Thompson, “The Faithful Few: A History of Planned Parenthood of Central Indiana” (Indianapolis, IN: Planned Parenthood of Central Indiana, 2007); Carrie Sorensen, “‘One of the Proudest Achievements’: Organized Birth Control in Indiana, 1870s to 1950s” (Indiana University, 2006); Rickie Solinger, *Pregnancy and Power: A Short History of Reproductive Politics in America* (New York: New York University Press, 2007); Lawrence R. Samuel, *Sexidemic: A Cultural History of Sex in America* (Lanham, England: Rowman & Littlefield Publishers, 2013); Allan C. Carlson, *Godly Seed: American Evangelicals Confront Birth Control, 1873-1973* (New Brunswick: Transaction Publishers, 2012); Suzanne White Junod, “Perspectives on the Pill: An Essay Review,” *Journal of the History of Medicine and Allied Sciences* 57, no. 3 (2002): 333–39.

approved the first birth control pill in 1960. In 1973, the United States Supreme Court legalized abortion.²⁸

The birth control movement shared many themes, allies, and strategies with the sex education movement, particularly the medicalization of sexuality. Birth control moved out of the mail and drug stores increasingly in the 1930s and 1940s as physicians extended their control into this area of women's lives. Physicians increasingly regulated women's contraceptive choices, as well as delivering their babies in the hospitals.²⁹ In the whole, prior to the 1970s, sex education included little information on contraceptives, despite the fears of the opponents. Much like how sex education brought adolescent sexuality in the public eye, birth control support, and opposition became a political movement that transformed women's most intimate and private movements into public phenomena. As with sex education, the larger political and gender climate proscribed and defined these choices, highlighting both the shared and conflicting ideas across political, class, and racial boundaries.³⁰

The current adolescent sex education movement began in the early twentieth century as part of the Progressive Era, shaped by the birth of the social hygiene movement and the newly termed "adolescent." Adolescence represented a "dangerous

²⁸ Tone, *Devices and Desires*; Elizabeth Siegel Watkins, *On the Pill: A Social History of Oral Contraceptives, 1950-1970* (Baltimore: Johns Hopkins University Press, 2001); Elaine Tyler May, *America and the Pill: A History of Promise, Peril, and Liberation* (New York: Basic Books, 2010); Lara Marks, *Sexual Chemistry: A History of the Contraceptive Pill* (New Haven: Yale University Press, 2010); Schoen, *Choice & Coercion*; Gordon, *The Moral Property of Women*; Peter Engelman, *A History of the Birth Control Movement in America* (Santa Barbara: Praeger, 2011). More recently, historians have focused on the technological and cultural changes related to contraception and interpreted birth control not as a political idea but as a consumer good or a marker of a gender revolution. Tone, *Devices and Desires*; Junod, "Perspectives on the Pill"; Oudshoorn and Pinch, *How Users Matter*.

²⁹ Tone, *Devices and Desires*; Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley: University of California Press, 2001); Tone, *Devices and Desires*.

³⁰ Gordon, *The Moral Property of Women*.

passage” for young men and women, as society sought to define and control their bodies in the name of the future of America. The year 1904 marked psychologist G. Stanley Hall’s invention of the sexual adolescent as “the period of chastity between puberty, or sexual awakening, and marriage, when the young man or woman’s sexual impulses could finally be expressed.” Due to the transformation of society in the post-bellum period, such as child labor laws and later marriage, older psychologists marked the end of childhood at age ten. Hall, however, felt that in the nineteenth-century *adolescence*, his term, represented the ages fourteen through twenty-four.³¹ He understood this period of adolescence as a time when “younger individuals experience emotional and behavioral confusion, prior to establishing stability and reaching adulthood.”³² Adolescence's characteristics included increased attention seeking, risky behaviors, and dependence on friendships as well as criminal activity and sex and alcohol use. Hall believed that the media, including racy detective novels, encouraged these dangerous behaviors. Hall also credited the biological changes of puberty, including the rapid physical growth and change. Hall tied his theory to French naturalist Jean-Baptiste Lamarck’s theory of acquired characteristics, where acquired characteristics and memories, such as these societal changes in views of adolescence, were passed down through generations. Also critical to his theory was the importance he placed on sexuality, especially masturbation,

³¹ Hall’s ideas broke from others that divided the transition to childhood into the ages 13 to 18 and then ages eighteen to twenty-five as a difference developmental stage. Jeffrey Jensen Arnett and Hamilton Cravens, “G. Stanley Hall’s Adolescence: A Centennial Reappraisal: Introduction.” *History of Psychology* 9, no. 3 (2006): 167.

³² G. Stanley Hall, *Adolescence : It’s Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion, and Education* (New York: D. Appleton and Company, 1904), 351.

as wasteful sexual activity. He adopted an economic model where limited energies should be invested in profitable activities to maximize health.³³

Hall's work lent scientific support to sex education approach to adolescent education, an intersection of morals, economic stability, and physical health.³⁴ From the beginning of the twentieth century, scientific debates surrounding adolescence centered on issues of sexuality, particularly the problematic dissonance between biological and emotional preparedness for sexual intercourse.³⁵ Within a changing medical context, many felt that the best hope was to reduce it was to educate adolescents before they became sexually active. Social science and medical researchers have proved what social hygienists have long believed—adolescents are more willing to take risks as they seek new experiences and have limited experience with novel adult behavior.³⁶ Reformers equated learning about sex with changing adolescent sexual behaviors, such as premarital intercourse, termed an instrumental model of education.³⁷

Adolescent pregnancy, defined in different ways during American history, made sex visible, thereby converting private decisions into a public policy issue. Teen pregnancy reflected the new epicenter of the intersection of public health and sexuality, and American cultural attitudes demonized young mothers. In the early twentieth century,

³³ Hall felt that puberty began around the ages of 13 and 14. *Ibid.*, 51–59. Jeffrey Jensen Arnett, “G. Stanley Hall’s Adolescence: Brilliance and Nonsense,” *History of Psychology* 9, no. 3 (August 2006): 186–97; Arnett and Cravens, “G. Stanley Hall’s Adolescence”; Moran, *Teaching Sex*, chap. 1.

³⁴ The Young Men’s Christian Association (YMCA), Boy Scouts, and other character-building organizations espoused this “muscular Christian” form of education.

³⁵ Moran, *Teaching Sex*, 51–89.

³⁶ Jessica Fields, *Risky Lessons Sex Education and Social Inequality* (New Brunswick: Rutgers University Press, 2008); Vivien Igra and Charles E. Irwin Jr, “Theories of Adolescent Risk-Taking Behavior,” in *Handbook of Adolescent Health Risk Behavior*, ed. Ralph J. DiClemente, William B. Hansen, and Lynn E. Ponton, *Issues in Clinical Child Psychology* (New York: Springer, 1996), 35–51; Daniel Romer, “Adolescent Risk Taking, Impulsivity, and Brain Development: Implications for Prevention,” *Developmental Psychobiology* 52, no. 3 (April 2010): 263–76.

³⁷ Carter, “Birds, Bees and Venereal Disease”; Moran, *Teaching Sex*, 35.

reformers called pregnant adolescents “wayward girls,” and they focused on “saving” them as well as their illegitimate children who drained the resources of society. By mid-century, these same adolescents were “unwed mothers,” which emphasized the redemptive value of marriage. Throughout the twentieth century, the mere existence, let alone epidemic, of adolescent pregnancy defied twentieth-century understandings of adolescence as the period between sexual maturation and reproduction.³⁸

The sexual revolution of the 1960s and 1970s gave new attention to adolescent sexuality. Since the 1960s, the term “teen pregnancy” has gained traction, acknowledging the role of fathers and bringing both the focus on preventing pregnancy, not necessarily premarital sex, and which was associated with an even broader goal of ending poverty and improving society.³⁹ Examining pregnancy from the adolescent perspective acknowledges that these pregnancies represent adolescent choices, based on different issues than those debated in the media.⁴⁰

Teaching Sex

Long-time Indiana educator Nancy Haskell described her history as a sex educator as “a roller coaster ride,” with rapidly changing views on sex education and

³⁸ Nathanson, *Dangerous Passage*; Kristin Luker, *Dubious Conceptions: The Politics of Teenage Pregnancy* (Cambridge, MA: Harvard University Press, 1996).

³⁹ Nationally, the Guttmacher Institute, a research center devoted to reproductive health, lobbied for expanded services for unmarried teens, subsidized with federal dollars. In 1970, Title X of Public Health Service Act was enacted to create a federal grant program for providing individuals with comprehensive family planning and related preventive health services. For more than forty years, Title X family planning clinics have played a critical role in ensuring access to a broad range of family planning and related preventive health services. Luker, *Dubious Conceptions*; Moran, *Teaching Sex*, 200–4.

⁴⁰ Luker argues that a shift from adult concerns to the perspective of the teenager demonstrates that these adolescent pregnancies were a *symptom*, not a *cause*. Luker, *Dubious Conceptions*; Solinger, *Pregnancy and Power*.

shifting gender and sexual norms.⁴¹ Jeffery Moran's influential study *Teaching Sex: The Shaping of Adolescence in the Twentieth Century* was the first comprehensive study of sex education in the United States that focused on the aspirations and limitations of sex education and more specifically the ability of public authority to shape personal behavior.⁴² As the pendulum swung "back and forth between sexual liberalism and social conservatism," Moran argues, sex education became a "ritual dance to signify a broader range of social and sexual attitudes."⁴³

Institutional and political histories of the sex education movement, such as Moran's, portray sex education as a series of pendulum swings between support and opposition from the public as well as local, state, and federal governments. In contrast to the political pendulum swings, however, the analysis of sex education in the local context and from the curriculum materials paints a picture of twentieth-century continuity where generations of Hoosiers received the same lessons and asked many of the same questions. More recently, cultural historians have focused on a short period, such as the Progressive Era, the 1960s or a single theme such as mensuration education.

The social hygiene movement combined the explicit use of the word "social," as a euphemism for sex, and the practice of "hygiene," an ideology of maintaining health and preventing disease. Social hygiene, though the term differed across the early twentieth century, was the employment of measures designed to protect and improve the family as a *social* institution—specifically the elimination of venereal disease and prostitution. As opposed to European models, the American social hygiene movement combined the new

⁴¹ Potter, Oral History with Nancy Haskell, Executive Director SHA 1988–2000.

⁴² He traces the shape of the movement over the twentieth century that brings his history up to the present. Moran, *Teaching Sex*.

⁴³ *Ibid.*, 216.

scientific values of cleanliness with efforts of older moral reform movements' emphasis on personal purity and fighting venereal disease and prostitution.⁴⁴ The movement was largely conservative in nature and focused on continuing traditional social values. Social hygienists emphasized sexual continence and strict self-discipline as a solution to societal ills, tracing prostitution, drug use, and illegitimacy to rapid urbanization. Social hygiene education grew with other public health movements of the era.⁴⁵ While many social hygiene reformers focused solely on the suppression of prostitution and vice, adolescent sex education emerged as one of the central activities of the movement and required a broader and longer-term strategy.⁴⁶ At the same time, this idea met with public opposition from parents who expressed reluctance to expose their "innocent" children to the corrupting messages of the social hygiene reformers. Far from promoting sexuality, however, the hygienists hoped to quash adolescent sexuality.⁴⁷

Nationally, small social hygiene voluntary associations developed as part of the public health, medical or moral reform communities.⁴⁸ Hurty, served as a national leader in public health and social hygiene education. In addition to his leadership in eugenics and sex education, he wrote the first comprehensive food and drug legislation to be enacted in the United States, as well as other influential legislation. Local doctors and reformers, under John Hurty's leadership, Secretary of the Indiana State Board of Health (IBOH) from 1896–1922, organized the Indiana Society for Social Hygiene in 1907 to

⁴⁴ The Progressive Era, between 1890 and 1920, was a period of characterized by widespread political and social activism to the economic and social problems rapid industrialization. For connections between social and political movements, see Michael McGerr, *A Fierce Discontent: The Rise and Fall of the Progressive Movement in A* (New York: Simon and Schuster, 2010).

⁴⁵ Jensen, *Dirty Words*; Moran, *Teaching Sex*, chap. 1 and 2.

⁴⁶ Tone, *Devices and Desires*; Gordon, *The Moral Property of Women*.

⁴⁷ Moran, *Teaching Sex*, 35; Carter, "Birds, Bees and Venereal Disease."

⁴⁸ Moran, "Modernism Gone Mad"; Jensen, *Dirty Words*; Lord, *Condom Nation*.

improve public health activities surrounding syphilis and gonorrhea. In 1908, the group, with the IBOH, published the pamphlet *Social Hygiene and the Sexual Plagues*, aimed at preventing venereal diseases amongst Hoosier adolescents. Hurty attempted to use the success of the pamphlet to introduce statewide high school sex education, which was blocked as part of a larger backlash to his public health policies. Hurty's efforts represented the first attempt to introduce sex education systematically into Indiana schools.⁴⁹ In 1913, several social hygiene organizations united to form the American Social Hygiene Association (ASHA) with a mission to fighting prostitution and venereal disease through both medical and educational means. Some of its early efforts included a partnership with the U. S. War Department during World War I, in response to a surge in venereal diseases, to educate soldiers about venereal diseases and eliminating prostitution.⁵⁰

In 1937, Indiana responded to the American Social Health Association's (ASHA) call for a coordinated community education and founded the Anti-Syphilis League of Indiana. ASHA developed into a mature organization by the 1930s with an effective network of supporting local organizations, such as the Indiana group in 1937. Facing public apathy to its efforts, this group changed its name to the Indiana Social Hygiene Association in 1939. The organizers believed that a "cradle to maturity" approach to education on "appropriate sexual behaviors" was primarily the duty of school educators. In 1942, the group decided to focus on Indianapolis and changed its name to the

⁴⁹ See Chapter 2 for an expanded discussion.

⁵⁰ Jeffrey P. Moran, "Sex Education and the Rise of the New Right," *Reviews in American History* 31, no. 2 (June 1, 2003): 283–89; Jensen, *Dirty Words*.

Indianapolis Social Hygiene Association in order to receive operational funding to hire its first staff from the Indianapolis Community Chest, the precursor to today's United Way.

Another part of the Progressive-Era medicalization campaigns, the “scientific” eugenics movement also played an important role in shaping sex education. Sir Francis Galton coined the term “eugenics” in 1883 to describe a philosophy of human betterment that enjoyed broad-based acceptance during the period from 1900 to 1950. In 1907, Indiana became the first place in the world to enact a eugenic sterilization law.⁵¹ Eugenic techniques generally fell into the categories of positive eugenics, in the form of education, and negative eugenics, including restriction, segregation, and sterilization. In terms of sex education, the basic eugenic strategy shifted from protecting innocent women and children from the scourges of syphilis and preventing unwise marriages to promoting the values of being well born.⁵²

The introduction and spread of medication for the cure of syphilis and other venereal diseases inspired the hope of eliminating venereal disease. In Germany, Paul Ehrlich and colleagues developed the first organic anti-syphilitic, salvarsan, in 1910. Though more effective than earlier mercury compounds, Ehrlich's “magic bullet,” the popular name given to this new pharmaceutical cure, was far from the panacea hoped by boosters. Nonetheless, that still left doctors into the debates over syphilis and to scientist

⁵¹ There is a broad scholarship on the eugenics movement. For the Indiana movement see Alexandra Minna Stern, “‘We Cannot Make a Silk Purse Out of a Sow's Ear’: Eugenics in the Hoosier Heartland,” *Indiana Magazine of History* 103, no. 1 (March 1, 2007): 3–38; Alexandra Minna Stern, “Improving Hoosiers: Indiana and the Wide Scope of American Eugenics,” *Indiana Magazine of History* 106, no. 3 (September 1, 2010): 219–23; Paul A. Lombardo, *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*, (Bloomington: Indiana University Press, 2011).

⁵² My ideas are based most on Kline, *Building a Better Race*; William H. Schneider, *Quality and Quantity: The Quest for Biological Regeneration in Twentieth-Century France* (New York: Cambridge University Press, 2002); Alexandra Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*, American Crossroads (Berkeley: University of California Press, 2005); Schoen, *Choice & Coercion*.

working to develop a more effective cure. Alexander Fleming discovered penicillin in 1928, yet the medical applications were not developed and perfected until World War II and penicillin was not made available for civilian use in the U.S. until March 1945. First only available by the Allied Army's doctors, they first employed the antibiotic to cure syphilis in soldiers. After World War II, penicillin became the first safe and effective cure the disease. The availability of antibiotics shifted the public health message from the prevention of contagion to a drive towards expanded diagnosis and treatment. Medications, however, did not end venereal diseases; it made them "manageable" through easy treatment. Social hygienists learned that they needed to address both the medical and social aspects of treatment. SHA helped develop the Indianapolis Public Health Center, though by 1944 the success of the center in fighting syphilis with salvarsan jeopardized its continued funding as experts saw the end of the syphilis problem.⁵³

Social hygiene was a diverse social movement with a variety of types of organizations, missions, and tactics for the first half of the twentieth century. However due to the liberalization of sexual mores and medical advances in the treatment of venereal disease, social hygiene movement leaders sought to distance themselves from disease and prostitution and adopt a broader and more positive agenda. In 1960, the American Social Hygiene Association (ASHA) changed the "H" its name, and ostensibly, its focus, to "health," and Indiana's SHA followed suit. Indiana's SHA was a local affiliate of the organization until 1975.⁵⁴

⁵³ Brandt, *No Magic Bullet*, chap. 3. See Chapter 2, for an expanded discussion

⁵⁴ See Chapter 4.

Social health, on the other hand, has been a more diffuse movement involving a wide range of activities and never really coalescing into a strong social movement. The meaning of social health has shifted through the last fifty years, but, at the base, it is about making responsible choices and adopting healthy behaviors. Social health has been understood as one of the three areas—mental, social, and physical—that define total health.⁵⁵ From this perspective, social health means communicating and building relationships with family, friends, and acquaintances.⁵⁶ As opposed to the medicalization model prominent during the first half of the twentieth century, the growing focus on health promotion, created during the second half of the twentieth century, turned self-regulation of personal behavior into a new form of morality. Health promotion created systems of internalized “goods, bads, and shoulds” that allowed for the self-policing of behavior, as opposed to government or reform association monitoring advocated during the Progressive Era.⁵⁷ Conrad finds that both medical and cultural factors explain the

⁵⁵ This medical model is the most widely used in the United States. Internationally, the World Health Organization model of wellness and the environmental model of health are also used. The environmental model of health is increasing gaining dominance, and focuses on six dimensions to health. James S. Larson, “The Conceptualization of Health,” *Medical Care Research and Review* 56, no. 2 (June 1, 1999): 123–36; Machteld Huber et al., “How Should We Define Health?,” *British Medical Journal* 343 (July 26, 2011): 4163.

⁵⁶ Topics under this definition might include peer relations, interpersonal communication, relationship violence, conflict resolution, family relationships, sexuality, HIV/AIDS, life skills, personal safety, and bullying.

⁵⁷ By focusing on promoting health, a form of internalization of behavior, the body becomes, according to sociologist Peter Conrad, a site for moral action. “The shaping of the (middle class) individual,” says Conrad, “was the way the whole society was reshaped.” Conrad’s ideas, with the addition of white and well born, could be easily seen in the writings of Rice. Whether focusing on children or adolescents, these themes resonated with Nicholson’s work in the 1960s or 1970s. The interest in improving the health of society has long been a concern and a “metaphysical line was formed between the health and vitality of the nation.” *Ibid.*, 387.

increasing interest in health promotion activities, and times of profound cultural change led to an increased use of health promotion as a way to embody these changes.⁵⁸

Social hygiene was not necessarily synonymous with sex education, and its relationship to the new concept of social health was unclear. The switch to the use of the term “sex education,” for school-based social health education moved along a similar path chronologically, but to different ends. By 1954, after decades of advocacy by health leaders, like Thurman Rice, the AMA-NEA Joint Committee adopted to split “sex education” from its health curriculum. The Sexuality Education Information Council of the United States (SEICUS), founded in 1964 used the term sexuality education.

Increasingly since the 1960s, society viewed schools, not families, as responsible for addressing society's most fundamental problems, creating safer communities, and promoting citizenship—considerably more than teaching reading and writing. Schools became responsible for sex education, but vocal critics led local school boards to vote to limit coverage.⁵⁹ SHA developed its first school-based programs in IPS in 1947 and slowly developed its own signature sex education curriculum focused on presenting medically accurate information in an open manner and allowing students to ask questions about the issues concerning them. SHA shaped national curriculum by publishing its

⁵⁸ Conrad, “Wellness as Virtue”; Conrad, *The Medicalization of Society*; Peter Conrad, “Against Health: How Health Became a New Morality,” *Sociology of Health & Illness* 34, no. 3 (March 2012): 479–80. For an example of this argument in a different context, changing ideas about sugar and artificial sweeteners, see Carolyn de la Pena, *Empty Pleasures: The Story of Artificial Sweeteners from Saccharin to Splenda* (Chapel Hill: University of North Carolina Press, 2010).

⁵⁹ Bonnidell Clouse, “Character Education: Borrowing from the Past to Advance the Future,” *Contemporary Education* 72, no. 1 (2001): 23–28; Jonathan Zimmerman, *Whose America?: Culture Wars in the Public Schools* (Cambridge, MA: Harvard University Press, 2005); Steven P. Ridini, *Health and Sexuality Education in Schools: The Process of Social Change* (New York: Greenwood Publishing Group, 1998).

successful curriculum as the national textbook *Modern Sex Education*. The text was a success; it would go through numerous editions, reprinted until 1988.

Learning Sex

By 1975, the term “sex education” came to be understood as a special class in schools where students learned about puberty and the reproductive system; however, this understanding of how adolescents learned about sex emerged during the twentieth century. Viewing sex education more broadly, historians Roy Porter and Mikuláš Teich wrote in *Sexual Knowledge, Sexual Science: The History of Attitudes to Sexuality* “all aspects of the formal and informal shaping of sexual knowledge and awareness of the young” paints a richer picture of learning about sex. Though adults and adolescents alike were disappointed by the “success” of sex education, there has been less written about models of sex education, sexual knowledge, and the relationship between formal and informal sexual learning.⁶⁰

Recently, cultural historians and feminist theorists have explored the relationship between the body and the formation of knowledge. Porter and Teich’s *Sexual Knowledge, Sexual Science* explores attempts to develop bodies of knowledge and the connections and tensions between popular and empirical sexual knowledge, or the gap between slang and scientific formulations. They find that sexual knowledge forms group, class, and gender ideological functions, particularly when incorporated into systems of legal, medical, and political power. Sexual liberals and reformers have considered it “an article

⁶⁰ Roy Porter and Mikuláš Teich, *Sexual Knowledge, Sexual Science: The History of Attitudes to Sexuality* (Cambridge, MA: Cambridge University Press, 1994), xi.

of faith that sexual science, sexual liberation, and sexual fulfillment will all advance hand-in-hand.”⁶¹ Cultural historians have shown that sex education was a powerful tool in the cultural construction of “normal” sexuality and sexual health.⁶²

In terms of sex education in Indiana, implementation lacked cohesion leading to a piecemeal programs characterized by disparities and contradictions. In addition to localism, debates over the connections between race and class shaped generation and local negotiations over curriculum. As opposed to sexual behavior itself, it was the larger social and political context surrounding the curriculum, a form of educational technology that determined its reception. For all of the players from governors to high school students, the curriculum took on multiple, simultaneous meanings. While not all of the activities of the SHA focused on adolescent sex education and not all adolescent sex education in Indiana was performed through the work of the group, the history of SHA and sex education offers an important case study in the interplay of factors in shaping the movement. Moran argues that Americans view the instrumentalist model as “somehow natural and inevitable,” though they continue to encounter the “central problem” that “sex education does not work this way.”⁶³ While both detractors and supporters agreed on the instrumental role of education, they differed over whether increased knowledge would lead to promiscuity or abstinence.

⁶¹ Ibid., xii.

⁶² Sauerteig and Davidson’s *Shaping Sexual Knowledge: A Cultural History of Sex Education in Twentieth Century Europe* contrasts aspects of the formal and informal shaping of sexual knowledge and awareness of the young from those delivered within the school system, in the church, but also within the family and the media. In Julian Carter’s analysis, white heteronormative sexual superiority was effective in gaining hegemony precisely because these pamphlets were reticent in discussing the connections between race and sexuality. Sauerteig and Davidson, *Shaping Sexual Knowledge: A Cultural History of Sex Education In Twentieth Century Europe*; Julian B. Carter, *The Heart of Whiteness: Normal Sexuality and Race in America, 1880–1940* (Durham: Duke University Press, 2007).

⁶³ Moran, *Teaching Sex*, 162.

Applying the same principles of science, the results from these educational and social programs proved to be demonstrable through changed behavior, and eventually the reduction in the problem. This idea that education leads to changed behavior was referred to as the instrumental model, widely adopted by sex educators throughout the twentieth century. For social hygienists, success could be measured in elimination of prostitution, reduction in syphilis rates, and fewer unwed mothers. Though the names applied changed, these basic targets remained unchanged for more than one hundred years.⁶⁴

Expanding sex education to the realm of public health education, religious education, and medical education opens additional educational models, however. For example, public health leader Hurty held a contagion model of education, using a biological model for a social condition, where touch or contact with an idea allows for its educational or social transmission. This adoption of a scientific model of contagion, common in the public health community, meant combining the broad dissemination of ideas within society, isolating dangerous or contaminating individuals, and identifying those most at risk for infection.⁶⁵

Sex education crossed genres of education and had to adapt its methodology. Reuben Behlmer quietly developed a new family living course, first taught in Indianapolis's Arsenal Technical High School in 1947. Behlmer published his results from his class in national educational journals influencing the program at other national

⁶⁴ Carter, "Birds, Bees and Venereal Disease"; Moran, *Teaching Sex*, chap. 8.

⁶⁵See chapter 2 for more on Hurty. For more on public health education and its connections to modern life, see John Duffy, *The Sanitarians: A History of American Public Health* (Urbana: University of Illinois Press, 1992); Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge, MA: Harvard University Press, 1999); Lord, *Condom Nation*.

schools.⁶⁶ Underlying this new curriculum was a different understanding about the formation of sexual knowledge, shifting away from biology and disease and towards discussion and interpersonal relations.⁶⁷ Based on his growing national reputation, the Concordia Institution of Theology, the higher education of the Lutheran Church—Missouri Synod, asked him to write a sex education book targeted at teens, *From Teens to Marriage*, based on his classroom experience.⁶⁸ The influential and bestselling book, through in a different from his high school courses, reflected a change in religious sex education. While religious groups long saw character education as their prerogative, as a progressive school educator, Behlmer’s alliance attempted to combine school-based and family-based sex education—to good results.⁶⁹

⁶⁶ Reuben D. Behlmer, “Family Life Education in a Large High School,” *Marriage and Family Living* 21, no. 3 (August 1, 1959): 284–86.

⁶⁷ His course reflected subtle shifts from prevailing messages in sex education. For a comparison, see Freeman, *Sex Goes to School*, chap. 2. He advocated for developing communication skills between the genders, using questions and discussion to build understanding of class content as well as the opposite sex. He conformed to prevailing ideas about gender, and the formal curriculum euphemistically referred to the sex act itself. He argued that by high school, students would have already learned about the sex act itself. Students could ask anonymous questions to fill in the gaps in their knowledge. Behlmer, “Family Life Education in a Large High School,” 285; Freeman, *Sex Goes to School*, 93.

⁶⁸ The book went through three editions and was distributed internationally. Reuben D. Behlmer, *From Teens to Marriage* (Saint Louis: Concordia, 1959).

⁶⁹ At this point, however, the role of sex education in the formation of the religious right could not be anticipated, and connections between the church and sex educators showed the growing influence and acceptance of this new curriculum. Concordia Theological Seminary was originally located in Fort Wayne, Indiana. It eventually moved to St. Louis and was dedicated primarily to the preparation of pastors for the congregations and missions of the LCMS. This was an early foray into the sex education debates for the church that would play a prominent role in the national sex education debates. In the 1950s, the LCMS was theologically conservative church denomination but socially and politically more moderate. During the 1970s, church leaders drove moderates from the church, and led the formation of the religious right. This schism, within one of the largest Protestant denominations in the United States where sex education was to play an important part, reshaped the landscape of American Lutheranism. James C. Burkee, *Power, Politics, and the Missouri Synod: A Conflict That Changed American Christianity* (St. Louis: Fortress Press, 2011).

From Hygiene to Health

This thesis looks at the sex education movement from the vantage point of Indiana, from the early activity to the end of the association with the national social health movement in 1975. Noraleen Young's 1993 history of the SHA provides an excellent history of the organization's fifty-year history, with an emphasis on its founding and advocacy work.⁷⁰ The rich archival records of the SHA provide other diverse resources for tracking its institutional history, as well as its operational and programmatic history.⁷¹ This thesis comprises three case studies that illustrate turning points in sex education in Indiana and tensions between innovation and implementation in sex education. In each case, advocates negotiated the relationship between home, community, and school-based sex education to differing ends. Central in these negotiations were the relationship between medical and social understandings of sexuality, local and national control, and authority over sexuality.

Underlying each example were different ideas about how sex should be taught and learned, but there was a continuous change from an idea of sex education from that of hygiene to health. Despite the many name changes, the word *social* has been persistent for more than a century. Various leaders have seen substituting *social* for sex as a way to avoiding controversy, but increasingly allowing more activities. Considering SHA's history within the context of the broader sex education movement suggests that it has been a social health agency in mission, as well as in name, for more than fifty years.⁷²

⁷⁰ Noraleen A. Young, "*To Protect and Improve the Institution of Marriage and Family:*" *Social Health Association of Central Indiana* (Indianapolis, IN: IUPUI Press, 1993).

⁷¹ See note 2 for a discussion of sources.

⁷² Potter, Oral History with Michael Howe, SHA Executive Director 2007–2013.

This distinction, its longevity, and national leadership were SHA's most historically significant features.⁷³

Chapter 2, "Indiana's Early Adolescent Sex Education Campaigns, 1907–1937," covers a period that was without stable or well-grounded institutions but contained a sex education curriculum nonetheless. Organizationally, the decision by the SHA to focus its mission on Indianapolis and funding by the Community Chest proved extremely significant in the mission and longevity of the organization. The statewide focus also made it difficult to build the close relationships needed to make the educational programs successful. *Social Hygiene vs. Sexual Plagues*, the 1918 venereal disease campaign, and the Indianapolis Public Health Center Indiana demonstrated the importance of public-private partnerships in social hygiene education. Each of these innovations highlighted the differences between the social hygiene movement at the national and local levels, the mixed consequences of government involvement in the personal lives of its citizens, and the public-private nature of the effort was the key to success and downfall.

In Chapter 3, "Thurman Rice's Sex Education Campaigns, 1933–1948," Rice continued Indiana's leadership in child and adolescent sex education and embodied the shift from hygiene to health and a window into the mutually reinforcing sex education, health, and eugenics discourses. Inclusion of AMA campaigns demonstrates the competition of various educational models during the transitional period.⁷⁴ Rice took a different approach, focusing on school-based initiatives and stressing the role of

⁷³ Only during the height of the culture war debates did the term "sexuality education" even enter the mission statement of the organization. See Appendix 1.

⁷⁴ For a similar look at the role of ministers, see Kristy Smolinsky, "The Conceptualization of Ministers as Authorities in Public Sex Education" (Society of United States Intellectual History Conference, Indianapolis, IN, 2014).

physicians and mothers as experts. His vision of sex education reflected the changing understanding of the nature of the venereal disease problem and the expertise of the physician.⁷⁵ In contrast to the conclusions of leading historians, Rice shows how the content and authority were both contested within the “sex education movement” while also demonstrated a high degree of continuity.⁷⁶

Chapter 4, “Indianapolis’ Sex Education Curricula, 1948–1975,” traces the formation of SHA’s signature sex education approach that took the national stage by 1965 and was on the margins just a decade later. Though historians have focused on the 1960s opposition’s importance to the formation of the religious right, they have not explored the critical role these protests played in defining sex education as the purview of schools. Promoting mental, physical, and even social health became the responsibility of schools, not merely culturally but increasingly by statute. Beginning in the 1950s, the mission of the SHA became more educational and less in direct work in legislation and treatment. Its activities changed towards training the next generation of adolescent men and women to “protect the institution of marriage and family.” SHA’s lessons shared little with the image of sex education presented by conservative critics, however. During the tumultuous decades of the sexual revolution, SHA made the strategic decision to focus on its core mission of school-based sex education in Indiana, and tried to stay focused on school based sex education out of the controversies surrounding abortion, birth control, and other social issues.

⁷⁵ For the school-based movement, see Moran, *Teaching Sex*; Carter, “Birds, Bees and Venereal Disease”; Ridini, *Health and Sexuality Education in Schools*; Irvine, *Talk About Sex*; Petrzela, *Classroom Wars*.

⁷⁶ Kline, *Building a Better Race*; Laura L. Lovett, *Conceiving the Future: Pronatalism, Reproduction, and the Family in the United States, 1890-1938* (Chapel Hill: University of North Carolina Press, 2009). Irvine, *Talk About Sex*; Moran, *Teaching Sex*.

Chapter 2: Indiana's Early Adolescent Sex Education Campaigns, 1907–1937

In 1907, the founding of the Indiana Society for Social Hygiene (ISSH) marked the beginning of the organized adolescent sex education effort in Indiana. The state served as a trailblazer in sex education in the areas of voluntary association organizations, state and private partnerships, research, and curriculum development.⁷⁷ During the period from 1907 to 1937, Indiana took a leadership position in adolescent sex education when reformers organized to attack venereal disease and “social pathology,” including activities such as premarital sex and prostitution. Indiana reformers with close ties to medical and public health leadership organized to raise public awareness of the dangers of venereal disease, with a focus on adolescents. The sex education reformers’ connections with the Indiana Board of Health (IBOH) and the medical community, however, raised the profile of the state’s contributions to the national sex education movement.⁷⁸ Indiana Society for Social Hygiene (ISSH) and other early Indiana organizations developed adolescent sex education campaigns; however, the organizations moved ahead of public sentiment in Indiana and failed to secure an institutional anchor needed to withstand the public criticism and completion from the increasing strength of national organizations and the federal government.

⁷⁷ For the connections between innovation and Indiana’s conservative character, see Richard B. Pierce, *Polite Protest: The Political Economy of Race in Indianapolis, 1920–1970* (Bloomington: Indiana University Press, 2005); James H. Madison, *Hoosiers: A New History of Indiana* (Bloomington: Indiana University Press, 2014), 222–24.

⁷⁸ Historiography of sex education minimized Indiana’s role through its focus on the ASHA and widely publicized opposition to sex education. This skews the states, such as Indiana, where there was often broad-based support of sex education, or areas where efforts focused on schools and community-based movements. For the national movement during the period, see Moran, *Teaching Sex*; Carter, “Birds, Bees and Venereal Disease”; Irvine, *Talk About Sex*; Luker, *When Sex Goes to School*; Freeman, *Sex Goes to School*; Jensen, *Dirty Words*; Burek Pierce, *What Adolescents Ought to Know*.

Indiana Society for Social Hygiene, 1907–1922

Indiana was a leader in the growing national social hygiene movement.⁷⁹

“Ignorance is not innocence,” thundered national sex education leader Dr. John Hurty, Secretary of the IBOH, in 1913 during an attempt to persuade public health leaders that only “sex knowledge” could prevent the problem of venereal disease in adolescents.⁸⁰

Hurty, as part of a broad-based effort to eliminate various forms of social pathology, systemic flaws in social structures, helped Indiana become a model state for the implementation of Progressive-Era sex education.⁸¹ Hurty’s work in Indiana defined a new holistic approach to social vice with an emphasis on adopting science, legislative reform, and publication education throughout the United States. Leading the public health movement in Indiana from 1896 to 1922, Hurty saw the problem of venereal disease as not only a moral outrage, but also a target of his all-encompassing program of reforms to improve the health of the state. His extensive legislative agenda incited both praise and controversy in Indiana and across the nation. Though many of his programs did not continue after he left office in 1922, his legacy endured through his followers and the shaping of eugenic discourse in sex education.⁸²

Hurty’s personal history informed his passion for fighting venereal disease and his vision for social improvement from both the medical and social perspectives. Born in

⁷⁹ Duffy, *The Sanitarians*.

⁸⁰ John N. Hurty (JNH), “Report on Venereal Disease,” Conference of State and Provincial Boards of Health of North America, June 1913, box 3b, folder 6, Papers of Dr. John Hurty Papers, Indiana State Archives, Indianapolis, Indiana (Hurty Papers).

⁸¹ Jeff Bennett and Richard D. Feldman, “‘The Most Useful Citizen of Indiana’: John N. Hurty and the Public Health Movement,” *Traces of Indiana & Midwestern History* 12, no. 3 (July 2000): 42. For Progressive-Era doctrine of social pathology, see Daniel Eli Burnstein, *Next to Godliness: Confronting Dirt and Despair in Progressive Era New York City* (Urbana: University of Illinois Press, 2006), 79–80.

⁸² Jennifer Burek Pierce, “Indiana’s Public Health Pioneer and History’s Iron Pen,” *Indiana Magazine of History* 106, no. 3 (September 2010): 225.

1852 in Ohio to a teacher and school superintendent, he studied at the Philadelphia College of Pharmacy and the Jefferson Medical College before coming to Indiana in 1875. In Indianapolis, he was an active pharmacist and formed his strong interest in sanitation and water quality. In 1881, he began teaching at the Indiana Dental College and continued throughout his life as a leader of this institution. In 1882, he obtained his license as a physician, teaching chemistry and sanitary science, and was the founding dean of the Purdue School of Pharmacy. He continued his public health service as the Chemist for the Indianapolis Board of Health and, later, Secretary.⁸³

His leadership in Indianapolis in both education and public health led Governor Claude Matthews to appoint Hurty to the powerful post of Secretary of the IBOH in 1896, a position Hurty retained until 1922. Over the course of his tenure, Hurty pushed for the Indiana legislature to pass a series of laws regulating many aspects of personal life in the Hoosier state for the first time—including not only sanitation and schooling, but also food and marriage. The 1899 Indiana Food and Drug laws represented the first of their kind in the country, and served as a model for federal legislation in 1906. He shared latest medical advances, epidemiological trends, and his reform ideas with Hoosier doctors and local public health workers through beginning publication of the *Monthly Bulletin Indiana State Board of Health*.⁸⁴ Increasingly, Hurty focused on public educational campaigns. His work in Indiana gained a national audience in the fields of public health, medicine, eugenics, and the developing social hygiene movement. Perhaps

⁸³ Bennett and Feldman, “The Most Useful Citizen of Indiana.”

⁸⁴ The Indiana State Board of Health Monthly Bulletin, published from 1899–1991, went to all health officers and deputies in the state, as well as to individual subscribers, to communicate public health instructions, rules, and general information to Indiana health officials. The title changed several times during publication.

most significantly, on April 27, 1907, Indiana enacted the world's first eugenic sterilization law, which mandated the sterilization of persons who were physically or developmentally disabled, mentally ill, or had committed crimes.⁸⁵

Hurty, along with New York physician Dr. Prince Morrow, led the growing American social hygiene movement that was inspired by French reformers on scientific advances and organizational techniques.⁸⁶ To coordinate his educational activities, Morrow had organized the American Society for Sanitary and Moral Prophylaxis in 1905 to “limit the spread of diseases which have origins in social evils.”⁸⁷ The group's early efforts, far more limited than the name suggested, focused on restricting vice in New York. Following New York's lead, social hygienists organized state and local vigilance committees, predominantly focused on enforcement of prostitution laws, and social hygiene voluntary associations, focused on educational programs, developed across the country to fight against general sexual ignorance.⁸⁸

Spreading the message of the dangers of extramarital sexual intercourse was the most successful method in reducing venereal disease rates during this period, because cures were limited.⁸⁹ Social hygiene reformers saw the solution to the venereal disease

⁸⁵ For passage of the law, see Thurman Brooks Rice, *The Hoosier Health Officer: A Biography of Dr. John N. Hurty and the History of the Indiana State Board of Health to 1925* (Indianapolis: Indiana State Board of Health, 1946); Bennett and Feldman, “The Most Useful Citizen of Indiana.” The 1907 law targeted: confirmed criminals, idiots, imbeciles, and rapists. The second law limited it to the Insane, feeble minded or epileptic. Both laws were specifically designed to target those housed within state institutions, not those in the general population. Stern, “We Cannot Make a Silk Purse Out of a Sow's Ear,” 7, 29.

⁸⁶ Burek Pierce, *What Adolescents Ought to Know*, 4–59.

⁸⁷ The group was later renamed American Federation for Sex Hygiene. G. Morgan Muren, “The American Society of Sanitary and Moral Prophylaxis, Its Aims and Objects,” *American Journal of Nursing* 7, no. 4 (January 1, 1907): 24.

⁸⁸ Moran, *Teaching Sex*, 24–32; Luker, *When Sex Goes to School*, 35–63.

⁸⁹ While the archives across the United States, and even as far away as Brazil and Australia, contain copies of *Sexual Plagues* and dozens of other similar brochures, historians have only a limited understanding of how these brochures were distributed, and even less about their reception by readers. Jennifer Burek Pierce, “Understanding the ‘Sexual Plagues’: Evidence for Correcting Catalog Records for an Indiana State

problem in clean living as well as scientific research, education, and legislation.

Reformers saw young men as the primary disease vector, bringing disease into the home. Prostitutes were viewed not only as carriers of the disease, but also as promoting the sexual double standard that threatened American middle-class homes. Some local health officers sought to drive prostitutes out of town directly, though most worked behind the scenes.⁹⁰ The medical profession shared the broader public reticence to discuss venereal disease; many private physicians refused to report syphilis or share the diagnosis with the wives of male patients. Many venereal disease tracts often implicated physicians for their role in the passage of the disease into the home.⁹¹

The reform literature focused not on the physical horrors of the disease, but more prominently the “true” victims of the disease—the innocent young single women, wives, and children who unknowingly contacted the disease. As opposed to child health and food safety that had broad public support, syphilis was so taboo that even newspapers referred to it as the disease that “cannot be named.” This reticence limited the growth of

Government Publication,” *Indiana Libraries* 26, no. 3 (2007): 33–34; Burek Pierce, *What Adolescents Ought to Know*, 106–108.

⁹⁰ From the legislative perspective, states and localities passed testing requirements and laws against food workers with syphilis. The effectiveness of these laws was limited from a public health perspective. For example, family physicians often signed certificates of health for marriage, declaring men free of syphilis, without doing a blood test or full examination. Prior to World War I, the movement had some success gaining publicity with major magazines such as *Good Housekeeping* and newspapers such as the *New York Times*, as well as attracting influential supporters, including John D. Rockefeller. Other groups organized in several cities such as New York, Baltimore, Chicago, Milwaukee, Philadelphia, Denver, Spokane, and even in Mexico City. The papers for the Indiana group do not survive, however correspondence by Hurty related to the ISSH can be found in the correspondence books in the Hurty Papers at the Indiana State Archives, Indianapolis, IN. Charles Walter Clarke, *Taboo: The Story of the Pioneers of Social Hygiene* (New York: Public Affairs Press, 1961), 58–59; Burek Pierce, *What Adolescents Ought to Know*, 98–105.

⁹¹ For national trends, see Moran, *Teaching Sex*, chap. 2; Jensen, *Dirty Words*. For Indiana’s public health movement, see Walter Daly, “The Origins of President Bryan’s Medical School,” *Indiana Magazine of History* 97 (2002): 266–84; Madison, *Hoosiers*. For history of Indiana Public Health Movement, see Rice, *The Hoosier Health Officer*; Young, *Social Health Association of Central Indiana*; Bennett and Feldman, “The Most Useful Citizen of Indiana”; Stern, “We Cannot Make a Silk Purse Out of a Sow’s Ear”; Stern, “Improving Hoosiers”; Pierce, “Indiana’s Public Health Pioneer and History’s Iron Pen.”

the social hygiene movement. In addition to public meetings, groups used educational pamphlets that had roots in both the moral tracts and parental sex education pamphlets.⁹²

In June 1907, Hurty used his public position to form the Indiana Society for Social Hygiene (ISSH), one of these local social hygiene societies. Twenty men gathered privately in Indianapolis to organize the ISSH with a mission to “inform the people of the terrors of the social plagues.”⁹³ From the outset, this was a “loose organization,” which *selected* officers and set to work without dues, charters, or public meetings.⁹⁴ After corresponding with Morrow, Hurty solicited the endorsement of respected local physicians such as Dr. Charles S. Woods, a professor at Indiana University Medical School and superintendent of Indianapolis Methodist Episcopal Hospital, who became one of the group’s principal representatives.⁹⁵ Woods and Hurty traveled the state speaking out against the “conspiracy of silence” and the reticence to discuss the problem of venereal disease while distributing information and encouraging people to join the ISSH.⁹⁶ While European researchers began developing biological “cures” for syphilis, they were difficult and expensive to implement and took off slowly in the United States.⁹⁷ The ISSH initially decided to focus on educating the public about venereal diseases through Hurty and Woods giving lectures around the state and the production of its own

⁹² Burnham, “The Progressive Era Revolution in American Attitudes Toward Sex”; Moran, *Teaching Sex*, chap. 1–2; Jensen, *Dirty Words*.

⁹³ JNH to Dr. A. L. Bramkamp, September 27, 1909, Hurty Papers, Box 3b, folder 11.

⁹⁴ The selection of the officers from the business community added social status and credibility to the group. They selected John Holiday, head of Union Trust Company as ISSH President, and Frank Stalnaker, Citizens National Bank President, served as treasurer. JNH to Dr. R. G. Shaklin January 13, 1907, Hurty Paper, Box 3b, folder 11.

⁹⁵ *Public Welfare in Indiana*, 1916, 125.

⁹⁶ See for examples, JNH to Mrs. O. N. Guldin, February 7, 1908; JNH to Dr. HH Sutton, December 26, 1907; JNH to Rev. D.E. Dangel, December 30, 1907, box 3b, folder 11, Hurty Papers; Burek Pierce, *What Adolescents Ought to Know*, 101–102.

⁹⁷ Parascandola, *Sex, Sin, and Science*.

pamphlet.⁹⁸ ISSH recruiting and fundraising efforts went slowly, however, as Hurty divided his attention between different causes.

In contrast to other social health organizations, ISSH's decision not to organize with connections to local voluntary and reform associations and instead link it closely with the professional business, education, and medical communities allowed Indiana's organization to move quickly, but it limited its organizational stability and rendered it more vulnerable to criticism. From the beginning, Hurty sought to cultivate out-of-state audiences by lectures and correspondence with colleagues ranging from Harvard University to the Montana Board of Health.⁹⁹ Women, including Indiana physician and reformer Dr. Etta Charles, a member of Morrow's national organization, she performed a prominent role in other Progressive-Era volunteer movements, yet Hurty chose not to include them in the planning or operation of ISSH.¹⁰⁰ Because doctors played a critical role in the social hygiene movement, Hurty saw many physicians as "an accessory of the crime" of the spread of syphilis to the innocent, by hiding men's diseases from families. Many physicians would not treat women with syphilis, as they suspected them of being prostitutes. Hurty warned that doctors' "policy of secrecy in venereal diseases" actually hurt the progress of the movement. By certifying men healthy, not telling family members, and not participating in mandatory reporting, they were allowing the disease to progress within men as well as spread in the community.¹⁰¹

⁹⁸ From 1908 to 1910, Indiana University's Woods gave over fifty lectures across the state and Hurty an additional fifteen, with additional addresses given at national meetings. Rice, *The Hoosier Health Officer*, 214.

⁹⁹ Prince Hall Morrow, "Results Achieved by the Movement for Sanitary and Moral Prophylaxis-- Outlook for the Future," *Transactions of the American Society of Sanitary and Moral Prophylaxis* 3 (October 14, 1909): 3-9; Burek Pierce, *What Adolescents Ought to Know*, 102; Rice, *The Hoosier Health Officer*.

¹⁰⁰ JNH to Dr. Etta Charles, January 17, 1908, Hurty Papers, box 3b, folder 11.

¹⁰¹ *Monthly Bulletin Indiana State Board of Health* vol. 14: no. 10, 3.

Hurty's speeches tied into the broader themes of the social hygiene movement, morality, bacteriology, and eugenics. He used sensational language to draw attention to the sensitive issue: "once you are syphilitic, you will always live syphilitic, you will die syphilitic, and on the Day of Judgment, your ghost will be syphilitic." Hurty urged Hoosier men to prevent "the poisoning of pure women" through personal clean living and eliminating "prudery, which is mock modesty," that prevented people from openly discussing the problem.¹⁰² His speeches linked premarital and extramarital sex and the venereal disease problem with eugenics and suggested that those who did not support the program were "prudes," who "should be sterilized lest they breed more prudes to retard progress toward more rational living."¹⁰³ He also used the language of eugenics where "personal purity," or abstinence, would ensure "that the nation would be peopled by healthy, intelligent able-bodied individuals."¹⁰⁴

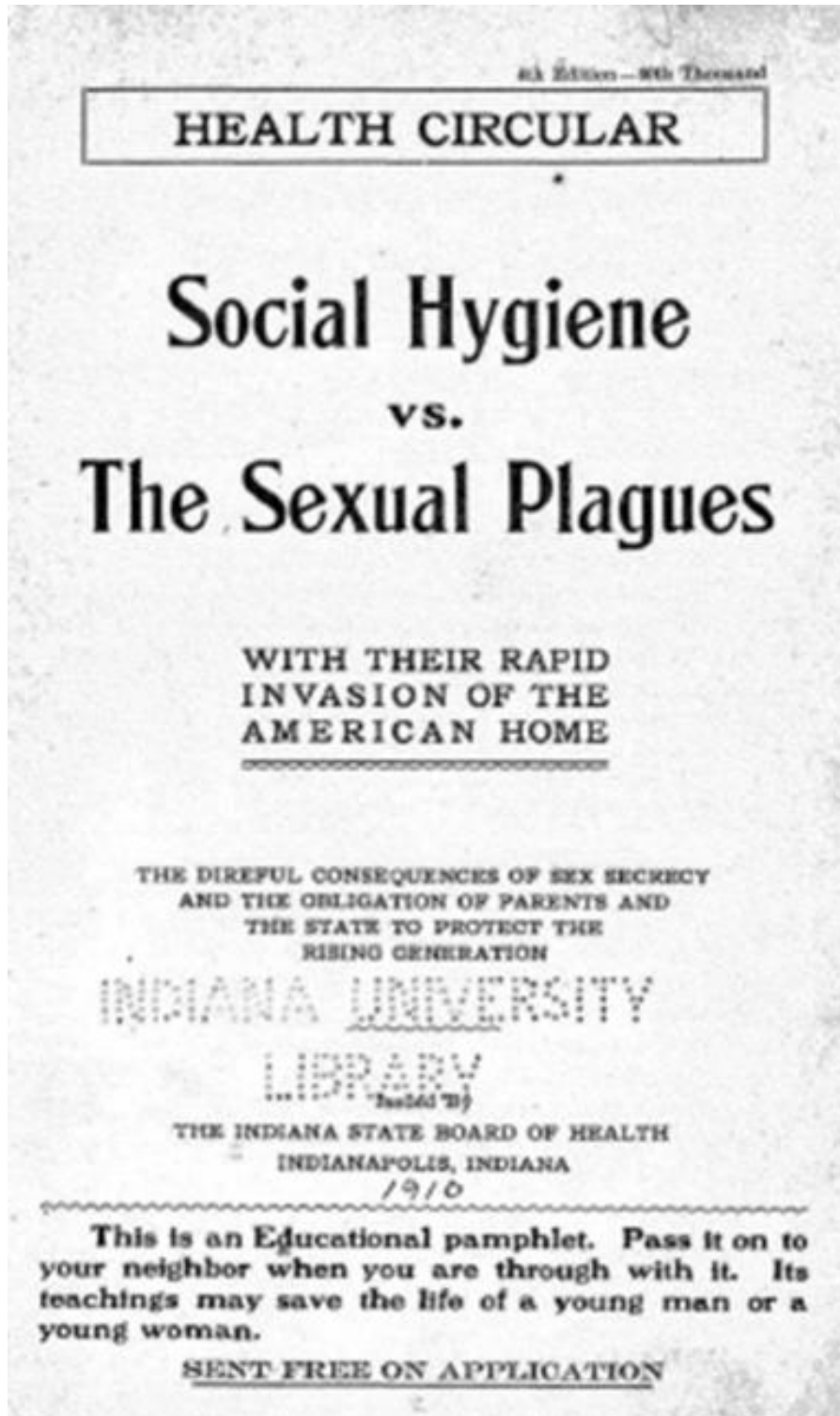
¹⁰² *Monthly Bulletin Indiana State Board of Health* vol. 14: no. 5, 3.

¹⁰³ *Monthly Bulletin Indiana State Board of Health* vol. 14: no. 10, 2.

¹⁰⁴ Indiana Society for Social Hygiene, *Social Hygiene vs. the Sexual Plagues*, 6; Duffy, *The Sanitarians*, 92.

Figure 2.1: Social Hygiene vs. The Sexual Plagues.

Source: Indiana Society for Social Hygiene. *Social Hygiene vs. the Sexual Plagues with Their Rapid Invasion of the American Home. The Direful Consequences of Sex Secrecy and the Obligation of Parents and the State to Protect the Rising Generation.* Indianapolis: Indiana State Board of Health, 1910. Photo: Author.



More than the speeches, ISSH's development and publication of the brochure *Social Hygiene vs. the Sexual Plagues* (1910) was a landmark as a public-private partnership and marked the state government's entrance into sex education. It was the first publication of its kind in the nation.¹⁰⁵ (See Figure 2.1) The pamphlet received the financial and political support of Indiana Republican Governor James Frank Hanley, a noted social purity leader and prohibitionist.¹⁰⁶ Indiana taxpayers directly footed the bill for the production of the majority of the brochures, though many of the brochures were going out of the state to social hygiene leaders and concerned citizens from Ohio to Oregon, and out of the country from Serbia to New Zealand. Hurty offered vague details in his correspondence over the number of copies and the origin of the funding. The state printing office authorized only 10,000 copies per year, so the ISSH donated funds to the printing, as well as distributing them at its events. The partnership distributed as many as 100,000 copies of the *Sexual Plagues* around the state, country, and internationally from January 1908 to July 1909.¹⁰⁷ Hurty relied on a variety of distribution methodologies for the brochure, including lectures, schools, community groups, direct solicitation, and public sharing. He and other ISSH supporters distributed them at community lectures around the state. Mail requests received the most documentation, due to the structure of

¹⁰⁵ Reform societies, churches, or private individuals published early pamphlets, prior to the social hygiene movement. Indiana published its brochure before the California State Board of Health published its pamphlet in 1910, which was a state-only project. Morrow, "Transactions of the American Society," 99; Burek Pierce, *What Adolescents Ought to Know*, 63–94.

¹⁰⁶ The pamphlets are not dated, but internal evidence as well as a variety of secondary sources establishes this date range. See Burek Pierce, *What Adolescents Ought to Know*; Burek Pierce, "Understanding the 'Sexual Plagues': Evidence for Correcting Catalog Records for an Indiana State Government Publication."

¹⁰⁷ JNH to A. Hays, May 7, 1909, box 3b, folder 6, Hurty Papers; Burek Pierce, "Understanding the 'Sexual Plagues': Evidence for Correcting Catalog Records for an Indiana State Government Publication," 34.

IBOH. In 1909, there were an average of thirty daily requests, and he turned down requests for multiple copies due to limited supply.¹⁰⁸

While the dangers of venereal disease were real and present in hospitals and mental asylums, the “conspiracy of silence” and limits of medical knowledge shrouded the true extent of the problem and threatened to allow the dangers of the street to cause an “invasion of the American Home.”¹⁰⁹ The pamphlet defined syphilis as a chronic venereal disease “communicated from person to person by actual contact with discharges containing the virus or by heredity.” One of the problems was the lack of understanding of how the infection was spread, and the danger of latent contagiousness after symptoms. The pamphlet argued that venereal diseases could be spread from “kissing, biting, scratching, use of spoons, knives, forks, cups, glasses, tobacco, pipes, cigars, cigarettes, troches, candy, underclothing, masks, towels, sponges, toothbrushes, syringes, the implements used by glassblowers, assayers, weavers, musicians, cooks, furriers, upholsterers, shoemakers and servants.”¹¹⁰ The pamphlet asserted that the *sexual plagues* were “the principal cause of race suicide” because of “certain abnormal changes in the reproductive tract of the male by which the process of fertilization is interrupted.”¹¹¹ It was not until World War II that physicians understood that syphilis could not be transmitted by heredity, but could be congenital (from birth) due to transmission from the mother.¹¹² The pamphlet estimated that eighty percent of the male population between the ages of eighteen and thirty years contracted gonorrhea, the most widespread venereal

¹⁰⁸ “Hygiene vs. Sexual Plagues,” *Monthly Bulletin, Indiana State Board of Health* 12 (April 1909): 60.

¹⁰⁹ Indiana Society for Social Hygiene, *Social Hygiene vs. the Sexual Plagues*, cover.

¹¹⁰ Quoted from L. Duncan Bulkley’s *Syphilis in the Innocent* in *Ibid.*, 7.

¹¹¹ *Ibid.*, 3.

¹¹² Parascandola, *Sex, Sin, and Science*, 13.

disease.¹¹³ Many within the social hygiene community cited a figure based on New York surveys that twenty percent of adult males would contract syphilis, but there were challenges applying these to national samples.¹¹⁴ There was no unity within the medical community on the scope of the problem, the course of the disease, or the best forms of treatment. For example, in a 1922 *The Journal of the Indiana State Medical Association*, leading physicians still debated the reliability of the Wasserman test for syphilis, salvarsan treatment, and the etiology of the disease, including questions established in the medical literature for more than ten years.¹¹⁵ However, slightly later, ten to fifteen percent of the men entering the Armed Services during World War I tested positive for syphilis, based on the branch of the services and the period tested.¹¹⁶ The pamphlet contends that the majority, some claim seventy percent, of abdominal and pelvic surgical operations on women and twenty to thirty percent of blindness cases are the result of gonorrheal infection, in many cases ignorantly. The pamphlet asserted, “Practically every prostitute is infected” and physicians found syphilis carriers in the Indiana “high school, college, university, private and preparatory school—in store, mill, shop, office and boudoir.” Though many Indiana residents felt the Hoosier state safe from the urban problem of venereal disease, the pamphlet gave an example of an Indiana farm girl who seduced and contaminated thirteen boys in her school, bringing the problem into every parent’s experience.¹¹⁷

¹¹³ Indiana Society for Social Hygiene, *Social Hygiene vs. the Sexual Plagues*, 3.

¹¹⁴ *Ibid.*, 6; Parascandola, *Sex, Sin, and Science*, 15–19; Burek Pierce, *What Adolescents Ought to Know*, 5–7.

¹¹⁵ J. E. Luzadder, “Therapy of Syphilis,” *Indiana State Medical Association*, xv: 11 (1922) 385–90.

¹¹⁶ Parascandola, *Sex, Sin, and Science*, 49–51.

¹¹⁷ Indiana Society for Social Hygiene, *Social Hygiene vs. the Sexual Plagues*, 3. For physicians understanding of gonorrhea, see Brandt, *No Magic Bullet*, 10–11.

The pamphlet, its content liberally copied from other works, listed ISSH as the author and IBOH as the printer, which increased its medical credibility. The IBOH published four editions of the pamphlet between 1908 and 1919, with each edition growing in size to the final version's forty pages. The brochure focused on adolescent males twelve to twenty-one, but also delivered the message “to the general public, and to parents in particular.”¹¹⁸ Later editions offered testimonials of the effectiveness of the pamphlet from doctors and other public health leaders, significantly not from any of the adolescents themselves. Despite the positive national reception for the brochure in the national newspapers and even national magazines, Hurty expressed concern over the failure to obtain Indiana media attention.¹¹⁹ The international media coverage of Indiana’s eugenic sterilization law garnered additional attention to Indiana’s sex education efforts.¹²⁰

Social Hygiene vs. Sexual Plagues created a powerful image of the combined moral and medical nature of Hurty’s war. Hurty held a contagion model of education, using a biological model for a social condition, where touch or contact with an idea allows for its educational or social transmission. This adoption of a scientific model of contagion, common in the public health community, meant combining the broad dissemination of ideas within society, isolating dangerous or contaminating individuals, and identifying those most at risk for infection. In the case of venereal disease, the pamphlet specifically targeted adolescent men as the primary disease vector, and the most

¹¹⁸ Indiana Society for Social Hygiene, *Social Hygiene vs. the Sexual Plagues*, 1.

¹¹⁹ JNH Correspondence Books, 1909–1910, Hurty Papers.

¹²⁰ By early 1908, the group still had few members and only one hundred dollars to produce a pamphlet. Hurty continued to press prominent Hoosiers to lend their names to the cause and promoted the issue in the *Monthly Bulletin Indiana State Board of Health*. Supporters included retired Judge Lewis C. Walker and publisher John M. Maxwell. JNH to Dr. A. E. Bulson, February 15, 1908, Hurty Papers, Box 3b, folder 11.

likely cause of the “invasion of the American Home.”¹²¹ In addition, Hurty widely distributed the pamphlets and encouraged readers to pass on the information. This biological model even extended to the understanding of social problem of venereal disease. Personal purity was the process improving personal willpower, to keep an individual scrupulously clean and free of all contaminants, drawing on the new scientific idea of antiseptis, the prevention of infection by inhibiting or arresting the growth of infectious agents. Continuing with this model, eliminating “sexual lies,” the source of sexual plagues, was the only way to end the cultural “contagion.”¹²² His work with venereal disease was just one part of his progressive attempts to use science to target social ills. Laudably, Hurty applied these same techniques to eliminating contamination in food and improving the safety of schools. More controversial was his design of and advocacy for the nation’s first law legalizing sterilization of “unfit” men. As with the “sexual lies,” or infidelity, of young men, the sources of venereal disease, Hurty also understood young men as one of the primary sources of “racial poison” and focused his sterilization efforts on them.¹²³ Though prevention was the most effective solution, Hurty

¹²¹ Indiana Society for Social Hygiene, *Social Hygiene vs. the Sexual Plagues*, 1; Jensen, *Dirty Words*, 41.

¹²² Tomes, *The Gospel of Germs*; Martin S. Pernick, “Contagion and Culture,” *American Literary History* 14, no. 4 (December 1, 2002): 858–65.

¹²³ Secretary King attempted to pass a new sterilization law in 1925 to reinstitute eugenic sterilization and create a state eugenicist, but this effort was defeated in the Indiana Legislature. A reduced bill passed the legislature in passing a law in 1927 and expanded in 1931, and eventually repealed in 1974. This connection deserves additional exploration. For information on Indiana eugenics movement, see Stern, “Improving Hoosiers”; Stern, “We Cannot Make a Silk Purse Out of a Sow’s Ear”; Wilson, “Bad Habits and Bad Genes.”

could not ignore the economic and social impacts of the disease on those already infected and the broader society.¹²⁴

Since young men bore the primary responsibility for the sexual plagues, in 1909 Hurty and the ISSH approached the legislature for additional funds to expand the publication and distribution of the brochures to all male high school students in Indiana.¹²⁵ Hurty went to Indiana, DePauw, and Purdue Universities where he distributed the brochures, pressed university faculty to join ISSH, and promoted his war on venereal disease.¹²⁶

During this period, psychologists and educators, as well as the broader public, considered high school and college-aged youth adolescents, individuals who had passed puberty. As sexuality was the defining aspect of adulthood, in this model, exposing adolescents to information on sex caused the most opposition to his project.¹²⁷ Hurty adopted many of G. Stanley Hall's ideas about adolescences, particularly that it was a period of emotional and behavioral confusion prior to a productive adulthood, as well as the need to combine morals, economic stability, and physical health in education and preparation. Hurty used many of Hall's concepts and analogies, including the health and economic cost model in *Social Hygiene vs. the Sexual Plagues*. Hurty differed slightly

¹²⁴ Indiana Society for Social Hygiene, *Social Hygiene vs. the Sexual Plagues*, 1; Pernick, "Contagion and Culture"; David C. Rowe and Joseph Lee Rodgers, "A Social Contagion Model of Adolescent Sexual Behavior: Explaining Race Differences," *Biodemography and Social Biology* 41, no. 1–2 (1994): 1–18.

¹²⁵ For a description of the plan, see JNH to Irving Fisher, October 8, 1908, box 3b, folder 11, Hurty Papers. Fisher was a Yale professor and leader in the national eugenics movement.

¹²⁶ JNH to Dr. C. S. Runnels, January 23, 1908, Hurty Papers.

¹²⁷ For a description of the opposition, see JNH to S. H. Stone, January 14, 1909, box 3b, folder 11, Hurty Papers. Nationally, the social hygiene movement attracted the most opposition to adolescent education. For a discussion of the targeting of sex education, see Moran, *Teaching Sex*; Carter, "Birds, Bees and Venereal Disease."

from Hall on masturbation, however. While both spoke of adolescents in terms of happening to both young men and women, they both focused the majority of their attention on young males as central to the future of the species. For boys, Hurty saw the central function of education as to instill the “physical and moral consequences of illicit intercourse as to strengthen him in determination to remain Continent until he shall have arrived at the physical and economic period when he may justly contract the marriage relation.”¹²⁸ In contrast, he wrote that “the female is largely above the desire to cause sexual misery. The young female is often weak and ignorant sometimes in need, she does not understand her physical condition and often does not realize it until brought to the hospital operating table where nature demands payment for her good times to the last farthing.”¹²⁹

Much as colonizing bacteria, the local opposition to the ISSH and the pamphlet spread as fast as the *Sexual Plagues*. Some Indiana residents expressed outrage at the pamphlets and labeled them “obscene” and a corrupting influence on innocent adolescents.¹³⁰ Much of the controversy stormed below the surface because even debating the merits of *Sexual Plagues* was too controversial for the newspapers.¹³¹ As Hurty faced removal from office due to the controversy, he could no longer dismiss opposition to his project by state leaders and the new Democratic Governor Thomas R. Marshall. Marshall attempted to stop Hurty’s work, including halting eugenic sterilization at every turn, and

¹²⁸ Indiana Society for Social Hygiene, *Social Hygiene vs. the Sexual Plagues*, 10.

¹²⁹ *Ibid.*, 11.

¹³⁰ JNH to Mrs. Ethel Morgan, February 16, 1909, box 3b, folder 11, Hurty Papers.

¹³¹ Details of the pressure can be seen in his correspondence and inferred from budget requests and proceedings of the IBOH Proceedings of the IBOH, 1907–1911; Budget Report 1907–1920, *Monthly Bulletin Indiana State Board of Health*. For discussion of Hurty’s critics within Indiana, and see Pierce, “Indiana’s Public Health Pioneer and History’s Iron Pen,” 233.

even remove him from office.¹³² Hurty withdrew the request for funding for the distribution to Indiana high school boys.¹³³ Hurty lamented the setbacks “It is all right to talk about the cure of syphilis, but to mention the disease in the discussion of its prevention is simply awful.”¹³⁴

Despite the firestorm, the pamphlet pushed Indiana to the forefront of the social hygiene movement. National public health and eugenics leaders, such as those in California, watched Indiana closely and used its programs as models.¹³⁵ Hurty hoped to capitalize on the momentum and organized a meeting of leaders of other state and local groups in St. Louis on June 6, 1910 to discuss the formation of a new national association closely tied to state-level educational activities. This new group provided an alternative to Morrow’s New York organization that was national in name only. Hurty hoped this was the first in what would be a series of national congresses, similar to what was developing in Europe. This meeting of leaders failed to coalesce into a new national organization, however, primarily because of the different organizations’ approaches to social hygiene.¹³⁶ In 1914, Hurty became president of the influential American Public Health

¹³² Jason S. Lantzer and Alexandra Minna Stern, “Building A Fit Society: Indiana’s Eugenics Crusaders” *Traces of Indiana and Midwestern History*, (Winter 2007): 4–11; Lombardo, *A Century of Eugenics in America*, 31–34.

¹³³ Just as Marshall quashed the printing of the *Sexual Plagues*, he also stopped Indiana’s controversial institutional eugenic sterilization. Hurty to Irving Fisher, October 8, 1908, Hurty Papers box 3b, folder 11. See for comparison other eugenics measures, Stern, “Improving Hoosiers”; Lombardo, *A Century of Eugenics in America*.

¹³⁴ *Monthly Bulletin Indiana State Board of Health*, 15:5, 3

¹³⁵ “Hygiene vs. Sexual Plagues,” *Bulletin*; Burek Pierce, *What Adolescents Ought to Know*, 118; James H. Madison, *The Indiana Way: A State History* (Bloomington: Indiana University Press, 1990), 152; Rice, *The Hoosier Health Officer*. For California and other national connections, see Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley: University of California Press, 2001), 50; Aubrey Milunsky, *Genetics and the Law III* (New York: Springer Science & Business Media, 2013), 231–33.

¹³⁶ In Milwaukee, the hygienists worked with the city’s board of health. In contrast, in St. Louis reformers organized around the local medical society. Others took a more traditional social reform format of public

Association. At the 1915 American Medical Association Conference held in Indianapolis, Dr. Victor Vaughn, dean of the University of Michigan Medical School and president of the group, pronounced, “Indianapolis has become the scientific and intellectual center of the United States.”¹³⁷

By 1915, though, the center of the social hygiene movement had irrevocably shifted to New York, and Indiana’s moment at the center of eugenics, public health, and sex education ended. Hurty’s efforts to unite the national social hygiene movement stalled. With the failure of Hurty’s 1910 coalition, in 1914 New York leaders merged Morrow’s renamed American Federation for Sex Hygiene with the American Vigilance Association to form the American Social Hygiene Association (ASHA).¹³⁸ The new ASHA, with a mission to end the twin evils of venereal disease and prostitution, included male and female reformers from across the country. Hurty spoke to the group on sex education in 1915, though he never held a leadership position.¹³⁹ The early ASHA focused less on public education, Hurty’s passion, and focused more on disease research and eliminating prostitution, which they saw as the most critical part of venereal disease eradication efforts.¹⁴⁰ In 1915, the ISSH disbanded due to political pressure.¹⁴¹ Facing

agitation, like the initial efforts in New York. William Snow, “1900–1915 Progress of American Social Hygiene Association” (New York: American Social Hygiene Association, 1916), John Hurty Papers, Indiana State Archives.

¹³⁷ As quoted in Bennett and Feldman, “The Most Useful Citizen of Indiana,” 43.

¹³⁸ Moran, *Teaching Sex*, 32.

¹³⁹ American Social Hygiene Association, “Second Annual Report,” October 8, 1915, 9, American Social Health Association Archive, University of Minnesota; Muren, “The American Society of Sanitary and Moral Prophylaxis, Its Aims and Objects”; Moran, *Teaching Sex*, 23–35. American Social Hygiene Association, “Second Annual Report,” 9.

¹⁴⁰ Kline, *Building a Better Race*, 3.

¹⁴¹ In addition, Indiana progressive activists formed the Indiana State Civic Union, under the leadership of agricultural reformer D. B. Johnson, to coordinate the social and reform agencies of the State by communities for the promotion of the “physical, social, moral, and civic improvement of the people.” This

increasingly vocal opposition, Hurty shifted his tactics to focus on less controversial child health education and educational reform, termed progressive maternalism.¹⁴² This positive eugenics campaign, often referred to as the "better babies" movement, applied the hallmark scientific principles to motherhood and infant hygiene as routes to Hurty's vision of race improvement.¹⁴³ In addition, Hurty continued to be a national leader in active eugenic segregation, the policy of incarceration of deviants to prevent reproduction, and epidemiology. Governor Marshall appointed a private Committee for Mental Defectives, under supervision of the Board of Charities as opposed to the state legislature, to carry out eugenic family studies across Indiana.¹⁴⁴

The mobilization for World War I caused a new concern with venereal disease, and in February 1918, the IBOH rolled out a new venereal disease campaign much more ambitious than the one in 1909. The plan created a new position, the Indiana Assistant Secretary and Director of the Bureau of Venereal Disease, to supervise the project, and Hurty appointed Dr. William F. King.¹⁴⁵ The plan called for mandatory reporting of cases of all syphilis and gonorrhea, patient and family education, investigation into sexual partners, and quarantine. To meet the mandatory and recommended educational

group was also short-lived and disbanded in 1912. *Monthly Bulletin Indiana State Board of Health* vol. 16:2 (1913), 10.

¹⁴² For examples of opposition, see news clippings, box 3b, folder 11, Hurty papers. Burek Pierce, *What Adolescents Ought to Know*, 113–14. For Progressive-Era maternalism and eugenics, see Alexandra Minna Stern and Howard Markel, *Formative Years: Children's Health in the United States, 1880-2000* (Ann Arbor: University of Michigan Press, 2009), 129–30; Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Urbana: University of Illinois Press, 1995), 74–77.

¹⁴³ Nationally, he continued to lead with efforts with the *Indiana Mothers' Baby Book* 1915, one of Indiana's most popular state programs, what historian Alexandra Stern termed "an awkward patchwork of eugenic, public health, Protestant, and Progressive ideas." Ladd-Taylor, *Mother-Work*, 94–96; Alexandra Minna Stern, "Making Better Babies: Public Health and Race Betterment in Indiana, 1920-1935," *American Journal of Public Health* 92, no. 5 (May 2002): 742–52.

¹⁴⁴ Bennett and Feldman, "The Most Useful Citizen of Indiana"; Robert L. Osgood, "Education in the Name of 'Improvement': The Influence of Eugenic Thought and Practice in Indiana's Public Schools, 1900-1930," *Indiana Magazine of History* 106, no. 3 (September 1, 2010): 272–99.

¹⁴⁵ *Monthly Bulletin Indiana State Board of Health* vol. 22: no. 10 (1919), 4.

requirement of the laws, the IBOH republished and distributed to physicians and community members *Social Hygiene vs. the Sexual Plagues* as well as the *Facts about Venereal Disease, Instructions for Gonorrhea* and *Instructions for Syphilis*. In addition to the pamphlets, the Bureau distributed anti-venereal disease metal posters for prominent display throughout the state that described the “War on VD” as a war measure.¹⁴⁶ The new policy prohibited druggists from selling patent medicines aimed at curing syphilis, as they were ineffective and dangerous. It embraced the new scientific model of diagnosis, the use of the Wassermann diagnostic test for syphilis processed through the IBOH, as opposed to the other method of physician certification that undermined the scientific authority. Although the Wasserman test had been available since 1905, this new faith in laboratory medicine increased the power of science over the bedside manner in relationship with physicians and gave public officials justification in policymaking. For example, the rise of disease testing was an important step forward in epidemiology. It placed the laboratory as the site of diagnosis, not the physician’s, and highlighted some physicians’ complicity in hiding their patients’ contagiousness.¹⁴⁷

Again, Indiana was out in the lead of national efforts, as the ASHA and the federal government mobilized slowly in 1918 to combat the threat posed by the war mobilization. In July, the federal government passed the Chamberlin-Kahn Act that committed the government to sex education, directly for soldiers and indirectly through state venereal disease campaigns, for the first time through the creation of the venereal disease division of the U. S. Public Health Service and the Interdepartmental Social

¹⁴⁶ *Monthly Bulletin Indiana State Board of Health* vol. 21: no. 2 (1918), 20.

¹⁴⁷ For the changing role of physicians, see Brandt, *No Magic Bullet*, 122–66.

Hygiene Board to coordinate military educational activities. Behind this movement, they placed 2.5 million dollars, with 1 million dollars in matching funds for state and local programming. Broadly, Indiana followed the national program guidelines but developed many of its own educational materials because the Indiana effort predated the federal legislation.¹⁴⁸ Perhaps most significantly, the passage of the federal legislation acknowledged the existing venereal disease strategies of the ASHA of education, research, and legislation.¹⁴⁹

In a broader sense, the United States' entry into World War I represented the high-water mark in Progressive-Era social hygiene crusades as the United States Public Health Service began to take an increasingly central role in venereal disease campaigns. ASHA and federal efforts during World War I preempted the efforts by Hurty, and no doubt others, to forge these alliances on the state and local levels. Single-issue voluntary organizations declined in Indiana and across the country, and the philanthropic community became dominated by well-funded professional organizations.¹⁵⁰

After the war, Indiana Venereal Disease Director King hoped that, with increased levels of funding, venereal "diseases would be eradicated from the civilized portions of the globe in less than two decades if health departments were given the means and the power" but public interest again declined.¹⁵¹ As with the earlier campaign, Indiana's 1919

¹⁴⁸ Most other states used the federal "Fit to Fight" brochures, films, and exhibits. Lord, *Condom Nation*, 29–32.

¹⁴⁹ To promote research, the federal government appropriated three hundred thousand dollars directly for research, as well as additional funds for epidemiology. In terms of legislation, the law asserted the federal government's right to define and outlaw prostitution. Michael Imber, "The First World War, Sex Education, and the American Social Hygiene Association's Campaign against Venereal Disease," *Journal of Educational Administration and History* 16, no. 1 (1984): 47–56.

¹⁵⁰ *Ibid.*; Lord, *Condom Nation*, 35–45; Jensen, *Dirty Words*; Moran, *Teaching Sex*, chap. 2.

¹⁵¹ *Monthly Bulletin Indiana State Board of Health* vol. 22 (1919) 4, 36.

venereal disease education was short-lived. Even so, Hurty did have a base of support in the state legislature to continue the increased level of funding at the end of the war. Due to Hurty's longtime work in the schools, the Indiana Parent Teacher Association pledged its "unqualified support" of Hurty and the "fight against venereal disease, and in all efforts to protect and increase public health." The Indiana Parent Teacher Association also committed the schools as a "medium thru which they may work" and Indiana Governor James P. Goodrich declared "Educational Week in Indiana" in March 1920.¹⁵² This affiliation would lead to a turn towards school-based education by King, Hurty's successor.

Once considered Indiana's "most useful" man, state leaders again began to question Hurty's ability to protect the health of users. In 1921, the Indiana Supreme Court struck down Indiana's sterilization law, by now a national and international model. Hurty eventually responded to this mounting pressure and retired in 1922. The governor replaced him with IBOH Venereal Disease Bureau Director King, who would focus less on legislative and more on educational efforts.¹⁵³ In retirement, Hurty continued to be active in the Indiana State legislature, wrote for the *Indianapolis News*, and taught for Indiana University medical and health programs. His efforts garnered numerous accolades including a silver medal for excellence in health programs awarded to the Indiana State Board of Health at the 1900 Paris International Exposition.¹⁵⁴

Hurty left a complicated legacy that included the passage of more than twenty public health laws by the Indiana General Assembly including the eugenic sterilization

¹⁵² *Monthly Bulletin Indiana State Board of Health* 23 (1920): 4, 25.

¹⁵³ See chapter 3 for later venereal disease efforts in the state.

¹⁵⁴ Stern, "Improving Hoosiers," 222; Bennett and Feldman, "The Most Useful Citizen of Indiana."

law. As in the areas of food safety and eugenics, Indiana's sex education techniques were used across the country and predated national efforts of the ASHA and the PHS. Despite this pioneering work, Indiana's experience has not been included in the historiography of sex education. Due to the ASHA and PHS's dominance in sex education in the second half of the twentieth century, historians have ignored the diversity and complexity of the early social hygiene movement. Indiana's sex education efforts were not mentioned in most early histories, such as Charles Walter Clarke's 1961 *Taboo: The Story of the Pioneers of Social Hygiene* or more recent histories of sex education such as Jeffery Moran's *Teaching Sex*.¹⁵⁵ Historians such as Wendy Kline and Jennifer Burek Pierce have begun to explore the connections between sex education and eugenics and have called for more scholarship in this area.¹⁵⁶

Recognizing the significance of this complex legacy, in 2007 Indiana publicly marked the centenary of the eugenics legislation with a series of events including a historical marker and an apology resolution from the state legislature. The resolution deals directly with "Indiana's experience with eugenics," which should be viewed as including Hurty's venereal disease efforts. Both initiatives occurred at the same time, but more importantly were linked institutionally, through Hurty and the IBOH, theoretically through the eugenics doctrine, and culturally through an emphasis on reproductive morality. The resolution stated "the now-discredited eugenics movement" aimed "to provide a simple solution to the complex issues of physical disorders, mental illness, developmental disabilities, and changing social conditions" through the elimination of "what the movement's supporters considered to be hereditary flaws through selective

¹⁵⁵ Clarke, *Taboo*; Moran, *Teaching Sex*.

¹⁵⁶ Kline, *Building a Better Race*; Burek Pierce, *What Adolescents Ought to Know*.

reproduction.” The state found that the program “placed claims of scientific benefit over human dignity” and “targeted the most vulnerable among us, including the poor and racial minorities, wrongly dehumanizing them under the authority of law and for the claimed purpose of public health and the good of the people.”¹⁵⁷

The combination of the conservative backlash in Indiana, the subsequent strengthening of national voluntary associations and federal venereal disease efforts, and Hurty’s controversial views on eugenics, limited the enduring impact of his opening salvo in the war on venereal disease. As a recurring theme throughout the twentieth century, sex education advocates attempted to find a “simple solution,” particularly by focusing primarily on medicine, education, or cultural change.

School-based education programs, 1922–1936

Indiana, following the national pattern, saw a declining interest in social hygiene during the 1920s, focusing instead on issues of mental hygiene and child health.¹⁵⁸ During the 1920s, these “Better Babies,” as opposed to adolescents, became the major cultural, governmental, and philanthropic focus.¹⁵⁹ Responding to rising individualism, health departments also focused on diagnosis and treatment, through bacteriology.¹⁶⁰ For adolescents, the 1920s flapper girl served as a symbol of an increasing desire by youth to

¹⁵⁷ For the text of the resolution, see “Passed Senate Resolution 0091,” accessed June 4, 2015, <http://www.in.gov/legislative/bills/2007/SRESP/SC0091.html>. For expanded information on the centenary, see “Fit to Breed: Eugenics in Indiana,” accessed June 4, 2015, <http://www.iupui.edu/~fit2brd/>.

¹⁵⁸ Beginning in the Hurty era and continuing in the 1920s, Indiana led the institutionalization of the public health movement. Bennett and Feldman, “The Most Useful Citizen of Indiana”; Stern, “Improving Hoosiers.”

¹⁵⁹ For a discussion of the wide variety of child health programs, including those in Indiana, see Stern and Markel, *Formative Years*; Stern, “Making Better Babies.”

¹⁶⁰ Duffy, *The Sanitarians*, 250–54.

rebel against cultural moral strictures.¹⁶¹ With the decline of voluntary associations, communities accelerated the transition to new patterns of philanthropy with donation patterns shifting to large targeted individual gifts and smaller philanthropic giving combined into community chests and foundations, which forced local charities to compete for funding.¹⁶²

The federal PHS and ASHA focus on disease and school initiatives limited the viability of local partnerships with voluntary associations in the 1920s and into the 1930s. As part of the effort, the IBOH organized the Indiana Council on Social Hygiene in 1922, under the Indiana State Health Council, and appointed Emma Liber, president of the organization. The group withered without funding or a dynamic leader.¹⁶³ Without Hurty as an advocate, Indiana cut the funding for the IBOH's Bureau of Venereal Disease until 1937, and IBOH separated the venereal disease educational efforts into specific departments dealing with social problems and public schools. During this period of reduced spending on sex education, Indiana saw rates of venereal disease increase.¹⁶⁴ Due to these funding cuts, the state relied on private doctors for venereal disease medications and education.¹⁶⁵ As they gained prestige and business, many medical doctors who initially supported public health efforts became suspicious as local and state health departments entered into the more individualized role of treating disease and became

¹⁶¹ Bailey, *From Front Porch to Back Seat*, 13–15; Emilio and Freedman, *Intimate Matters*, 202–222.

¹⁶² Hospitals and public health clinics benefited greatly from these donations as they grew exponentially in size. These changes led to an increase in accountability and professionalism but often separated the passionate reformers from the donors. Olivier Zunz, *Philanthropy in America: A History* (Princeton, N.J.: Princeton University Press, 2012), chapter 8.

¹⁶³ This group did not develop its own programming, however. Indiana University Extension Division, *Bulletin of the Extension Division, Indiana University* (Bloomington: Indiana University Press, 1922), 832–33.

¹⁶⁴ Indiana State Board of Health, *Annual Report Bureau of Venereal Disease* (Indianapolis: 1937) 2–6; Young, *Social Health Association of Central Indiana*, 14.

¹⁶⁵ Stern and Markel, *Formative Years*, 144.

competition. Doctors denounced health department officials as incompetent in the pages of medical journals.¹⁶⁶

By default, then, the Indiana government entrusted public school teachers with covering social *hygiene* information under the name of *health* education—but Hoosier public health experts had doubts. Schools had long included topics related to health and physical exercise, but during the 1920s and 1930s educational reformers developed specific health curriculum and recommendations for the first time.¹⁶⁷ Like in Indiana under Hurty, in 1916, after unsuccessfully introducing sex education into Chicago Public Schools, many national legislatures and school boards viewed attempts to add specific curriculum related to social hygiene as too controversial.¹⁶⁸ The sexual incongruity of adolescence, as being defined by being biologically prepared but socially denied sexual intercourse, marked public school-based education as particularly perilous for reformers, who struggled to develop means to provide information without corrupting the impressionable youth or “inflaming sexual passions.”¹⁶⁹ In 1938, Indiana University professor and state leader in public health Thurman Rice’s work culminated in the Joint Committee on Health Problems in Education of the National Education Association and

¹⁶⁶ In particular, doctors cited the little training available for state and local public health officials. They highlighted the need for the formation of additional schools of public health. In reality, most of the children and the urban and rural poor who were the focus of public health campaigns had no other access to health care. Duffy, *The Sanitarians*, 221–238; Bennett and Feldman, “The Most Useful Citizen of Indiana.”

¹⁶⁷ Allan M. Brandt and Paul Rozin, *Morality and Health* (New York: Psychology Press, 1997); Ridini, *Health and Sexuality Education in Schools*; Aniko Varpalotai and Ellen Singleton, “‘To Establish Habits of Health’: Health Education and Advice for Girls - Past, Present and Future,” *Atlantis* 32, no. 2 (March 2008): 99–111; Roberta J. Park, “A Decade of the Body: Researching and Writing About the History of Health, Fitness, Exercise and Sport, 1983-1993,” *Journal of Sport History* 21, no. 1 (Spring 1994): 59–82. For Indiana curriculum, see Thurman Brooks Rice, “A Charter for School Health: A Review,” *Public Health Reports (1896-1970)* 61, no. 22 (May 31, 1946): 782–84; Indiana Department of Public Instruction, *A Guide for Health Education in Indiana Schools: A Tentative Course of Study for Kindergarten through High School*, 1956.

¹⁶⁸ Moran, “Modernism Gone Mad.”

¹⁶⁹ Thurman B. Rice, *How Shall Sex Be Taught in the Schools?* (Chicago: American Medical Association, 1947), 2.

the American Medical Association, and he directed and supervised the construction of Health Education, an official report of that committee.¹⁷⁰

War on VD revives Indiana Social Hygiene Society, 1937–1943

Indiana played an important role in the new federal venereal disease campaigns as part of the New Deal and World War II. These campaigns were led by Charles Parran, President Franklin D. Roosevelt’s appointment to head of the Public Health Service, and brought a renewed attention to addressing social issues through collective action. In terms of venereal disease, syphilis remained the most serious threat, though the development of new cure options opened the next chapter in the war against “VD.” Reformers, doctors, and public health officials quickly learned that these new medications brought different challenges. The moral decay that many believed was the root of venereal disease did not respond so easily to the new “magic bullets,” or medications for syphilis.¹⁷¹

The New Deal and Parran’s 1936 appointment as the Surgeon General and head of the U. S. Public Health Service marked a new era for American efforts against venereal disease. In terms of public health, federal New Deal Programs and World War II brought rapid growth and change at the federal, state, and local levels. Parran also helped draft the Social Security Act of 1936. Title Six of the act provided federal matching funds

¹⁷⁰ Charles Christopher Wilson and Thurman B. Rice, *Health Education: A Guide for Teachers and a Text for Teacher Education* (Washington, D.C.: National Education Association of the United States, 1938).

¹⁷¹ Leaving his successful activities in New York, including strengthening local health departments and attracting newspaper and radio coverage for the growing syphilis epidemic, Parran followed his former governor Franklin D. Roosevelt to Washington as part of the Public Health Service. Parran established the organization's leadership not only in combatting venereal disease but also into other communicable diseases, cancer, mental health, medical administration, and international health. Duffy, *The Sanitarians*, 260–266; Lord, *Condom Nation*, 52–79; Moran, *Teaching Sex*, 115–1163; Parascandola, *Sex, Sin, and Science*; Brandt, *No Magic Bullet*, 122–180.

for state public health departments and medical research, which was the most significant stimulus to the local public health movement in the twentieth century.¹⁷² World War II sparked rapid expansion at PHS and in medical research. Nationally, adolescent sex education became even more disease-focused, with Parran insisting on "no dilution of the science and art of medicine" with the inclusion of "sentiment and morals."¹⁷³ In addition to the activities of the PHS, other New Deal agencies became involved in public health, particularly in the areas of child and maternal welfare. Providing employment, these agencies dramatically increased the number of experienced public administrators.¹⁷⁴ The fundamental institutional difference between the Progressive-Era reform associations and Depression-Era programs was the new emphasis on funding, professional staff, and institutional stability.¹⁷⁵

In 1936, Indiana social hygiene advocates sought to take advantage of national interest and the new federal funds to revive the Hoosier social hygiene movement, culminating in the 1937 founding of the Indianapolis Social Hygiene Association. Many, including SHA's future Executive Director Elizabeth Nicholson, had worked with birth control pioneer Margaret Sanger and other colleagues in 1932 to found the Indiana Maternal Health League, now Planned Parenthood of Indiana.¹⁷⁶ During the late 1930s, the ASHA returned to state-level organizing to rebuild its organization. Indiana appeared

¹⁷² Lord, *Condom Nation*, 49–56.

¹⁷³ Moran, *Teaching Sex*, 115.

Parran as quoted in *Ibid.*

¹⁷⁴ SHA's Nicholson gained experience in this way. For national trends, see Stern and Markel, *Formative Years*.

¹⁷⁵ Zunz, *Philanthropy in America*, 134–38; McGerr, *A Fierce Discontent*, 399.

¹⁷⁶ Maternal Health League of Indiana, *Maternal Health League of Indiana Stands for Better Babies, Healthier Mothers, Happier Families*, 1938; Thompson, "The Faithful Few"; Sorensen, "'One of the Proudest Achievements': Organized Birth Control in Indiana, 1870s to 1950s."

to be fertile ground, due to the state's past social hygiene activity as well as high rates of syphilis and prostitution.¹⁷⁷ In 1936, the ASHA, in partnership with IBOH, held a regional conference on social hygiene in Indianapolis to educate social workers and doctors on new diagnostic protocols and neosalvarsan medication regimens for syphilis.¹⁷⁸ Indianapolis hosted the 1937 American Association for the Advancement of Science Conference, entitled "Syphilis Control as a Problems of Technology and Economics," where Parran gave the keynote address. He promoted the Indiana movement through speaking at women's clubs across the state.¹⁷⁹ The IBOH hosted the national Social Hygiene Day in 1937, and Indiana media ran stories about the importance of venereal diseases, which showed the societal difference since Hurty's campaign in 1909. In Indianapolis, the Indiana Parent Teacher Association and Council of Women sponsored lectures on the dangers of venereal diseases.¹⁸⁰

Indiana University School of Medicine Professor and Hurty's protégé, Thurman Rice pushed for reform of health education at both the national and local levels and spearheaded the new Indiana Bureau of Health and Physical Education, a joint effort between the Indiana departments of education and health. Collaborating with the PHS, IBOH used the federally produced venereal disease brochures as well as posters, motion pictures, and slides for presentations aimed at the medical community, women's groups,

¹⁷⁷ Young, *Social Health Association of Central Indiana*; Moran, *Teaching Sex*.

¹⁷⁸ *IBOH Annual Report*, February 2, 1937; Young 12.

¹⁷⁹ For information from the Indiana visits, see Box 37, Thomas Parran Papers, 1916-1962, UA.90.F14, University Archives, Archives Service Center, University of Pittsburgh.

¹⁸⁰ Indiana State Board of Health, *Annual Report Bureau of Venereal Disease* (Indianapolis: 1937); Young, *Social Health Association of Central Indiana*, 15.

and Civilian Conservation Corps camps.¹⁸¹ Indiana's revived Venereal Disease Bureau at the IBOH also began to increase its profile through articles that appeared in the *Journal of the Indiana Medical Association*, which devoted its entire March 1937 issue to syphilis control.¹⁸²

Indiana doctors and civic leaders, including Rice, chartered the new Anti-Syphilis League of Indianapolis in 1938. This direct institutional ancestor of the modern Social Health Association organized to promote and coordinate the various educational and treatment efforts for syphilis. The organization shared philosophical and institutional ties to the earlier Indiana Society for Social Hygiene (1907-1920) but also reflected the increased professionalism, government funding, and cultural acceptance of the social hygiene movement in the subsequent three decades. The new group developed its mission with a unique blending of social reform, with medical and public health perspectives. The small, though socially well-connected, group adopted a mission of "education in schools and the industrial sector, in cooperation with government and medical authorities." As with the organizers in the earlier Indiana movement, Rice and other public health leaders attempted to build support across the state as a large number of doctors and other prominent civic leaders courageously endorsed the effort.¹⁸³ The group decided to drop syphilis from its name in 1939 to become the Indiana Social Hygiene Association

¹⁸¹ In large part, Parran focused instead on the medical community and bypassed the ASHA and local philanthropic groups in his post-war campaigns. Showing the changing public sensibilities, in 1936 the Indiana Bureau of Venereal Disease hosted an exhibit at the Indiana State Fair. *Indianapolis Medical Society Bulletin*, December 28 1937, 3; Rosemary Redding, "Dr. Parran Lauds State's Role in Drive on Social Diseases," *Indianapolis Times*, 4 January 1938, 8; Ibid.

¹⁸² Stern, "Making Better Babies"; Rice, *The Hoosier Health Officer*.

¹⁸³ Young, *Social Health Association of Central Indiana*, 15.

(ISHA), hoping that this less-controversial name would help promote fundraising efforts while also broadening the group's focus to all venereal diseases.¹⁸⁴

ISHA coordinated the efforts of public health and educational groups as opposed to developing its own programming. Shifting from the evolving position of the ASHA, the ISHA believed that “cradle to maturity” education on “appropriate sexual behaviors” was primarily the duty of school educators. It argued that the elimination of prostitution and vice to control the primary source of infection should be the focus of governmental authorities. Finally, the diagnosis and cure of syphilis remained the primary responsibility of doctors.¹⁸⁵ After strenuous lobbying, ISHA celebrated the passage of legislation requiring syphilis blood testing at marriage and for pregnant women in 1939.¹⁸⁶ The ISHA's lack of a stable funding source significantly limited the organization's operations, however. ISHA approached officials at the Indianapolis Community Fund and Indianapolis Foundation for funding, but both groups questioned the statewide focus of the ISHA and the agency's potentially controversial activities.¹⁸⁷

The Indianapolis medical community largely viewed these various syphilis efforts as successful due to the dramatic increase in testing and initial treatment at hospital clinics. In December 1937, for example, the IBOH reported an eighty percent increase in treatment at City Hospital Clinics and estimated the same in private practice.¹⁸⁸ However,

¹⁸⁴ Virginia Moorhead Mannon, "Mrs. Evans Woollen, Jr. Leads State Women in Anti-Syphilis Campaign," *Indianapolis Times*, February 24, 1938, 8; "State and Local Summaries: Indiana," *Journal of Social Hygiene* 24 (1938): 284–287; *Ibid.*, 16.

¹⁸⁵ Anti-Syphilis Committee Minutes, December 13, 1939, Indiana Social Health Association Collection, Lilly Special Collections, Indianapolis, Indiana (ISHAC); *Ibid.*, 17.

¹⁸⁶ Indiana State Board of Health, *Report Bureau of Venereal Disease* (Indianapolis: Indiana State Board of Health, 1940), 63.

¹⁸⁷ "Factors in the Social Hygiene Situation in Indianapolis," November 1942, ISHAC; Board Minutes, December 13, 1942, SHA files; Young, *Social Health Association of Central Indiana*, 17.

¹⁸⁸ Joe Collier, "Offer Six-Point Syphilis Plan," *Indianapolis Times*, December 15, 1937, 22.

the complex protocol for curing syphilis with salvarsan required that a dilution of the medication, an arsenic-based compound, be injected over a course of three to nine visits. The cure did not appear overnight; deviation from the application could lead to ineffective treatment or death, though there was not wide agreement on the most effective protocol.¹⁸⁹ In Indianapolis, low-income pregnant women could get free medication for syphilis at City Hospital, but doctors found that transportation to the clinic was still a barrier to a cure.¹⁹⁰ Despite the increased public awareness, private doctors still discriminated against female syphilis patients and refused to treat them at private hospitals, which forced the patients to go to the limited number of free clinics and dispensaries. As World War II broke out, venereal disease rates in Marion County spiked.¹⁹¹

In response to an increased focus on cures, in November 1942 the city raised special tax funds to match federal funds and built the Public Health Center, focused primarily on treating syphilis with salvarsan. During the war, the staff treated thirteen thousand venereal disease patients, most voluntarily, but thirty percent reported on orders of the courts or military authorities.¹⁹² National leaders heralded the Indianapolis Public Health Center as the first center of its kind in the nation. It not only housed the ISHA, but also combined all of the venereal disease campaign efforts. The ISHA strategically

¹⁸⁹ For Indiana debates, see J. E. Luzadder "Therapy of Syphilis."

¹⁹⁰ "Anti-Syphilis Body To Give Luncheon," February 2, 1938, SHA Files; Young, *Social Health Association of Central Indiana*, 17.

¹⁹¹ *Monthly Bulletin Indiana State Board of Health* 48 (January 1943) 1, 6.

¹⁹² "Social Disease Clinic Proposed," October 14, 1942, 24; "8000 Cases Examined in Pioneer Year at Isolation Hospital, First in Nation," *Indianapolis Star*, November 7, 1943; McCord, "Isolation Hospital, Modest Site, Scene of Impressive Fight on Venereal Disease," *Indianapolis Star*, April 30, 1944; Young, *Social Health Association of Central Indiana*, 21.

positioned the organization within the larger Indianapolis Public Health movement to "stimulate official agencies to do their job in relation to social hygiene objectives."¹⁹³

Based on the success in Indianapolis and competition in Fort Wayne, the ISHA changed its name in 1942 to the Indianapolis Social Hygiene Association (SHA), reduced its focus to work in the capital, and hoped to expand later as a statewide organization.¹⁹⁴

ASHA helped spark many local organizations, such as those in Fort Wayne and Indianapolis, much as with the 1922 effort, but many faltered after the initial flurry of activity with the local support base and leadership. The Fort Wayne group had initial success through partnerships with the local government and newspaper but failed to last more than two years. In Indianapolis, the group had an institutional home, support in the public health and physician community, and strong volunteer leadership that allowed it to continue past the initial support from the PHS and ASHA. Due to the success of the Indianapolis Public Health Center and national attention, the Indianapolis Community Fund decided to fund an ISHA demonstration project in 1943, which allowed the group to hire staff and gain a firmer institutional footing.¹⁹⁵ These forces of change would propel the organization to success, but led it to alter its mission and service area.¹⁹⁶

¹⁹³ "Social Disease to be Fought," *Indianapolis Star*, February 19, 1946, 1; Board Minutes, November 19, 1948, SHA Files; *Ibid.*, 24.

¹⁹⁴ Indiana State Board of Health, *Report of Bureau of Venereal Disease* (Indianapolis: 1940), 63; *Ibid.*, 17.

¹⁹⁵ The Indianapolis Community Fund, a precursor of United Way, conducted a record fundraising campaign in 1942: the Community Fund, shifted its funding priority from a Depression-Era focus on poor relief to a new focus on "character building." The United Way changed its name several times over the course of its history: Community Chest, 1920–1922; Community Fund, 1923–1949; Indianapolis Community Chest, 1950–1957; Indianapolis United Fund, 1958–1961; United Fund of Greater Indianapolis, 1962–1969; United Way of Greater Indianapolis, 1970–1985; and United Way of Central Indiana, 1986 to present. "Timeline: History of Philanthropic and Social Service Agencies in Indianapolis," *Encyclopedia of Indianapolis* [newsletter], 1 (Winter 1992), [5]; "History of United Way of Central

Conclusion

The period from 1907 to 1937 was a time without stable or well-grounded institutions but a sex education curriculum existed, nonetheless. Hurty attempted to introduce statewide high school sex education, which was blocked as part of a larger backlash to his policies. This represented the first attempt to introduce sex education systematically into Indiana schools. The dual public-private nature of the effort was the key to success and downfall. The ability to act quickly and use state government infrastructure for printing, marketing, and distribution allowed the Hurty and the ISSH to get their message across quickly, but made them vulnerable to changes in the state political climate and without a grassroots support network to defend the policy.

The decision by the SHA to focus its mission on Indianapolis and funding by the Community Chest proved extremely significant in the mission and longevity of the organization. Early efforts by Hurty, King, and Rice to create a voluntary agency lacked the broad base of public support needed to withstand social and political attacks on their activities or to generate enough income. The public position held by the government employees gave them an important pulpit to spread their views, but also made them susceptible to political changes. Without patronage from a wealthy donor, such as the Rockefeller Foundation in the case of the ASHA, or the leadership of a dynamic private individual, such as ASHA's president Prince Morrow, the organization was not able to

Indiana," accessed November 23, 2013, <http://www.uwei.org/history>. For the impact of World War II on philanthropy, see Zunz, *Philanthropy in America*, chapter 4.

¹⁹⁶ While nationally World War II was a significant factor in the change of the social hygiene movement, in Indiana other factors including state leadership at IBOH, the hiring of Nicholson as director at ISHA, and the formation of the Public Health Center played important roles. More research needs to be done on the venereal disease education in Indiana specifically related to World War II, but this subject is outside of the scope of this chapter. For national trends between venereal disease education and World II, see Brandt, *No Magic Bullet*, 152–178; Moran, *Teaching Sex*, 119–122.

build the public support needed. The statewide focus also made it difficult to build the close relationships needed to make the educational programs successful. The shift in strategy with the discovery of a cure for syphilis from prevention and education to diagnosis and treatment proved important for the long-term success of the agency as well. Indiana was noteworthy as a national pathbreaker in public-private partnerships in social hygiene education, such as *Social Hygiene vs. Sexual Plagues*, the 1918 VD Campaign, and the Indianapolis Public Health Center. Each program demonstrated the differences between the social hygiene movement at the national and local levels, and the mixed consequences of government involvement in the personal lives of its citizens.

Chapter 3: Thurman Rice's Sex Education Campaigns, 1933–1948

“Sex is natural; it is beautiful; it is most useful and it is fundamental,” explained Dr. Thurman Brooks Rice, Indiana University School of Medicine (IUSM) professor, in his 1929 book *Racial Hygiene*.¹⁹⁷ Medical, eugenics, social hygiene, public health organizations—and even the Eugenics Book Club—endorsed Rice’s attempt to do “the impossible,” namely explain the complexities of the science of heredity in “terms understandable by the average layman.”¹⁹⁸ Following the publication of *Racial Hygiene*, Rice shared his vision of eugenics widely across the state and nation. In 1930, he even gave Indiana’s first extension course on social hygiene by long-distance on the radio, on WFBM in Indianapolis.¹⁹⁹ Rice promoted the positive eugenic techniques of sex education, “we may allow our sons and daughters to learn that the stove is hot by experience, but we dare not permit them to get sex knowledge by experience, to learn venereal disease by acquiring it. We dare no longer to allow them to go through this dangerous maze of human experience blind.”²⁰⁰ Educating children and adolescents on the selection of a “fit” mate had the power to create the broader cultural views on the social function of marriage and parenthood, “the highest privilege afforded men and women.”²⁰¹ While he agreed with critics who believed that sex education was best done

¹⁹⁷ Thurman Brooks Rice, *Racial Hygiene: A Practical Discussion of Eugenics and Race Culture* (New York: Macmillan, 1929), 272.

¹⁹⁸ “Advertisement for Racial Hygiene, as Selection of Eugenics’ Book Club,” *Eugenics: A Journal of Race Betterment* 2, no. 8 (1929): rear cover; Rice, *Racial Hygiene*; “Racial Hygiene: A Practical Discussion of Eugenics and Race Culture.,” *Journal of the American Medical Association* 93, no. 6 (August 10, 1929): 479.

¹⁹⁹ Thurman Brooks Rice, “What Is the Goal of Eugenics?,” *Symposium on Eugenics* 3 (June 1930): 224–25.

²⁰⁰ Rice, *Racial Hygiene*, 271.

²⁰¹ *Ibid.*, 272.

in the home, he argued that instead of the home, most sex education occurred in “nature’s school,” with “her school an alley,” and the teachers “inexperienced, or worse yet, the pervert or the libertine,” and the textbooks “quack medical literature.”²⁰² For his critics, he contended that only a “perverted man mates sex with shame, that marries this pure and holy thing to a lascivious pig.”²⁰³

Rice took the role of apologist for Indiana’s discredited eugenics and sex education movements and attempted to spread the revised doctrine to a broad audience.²⁰⁴ This second-generation eugenic sex education doctrine was based on the central idea that reproduction, as well as heredity, was the central strategy for the preservation of the race. Just as the stock market crash sent the financial system into a tailspin, the “roaring 20s” liberalization of sexual values resulted in sinking birthrates and rising divorce rates, seemed to threaten to destroy the fundamental fabric of the country—the family.²⁰⁵ Indiana was ripe with religious bigotry, racism, and nativism as Ku Klux Klan membership swelled to a wide cross section of white society, with more than 25 percent of native-born white men becoming members.²⁰⁶ Though he shared many of the same concerns as the Klan, Rice’s vision involved legitimating and institutionalizing these doctrines not with lynching, but with the equally powerful strategies of scientific research, government policy, and education.²⁰⁷ For Rice, family stability formed the

²⁰² Ibid., 273.

²⁰³ Ibid., 272.

²⁰⁴ Stern, “Improving Hoosiers.”

²⁰⁵ Emilio and Freedman, *Intimate Matters*, 275–238.

²⁰⁶ Leonard J. Moore, *Citizen Klansmen: The Ku Klux Klan in Indiana, 1921-1928* (Chapel Hill: University of North Carolina Press, 1997).

²⁰⁷ While it is possible that Rice was a member of the Klan, there is no evidence to suggest that he was a member. Rice was a lifelong Democrat. He was quite critical of Klan activities, and the Klan was quite critical of university elites. His decision to leave the IBOH from 1926 through 1933, during the height of

center of modern progressive society, so wellborn children should be raised by happily married couples.

Rice interpreted the “well born” as inherently good and intelligent members of the race in need of protection, particularly from the temptations of lesser people.²⁰⁸

Motherhood’s social importance required women to stay in the home. Children and adolescents would need to be taught to see themselves as future parents and saviors of the race. As the mother was the savior, the “new woman” was the threat with her focus on education, career, and pleasure. While the “new women” gained fulfillment through individualistic hedonism, marriage and motherhood would provide a far more lasting personal satisfaction.²⁰⁹

Rice’s eugenics worldview pervaded his articles, books, and pamphlets—promoted everywhere from the scientific literature to the Sears and Roebuck Catalog.²¹⁰ Despite legal challenges, Indiana continued the policies of eugenic sterilizations, primarily for adolescents, as well as other eugenic-based laws.²¹¹ In 1928, the American Eugenics Society, the country’s foremost organization devoted to racial hygiene, appointed Rice chair of the Indiana State Eugenics Committee. His appointment marked the ascendancy of the new eugenics ideology reflected in his influential *Racial Hygiene*

the KKK scandals in Indiana, also suggests that he was not sympathetic to its work. *Who Was Who in America: 1951-1960* (New York: MacMillan, 1966), 723.

²⁰⁸ Concepts of race varied, but during the 1920s and 1930s, eugenicists generally relied on a Social Darwinian understanding of race that looked to sexual selection, as opposed to natural selection, to promote the vitality of the human race. Kline, *Building a Better Race*, 75–81.

²⁰⁹ *Ibid.*, 126–127.

²¹⁰ For an example of his sexual hygiene and eugenics materials in the 1929 Sears and Roebuck Catalog, see *Sears, Roebuck and Co. Catalog* (Chicago: Sears Roebuck & Co., 1929), 13.

²¹¹ For the early history of the law, see Chapter 2. The law was revised in 1927 and repealed in 1974. Under the law, an estimated two thousand five hundred people were sterilized. Stern, “We Cannot Make a Silk Purse Out of a Sow’s Ear,” 34–38.

in 1929.²¹² The American Medical Association's Bureau of Health and Public Instruction (AMA Bureau), led by Rice from 1933 to 1948, and gave him an important platform for his work. The AMA Bureau turned its focus towards establishing the physician as the modern authority on sex education based on this eugenic perspective. It would be easy to dismiss the AMA Bureau's pamphlets as merely another, or even more racist and misogynistic, in a line of eugenic sex education pamphlets. The prestige and scope of the campaigns deserve consideration, not to mention the pamphlet's contents that were different from earlier and contemporary works in its goal, subject matter, and distribution.²¹³

Eugenics had its own view of sex education, as a critical means for improving the human race but there were other views. Rice embodied the mutually reinforcing institutional and intellectual connections between his kind of sex education and eugenics, and he used the AMA Bureau's sex education campaign to promote the medicalization of health and protect the "well born" and establish the physician as the modern authority on sex education.²¹⁴ Physicians helped to legitimate what historian Wendy Kline calls "reproductive morality," where only fit mothers should reproduce.²¹⁵ In the 1930s, eugenics and sex education took a turn away from a strictly biological emphasis on the twin social problems of the "unfit" and syphilis towards a combination of social and biological causes.²¹⁶

²¹² Ibid., 34; Rice, *Racial Hygiene*.

²¹³ Rice himself dismissed other sex education tracts as "apologies," describing sexuality in negative terms or embarrassed "when the truth needs no apology." Thurman Brooks Rice, *Those First Sex Questions*, 4th Edition (Chicago: American Medical Association, 1944), 11.

²¹⁴ See Chapter 1 for discussion of medicalization of health.

²¹⁵ Kline, *Building a Better Race*, 2.

²¹⁶ Ibid., 122–128.

Rice's career represents an important transitional moment from a discourse of *hygiene* associated with the prevention of disease, to one of *health* based on a positive, more comprehensive approach. Rice's work takes an additional step to medicalize not only disease, but also health. The choice to turn both the eugenics and sex education movements away from pathology and towards health was not inevitable, and at times highly contested, because to the victor went not only professional status, but in the case of sex education, the next generation.

In his work with the AMA Bureau, Rice spoke with the authority of a “physician, biologist, teacher, and father.”²¹⁷ Rice was born in 1888; he graduated from Marion Normal College in 1909. In 1913, he received an A.B. degree from Muncie Normal Institute. Prior to his career as a doctor, he taught in public schools, serving as superintendent at Wheeler Academy and professor of biology at Winona College. Proud of his family, he was married in 1910 to Ada Charles, who died in 1922, and Ruby Orene Caster in 1923, and had five children. Literally an expert on the birds and the bees, he spent time studying birds which would become an important component of his discussion in his later sex education pamphlets.²¹⁸ He began medical school at the IUSM in 1917 and graduated in 1921. He served as a private as part of the Student Army Training Corps during World War I.²¹⁹ While in school, he began his lifetime connection with the Indiana

²¹⁷ Advertisement (back cover), Rice, *Those First Sex Questions*.

²¹⁸ See for example a discussion of the different birds and his outdoor clubs, in Thurman Brooks Rice, *How Life Goes on and On, a Story for Girls of High School Age* (Chicago: American Medical Association, 1933), 8–9. As just another parallel, at the same time Kinsey was doing his research on gall wasps and writing biology text books for high schools—foreshadowing his own work in sex education. Donna J. Drucker, *The Classification of Sex: Alfred Kinsey and the Organization of Knowledge* (Pittsburg, PA: University of Pittsburgh Press, 2014), 1–62.

²¹⁹ For SAT, see Willis Rudy, *Total War and Twentieth-Century Higher Learning: Universities of the Western World in the First and Second World Wars* (Teaneck, NJ: Fairleigh Dickinson University Press, 1991), 20–25.

Board of Health (IBOH) as a lab assistant, field investigator of a typhoid epidemic, and then IBOH Director of Laboratories from 1924 to 1926. He joined the faculty of the pathology department at IUSM in 1927, became co-chair in 1934, and became the chair of the newly created Department of Pathology and Social Hygiene in 1945. Between 1933 and 1936, he held the position as Assistant to the State Health Commissioner while on the faculty of IUSM and continued his close connection with the Board of Health as editor of the *Monthly Bulletin Indiana State Board of Health* from 1933 through his death in 1952.²²⁰ In Indianapolis, he worked to promote public health through membership in the 1937 Anti-Syphilis League of Indianapolis, among other activities.²²¹

Rice's work in Indiana earned him a spot in the national leadership of the medical, health education, and eugenics communities where he translated the latest advances in bacteriology and environmental medicine to the public. He began work on sex education with the AMA Bureau in 1933.²²² After building the IBOH and Board of Education joint health education Bureau in Indiana, beginning in 1938 Rice served two five-year terms as Secretary of the Joint Committee of Health Problems of the National Educational Association and the AMA (AMA-NEA Joint Committee). Due to Rice's state and national leadership, Indiana's governor appointed him to the important wartime post of Acting State Health Commissioner in 1945.²²³

²²⁰ "Dr. Thurman Rice, 1888-1952," *Monthly Bulletin of the Indiana State Board of Health* 55, no. 12 (April 1952): 271-81.

²²¹ See Chapter 2.

²²² Thurman B. Rice, Box 19 American Eugenics Society, "American Eugenics Society Papers," text, (20000901), accessed March 12, 2015, <http://amphilsoc.org/mole/view?docId=ead/Mss.575.06.Am3-ead.xml>.

²²³ "Dr. Thurman Rice, 1888-1952."

Rice used his national leadership position to promote his vision of sex education and eugenics, primarily through translating the latest “scientific advances,” or changing ideas about eugenics and health, into cultural texts for the transmission of, what he termed, “sound principles for living.”²²⁴ Throughout his career, his writing reflected a belief that “sex knowledge” was the best way to promote health. From his eugenics perspective, he viewed sexuality as central to all aspects of life and looked at educating the well born in everything from sports, to cancer, to high blood pressure.²²⁵ He simplified the complex eugenic arguments for parenthood into lay language, “he who misses parenthood is liked a lad who goes to his first and only circus, and spends all of his money for peanuts and pink lemonade. He has missed the big show. He has gone to Niagara and didn’t see the Falls.”²²⁶ As opposed to the contagion metaphor favored by Hurty and other social hygiene leaders that focused on stopping disease by containing its spread, Rice embraced an inoculation metaphor. Just as a physical inoculation for small pox strengthened the body’s own immune response, Rice believed that graduated and controlled exposure to the disease agent, in this case temptations of sexual activity, would help prepare youth for later exposure. He believed, continuing the biological analogy, the child raised in a sterile environment, without sex education, may appears robust and healthy, but is at an increased risk to infection, because it has not developed defensive

²²⁴ Thurman B. Rice, *Living* (Chicago: Scott and Foresman, 1940).

²²⁵ For examples of his scholarship, see *Ibid.*; Rice, “A Charter for School Health”; Rice, “What Is the Goal of Eugenics?”; Thurman Brooks Rice, ed., *Health Conditions Affecting the Personality of School Youth* (Washington, D.C.: Joint Committee on Health Problems in Education, 1952); Thurman B. (Thurman Brooks) Rice, “Conquest of Disease” (Macmillan, 1927).

²²⁶ Rice, *Racial Hygiene*, 253.

antibodies. Based on the idea of social and moral prophylaxis, Rice’s inoculations would protect the “well born,” the white middle-class Americans, from the unfit.²²⁷

Eugenics, Sex Education, and the AMA

As opposed to the Progressive-Era focus on the elimination of the “unfit,” or negative eugenics, the 1930s eugenicists focused more on the well born, positive eugenics, and emphasized the combined effect of environment and heredity though the role of the family. This new eugenic language of the family drew greater public and political support.²²⁸ New Deal government leaders and social scientists promoted the family as essential to surviving the Great Depression—but also imperiled by it. Many pointed to the new pressure on the family from dislocation, unemployment, and abandonment, while others saw an unseen benefit of increased cooperation and cohesion

²²⁷ The concept of vaccination was applied broadly in culture, as a form of personal and society protections. Eugenics used Social Darwinism, heredity, and disease metaphors and principles broadly for issues from basketball to high blood pressure. Conis, *Vaccine Nation*; Susan Currell and Christina Cogdell, *Popular Eugenics: National Efficiency and American Mass Culture in the 1930s* (Athens: Ohio University Press, 2006), 344–347.

Conis, *Vaccine Nation*; Susan Currell and Christina Cogdell, *Popular Eugenics: National Efficiency and American Mass Culture in the 1930s* (Athens: Ohio University Press, 2006), 344–347. Rice’s model has subsequently been shown to be effective in health education. Based on this general social idea of inoculation, William James McGuire formally developed the inoculation theory of education in 1964 to explain why ordinary attitudes and beliefs are resistant to change but abandoned when exposed to repeated mild attacks and create a model that could be tested empirically. In his theory, inoculation proves the best way to protect these societal ideas, which McGuire called “cultural truisms.” As in small pox, the process of cultural inoculation involved exposing people to relatively weak arguments (inoculation) against what he calls “cultural truisms, “or behavior to be protected, along with the rebuttals to the arguments.” He demonstrated that with this form of inoculation for a cultural truism, such as the prohibition on premarital sex, the inoculated are more resistant to pathogenic exposure, even if the arguments presented at the time are different from those used during the inoculation. Not surprisingly, this theory has been explored the most in health education, such as alcohol and smoking. There has not been empirical research done specifically in the area of sex education. See for examples of inoculation education research, Elias J. Duryea, “Utilizing Tenets of Inoculation Theory to Develop and Evaluate a Preventive Alcohol Education Intervention,” *Journal of School Health* 53, no. 4 (April 1, 1983): 250–56; Michael Paul and Joshua A. Compton, “Chapter 4: Inoculation Theory of Resistance to Influence at Maturity: Recent Progress In Theory Development and Application and Suggestions for Future Research,” *Communication Yearbook* 29, no. 1 (2005): 97–145.

²²⁸ Kline, *Building a Better Race*, 124–28.

of families in the face of the trauma. The high unemployment and decreased standard of living led to strained family and gender dynamics. In addition to the economic challenges to family stability, many eugenicists worried about the social threats of feminism, changing gender norms, and homosexuality. These social realities led to a decreased marriage rate and a dramatic decline in the birthrate. By the depths of the Depression, the national birth rate fell below the replacement rate for the first time in American history. Further inflaming eugenic fears, the birth rate remained highest among poorer women, particularly those on public assistance.

Eugenicists were quick to highlight the growing social threats caused by a decade of individualism during the 1920s, but were less likely to link them to the economic hardships. The intervention of the state in family and private matters, the model of New Deal politics, led to a broader willingness to sacrifice personal liberty for the betterment of social stability.²²⁹ Eugenics played a critical role in the social shift from a culture of individualism to one of collective responsibility centered on the family. The mother could solve the nature versus nurture debate—by serving as a part of the powerful protector of the well born through proper maternal care. As historian Wendy Kline argues, “This new focus on tomorrow’s children rather than today’s “misfits; was an attempt to modernize the movement in order to enhance its appeal.”²³⁰ Early sex education efforts presented mothers and families as the victims in the venereal disease campaigns, but in the Great Depression Era, they moved to the center of the eugenic strategy for preserving the race. The doctrine of reproductive morality elevated sexuality from the purview of individuals

²²⁹ Ibid., 98–99; Alan Dawley, *Struggles for Justice: Social Responsibility and the Liberal State* (Cambridge: Harvard University Press, 1993), 5.

²³⁰ Kline, *Building a Better Race*, 101.

to a social responsibility for the creation of a healthy citizenry. The talk of promoting motherhood, from perspective of education and sterilization, combined the language of environment and genetics to address the growing social science and genetic critiques to the simplistic heredity model. Reproduction, a tool of genetics, came to represent the eugenic idea of race betterment instead of sexuality, making it more acceptable and placing it under the authority of physicians.²³¹

From an organization that had been “notoriously sex shy,” the AMA changed its position to support of eugenic sterilization and sex education necessitating the persuasion of medical professionals that authority over the family was critical to the profession’s future.²³² The AMA Bureau focused on building its authority over motherhood through a wide-ranging plan, including hospital births, sterilization, and birth control regulations. The effort would both protect the family as well as help to maintain physicians’ hold in this critical area in the face of increased federal intrusions through public health and support of socialized medicine. For example, AMA’s Dr. Robert Dickenson used personal lobbying, medical research, and publications to convince the AMA to endorse eugenic sterilization. He justified it based on eugenics, as opposed to contraception, describing it as a form of preventive medicine, not only for the individual but also for the entire race.

To promote general societal awareness, the supporters also published a series of brochures to build public awareness. Widespread medical coverage of controversial court

²³¹ Ibid., 99; Kevles, *In the Name of Eugenics*, 164–68.

²³² James Reed, *The Birth Control Movement and American Society: From Private Vice to Public Virtue* (New Brunswick: Princeton University Press, 1978), 182.

cases and discussion in the popular media helped to reduce the stigma of sterilization and bring the issue to public attention. The success of the campaign could not only be measured in the continuing AMA support in the post-war period, but also the ten-fold increase in the number of sterilizations performed in the 1930s. The AMA continued to endorse eugenic sterilization until 1960.²³³

Figure 3.1: AMA Bureau Pamphlets, 1944.

Photograph: Author. Documents in SHA Files.



²³³ For discussion of AMA sterilization campaign, see Kline, *Building a Better Race*, 67–83.

AMA Bureau of Health and Public Instruction Sex Education Campaign, 1933–1947

The institution used by the AMA to gain authority over the family was its Bureau of Health and Public Instruction, which collaborated with leading eugenicist and health educator Rice to educate more than eight million youth about sex, beginning in 1933 until his death in 1952.²³⁴ The AMA Bureau was organized in 1910 to coordinate with the NEA, the U. S. Children’s Bureau, and other major national organizations on health education and policy. Prior to the 1930s, the Bureau was best known for its public crusades against medical quackery, seen as one of the biggest threats to the prestige of the profession and the wellbeing of the public. The Bureau’s work helped to build the public’s confidence in and exposure to the AMA as well as the passage of more stringent state and national food and drug safety laws.²³⁵ Given the AMA’s other work in the area of family and eugenics, the turn to sex education was a growing focus of the Bureau’s work. In this new “modern” era, the AMA Bureau worked to provide medical information through the power of the new mass media. The members answered individual public questions and even produced a widely distributed weekly medical radio show. It also began publishing the *Hygeia* magazine in 1923, aimed at mothers and

²³⁴ This is my rough estimation based on AMA reports and brochure production runs. While no detailed print records exist, reports from the Bureau on the number served suggest that each print run was approximately 100,000 copies. This estimate does not include people who listened to the radio show, read *Hygeia*, or received information from their physician based on the many articles, reports and conferences Rice conducted over the period. William Waldo Bauer, “American Medical Association’s Bureau of Health and Public Instruction,” *Journal of Social Hygiene* 23 (October 1937): 349–50; Donald A. Dukelow, “Joint Committee on Health Problems in Education Celebrates Its Golden Anniversary,” *Journal of Health, Physical Education, Recreation* 32, no. 4 (April 1, 1961): 33–33; Thurman Brooks Rice, *Sex Education* (Chicago: American Medical Association, 1938). In his personal correspondence, Rice reports that the AMA sold more than a million brochures. Thurman B. Rice to Herman B. Wells, August 23, 1946. “Vertical File—Thurman Rice,” History of Medicine Collection, Ruth Lilly Medical Library, Indianapolis, In.

²³⁵ Eric W. Boyle, *Quack Medicine: A History of Combating Health Fraud in Twentieth-Century America* (Santa Barbara: Praeger, 2013).

schools. The AMA claimed that the magazine was the “most quoted in the field.” Rice frequently contributed to *Hygeia*, a magazine aimed at schools and mothers to provide general information, with articles such as “Sex Education” (1934) and “Choice of a Marriage Mate” (1938).²³⁶ The Bureau worked to enhance, not supplant, the role of the mother and the physician and used this new format to make national “house calls.”²³⁷

In 1933, Rice expanded this attention to mothers by writing the AMA Bureau’s first series of pamphlets on sex education from a self-consciously “modern viewpoint but without sacrificing the fundamentals; frankly without sensationalism.”²³⁸ (See Figure 3.1) He designed the sex education campaign with a series of pamphlets as well as educational programs for physicians and mothers. The number of pamphlets in the series grew and went through multiple revisions and editions from 1933 to 1947. His intended audience was “well born” white middle-class readers—consistent with his eugenic vision.²³⁹ While public health and social hygiene groups gave away pamphlets, such as Indiana’s *Social Hygiene vs. the Sexual Plagues*, the AMA charged for its pamphlets as part of its broader goal to enhance the worth of the information and the prestige of the physician.²⁴⁰

Rice believed these brochures described a protective role to be played by youth and were a critical medium in propagating his vision of modern marriage.²⁴¹ All the AMA

²³⁶ Thurman Brooks Rice, “Sex Education,” *Hygeia* 12 (1934): 2–4; Thurman Brooks Rice, “Choice of a Marriage Mate,” *Hygeia*. 16 (February 1938): 122.

²³⁷ The American Medical Association, House of Delegates Proceedings, Annual Session. Volume 126. 1939 (Chicago, IL), 8–10.

²³⁸ Advertisement, Rice, *Those First Sex Questions*.

²³⁹ *Ibid.*, 4–5.

²⁴⁰ Bauer, “American Medical Association’s Bureau of Health and Public Instruction.”

²⁴¹ Julian B. Carter argues in *The Heart of Whiteness: Normal Sexuality and Race in America, 1880–1940* that sex education was a “social technology” used by schools to teach millions of students “the normalizing of ideal modern whiteness.” In his analysis of pedagogical approaches to sex education in the period from 1890–1940, Carter includes the health education, school-based sex education, and the AMA pamphlets, concluding that they all adopt a stance of “frank reticence.” In trying to draw out the themes of race and

pamphlets included Rice's conception of reproductive morality where "young people need to be shown the beauty and satisfaction of a well-rounded family life, including sexual aspects."²⁴² Given the centrality of sexuality to Rice, his works covered the gamut from *Those First Sex Questions*, which detailed the role of sex education from the first days of life, to *The Age of Romance*, which took newlyweds past the honeymoon. Based on his eugenic vision, Rice defined the well born as inherently good and intelligent members of the race in need of protection, particularly from the temptations of lesser people, though this threat was ill defined. Rice targeted children, teens, and young adults to build up their resistance to exposure to the diseased elements of society.²⁴³

Rice positioned his AMA pamphlets in the tradition of the biological and social Darwinian language of sex education, referred to as the "birds and the bees," but with critical differences.²⁴⁴ The birds and the bees emerged as a metaphorical strategy to provide children information about animal reproduction as an introduction to human reproduction, though for many it represented the totality of sex education.²⁴⁵ Dr. Emma Frances Angell Drake, an earlier American eugenics-oriented sex education writer,

psychology, he minimizes the trend of medicalization in favor of "normalization." Carter, *The Heart of Whiteness*.

²⁴² Rice, *Those First Sex Questions*, 5.

²⁴³ Historians Carter and Moran's interpretations only emphasized the role of instrumental model of education throughout the Twentieth Century. Carter, "Birds, Bees and Venereal Disease"; Moran, *Teaching Sex*.

²⁴⁴ The birds and bees metaphor migrated to the broader culture, such as the 1928 Cole Porter song "Let's Do It, Let's Fall in Love." He drew upon the imagery though subverting it to promote extramarital sex. His lyrics, "And that's why birds do it, bees do it/ Even educated fleas do it/ Let's do it, let's fall in love." William McBrien, *Cole Porter* (New York: Knopf Doubleday Publishing Group, 2011), 121; Carter, "Birds, Bees and Venereal Disease."

²⁴⁵ In terms of reproduction, bird reproduction, as it occurs outside of the body, provided an ideal way for Rice to help children visualize the mysteries of human reproduction. The egg, an item children would be familiar with, is "produced by the mother [and] is held in her body until it is ready to be born[;] it is necessary for the father animal to deposit in the female body the living substance that will make the egg live and grow." Carter, "Birds, Bees and Venereal Disease."

popularized the birds and the bees metaphor in her 1909 *The Story of Life*.²⁴⁶ Though a physician, Drake asserted her authority from her role as a mother and framed the book as a lesson to her daughter.²⁴⁷ She explained sex as follows: when the bees “suck the honey from the blossoms some of the plant dust sticks to their legs and bodies.”²⁴⁸ Over time, this metaphor was often all the “sex” education that students received, either from their parents or in schools. This stunted version of sex education curriculum came to represent sex education itself.²⁴⁹

Rice’s *The Story of Life* used the “birds and bees” as an introduction to, not elision of as claimed by Julian Carter’s *The Heart of Whiteness*, a discussion of human sexuality.²⁵⁰ Rice began as Drake did, with a discussion of flowers and the role of the bees in carrying the nectar. He then moved from biology to morality and naturalized the role of love in marriage. For example, the male bird, by building the nest, demonstrated his love “in much the same way your own father loves your mother.”²⁵¹ Standing in for the less desirable breeds in his pamphlets—and by extension the lower forms of the human race—were the “lower animals,” such as fish, frogs, and dogs. For Rice, these

²⁴⁶ Ibid.; Moran, *Teaching Sex*.

²⁴⁷ The book was widely read and had gone through at least 40 editions, well into the 1930s, when Rice published his own pamphlet of the same name. Ozora S. Davis and Emma Frances Angell Drake, *Safe Counsel or Practical Eugenics, to Which Has Been Added The Story of Life*, 40th Edition (Chicago: Franklin Publishing Company, 1930).

²⁴⁸ She went on: “When you discovered the tiny blue eggs in the robin’s nest,” Drake wrote, “in each shell was a baby robin that was growing there, kept warm by the mamma bird.” Ibid., 293.

²⁴⁹ Carter, “Birds, Bees and Venereal Disease.”

²⁵⁰ While medicalization shares key features with Carter’s idea of normalization, the AMA campaigns shared institutional and intellectual connections with the maternal health movement and medicalization of sexuality that predate the ascendancy of normality discourse. Carter, *The Heart of Whiteness*, 118–52.

²⁵¹ Rice described this drive to protect the family as “natural,” that nothing “could persuade the birds to give up the plan of having a nest full of charming baby birds to care for and to love.” In terms of gender roles, Rice again turned to the sparrows who build the nest together, “the male carries food to the female when she is on the nest; he protects her from harm.” In terms of the birds, the children learn that the baby bird was much better off if the father “behaves himself as a gentleman flicker should.” Thurman Brooks Rice, *The Story of Life: For Boys and Girls of Ten Years* (Chicago: American Medical Association, 1933), 12.

failures in animal reproduction represented the *sexual plagues* in humans such as too many offspring, failure to provide a stable home, and polygamy.²⁵² While Drake and Rice were both physicians, only Rice's description emphasized the medical terms for the genitalia and reproductive processes.²⁵³ Even for his youngest readers, he described the "private parts" of men and women including the "tiny eggs and extremely small living things called sperm cells."²⁵⁴ Also breaking from older eugenic and moral tracts, Rice urged protecting the private parts not because they were dirty, in the social hygiene language, "but because they are so important and so private that they must not be allowed to become common or vulgar."²⁵⁵ He emphasized that boys and girls should keep them clean, not play with them, and "nothing should be put into them" and generally "protect them until they are grown and can serve the purpose for which they are intended."²⁵⁶

Rice emphasized this ideology of reproductive morality: "You are going to be a father or a mother and do great things and be an important grown up person."²⁵⁷ Rice did not single out men as primarily responsible for failures in reproductive morality, as Hurty and earlier eugenicists had done, but carefully delineated the roles that women as mothers

²⁵² Mother fish "do not take care of their young—who are very many—they are low in the animal kingdom. You are one of the human race, which knows so much more about and takes better care of its boys and girls than any fish." Ibid., 19.

²⁵³ Drake continued, "they go to another plant in search of sweets this is rubbed off and so the parts of the father and mother plant get together and the seed is made fertile." Davis and Drake, *Safe Counsel or Practical Eugenics, to Which Has Been Added The Story of Life*, 231.

²⁵⁴ He described the vagina, womb, and ovaries of the mother and testicles, scrotum, and penis of the boy. Rice, *The Story of Life*, 30. He provided a more detailed description of the reproductive system in the adolescent volumes.

²⁵⁵ In addition to nature, he used the technology metaphor, comparing the penis to a pocket watch that "would soon be out of order if he played with it and handled the fine little parts on the inside." Ibid., 31.

²⁵⁶ Ibid. This conforms to the type of "frank defiance," described by Carter for school-based sex education works from the period. Carter, *The Heart of Whiteness*, 122–24.

²⁵⁷ Rice, *The Story of Life*, 36.

played.²⁵⁸ For the girls, pregnancy served as the “heroic service for the great benefit of society, the nation, and race to which she belongs.”²⁵⁹ He stressed to girls “prepare yourself for the biggest job in the world—the job of being a mother.”²⁶⁰ Rice reminded even these adolescent girls, as future mothers, that “the bearing and rearing of children must not be turned over to women of an inferior type.”²⁶¹ In a race reference to heredity, he reminded boys of their responsibilities to think of reproduction in the selection of a mate: “If you marry a girl with intelligence the chances are one hundred that you will have bright children.”²⁶² He encouraged boys to look for athletic girls with good families, and reminded them that the ideal wife “need not be awfully pretty, but she should be healthy, she should be clean and intelligent, she should be decent and she should be a lot of fun.”²⁶³ In his discussion of sexual intercourse, he emphasized that sex was not “indecent or sinful,” but rather, pleasurable, and a critical way to “renew their love and affection” between a husband and wife to form “a much stronger and safe family and home.”²⁶⁴

As opposed to earlier works such as Drake’s, Rice’s educational materials reflected a more hierarchical view of knowledge, as medical experts were able to provide

²⁵⁸ He said, “The time is long since past when it was proper to suppose a girl should be utterly ignorant of the facts of life.” Rice, *How Life Goes on and on*, 15.

²⁵⁹ In opposition to other texts of the time, there is no discussion of the pain of sex or childbirth. *Ibid.*, 16.

²⁶⁰ *Ibid.*, 12–13. In contrast, fatherhood meant to “work and earn money to buy food and clothing” while also being “gentle and loving to wife and children, and will consider their welfare always first.” When he built his nest, however, the modern father needed to make sure there were good schools, churches, YMCA and YWCAs, playgrounds and parks. Thurman Brooks Rice, *In Training, for Boys of High School Age* (Chicago: American Medical Association, 1933), 46.

²⁶¹ Rice, *How Life Goes on and on*, 24.

²⁶² Rice, *In Training*, 49.

²⁶³ *Ibid.*

²⁶⁴ For boys, he wrote, “Unfortunately a great many persons think that intercourse’s only purpose of sex. The first purpose is so children may be born. Second purpose is that it will give pleasure to the man and wife and will cause them to remain together.” *Ibid.*, 31.

appropriate information for different genders and age groups. For example, Rice's pamphlets for adolescents, *In Training* and *How Life Goes on and on*, focused on reproduction with information customized to the gender and age, much as one would adjust the dosage of medicine. Both of these pamphlets served as booster shots to the earlier inoculation, focusing on science and duty for boys and love and reproduction for girls.²⁶⁵ *In Training* tried to inspire high school boys to “protect your property, your children, your wife, your country, and your cause.”²⁶⁶ He emphasized his authority as doctor in his discussion of venereal disease. He stressed that the diseases were serious, though “loafers might tell you” otherwise and warned against the idea that people should purchase a “bottle of stuff from the drugstore to knock it out.” Giving his medical opinion on the new pharmaceutical treatment salvarsan, he accurately warned, “the treatment is long, painful and expensive and often not satisfactory.”²⁶⁷ He reminded them that the early stages of the disease were “not easily recognizable” and “a girl that will let you have sex will probably have sex with others.”²⁶⁸

Aimed at male and female college students, *Age of Romance* was designed for use by physicians as well as for use with his college hygiene classes at IU Bloomington.²⁶⁹ He continued the eugenic focus on selecting the right mate, including nine rules for the

²⁶⁵ He urged parents and children to use the pamphlets in sequence, referring to them in the text and eventually selling them in a boxed set. For boys, he also provided scientific information such as the size of the sperm and the egg. Similarly, the boy pamphlet's description of “sexual intercourse, or coitus” literally put sex into the entire discussion. He also called upon his authority as a physician to reinforce that there was “no sure way” to prevent conception. *Ibid.*, 24.

²⁶⁶ *Ibid.*, 12.

²⁶⁷ *Ibid.*, 33. For more on the medication of syphilis prior to antibiotics, see Brandt, *No Magic Bullet*, chap. 2–3. Sparing the girls from the medical details, he merely warned the girls that these venereal diseases would be their “absolute ruin.” Since germs caused these diseases, he did not limit his advice to intercourse but suggested to “avoid contact of the sexual organs and not to touch anything that might have been touched by a person.” Rice, *How Life Goes on and on*, 27.

²⁶⁸ Rice, *In Training*, 33.

²⁶⁹ Thurman Brooks Rice, *The Age of Romance* (Chicago: American Medical Association, 1940), 34.

selection of a life mate. Unlike the adolescent volume's detailed account of sexual intercourse, the college students only received a general description of sexual intercourse—as he believed that they would be familiar with the mechanics. He focused instead on the emotional experience.²⁷⁰ He urged the couple to talk about children prior to marriage and that “precaution be taken to prevent conception must be agreed on in advance. Every couple should have the right to determine its own destiny to this degree.”²⁷¹ Eugenicists had a complex relationship with birth control and particularly birth control education. Many, such as Rice, supported the use of birth control as a way of population control and to limit the birth of children into families that could not take care of them. Rice felt it was a subject for “much thought but delayed action,” as he was concerned that equating the two causes might reduce support for eugenics, or cause people to conflate the causes.²⁷² As conception was the most critical function of marriage, “a couple who cannot give the proper heredity, training, or environment to their young ones” must prevent conception. He did not provide any descriptions of methods in his writings.²⁷³ For those seeking additional information, he encouraged them not to speak with their parents, as in his youth and adolescent pamphlets, but instead to “seek advice from a family physician or specialist” or “read some books or pamphlets.”²⁷⁴

Rice also addressed sex education in his Marriage and Family Courses for college students at IU, which he referred to in his AMA Bureau's *Age of Romance* pamphlet.

²⁷⁰ He told the college students that “preliminary petting and courting is essential to successful and gratifying intercourse.” Encouraging mutual satisfaction, a prerequisite of the companionate marriage, he warned that too often the inexperienced husbands would “be quickly aroused, and can be as quickly gratified” and unless sex was “considerably prolonged, the wife is likely not [to] be gratified fully and to be left unsatisfied at the height of her excitement and in an unhappy state of mind.” *Ibid.*, 35.

²⁷¹ *Ibid.*, 37.

²⁷² Rice, *Racial Hygiene*, 338.

²⁷³ Rice, *The Age of Romance*, 40.

²⁷⁴ *Ibid.*, 36.

Kinsey historian Donna Drucker summarized the course as a “jumble of pro-eugenic, racist, misogynistic information.”²⁷⁵ Beginning in his social hygiene and public health lectures, he designed the Marriage and Family Course to meet a nearly insatiable need on college campuses for information on sexuality. Beginning as individual lectures offered in the evening, he developed the lectures into a course for the medical students at the IUSM in Indianapolis in 1931, and he then incorporated the lectures into the required Hygiene 101 course for undergraduates at the IU campus in Bloomington in 1933.²⁷⁶ The switch from the privacy of the doctor’s office to the public venue of the classroom was also significant to Rice. He wrote the pamphlets from his authority as a doctor, while in the classroom he had the responsibility as a teacher. The college class preceded the brochure, and, because of its public and academic audience, *The Age of Romance* had far less medical information in it than the high school volumes.²⁷⁷ For example, Rice somewhat surprisingly wrote that sex was “not a matter that scientific instructions may be given.”²⁷⁸

²⁷⁵ Donna J. Drucker, “‘A Noble Experiment:’ The Marriage Course at Indiana University, 1938-1940,” *Indiana Magazine of History* 103, no. 3 (2007): 243. Rice, *The Age of Romance*, 4.

²⁷⁶ *The Age of Romance* offers a glimpse into the information he might have provided. By 1938, students at the Bloomington campus petitioned for a marriage class, like the class being held at Purdue and over two hundred fifty colleges and universities across the country. In addition to the Purdue class, cited in the *Indiana Daily Student*, they justified the need for the class because of the increase in venereal disease rates among college-aged men and women and the need for information on how to prevent and treat the diseases. Kathleen Warfel Hull, “History of the Department of Pathology and Laboratory Medicine,” *Department of Pathology Newsletter* 1, no. 3 (2005): 2–4; Drucker, “A Noble Experiment,” 232.

²⁷⁷ For example, Rice only briefly mentioned venereal disease in the college volume. Descriptions of the course content were mainly from the Bloomington course, taken by far more students than the 4th year medical course. Rice was generally well respected on the IUSM campus, where he chaired the department and worked on many committees across the state and country. Donna J. Drucker, “‘A Most Interesting Chapter in the History of Science:’ Intellectual Responses to Alfred Kinsey’s Sexual Behavior in the Human Male,” *History of the Human Sciences* 25, no. 1 (February 1, 2012): 75–98; Hull, “History of the Department of Pathology and Laboratory Medicine.”

²⁷⁸ Rice, *The Age of Romance*, 36.

Increasingly, students expressed frustration with the vague lessons provided by Rice in the hygiene class.²⁷⁹ In spring of 1938, IU students spoke with Zoology professor Dr. Alfred Kinsey about teaching a different type of marriage course in the summer.²⁸⁰ Though both were teachers at the same university and supported sex education, their conflicting visions over who was an expert on sexuality, where sex should be taught, and what should be included fueled a bitter rivalry. In 1939, Rice went on the offensive and began petitioning the IU Trustees to intervene.²⁸¹ Under pressure, IU president Herman B. Wells asked Kinsey to stop teaching the course. Rice returned to teaching the course from 1940 to 1942, until his appointment as Secretary of Indiana Board of Health.²⁸² Rice's short-lived victory revealed the increasingly shaky pedestal the medical profession stood

²⁷⁹ As he explained in *Age of Romance*, Rice thought that couples should focus on shared values and beliefs and save experimentation with sex until after marriage. He provided some of the same animal metaphors in his marriage courses. "Dr. Thurman B. Rice to Speak at Meet: I. U. Medical Professor to Lead Discussions on Marriage at Summer Conference," *Indiana Daily Student*, May 28, 1938,

²⁸⁰ Kinsey and the other teachers he recruited for the course took a standard marriage course format recommended by the marriage course movement but also included optional personal conferences with Kinsey. According to the oral histories, students appreciated learning about both sexual anatomy and desires. Kinsey's experience with the marriage course spurred later, more intensive, research in sex, with marriage course students and nonstudent group interviews. Drucker, *The Classification of Sex*, 69–71.

²⁸¹ According to Drucker, it seemed that Rice was angry for losing the class to and jealous of the attention heaped on Kinsey. His letters to Kinsey and President Wells focused on the themes that Kinsey's lectures on sex were prurient rather than educational and infringed on medical concerns that should only be discussed with a physician and not a zoologist. Thurman Rice to Kinsey, February 18, 1939, Rice File; Kinsey to Rice, February 28, 1939, Rice File, Rice to Kinsey, March 8, 1939, Rice File; "Indiana University President's Office Records, 1937-1962," Lily Library, Indiana University, Bloomington, accessed January 19, 2015; Drucker, "A Noble Experiment"; Thomas Dionysius Clark, *Indiana University, Midwestern Pioneer*, vol. 2 (Bloomington: Indiana University Press, 1970), 260–1, 271; Drucker, *The Classification of Sex*, 69.

²⁸² The course was last taught by Kinsey in the spring of 1940. For individual accounts of the marriage course, see Schuman, "A Practitioner's Point of View—The Care of the Conditions of Pregnancy," November 27, 1940, folder 2, series VA.1.f, box II, Kinsey Collection; [Martin], notes on "Mr. Medical Man Gatch," "Practical Marriage," November 1940, folder 3, series VA.1.f, box II, Kinsey Collection; Martin, "Some Memories of Clyde E. Martin about the Research and Kinsey," June 1960, 2, folder 18, series I.E3, box I, Kinsey Collection.

on in the area of sex education. Kinsey, a zoologist and scientist, represented a rival vision of sex education, where scientists and physicians would not be allies.²⁸³

How Shall Sex Be Taught in the Schools?, 1938–1948

Rice advocated that both doctors and mothers should be "teaching," or providing children with information verbally and with pamphlets as a form of inoculation, in the private setting of the doctor's office. Rice became increasingly involved in drafting a health curriculum for schools that drew him into the public debates over the role of sex education in public schools. With doctors responsible for the cure of venereal disease with antibiotics by 1946, the case for medical authority seemed strengthened. Rice originally designed the AMA Bureau's sex education pamphlets for use in the context of the physician-patient relationship, but his experience with the marriage class at IU demonstrated the difficulty of translating his message into a school-based curriculum. With his leadership within the AMA Bureau and the success of the pamphlet series, in 1938 Rice was selected by the AMA leadership to serve in the prestigious position as the secretary of the Joint Committee of Health Problems of the National Educational Association and the AMA (AMA-NEA Joint Committee).²⁸⁴ Since 1911, the AMA, through its Bureau of Health and Public Instruction, had worked together with the National Education Association (NEA) in the Joint Committee on Health Problems to deal with issues related to health including vaccination, school safety, intelligence tests,

²⁸³ Drucker, *The Classification of Sex*; Drucker, "A Most Interesting Chapter."

²⁸⁴ The Joint Committee presidency rotated between the two agencies, and Rice would serve as president in his next five-year term, representing the AMA.

and nutritious school lunches. Schools had long included topics related to health and physical exercise, but during the 1920s and 1930s educational reformers developed specific health curricula and recommendations for the first time.²⁸⁵ Though many earlier sex education efforts had worked through voluntary and parent teacher associations, Rice's experience with state government underscored how state and national policies and textbooks helped to shape the classrooms far more efficiently.²⁸⁶

Rice maintained that parents were best able to teach their children on sex and through his leadership of the AMA Bureau continued his position against separate sex education in schools but advocated an increased attention to *health* education. In terms of public health, New Deal programs and World War II brought rapid growth and change at the federal, state, and local levels. Rice, like many physicians, criticized government incursions into medicine, and the idea of placing sex education in schools seemed just another example of a push for socialized medicine. New Deal government funding of clinics and vaccinations, just as with sex education, devalued doctors' services and potentially took away from their practices and prestige. In addition, as a central theme of his pamphlets, sex was something so important and private that it should not be exhibited in public or handled clumsily.²⁸⁷

In Indiana, Rice had approached the development of health curriculum strategically, writing not only public school textbooks, but also advocating for national health standards. Rice learned from the legislative and funding difficulties in earlier

²⁸⁵ Brandt and Rozin, *Morality and Health*; Ridini, *Health and Sexuality Education in Schools*; Varpalotai and Singleton, "To Establish Habits of Health"; Park, "A Decade of the Body." Rice was a player in the second wave of reform after World War II in Indiana and nationally. For Indiana curriculum, see Rice, "A Charter for School Health"; Instruction, *A Guide for Health Education in Indiana Schools*.

²⁸⁶ See Chapter 2 for Indiana struggles with voluntary efforts.

²⁸⁷ Rice, *In Training*, 37.

efforts in Indiana in 1909, 1918, and 1922 and vowed to approach the issue differently. In 1935, he helped to draft the “Indiana Plan” for Health Education that national journals featured as a model program. This plan, developed in partnership with other IU faculty, advocated incorporating health and physical education at all grade levels by combining organized play with classroom lessons. The “Indiana Plan” strategically shared its name with the more famous eugenic sterilization plan of the same name.²⁸⁸ In 1936, he developed the Indiana Bureau of Health and Physical Education to bring together the IBOH education activities with the Board of Education for coordinating health education that he headed until he became Acting State Health Commissioner.²⁸⁹ Rice worked with the Indianapolis Social Hygiene Association (SHA) and led the post-World War II venereal disease efforts that combined medication with education at the Indianapolis Public Health Center, in opposition to the federal model developed by the ASHA and the PHS.²⁹⁰

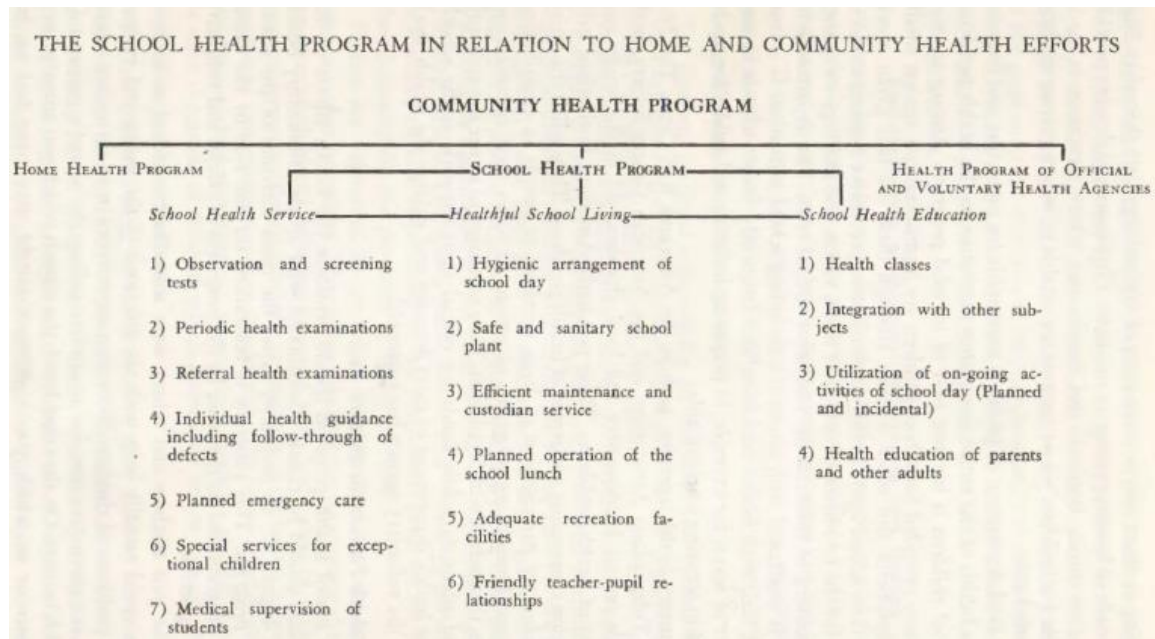
²⁸⁸ Thurman Brooks Rice, “The Indiana Plan of Health Co-Ordination,” *Journal of School Health* 5, no. 1 (1935): 8–9.

²⁸⁹ See Chapter 2

²⁹⁰ See Chapter 2.

Figure 3.2: School Health Programs in Relation to Home and Community Health Efforts.

Source: Thurman Brooks Rice and Charles Christopher Wilson. *Health Education; a Guide for Teachers and a Text for Teacher Education*. (Washington: National Education Association of the United States, 1948,) 82.



Moving beyond Indiana, Rice traveled throughout America to promote the AMA's view that the physician was the expert on sex and moral values.²⁹¹ The idea of eradicating the threat of venereal disease and protecting the family seemed increasingly a patriotic thing to do. Rice saw schools as an ideal place to spread the ideology of health, just not the private issue of sexuality.²⁹² He shared AMA plans with other health educators, such his lecture "How should sex be taught in schools?" at the Symposium on

²⁹¹ Joint Committee on Health Problems in Education, Charles Christopher Wilson, and Thurman Brooks Rice, *Health Education; a Guide for Teachers and a Text for Teacher Education*. (Washington, D.C.: National Education Association of the United States, 1948).

²⁹² Kline, *Building a Better Race*, chap. 5; Conrad, "Wellness as Virtue."

Health Problems in Education, San Francisco, and June 1938.²⁹³ Rice sought to maintain the authority of the physician in sex education, as well as health education, and resist the power of the federal government.²⁹⁴ He worked with national health leaders to develop a curriculum series, *Adventures in Living*, that drew upon many of the same themes as his sex education curriculum—hygiene, sports, hobbies, and dating—only with much less medical information and under the name of health.²⁹⁵ He also worked on revisions in the AMA health curriculum and co-authored a substantially expanded edition of the NEA-AMA’s *Health Education: A Guide for Teachers*, published in 1938.²⁹⁶ He extensively revised them in 1940 to include more information on dating and social roles in all volumes. The AMA Bureau’s sex education series, *Those First Sex Questions*, came out as part of the rewriting in 1940 and went through three editions to 1944.

Rice continued to lead the AMA Bureau and took over as the President of the AMA-NEA Joint Committee in 1943 to renew his attempts to bridge the gap between the authority of the teacher and the doctor through a focus on health, and it thrived under his leadership.²⁹⁷ The AMA Bureau sent out the new box set of the *Sex Education* brochures, and its magazine *Hygiea* reached the height of its subscription and influence in 1948.²⁹⁸ Representing Rice’s health promotion strategies, his fourth edition of the AMA-NEA Joint Committee’s *Health Curriculum* brought the “two great professions,” teaching and

²⁹³ Rice, *Sex Education*, 1938.

²⁹⁴ Kline, *Building a Better Race*.

²⁹⁵ Thurman B. Rice et al., *Adventures in Living ...* (New York: T. Nelson, 1936).

²⁹⁶ Wilson and Rice, *Health Education*.

²⁹⁷ Dukelow, “Joint Committee on Health Problems in Education Celebrates Its Golden Anniversary.”

²⁹⁸ In 1940, the AMA offered brochures for the first time in a boxed set. Rice wrote *The Venereal Diseases* (1933) as a part of the original set of pamphlets, but it was not included in the 1940 boxed set and no longer appeared on the advertisements for the series in 1940. After Rice’s tenure, the magazine changed to the title *Today’s Health* that reflected the AMA’s turn away from social hygiene and towards a health paradigm. “Hygeia,” accessed November 21, 2013, http://uwf.edu/dearle/enewsstand/enewsstand_files/Page4115.htm.

medicine, “closer in vital relations with the public than ever before” in their shared goal that the “children of America may be stronger, happier and healthier.”²⁹⁹ After debate, the new health education guidelines added additional coverage of sex education, but the discussion remained in the context of the health curriculum.³⁰⁰ Rice again went on the road and published essays to support his position and the new curriculum.

The 1946 *Health Education* differed from the earlier volumes due to an increased emphasis on coordinating school-based health education with various community groups as well as including new recommendations for sex education.³⁰¹ This was not just a series of school lessons, as found in his successful *Adventures in Living* textbooks, but a manual for Rice’s community-based view of health education that emphasized the importance of “living healthfully” not only at school lessons, but also through “contacts with the physician and nurse who participate in school health series.”³⁰² To understand the relationship between the various players, Rice provided a chart in the book, much like the plan created in Indiana.³⁰³ (See Figure 3.2) The chart shows three broad societal divisions in health education: home, school, and official and voluntary agencies. Significantly, in this plan there was no separate sex education. Within the school, he similarly sees three areas responsibility: with the school health service, including the nurses and doctors; school health education, under the leadership of the teacher; and healthy school living, the responsibility of the student and parent. In this model, the teacher and health lessons play

²⁹⁹ Joint Committee on Health Problems in Education, Wilson, and Rice, *Health Education*, x.

³⁰⁰ Rice, *Sex Education*, 1938.

³⁰¹ Joint Committee on Health Problems in Education, Wilson, and Rice, *Health Education*.

³⁰² He also included information from college and adult programing, as well as the various books, pamphlets and audio-visual resources available. *Ibid.*, ix.

³⁰³ *Ibid.*, 82; Rice, “The Indiana Plan of Health Co-Ordination”; Instruction, *A Guide for Health Education in Indiana Schools*.

just a small role in the overall scheme, and individuals and families retain their critical function.³⁰⁴ In the section on sex education, he reiterated that any sex education should be done with “close cooperation with parents and parents’ groups” and “not attempted until teachers are adequately prepared.”³⁰⁵ He believed if covered in schools, sex should be integrated into the health curriculum at all grades.³⁰⁶

During the drafting of the AMA-NEA Joint Committee curriculum, Rice wrote this was the “most important phase of my life’s work.” Writing to IU President Herman B. Wells, he lamented that some his colleagues, referring no doubt to Kinsey and others, “think that the subject on which I have been writing is more or less a joke, that is somewhat undignified, and there are even those who regard it as being essentially pornographic literature.” He, however, remained “absolutely convinced” that the collapse of the American home was the “most important domestic... problem before the people of the United States.” Rejecting changes in marriage laws as “foolish and futile,” the only solution to the problem was “preparing our young people for marriage on a high level.” With this letter, Wells added Rice’s book to his growing collection of important scholarship and thanked Rice for his “useful service.”³⁰⁷ Ironically, however, the next book on sex to be added to Wells’ shelf would be Kinsey’s 1948 *Sexual Behavior in the Human Male*. Though 1948 marked the height of Rice’s national influence, Kinsey quickly became the new national authority on sex from IU.³⁰⁸

³⁰⁴ Joint Committee on Health Problems in Education, Wilson, and Rice, *Health Education*, 98.

³⁰⁵ *Ibid.*, 105.

³⁰⁶ *Ibid.*, 57; Rice, *Sex Education*, 1938.

³⁰⁷ Rice to Wells, August 23, 1946.

³⁰⁸ Jonathan Gathorne-Hardy, *Sex the Measure of All Things: A Life of Alfred C. Kinsey* (Bloomington: Indiana University Press, 2000); Ira L. Reiss, *An Insider’s View of Sexual Science since Kinsey* (Lanham,

After Rice's death in 1952, he was lauded by leaders across the county, including John VanNuys, dean of the IUSM as "one of the greatest leaders in the field of public health and medicine in the last 30 years." Paul Crimm, president of the Indiana State Medical Association, proved prophetic when he observed, "finding a man to carry on the work he undertook, and in which he made such progress, would be difficult."³⁰⁹ So important to Rice, he assumed the presidency of Joint Committee. It released a sex education curriculum that would be a fixture of classrooms for decades.³¹⁰ For the AMA, Rice's tenure marked the end of physicians' attempts to keep sex education within the context of the physician-patient relationship and acknowledged the increasing role of schools in providing sex education. This is not to dismiss the important role that the AMA played in legitimizing school-based health education as well as sex education. Though the NEA had endorsed sex education since 1911, not until the AMA lent its institutional credibility to sex education did the NEA realize its hope for a school-based sex education curriculum. In the future, however, it would be the social scientists and government agencies, not the doctors that the NEA would enlist, who supported sex education.

MD: Rowman & Littlefield, 2006); Drucker, *The Classification of Sex*; James H. Capshew, *Herman B Wells: The Promise of the American University* (Bloomington: Indiana University Press, 2012).

³⁰⁹ Rice died December 27, 1952. "State Medical Leaders Join in Paying Tribute to Dr. Rice," *Indianapolis Star*, December 29, 1952.

³¹⁰ Marion O. Lerrigo and Helen Fairbairn, *Finding Yourself* (Washington, D.C.: American Medical Association and National Education Association, 1955); Marion O. Lerrigo and Fairbairn, Helen, *Facts Aren't Enough* (Washington, D.C.: American Medical Association and National Education Association, 1955); Marion O. Lerrigo and Helen Fairbairn, *A Story about You; the Facts You Want to Know about Sex*, (Chicago: American Medical Association and National Education Association, 1955).

Conclusion

Rice's body of work provides important corrective to the historiography of sex education in its own right, however analyzing his role as architect and promoter of the AMA Bureau's sex education and NEA-AMA health curriculum offers a window into the mutually reinforcing sex education, health, and eugenics discourses. Inclusion of education outside of schools, such as the AMA campaigns, enriches our understanding and acknowledges the competition of various educational models and authorities during the transitional period.³¹¹ Rice represents a transition between the social hygiene and family life periods in sex education, and his views evolved over time to incorporate new cultural forces and medical discoveries. In contrast to the conclusions of leading historians, Rice shows how the content and authority were both contested within the "sex education movement" while also demonstrating a high degree of continuity.³¹²

Within this cultural frame of medicalization of health, Rice physically and intellectually embodied the fields of sex education and eugenics. Rice's vision of sex education reflected the changed understanding of the nature of the venereal disease problem and the expertise of the physician.³¹³ His work demonstrated that debates over sex education were not all about the content but also about expertise.³¹⁴ For those in the field of sex education, these differences in approach were not theoretical or inconsequential. At the most basic level, there was a shift in who was an "expert" in the

³¹¹ For a similar look at the role of ministers, see Slominski, "The Conceptualization of Ministers as Authorities in Public Sex Education."

³¹² Irvine, *Talk About Sex*; Moran, *Teaching Sex*.

³¹³ For the school-based movement, see Moran, *Teaching Sex*; Carter, "Birds, Bees and Venereal Disease"; Ridini, *Health and Sexuality Education in Schools*; Irvine, *Talk About Sex*; Petrzela, *Classroom Wars*.

³¹⁴ Kline, *Building a Better Race*; Lovett, *Conceiving the Future*.

area of sexual knowledge from social hygienist to parents and doctors. Rice fought for his vision, traveled the country to support his ideas, and successfully defended his approach for a generation. Rice's perspective relied not on reticence and elision, but frankness, privacy and specificity. This cultural authority of doctors was successful because it drew not only upon the privacy of the physician's office, but also the connections to the home.

Chapter 4: Indianapolis' Sex Education Curricula, 1948–1975

Abandoning the language of eugenics, but continuing the language of family, during the late 1940s through the 1950s, both the national ASHA and Indiana's SHA changed their missions from general societal awareness of the venereal disease problem towards training the next generation of adolescent men and women to “protect the institution of marriage and family.”³¹⁵ Despite a perception of a decrease in the need for prevention of venereal disease, based on the antibiotic care widely available by the 1940s, public opinion polls showed broad support for sex education. Nationally, implementation of sex education caused little public dissent until the late 1960s. Numerous magazine and newspaper articles focused on sex education, which included not only school-based lessons, but also home based lessons and answers to adults' questions about sex as well.³¹⁶ This understanding of sex education corresponded with the American Medical Association's (AMA) sex education pamphlets, which targeted students and parents. It recommended inclusion of sex education into the regular health curriculum from childhood through college and adult education, bringing schoolteachers, nurses, and public health officials working together toward the same goals.³¹⁷ In a related movement, a growing consumer culture of feminine hygiene promoted puberty education

³¹⁵ SHA Board Minutes, March 18, 1954, SHACI Records.

³¹⁶ According to Freeman, coverage of sex education in the *Readers Guide to Periodical Literature* index between 1935 and 1960 peaked between May 1947 and April 1949. Freeman, *Sex Goes to School*, 6.

³¹⁷ See Chapter 3 for more on the AMA campaign.

and a willingness to talk about puberty and sexuality outside of the context of disease.³¹⁸
 By the late 1950s, the term “sex education” meant sexuality education in schools.³¹⁹

Due to its conservative climate *and* leadership in sexual research, Indiana experienced this tension directly. Indiana was the home of Alfred Kinsey, considered by many as firing the opening shot of the sexual revolution, and the John Birch Society, one of the first conservative political groups to organize in the Cold War Era. These seemingly contradictory movements were intimately related in Indiana as conservatives grew alarmed by cultural changes that they perceived not as far away but developing right in its backyard. Due to SHA and Kinsey’s national leaderships, it was not surprising that sex education would be a contested battleground in Indiana—and that the eyes of the nation would be watching.³²⁰

Proponents and opponents of sex education largely agreed on the need for school-based sex education and even the content but disagreed primarily over whose expertise would be most valued. From parents to politicians, adults from the Left and Right attempted to graft their agenda onto sex education to shape the next generation. Ultimately, parental opposition to SHA solidified its approach to teaching and led it to abandon collaborations with parents and instead build closer relationships with local schools and community groups. Though unsuccessful in stopping sex education, the *Pike Plan* lawsuit built institutional partnerships between local and national conservative

³¹⁸ Lara Freidenfelds, *The Modern Period: Menstruation in Twentieth-Century America* (Baltimore: Johns Hopkins University Press, 2009), 50–59; Sharra L. Vostral, *Under Wraps: A History of Menstrual Hygiene Technology* (New York: Lexington Books, 2010), 59–88.

³¹⁹ Freeman, *Sex Goes to School*, 1–18.

³²⁰ While Kinsey was not involved with SHA or directly with school-based sex education, politicians frequently invoked his name with anything having to do with the sexual revolution—including sex education. For Kinsey’s fights with Rice about sex education, see Chapter 3.

groups as well as the establishment of Indiana's first sex education standards and helped lead to SHA's break with American Social Hygiene Association (ASHA).

Family Life Comes to Indianapolis

After the closing of the Indianapolis Public Health Center in 1958, SHA moved to the English Foundation building. This move contributed to changing the public's image of the organization away from the medical and towards an educational and philanthropic organization.³²¹ SHA tried different approaches to sex education gradually shifting towards school-based family life education. Immediately after venereal disease became treatable, SHA and the broader social hygiene movement focused on the new "diseases" of social promiscuity and illegitimate pregnancy.³²² SHA's success in teaching sex education in Indianapolis Public School District's (IPS) high schools in 1947 was featured in national education journals.³²³ SHA largely avoided controversy over its curriculum by building local support with the medical and political establishment in the city.³²⁴

After more than thirty years of at least tacit support of sex education, in 1953 ASHA changed its policy to endorse "personal and family living" curriculum that often did not include information on sex.³²⁵ Sex education varied considerably due to the

³²¹ Young, *Social Health Association of Central Indiana*, 11.

³²² "Red Feather Agency Wages War on Sex 'Taboos', Delinquency," *Indianapolis Star*, October 4, 1949, 2; *Ibid.*, 28.

³²³ "News from the State and Communities, Indiana— New State Society Social Hygiene Association Formed," *Journal of Social Hygiene* 34 (June 1948): 274.

³²⁴ Annual Report, 1950, SHACI files.

³²⁵ For an overview of family life education, see Freeman, *Sex Goes to School*; Moran, *Teaching Sex*, 121–171; Natalia Mehlman, "Sex Ed... and the Reds? Reconsidering the Anaheim Battle over Sex Education, 1962-1969," *History of Education Quarterly* 47, no. 2 (May 1, 2007): 203–32.

American decentralized school system, so ASHA supported various regional projects educating teachers and developing model curriculum. With this change, the ASHA deemphasized sex in its school programming to promote acceptance of its family living programs. This strategy to sneak sex education into schools gradually led to dilution of the message. By the end of the 1950s, family life courses were the common form of sex education, but ASHA became less interested in promoting any form of school-based programs and more interested in focusing on research and policy questions.³²⁶

Post-war family life educators and developing social health advocates saw the family as critical to society and argued that it should be the focus of the efforts of social science experts. In contrast to the pre-World War II social hygiene, the post war movement saw families as an imperiled social institution. The family life movement reflected a degree of continuity with older eugenics health education of the 1930s and 1940s, under the new pronatalist ideology expressed in the 1947 AMA Sex Education Curriculum and the Indiana Plan.³²⁷ The family life movement reflected this broad cultural focus on reproductive morality, combining sex education and pronatalist ideas.³²⁸

Despite the continuities, the language changed from a focus on individual responsibility in 1930s to an increased focus on family and marriage, as well as a shift away from biology, disease, and heredity towards marriage, dating, and interpersonal relations. During the 1950s, family living focused less on lecture and more on teacher-student dialog and preparation for cultural gender norms. While eugenicists focused on

³²⁶ Moran, *Teaching Sex*, 138–142; Freeman, *Sex Goes to School*, 52–56.

³²⁷ See Chapter 3 for the connections between eugenics and sex education. Rice, “The Indiana Plan of Health Co-Ordination”; Thurman Brooks Rice, Marion O. Lerrigo, and Thomas Denison Wood, *Sex Education, a Guide for Teachers and Parents* (New York: T. Nelson and Sons, 1937).

³²⁸ Kline, *Building a Better Race*, 126–28.

providing education to young students prior to puberty, family life's focus on marriage limited most of the teaching to high school students. As opposed to segregated classes in hygiene courses, family living encouraged young men and women to receive instruction together to build understanding of each other's perspectives and to learn to communicate with each other around these topics. Reflecting shifts in gender roles from the Progressive-Era campaigns that targeted young men, young women bore the primary responsibility for both their own purity as well as taming young men's sexual appetites.³²⁹

Antibiotic and Sexual Revolutions in Sex Education in Indiana

The upheavals of the 1960s, referred to as a sexual revolution, changed gender roles, influenced race relations, flamed generational conflict, and exacerbated the clash of church and state—stacked one on top of another. The ideology of the sexual revolution had its origins in an intellectual shift of late 1940s, with the Kinsey report and cultural productions such as *Playboy* magazine.³³⁰ This cultural revolution drew upon fundamental changes in the very societal areas that sex education focused on—gender, family sexuality, and youth autonomy. As white students entered college campuses, they expressed their growing dissatisfaction with inherited middle-class values and moral codes through numerous forms of formal and informal protests. The youth revolt appeared to be tearing down all of society's values, and no one had enough distance to explain why it was all happening at once.³³¹ In 1960, “the pill,” the first form of oral

³²⁹ Freeman, *Sex Goes to School*, 19–56; Nathanson, *Dangerous Passage*; Bailey, *From Front Porch to Back Seat*.

³³⁰ Moran, *Teaching Sex*, 156–157; Zimmerman, *Whose America?*, 190–5.

³³¹ The pill was not even marketed as birth control initially, and prescribed only to women with medical conditions related to menstruation. Virtually overnight, millions of Americans suddenly began to “suffer”

contraceptive, arrived at a moment of epochal social change and became, for many, an explanation for the inexplicable. Some conservatives blamed the pill for unleashing the sexual revolution, despite its being legally restricted to married women in most states. Birth control activists hoped it would strengthen marriages by preventing the strains of unplanned pregnancies at the same time that critics charged that the pill would cause the breakdown of the family.³³² While dismissed by conservative adults as merely hedonistic, the sexual revolution developed a new morality of expressing love through sexual expression without fear of unintended pregnancy and a related value in self-expression.³³³

In 1960, the American Social Hygiene Association and SHA both changed the “H” in their names from *hygiene* to *health*. Though changed in name, ASHA continued to focus on venereal disease prevention efforts, particularly collecting statistics, publishing research information, and connecting venereal disease to other social issues such as illicit drug use. ASHA focused almost solely on venereal disease public education campaigns with its local affiliates, including in Indianapolis.³³⁴ Likewise, the newly named Indianapolis Social Health Association gradually transitioned from a broad-based “social hygiene” movement, with adolescent sex education as a part of its broader efforts, to “promoting education for family living for children and parent groups.”³³⁵ Unlike the ASHA, this shift in the SHA was more than semantic and led to changes in staffing,

from these conditions. For discussion of the sexual revolution, David Allyn, *Make Love, Not War: The Sexual Revolution: An Unfettered History* (New York: Routledge, 2001); Josh Sides, *Erotic City: Sexual Revolutions and the Making of Modern San Francisco* (New York: Oxford University Press, 2011); Eric Schaefer, *Sex Scene: Media and the Sexual Revolution* (Durham: Duke University Press, 2014); Emilio and Freedman, *Intimate Matters*.

³³² For birth control and sexual revolution, see Watkins, *On the Pill*; Junod, “Perspectives on the Pill”; Gordon, *The Moral Property of Women*; Carlson, *Godly Seed*; Tone, *Devices and Desires*; May, *America and the Pill*; Marks, *Sexual Chemistry*; Engelman, *A History of the Birth Control Movement in America*.

³³³ Moran, *Teaching Sex*, 185–86; Zimmerman, *Too Hot to Handle*, 102–3.

³³⁴ Moran, *Teaching Sex*, 160.

³³⁵ Young, *Social Health Association of Central Indiana*, 19–33.

governance, mission, and pedagogy. SHA elected fewer physicians and more educators and community activists to the board.³³⁶ Institutionally, SHA still aligned closely with ASHA. As a local affiliate organization, SHA distributed ASHA brochures, radio programs, and public service announcements against venereal disease. Unlike the ASHA, SHA did not abandon school-based sex education in favor of the less controversial focus on venereal disease, but instead increased its school lessons.³³⁷

SHA director Roberta West Nicholson retired in 1960. The new director, Elizabeth Noland Jackson, reflected a transition not only in leadership but also in perspective and approval.³³⁸ Nicholson received her training as a sex education teacher prior to coming to SHA. She was passionate about focusing SHA on school-based education programming. Jackson was interested in both reaching individual students, but knew also knew that SHA needed to focus on broad-based curriculum reform. Marking this change, the organization went from two thousand parents and adults served in 1961 to more than fifteen thousand central Indiana students and parents served in 1962.³³⁹ Due to continued United Fund support, SHA remained financially stable, which contributed to the group's longevity. The membership model, followed elsewhere by many social hygiene and later social health groups, was more difficult to sustain.³⁴⁰ Ruben Behlmer,

³³⁶ The group did not abandon connections with the Public Health community, however, with Nicholson and a number of doctors, continued on the board though in smaller numbers. *Ibid.*, 43.

³³⁷ *Ibid.*, 33–34.

³³⁸ "Formerly Known Jackson Named Director," *Indianapolis Times*, April 14, 1960, 16; "Elizabeth Noland Jackson," *Indianapolis Star*, December 4, 1974, 61.

³³⁹ SHA Annual Report, 1962, Social Health Association of Central Indiana Records, 1919–1993, Ruth Lilly Special Collections and Archives, IUPUI University Library, Indiana University Purdue University Indianapolis. (SHACI Records).

³⁴⁰ SHA pledged to promote education for family living for children and parent groups; to act as a catalytic agent, bringing problems of juvenile delinquency and venereal disease into focus; and work with civic and military authorities to curb prostitution. While the efforts to limit venereal disease and prostitution remained part of the formal mission into the 1970s, they became a smaller part of the daily operation of the

IPS teacher and author of *From Teens to Marriage*, worked with SHA to draft the 1960 report on *Family Life Education in Indiana* that called for increased state and local funding for sex education and new state standards.³⁴¹ Reflecting on the health and family life models, SHA's Jackson said that, "the problem of lowering the rate of venereal disease in young people goes far deeper than simple health education," arguing instead for campaigns of "wholesome, basic education about human growth and human reproduction, properly placed in a moral framework." SHA would have to "dispel much of the misinformation our youngsters have picked up," even if the education was from parents or religious leaders, Jackson continued, "to help set them straight in their thinking along these lines."³⁴² She focused on school-based sex education, believing that knowledge about the reproductive system and other parts of the body would change behavior, prevent the spread of sexually transmitted diseases, and lead to happier relationships.³⁴³

With ASHA no longer supporting sex education, SHA's Jackson developed her own curriculum for school-based programs focused on presenting medically-accurate information in an open manner and allowing students to ask questions about the issues concerning them. Teachers and school administrators approached the organization to schedule programming; SHA did not openly solicit schools. At first, Jackson taught all of the programs, but by the end of the 1960s, rising demand caused the organization to hire

group. SHA Annual Report, 1962, SHACI Records. For changes in organization during this period, see Zunz, *Philanthropy in America*, chap. 3; Moran, *Teaching Sex*, 114–15.

³⁴¹ Reuben D. Behlmer, *Family Life Education Survey, a Report*. (Indianapolis: Indiana State Board of Health, 1960).

³⁴² "Local Social Director Praises New Plan to Combat Venereal Disease," *The Eastern Sun* (Indianapolis), May 11, 1961, 1.

³⁴³ SHA Annual Report 1971, SHACI Records. For national comparisons, see Freeman, *Sex Goes to School*, 71–72.

additional teachers for the first time.³⁴⁴ While the 1950s family life programs had focused on high school students, by 1962 SHA advocated that sex education start in elementary school, generally in the fourth grade. These elementary-school sessions focused on families and the biological and emotional changes occurring at puberty. In gender-segregated classrooms, students watched a short film followed by discussions led by a SHA teacher. To generate discussion and build rapport with the students, teachers used a question box for students to submit anonymous questions, or if students felt comfortable, they would ask their own questions. This question-asking and discussion was central to Jackson's pedagogical approach because it undermined the older idea of expertise and promoted open dialog.³⁴⁵ For Jackson, the range and general naiveté of student questions proved that parents and other organizations were not providing adequate sex education. In addition to allowing student-directed learning, answering student questions allowed teachers to talk about topics that are more controversial that students were interested in, such as masturbation that the teachers did not generally cover in the formal curriculum presented to parents. For Jackson, the students' questions proved their general lack of knowledge in many aspects of human sexuality and helped to shape lesson planning.³⁴⁶ As teaching was becoming an increasingly important part of its operations, SHA started to charge money for school programs and films, but it could still afford to provide programming for schools unable to pay. Jackson encouraged a shift from one-time-only

³⁴⁴ Potter, Oral History with Nancy Haskell, Executive Director SHA 1988-2000; Young, *Social Health Association of Central Indiana*, 69.

³⁴⁵ For national comparison, see Freeman, *Sex Goes to School*, 93–97.

³⁴⁶ The role of student questions was so important for Nicholson that she archived them. Student questions, SHACI Records; Young, *Social Health Association of Central Indiana*, 36.

sessions to a progressive set of courses through several grades.³⁴⁷ SHA provided programs in IPS on a school-by-school basis, dependent upon the interest of teachers, administrators, or parents in each school.

By 1965, despite these increases in programming and a growing national consensus on the need, school-based sex education was at one of the lowest points nationally in the twentieth century. The ASHA and many individual school districts shied away from including it in their classrooms. Nationally, sex education, where it was even offered, varied considerably by school system and even within a school.³⁴⁸ Conducting a federal review of the existing sex education curricula in 1967, Family Life Professor Eleanore B. Luckey dismissed the “debates” over sex education curriculum and argued, “No educator on either side of the fence—if unfortunately there were a fence—defends this kind of cleavage nor wants it.” She directed the federal government towards a position where sex was “best presented when it is seen in a variety of settings—physiological, psychological, social, moral, artistic, and so on.”³⁴⁹

This tentative expansion and retrenchment could be seen in IPS. In 1963, IPS decided that family life courses would no longer fulfill health graduation requirements, which marked a major setback for SHA. During the 1960s, IPS began to face major challenges including racial segregation, economic decline, and increasing dropout rates. Karl R. Kalp, then associate superintendent of IPS, served on the SHA board from 1965

³⁴⁷ This would expand SHA’s reach as well as allowing SHA teachers to build upon the trust and knowledge they established in previous class sessions. To benefit all schools, SHA focused on expanding the training for existing classroom teachers with School and Community Health Workshops at Indiana University to educate teachers and school nurses. *Ibid.*, 4.

³⁴⁸ Annual Report, 1964, SHACI Records; Letter, Elizabeth Noland Jackson to Mrs. Coyer, November 18, 1968, SHACI Records.

³⁴⁹ Eleanore B. Luckey, “Family Life Ed And/or Sex Ed?,” *Journal of Marriage and Family* 29, no. 2 (May 1, 1967): 378.

to 1968 and supported looking into the sex education programs in IPS schools. By 1965, only eight percent of the total IPS enrollment received any form of sex education, predominantly in the form of after-school programs in the high schools.³⁵⁰ Over SHA objections, IPS continued to offer sex education programs only during after-school hours when invited by the PTA.³⁵¹ Faced with an increasingly conservative political climate, Kalp resigned his seat on the SHA board in 1969 and began to challenge even the limited presentation of sex education, writing "are we questioning morals when we place emphasis on venereal disease or sex education?"³⁵² His leadership position in IPS stopped expansion, despite the participation of IPS teachers such as Behlmer in the national movement.

To reach as many students as possible, SHA needed to build general support in the community and improve program consistency. SHA avoided local and national controversy over its curriculum by building public media campaigns and local support with the medical and political establishment in the city.³⁵³ Jackson worked directly with the religious community, presenting sessions on SHA's sex education classes to church

³⁵⁰ Fremont Power, "Do We Have a Growing Scandal?" *Indianapolis News*, February 2, 1966, 29; Michael P. Tarply, "County Schools Floundering as Venereal Disease Increases," *Indianapolis Star*, April 21, 1969, 25.

³⁵¹ SHA Board Minutes, March 14, 1963, SHACI Records; Marjorie Creamer, "A Community Plans for Sex Education," *Indianapolis Times*, February 3, 1963, 11.

³⁵² Kalp, as quoted in Young, *Social Health Association of Central Indiana*, 38.

³⁵³ For example, SHA developed a documentary, "Pox on Their House," as well as a series of six television programs of a half-hour in length in 1962 in cooperation with the Indiana University School of Medicine and the Indiana State Board of Health. See also, "Scrapbook—Activities for 1962," SHACI Records. For the details of the Indiana effort, see *Ibid.*, 27–32.

groups. Though these public programs sparked some opposition, they had a net positive impact by stimulating demand for SHA programming.³⁵⁴

To further the effort, or even to prevent the reverses seen in IPS, SHA needed to be able to not only expand into individual classrooms, but also get its curriculum adopted systematically into school corporations through state legislation, textbooks, or school corporation-wide sex education programs. Indiana did not have state standards for sex education and SHA's attempts to get the state to adopt guidelines stalled due to local opposition. Jackson served on the Indiana State Board of Education committee in 1966 to revise curriculum guides for health and safety, family life, and venereal disease education. The Indiana guidelines endorsed sex education but did not require it. These new guidelines did not cause IPS to reverse its policy change that required sex education to be held after school, as opposed to during the regular school day.³⁵⁵

Jackson hoped that starting with parent groups, teachers, and administrative officials would build a broad base of support for sex education and prevent unilateral decisions by principals and superintendents to limit sex education, as seen in IPS.³⁵⁶ While she had long worked with individual teachers, textbooks were a more efficient means to reach a broader audience—across Indiana and the nation. In the mid-1960s, there were few textbook alternatives to the family life curriculum. This curriculum gap

³⁵⁴ At a “Parent Preview Night,” SHA explained its program, films, information covered, and the underlying philosophy and research. Potter, Oral History with Nancy Haskell, Executive Director SHA 1988-2000; Young, *Social Health Association of Central Indiana*, 50.

³⁵⁵ Annual Report, 1966, SHACI Records

³⁵⁶ The role of superintendents in leading sex education support or opposition has not been studied in the literature. During this period, superintendents were taking a more active role in school administration. David B. Tyack and Elisabeth Hansot, *Managers of Virtue: Public School Leadership in America, 1820-1980* (New York: Basic Books, 1982); David B. Tyack and Larry Cuban, *Tinkering toward Utopia: A Century of Public School Reform* (Cambridge, MA: Harvard University Press, 1995); Linda Dye Ellis, *A Call to Leadership: The First Fifty Years of the Indiana Association of Public School Superintendents* (West Lafayette, IN: Purdue University Press, 2010).

provided a perfect opportunity for SHA to expand its reach and take SHA's model to a national audience.

Pike Plan

In 1967, the Social Health Association of Indianapolis and Central Indiana (SHA) literally wrote the book on modern sex education, not only following broader national trends, but also creating a new pedagogy. In 1967, SHA Executive Director Elizabeth Noland Jackson and Indianapolis teacher and principal of George Washington High School Cloyd Julian wrote what became the popular textbook *Modern Sex Education* for publishing giant Holt, Reinhart and Winston. This text drew upon the successful *Pike Plan*, an integrated six-week sex education curriculum by SHA for the first through tenth grades implemented in Indiana's Pike Township Metropolitan School District in 1965. These curricula broke from earlier social hygiene and family life education that had previously promoted by SHA and similar organizations across the country.³⁵⁷ (Pike Metropolitan School District served a portion of suburban Indianapolis in the far northwestern portion of the metropolitan area.)

Though sharing the same authors and contents, *Modern Sex Education* went into national distribution for more than twenty years and the *Pike Plan* ended with a court injunction to stop teaching the program. The differing fates for virtually the same curricula complicate the idea that opposition or support of sex education, suggested by

³⁵⁷ For a discussion of the importance of local studies of sex education, see Mehlman, "Sex Ed... and the Reds?"

historians Jeffery Moran and Janice Irvine in their studies of the history of sex education, was always rooted in the materials' content.³⁵⁸ The curriculum and the lawsuit both demonstrate the importance of the cultural and political work of sex education, as opposed to the education function of information about the body. Both the sex education curriculum as well as the protests can be viewed as responses to the profound changes in gender and cultural ideals about family, often referred to as the sexual revolution, and both created and responded to these social changes.³⁵⁹ As opposed to historians who emphasize the opposition and the divisiveness of sex education, Indiana's experience suggests that both the support for and opposition to sex education were similar reactions to the cultural changes and reflected a growing consensus of the power of sex education.

Pike Township Metropolitan School District, in the northwest corner of Indianapolis, and SHA developed an integrated sex education program in 1965.³⁶⁰ Prior to 1963, sex education in Pike Township had taken the form of intermittent puberty lectures and the showing of a nationally distributed human growth film. The District approached SHA in response to requests made by parents in April 1963. Since the 1950s, school districts across the country experimented with developing their own curriculum units. Max Shaw, superintendent of Pike Township, acted on the parents'

³⁵⁸ Moran, *Teaching Sex*; Irvine, *Talk About Sex*.

³⁵⁹ This definition of cultural work comes from Grant David McCracken, *Culture and Consumption: New Approaches to the Symbolic Character of Consumer Goods and Activities* (Bloomington: Indiana University Press, 1990), xii. Recently, this concept of cultural and political work was applied to education in Dana Burde, *Schools for Conflict or for Peace in Afghanistan* (New York: Columbia University Press, 2014).

³⁶⁰ In 1970, under the strategy called "unigov," the Indiana state legislature consolidated much of Marion County including a number of smaller towns and neighborhoods into an area to be governed by the Indianapolis City-Council. The Pike Township Metropolitan school district, based on the Marion County Townships, was formed in 1937 and predated unigov legislation.

interests and hoped to work with SHA to develop a successful model for the changing social landscape.

SHA and Pike Township relied on “special contributions” from parents, teachers, administrators, and community leaders to develop the curriculum.³⁶¹ The community and parental involvement, called the “Lay Advisory Committee in the Development of a Sex Education Program,” worked throughout 1964 to review materials, films, and methods of presentation. They hoped to build support in the community for the “wholesome attitudes and responsible behavior in the process of learning the biological facts appropriate to their developmental level.” To spread the information, the School District, Lay Advisory Committee, and SHA sponsored what they called study sessions to allow “each home, church and community organization” the opportunity to participate in curricular development and to “better understand and better guide its children in this sensitive area of development.”³⁶² While SHA clearly made efforts to involve the community, its labeling of the “Lay Advisory Committee” established SHA and Pike Township officials as the experts on sex education and the community members and parents in an “advisory” role. As an advisory committee, it was never asked to formally endorse or vote on the final plan, called the *Pike Plan*, and the curriculum model included only the general parameters for each lesson, not the detailed lesson content.³⁶³

³⁶¹ In 1967, the Lay Advisory Committee contained two doctors, six mothers, one father, and three ministers. Parents Advisory Committee on Sex Education, Metropolitan School District of Pike Township, Marion County, and Social Health Association of Indianapolis and Marion County, “The Pike Plan 1969–1970,” 1969, 3, SHACI Records.

³⁶² *Ibid.*, 1.

³⁶³ *Ibid.*, 6–14.

As implemented, the *Pike Plan* taught students through developmentally sequenced topics that ranged from an overall view of family life for first graders, to boy/girl relationships for tenth graders. School officials promoted the experiment as “an extension of a successful program which has consistently evidenced cooperation among school, home, and community for many years.”³⁶⁴ It was similar to SHA’s independent classroom presentations; Jackson and other instructors lead two-to-three day units that included key objectives, review activities, major concepts, and follow-up activities. Classroom teachers received in-service training on the curriculum that SHA would present to improve familiarity with and to assist in integrating into larger health education plans. Teachers often reported feeling unprepared to teach units on sex education or answer questions related to sex, based on their university training.³⁶⁵ Due to this lack of training and discomfort, teachers often did not teach the suggested information. SHA felt that bringing in outside experts served to ensure material would be covered and helped to build comfort by classroom teachers to continue the discussions.³⁶⁶

Pike Plan reflected SHA’s signature style, with each lesson based on the growing body of research coming out of the field of child psychology on students’ psychosexual development.³⁶⁷ The lesson plan detailed films from *Happy Little Hamsters* in Grade 1 to *Worth Waiting For* in Grade 10. The follow-up activities included community-based field trips and projects such as a visit to the farm (Grade 2) to developing venereal disease

³⁶⁴ Ibid., 1.

³⁶⁵ For national comparison, see Freeman, *Sex Goes to School*, 15.

³⁶⁶ "The Pike Plan, 1969–1970," File–Curriculum Guidelines, Old, SHACI Records.

³⁶⁷ Freud’s ideas about psychosexual development crossed out of psychiatry into the broader culture, including the fields of child development and criminology. For examples, see Rembis, *Defining Deviance*; Margie R. Lee, “Sex in Context: The Psycho-Social Focus of E. C. Brown Trust Research, 1949-1959,” *Family Life Coordinator* 8, no. 2 (December 1, 1959): 19–33; Stephen Robertson, “Separating the Men from the Boys: Masculinity, Psychosexual Development, and Sex Crime in the United States, 1930s-1960s,” *Journal of the History of Medicine and Allied Sciences* 56, no. 1 (2001): 3–35.

posters (Grade 8).³⁶⁸ The first and second grade units focused on health education, such as the “nose-blowing problem,” placed in the context of families and gender roles. In Grade 1, for example, the discussion of families made a point to include “one-parent families, step-fathers and step-mothers, aunts, uncles and grandparents,” families not generally covered in earlier family life courses. Second graders learned to “say no to strangers.” Third graders learned that boys were “larger, stronger and have special responsibilities and jobs in classrooms and at home,” while girls were “more patient” leading to their “different” roles. In fourth grade, students saw the 1963 *Miracle of Reproduction* film with in utero photography. In the fifth grade, students were separated by gender and shown films on “adolescent development and changes” with an emphasis on “scientific attitude, scientific terminology, and responsibility.” The curriculum directed teachers to give out brochures.³⁶⁹ The sixth graders watched the iconic 1947 film *Human Growth*, one of the first sex education films shown widely in American schools to an estimated two million students.³⁷⁰ Grade Seven’s lessons returned to gender-segregated classrooms to learn the behavioral and emotional changes of puberty, including information on the opposite sex. Grade Eight focused on the social and emotional aspects of venereal disease through role-play activities, panel discussion, and the Indiana State Board of Education film *Making Friends*. In Grade 9, students focused on the “medical and social menace of

³⁶⁸ "The Pike Plan, 1969–1970."

³⁶⁹ The boys from the service club the Optimists and the girls from feminine hygiene producer Kimberly Clark Corporation. “Brochures,” File–Curriculum Guidelines, Old, SHACI Records.

³⁷⁰ *Human Growth* was sponsored by the E. C. Brown Trust, a non-profit foundation to promote healthy sexuality and family life, and written by Dr. Lester F. Beck, a professor of psychology at the University of Oregon. They developed the film for seventh grade students, and in the 1960s, there were an estimated two thousand prints in circulation. *Human Growth (1947)*, 1947; Lee, “Sex in Context.”

venereal disease,” and viewed films from the ASHA on syphilis as well as prenatal development and childbirth.³⁷¹

From 1965 to 1969, Pike Township implemented the curriculum with little public comment and few parent withdrawals.³⁷² Each year, SHA gave parents, administrators, and teachers the opportunity to review the curriculum and materials used in the courses. Parents had the right to exclude their children from participation.³⁷³ The *Pike Plan* received state and national attention, and SHA shared the curriculum with other school corporations seeking to duplicate the program. Shaw served on the SHA board from 1966 to 1969 and began his term as president in 1969.³⁷⁴

Modern Sex Education

Capitalizing on the success of the *Pike Plan*, SHA continued its curriculum reform efforts with the textbook *Modern Sex Education* in 1967. The textbook publisher Holt, Reinhart and Winston, trying to expand its portfolio, approached SHA Executive Director Jackson in 1965 to write a new type of textbook for schools, based on Indiana’s model. Holt hoped to expand its market through producing “modern” textbooks to compete with textbooks then on the market.³⁷⁵ In contrast to existing family living texts focused on high school students, *Modern Sex Education* targeted both middle and high school students. The seventy-five page book contained seven short units on sex education, compared to the other more than three hundred fifty-page high school

³⁷¹ Parents Advisory Committee on Sex Education, Metropolitan School District of Pike Township, Marion County, and Social Health Association of Indianapolis and Marion County, “The Pike Plan 1969–1970.”

³⁷² Ibid., 7–14.

³⁷³ Ibid., 4.

³⁷⁴ SHA 1969 Annual Report, “The Pike Plan, 1969–1970,” SHACI Records.

³⁷⁵ For the broader national context, see Tyack and Cuban, *Tinkering toward Utopia*, 71.

textbooks on the market. *Modern Sex Education* chapters included readings, activities, comprehension questions, family discussion, and suggested resources. In addition to thematic chapters, the book featured a glossary, “question, and answer section” to help facilitate the frank discussion central to SHA’s teaching methods. (See Table 4.1) The graphs, photos, and biological models contained more diverse representations of ideal families and relationships including photographs of African American couples and single mothers.³⁷⁶

Table 4.1 Comparison of *Pike Plan* and *Modern Sex Education* Curricula.

<i>Modern Sex Education</i>	<i>Pike Plan</i>
Chapter 1 Sex in this Changing World	Grade 1 Overall view of Family Life Grade 2 Family responsibility differs from Animal Reproduction Grade 3 Comparison of human and animal birth Grade 4 Miracle of Reproduction
Chapter 2 Crucial Changing Years	Grade 5 Adolescent Development (non-coed)
Chapter 3 Human Reproduction	Grade 6 Biological facts of human reproduction
Chapter 4 Interpersonal Relationships	Grade 7 Adolescent Development of the opposite sex (non-coed)
Chapter 5 The Misuse of Sex	Grade 8 Psychological aspects of venereal disease
Chapter 6 Venereal Disease	Grade 9 Sociological aspects of venereal disease
Chapter 7 Setting Acceptable Standards	Grade 10 Boy-Girl Relationships

Holt’s choice demonstrated Indiana’s national leadership, as well as the entrance of a new expert into sex education—teachers. Jackson approached IPS’s Cloyd Julian to

³⁷⁶ Cloyd J. Julian and Elizabeth Noland Jackson, *Modern Sex Education* (New York: Holt, Rinehart and Winston, 1967).

co-author the text. Julian came to George Washington High School in Indianapolis in 1937 as a football coach and health teacher and went on to be principal until 1977. His community status helped build support for increasing Family Life Curriculum in IPS, though IPS's 1965 decision to limit sex education made his inclusion on the project incongruous.³⁷⁷ Previous sex education texts generally relied on academic, medical, or religious expertise, but with the growth of school-based education, teachers became the new experts. Family life textbooks, such as McGraw-Hill's *Your Marriage and Family Living*, drew on the expertise of academic sociologists. In addition, these structured texts and lessons helped improve classroom teacher's confidence in approaching "sex" education on their own. In the 1960s, schools increasingly adopted sex education textbooks that provided standardized lessons, which included films and supplemental materials.³⁷⁸

Modern Sex Education sought to remove the "mystery and superstition" from the body and the importance of "sex in the changing world."³⁷⁹ The primary objective was to teach adolescents that sex was more than just anatomy, reproduction, and marriage but related to their individual emotional lives. In this "nuclear age," the writers asserted, "parents, educators, clergy, and community leaders" agreed, "modern youth must not grow up uninformed about reproduction, sex, and sexuality."³⁸⁰ It made the teen as the local decision-maker and acknowledged the growing cultural pressure of peers,

³⁷⁷ "Cloyd Julian's Obituary," *The Indianapolis Star*, April 12, 2012; "A Life Lived: Cloyd Julian Left a Lasting Influence on Washington High School," *Indianapolis Star*, November 10, 2012.

³⁷⁸ Paul Henry Landis, *Your Marriage and Family Living* (St. Louis: McGraw-Hill, 1946); Paul Henry Landis, *Your Marriage and Family Living, Teachers Edition* (St. Louis: McGraw-Hill, 1954).

³⁷⁹ Julian and Jackson, *Modern Sex Education*, 2.

³⁸⁰ *Ibid.*, 1. The term "nuclear family" came into usage in 1947, during the growth of the pronatalist and family life education. Purd Eugene Deitz, "Sex, Marriage and Family," *Journal of Religious Thought* 4, no. 2 (March 1, 1947): 249–50.

conflicting messages from advertisers, and changing societal norms. Throughout the text and teaching instructions, the authors focused on the new challenges of the “changing world and the need for each young person to find his place among the challenges of a changing society.”³⁸¹ Through open-ended questions and discussions, the lessons encouraged students to define their own values. *Modern Sex Education* organized the coverage of topics in the same ways as the Pike Plan, with the idea that many of the students might not have received any sex education in elementary school. (See Table 4.1) Targeting middle and high school students allowed the early chapters to contain more in-depth exploration of some of the subjects than the Pike Plan. (See Table 4.1) As an example of the differences from family life texts that only alluded to sexual intercourse, *Modern Sex Education* presented a frank definition of sexual intercourse:

The father's penis becomes erect when sexually stimulated and is placed in the vagina of the mother. While the bodies are thus joined, a climax of sexual excitement may be reached. Muscular contractions called ejaculations force the semen, which contains hundreds of millions of sperm cells, into the vagina of the mother near the opening of the cervix.³⁸²

This definition broke from the past by speaking frankly of the sex act and mentions sexual stimulation. It also showed the influence of the family life education because it placed the sex within marriage by using of the terms “mother” and “father” to describe the sex act participants.³⁸³

³⁸¹ Julian and Jackson, *Modern Sex Education*, 7.

³⁸² Cloyd J. Julian and Elizabeth Noland Jackson, *Modern Sex Education: Teacher's Edition* (New York: Holt, Rinehart and Winston, 1972), 17. SHA did not removed the words “mother” and “father” from the SHA definitions of sexual intercourse until 2008. Angela Potter, Oral History with Doreen Fatula, November 7, 2014, SHACI Collection, Ruth Lilly Special Collections and Archives, Indianapolis, IN.

³⁸³ By contrast, includes only eighteen mentions of sexual intercourse in four hundred and seventy-two pages and no definition. Landis, *Your Marriage and Family Living*. For other national comparisons, see Freeman, *Sex Goes to School*, 94–95.

In addition to the textbook, Julian and Jackson wrote the *Teacher's Edition* that included teaching suggestions as well as tips for introducing sex education curriculum into a school district. Based on SHA's field-testing, the *Teacher's Edition* included suggested questions, movies, and supplemental materials.³⁸⁴ Based on SHA's experience with the *Pike Plan*, the authors suggested working through administrators, teachers, community, and parent groups to add a new unit on sex education. The authors encouraged teachers to be sincere and conscientious in approaching the material, "but if purpose and methods are not carefully planned" they may invoke the ire of parents, thereby shifting the blame for controversy away from the authors.³⁸⁵

The Teacher's Edition showed how SHA presented its lessons in Indiana and taught teachers across the country to navigate "these choppy seas."³⁸⁶ In terms of educational goals, the "major concepts" section defined the key messages that linked to the "suggested answers" section of the teaching guide. For example in Chapter 1, "Sex in this Changing World," the *Teacher's Edition* identified a major concept "6. Young people face a rapidly changing society. Old values are being questioned." The "review and discussion section" reinforced this concept with the question.

4. What changes in our accepted way of life are taking place in the world?
Answer: Many social changes are taking place today. The explosion of knowledge has accelerated the tempo of education; population is more mobile... young people have more freedom; many sex taboos have been broken down; society in general has become more permissive.³⁸⁷

³⁸⁴ Julian and Jackson, *Modern Sex Education: Teacher's Edition*.

³⁸⁵ Julian and Jackson, *Modern Sex Education*, 3.

³⁸⁶ Julian and Jackson, *Modern Sex Education: Teacher's Edition*, 2.

³⁸⁷ *Ibid.*, 4.

Modern Sex Education was a success; the publishers printed numerous editions until 1988.³⁸⁸ The text signaled new ideas in sexuality education but reflected a growing need for a standard text that could be implemented in schools across the country to avoid local controversy. Schools adopted many textbooks, such as math, for district-wide use, while health teachers used a variety of materials due to the limited specific state standards directing their choices. As opposed to Pike Township’s process of developing special lessons, schools could adopt these texts as part of its regular textbook adoption without drawing public attention or ire. For example, in 1970 middle and high school health and physical education teacher Nancy Haskell, a future director of SHA, made the unilateral decision to add a unit on human sexuality to her Plainfield, Indiana high school health class.³⁸⁹ Her first step was to introduce a student question box, so that students could anonymously ask their questions. She gradually developed her own unit to present information, as opposed to just responding to questions.³⁹⁰ She initially used materials that she developed on her own, and then looked for outside resources such as from the Indiana State Board of Health. In addition to using this curriculum, she used a text developed by the Indiana State Board of Health to deal with venereal disease and illegal drugs. Haskell also sought guidance and borrowed films from SHA, as well as having Jackson present her programs. After developing the Plainfield unit, she encouraged the other health teachers in the district to use it. Eventually the district purchased copies of

³⁸⁸ After Jackson’s death in 1974, SHA education director Nancy Simon became a co-author on the book. Cloyd J. Julian and Nancy S Simon, *Modern Sex Education* (New York: Holt, Rinehart and Winston, 1985).

³⁸⁹ Plainfield is a small town in Hendricks County, just west of Indianapolis.

³⁹⁰ The most common types of questions were about love, such as “can you be in love when 15?” She used SEICUS and the Indiana Board of Health for additional resources. Potter, Oral History with Nancy Haskell, Executive Director SHA 1988–2000. For a history of SEICUS, see Moran, *Teaching Sex*, 165–188.

Modern Sex Education, which were similar to the materials that Plainfield teachers had already been using. Significantly, none of Haskell's steps to introduce sex education required approval at the state, corporation, or even parental level.³⁹¹

SHA wanted Indiana Board of Education to adopt statewide guidelines to avoid disparate programs among schools; Indiana, however, failed to act.³⁹² Despite its national leadership, Indiana did not have any state standards for sex education beyond the general discussion in the 1966 revised Indiana health curricula.³⁹³ In 1969, SHA completed a "Survey of Curriculum Offerings for Sex Education in IPS," showing a variety of different programs in one school system and its connections to national standards. The report found that, from 1966 to 1969, there were forty-seven elementary school programs serving 18,169 students, and fifty-six sessions with 3,118 parents at a cost of less than one thousand dollars. Despite the report, IPS made no changes to district policy, leaving a wide variety of different curricula at the various schools.³⁹⁴

1969: The Challenge to the *Pike Plan*

1969 was a cultural tipping point. Just as SHA was expanding its effort in sex education reform, in America, in the words of historian Rob Kirkpatrick, it was "the year that changed everything," with many of the cultural changes spreading from intellectuals and sexual revolutionaries into mainstream America at the same time that the growing

³⁹¹ Indiana State Board of Health, *The Indiana State Board of Health Bulletin #219, Department of Health Instruction* (Indianapolis: Indiana State Board of Health, 1956). She looked to SEICUS and the Indiana Board of Health for resources. For a history of SEICUS, see Moran, *Teaching Sex*, 165–188.

³⁹² For attempts to push for a statewide sex education curriculum in conjunction with the *Pike Plan*, see SHA Annual Report, 1966, SHACI Records.

³⁹³ Young, *Social Health Association of Central Indiana*, 41.

³⁹⁴ "Survey of Curriculum Offerings for Sex Education in IPS," 1969, Pike Plan File, SHACI Records.

conservative ferment led to seismic political backlash.³⁹⁵ In the area of sexual liberation, 1969 is remembered for Woodstock concert and the Stonewall Riots. The same cultural changes that seemed to some as justifying the need for new sex education strategies were also seen as evidence by others of the dangers of sex education being removed from the family environment. Sex education seemed to some, like SHA's Jackson, to be a necessary in a period of sexual liberalism, but a growing number of others saw it as an example of an impending cultural crisis. The election of Republican Richard Nixon as President in 1968 realigned American politics and permanently disrupted the New Deal Coalition that had dominated presidential politics for more than thirty years.³⁹⁶

During the same time that SHA was writing the more liberal book on *Modern Sex Education*, other Hoosiers were taking a leading position in a national conservative movement that threatened to undermine all of SHA's progress. SHA's strategy focused on close community work, long the hallmark of the American educational system, but national political issues increasingly entered into the decision-making even on the local level.³⁹⁷ In 1958, Robert W. Welch Jr. had organized a group of twelve conservative business leaders and political activists from across the country to meet in the Indianapolis home of Marguerite Dice to form the John Birch Society. Dice was the National Vice-Chairman of Minute Women of the U.S.A.³⁹⁸ By March 1961, the society had more than one hundred thousand members, twenty staff in its national office, and thirty field

³⁹⁵ Rob Kirkpatrick, *1969: The Year Everything Changed* (New York: Skyhorse Publishing Inc., 2011).

³⁹⁶ Thomas Borstelmann, *The 1970s: A New Global History from Civil Rights to Economic Inequality* (New Brunswick: Princeton University Press, 2012)

³⁹⁷ Moran, *Teaching Sex*, 184–86; Irvine, *Talk About Sex*, 46–55.

³⁹⁸ Other early leaders included corporate businessman Fred Koch, a former aide to General Douglas MacArthur, and a University of Illinois professor. Thomas Rosteck, *See it Now Confronts McCarthyism: Television Documentary and the Politics of Representation* (Tuscaloosa: University of Alabama Press, 1994), 97–99.

coordinators to build local groups. The society developed many grassroots strategies including educational meetings, letter-writing campaigns, and local issue outreach committees.³⁹⁹ Due to its strong anti-communist rhetoric, the society linked its crusade against the sexual revolution directly to the war on communism. In Indiana, the John Birch Society continued to grow and made national headlines when in early 1966 it requested that the Indiana General Assembly investigate campus groups the members termed communist and pro-communist.⁴⁰⁰ By 1968, conservatives made substantial inroads in the state. Nixon swept Indiana and returned to a Republican to the Indiana Governor's Mansion after a decade of Democratic control. The growing number of conservative political advocacy groups used a grassroots strategy to blend earlier Cold War rhetoric with opposition to social liberalism, called the "New Right."⁴⁰¹

The entry of state and local governments into sex education, through funding for sex education and local school adoption of sex education textbooks meant that the term

³⁹⁹ The John Birch Society was founded by Welch in Indianapolis in December 1958. The founders named the group after an American Baptist missionary killed by communist forces in China in August 1945 and whom they considered the first American casualty of the Cold War. "A New Kind of Conservatism: The John Birch Society," Jonathan Schoenwald, *A Time for Choosing: The Rise of Modern American Conservatism* (New York: Oxford University Press, 2001).

⁴⁰⁰ Bodenhamer, et. al, *The Encyclopedia of Indianapolis*, 896–897.

⁴⁰¹ I followed Irvine's use of the terms New Right and Religious Right to describe conservative Christian political factions that supported socially conservative policies (Irvine, *Talk About Sex*). As the religious right grew, Republican Party leaders reached out to incorporate the groups into electoral politics between 1965 and 1970, referred to as the "New Right." After this alliance, the distinction between the terms diminished. These are just two of a number of terms such as the Christian Crusade, Christian Coalition, and Moral Majority used at the time. Leaders and adherents of the religious right apply its understanding of the teachings of Christianity to public policy, through exhortation, grassroots activism, or through attempting to change public policy. It is an informal coalition with a core of evangelical Protestants and Catholics as well as politically conservative mainline Protestants, Jews, and Mormons. The movement can be traced back to the 1940s and has been especially influential since the 1970s. A full exploration of this movement is beyond this project. For more, see Lisa McGirr, *Suburban Warriors: The Origins of the New American Right* (New Brunswick: Princeton University Press, 2001); Rick Perlstein, *Before the Storm: Barry Goldwater and the Unmaking of the American Consensus* (New York: Nation Books, 2009); Jerome L. Himmelstein, *To the Right: The Transformation of American Conservatism* (University of California Press, 1992); William Martin, *With God on Our Side: The Rise of the Religious Right in America* (Broadway Books, 2005).

“family” took on political connotations. The language of sex pervaded the political debates as both the Left and the Right fought over the hearts and minds of the next generation. For many sex education advocates, such as the SHA, “protection of marriage and family” had been a cornerstone for decades by the late 1960s. Families, the key to SHA’s mission, were literally unraveling. Numerous legal, cultural, medical, and scientific changes came together in the 1960s and 1970s and changed the landscape of reproductive choice in the United States. In response, liberal grassroots movements pushed for acceptance of contraception, premarital sex, homosexuality, and the legalization of abortion. These changing perceptions and practices of sexuality reached mainstream, middle-class, and even middle-aged America as the mass media helped to spread new ideas. Involvement in the counterculture, feminist, and the gay rights movements linked the social and sexual changes to this political movement.⁴⁰²

Across the country, the New Right established its claim to support of the American family and developed its “defense of family values” platform, which included opposition to sex education. In response to a perceived connection between changing sexual mores and sex education, local groups organized specifically to fight sex education. After successful battles in Anaheim, California, and Toms River, New Jersey, in 1968, New Right organizations seized on opposition to sex education as a possible national strategy. John Birch Society leader Welch formed MOTOREDE (Movement to Restore Decency) to preserve the “morals, manners, customs, traditions and values that have preserved our civilization.” To build national support for the issue, Welch approached Reverend Billy Hargis of the conservative organization Christian Crusade

⁴⁰² Irvine, *Talk About Sex*; Zimmerman, *Whose America?*, 190–99; Moran, *Teaching Sex*, 185–93.

who devoted significant coverage to the issue of sex education in his vast media system, including the 1968 bestselling book *Is the Schoolhouse the Proper Place to Teach Raw Sex*.⁴⁰³ Together, MOTOREDE and the John Birch Society led protests, funded numerous court cases, and garnered significant coverage in the national media. A new focus on grassroots-level controversies provoked national efforts to encourage and coordinate these local fights and battles to build a larger conservative movement. By the fall of 1969, MOMS (Mothers Organized for Moral Stability) and MOTOREDE entered lawsuits in thirty states and successfully obtained injunctions to stop sex education. Also working at the state and national level, grassroots activists pushed the U. S. Congress to outlaw sex education in schools, and nineteen states were debating bills that would limit or prohibit sex education in schools.⁴⁰⁴

Given the growing national movement, it is perhaps surprising it took so long to reach Indiana. By the fall of 1969, Indianapolis's office of the John Birch Society saw the *Pike Plan* as another part of the elaborate communist conspiracy to undermine American society.⁴⁰⁵ This led the organization to begin to speak out against the activities of SHA, as well as other groups such as Planned Parenthood, as promoting immorality, depravity, and communism. SHA's lessons shared little with the image of sex education presented

⁴⁰³ Gordon V. Drake, *Is the Schoolhouse the Proper Place to Teach Raw Sex?* (Houston, TX: Christian Crusade Publications, 1968).

⁴⁰⁴ Moran, *Teaching Sex*, 182; Zimmerman, *Whose America?*, 195–97.

⁴⁰⁵ Critics used anti-communist rhetoric, offering vivid tales of depravity, often full of distortion and scapegoating. These depravity narratives, tied to ones from other aspects of the conservative movement, shocked the conservative base into action relying on a lack of general public information about the content of the curriculum. Standing in sharp contrast to the positive language of the sexuality education movement, the conservatives linked sexuality with shame resorting to the specter of co-ed bathrooms, molestation, rape, and miscegenation. Conservatives mocked the academic research on child psychology, such as reducing Ivan Pavlov's research with children and sexual response as support of the ties between sex education with communism. Sex education led to the organization of grassroots movements such as those by the Pike Parents. These new morality debates about broader cultural decline, according to Irvine's *Talk about Sex*, created "a volatile emotional climate and mobilize people to action." Irvine, *Talk About Sex*, 40–93.

by conservative critics.⁴⁰⁶ Though Jackson and SHA were accused of promoting homosexuality and masturbation, these subjects were not addressed directly in the curriculum. Despite the furor, United Way continued to support the organization and sex education classes went on across the city without interruption. To generate support for the conservative cause, the Greater Indianapolis Committee of Concerned Citizens for Responsibility in Sex Education conducted rallies and educational campaigns against sex education in the summer of 1969. For the new group, sex education in schools appeared to be just one additional attempt to “take away the role of parents in a child's upbringing” and threatened to introduce a “more liberal view of morality.”⁴⁰⁷ These new morality debates about broader cultural decline, according to Janice Irvine’s *Talk about Sex*, created “a volatile emotional climate and mobilize[d] people to action.”⁴⁰⁸ Indianapolis chapters of the John Birch Society’s MOTEREDE expressed fears about the implications of sex education for changes in morals and values.⁴⁰⁹

Within Pike Township, a small number of parents organized to put a stop to the Pike Plan and threatened to undermine all of SHA’s work.⁴¹⁰ Due to the *Pike Plan*’s national reputation and Pike Superintendent Shaw’s position as president of the SHA board, this battle appeared to MOTEREDE to have the potential for the most media attention. In December 1969, a newly organized group, the “Concerned Parents of Pike Township,” comprising four parents, filed a lawsuit against Pike Township Schools and

⁴⁰⁶ Drake, *Is the Schoolhouse the Proper Place to Teach Raw Sex?*

⁴⁰⁷ “Sex and Sensitivity Training Rally, July 25 1969 Greater Indianapolis Committee of Concerned Citizens for Responsibility in Sex Education,” File—The Attackers, SHACI Records.

⁴⁰⁸ Irvine, *Talk About Sex*, 90.

⁴⁰⁹ For national comparisons, see *Ibid.*, 63–88; Moran, *Teaching Sex*, 179–93. Irvine, *Talk About Sex*, 63–88; Moran, *Teaching Sex*, 179–93.

⁴¹⁰ “What Happened to Morality?” MOTEREDE, 1970, SHACI Records.

SHA to stop the *Pike Plan* permanently in Pike Township schools. With early success, they received an immediate injunction to stop sex education in the district, pending the result of the lawsuit.⁴¹¹ The Concerned Parents of Pike Township's lawsuit charged that the *Pike Plan* sex education curriculum failed to emphasize morality and the books used were obscene, glorified immorality and sexual deviation, including homosexuality, and contributed to the delinquency of minors. Despite claims published in the media, the Pike Plan had no discussion of contraception, homosexuality, abortion, or descriptions of positions for sexual intercourse.⁴¹² SHA Board president and Pike Superintendent Shaw defended the sex education curriculum as an appropriate one for the school system. Pike Township and SHA fought the injunction with the argument that they had established a process for public comments and the suing parents had not participated.⁴¹³ Shaw rebutted that only four parents brought the lawsuit, and district surveys showed overwhelming approval by parents. In fact, eighty-six percent of Pike Township parents responding to the survey supported the curriculum, even after the lawsuit.⁴¹⁴

In response to the widespread controversy, the Indiana Department of Public Instruction began the process to establish statewide guidelines for sex education in December 1969. State Superintendent Richard Wells asked SHA's Jackson and IPS teacher and SHA board member Rueben Behlmer to work on the committee with other education and community representatives, including conservative leader Indiana Senator

⁴¹¹ "Restraining order Filed 12-15 1969," File-Court Case, SHACI Records.

⁴¹² "File-The Attackers;" "The Pike Plan, 1969-1970."

⁴¹³ The survey figures reflected 97 percent approval by respondents in 1967, 97 percent in 1968, and 86 percent in 1969. "Report of a Survey on Sex Education in the Pike Township Schools," December 1969, SHACI Records.

⁴¹⁴ "Court Case, SHACI Records; "Report of a Survey on Sex Education in the Pike Township Schools," December 1969, SHACI Records. The survey figures reflected 97 percent approval in 1967, 97 percent in 1968, and 86 percent in 1969.

Joan Gubbins.⁴¹⁵ The committee included all of the rival experts in adolescent sexuality including a rabbi, a mother, “a housewife,” a physician, a school nurse, a representative of the Indiana Congress of Parents and Teachers, and a hospital administrator.⁴¹⁶

Reflecting the spirit of contentiousness, the committee split evenly over whether even to recommend guidelines, prompting Indiana Superintendent Wells to cast the deciding vote in favor of adoption in June 1970.⁴¹⁷

The furor ironically forced the Indiana Department of Public Instruction to produce the state’s first set of standards endorsing sex education and committed the state to a role in sex education. The guidelines that Jackson termed “the most ill-contrived, non-sequitur, non-educationally-oriented guidelines in these whole United States,” satisfied no one.⁴¹⁸ For example, the guidelines stated that no human reproduction could be taught in grades one through six and when covered in upper grades teachers' should stress the wonder of the creation of life and its spiritual implications. The next guideline stated that schools could introduce topics on puberty at appropriate levels, undefined in the guidelines but considered by most educators as fourth grade. Many educators saw conflict between these two guidelines, as puberty often began in the fourth and fifth

⁴¹⁵ Senator Gubbins, a member of the Greater Indianapolis Committee of Concerned Citizens for Responsibility in Sex Education, was a vocal critic of sex education believing it threatened traditional family roles. Gubbins, served on public health and education committee in Indiana, gained national attention for opposing the ERA and her sex education opposition, in 1985 becoming Regan’s appointment to the influential Joan Gubbins National Council on Educational Research. “Ronald Reagan: Nomination of Joan M. Gubbins To Be a Member of the National Council on Educational Research,” accessed July 12, 2013, <http://www.presidency.ucsb.edu/ws/?pid=38183>. Ibid.

⁴¹⁶ Mrs. Allen Brooks, housewife; Dr. Roy Fultz, Indiana State Medical Association; Ann Foyer, housewife; Mary Hicks, school nurse; Mary Mann, Indiana Congress of Parents and Teachers; Donald Dole, Taylor University; Dr. Kenneth E. Reed, Methodist Hospital; Rabbi Murray Saltzman, and Dr. Mary Tucker, housewife and pediatrician.

⁴¹⁷ The initial committee had sixteen members; however, two people never participated, and two others represented the Indiana Department of Public Instruction and served as ex-officio members of the committee. Young, *Social Health Association of Central Indiana*, 41.

⁴¹⁸ Annual Report, 1969, SHACI Records; Elizabeth Noland Jackson, "Sex Education: Yes or No?" *Yearbook of Indiana Education* (1971): 21.

grades, and yet teachers could not talk about puberty without discussing human reproduction. What concerned Jackson the most was that these guidelines limited the responses of instructors who encouraged students to feel comfortable and to ask anything, and the guidelines hampered the freedom of teachers to answer questions completely and honestly.⁴¹⁹ Across Indiana, many educators felt that the new state guidelines raised more questions than they answered. IPS required any sex education or family life programs to occur during non-school hours and to be sponsored by parent-teacher organizations. This clearly attempted to shield IPS from liability for the program but contradicted the guidelines' recommendation to integrate sex education into the regular curriculum.⁴²⁰

The local courts supported Pike Township SHA, though largely on technical grounds. The court dismissed the Concerns Parents of Pike Township lawsuit in August of 1970 on the grounds that school system's sex education plan was revised each year. The 1970 revisions were based on the new Indiana standards, and thus a court ruling could not be made on a plan that no longer existed.⁴²¹ The lawsuit did not stop sex education in Pike Township schools. Once revised, the Concerned Parents of Pike Township accepted the newly established curriculum.⁴²²

Nationally, the other thirty lawsuits backed by MOTOREDE had mixed results. Unlike in Pike Township, the lawsuits stopped sex education in some districts. While the

⁴¹⁹ The guidelines recommended that sex education should be integrated into established courses and not taught separately, though parental reviews were necessary. There were to be no discussions of contraception, abortion, or descriptions of positions for sexual intercourse or use of specific and graphic illustrations or descriptions of sexual deviations, masturbation, and homosexuality." Report of the Committee on Sex Education," General Commission on Education of the State Board of Education, May 6, 1970, SHACI Records.

⁴²⁰ SHA Annual Report, 1973, SHACI Records.

⁴²¹ The case resulted in ongoing concern for school administrators and for sex education groups as it did not address the larger questions of morality and obscenity of the curriculum. See Robert L. Peirce, "Sex Education Suit Dropped by Parents," *Indianapolis Star*, August 4, 1970, 9.

⁴²² Ibid.; "File—The Attackers."

John Birch Society did not win enough support for the passage of new national guidelines, it did succeed in getting twenty states to implement various forms of sex education guidelines.⁴²³ The lawsuits received tremendous media coverage, which helped build support for the New Right. As seen in Pike Township, it was not only through the lawsuit that only a small number of activists could have a significant impact, as it was not the lawsuit itself, but parental protest that changed the curriculum. MOTOREDE encouraged parents to approach school boards and superintendents to stop sex education at the district level, and it was successful in stopping programs at a number of schools, including Warren Township School District in Indianapolis.⁴²⁴

The Pike lawsuit and the new state standards did not resolve the issue of sex education, but instead catalyzed the debate in Indiana. During the Pike Township crisis, SHA continued to promote its programs and present the image that “we are in business as usual and busy as usual.”⁴²⁵ SHA's 1969 Annual Report showed that the media attention actually increased the demand for school programs.⁴²⁶ Behind the scenes, however, SHA’s board debated the future direction of the agency. The lawsuit and media furor were the first challenges of this scale during the agency’s history. In addition, the agency was on its own, without support from ASHA or other educational groups in Indiana. When the leader of the cause, Jackson, had to step back from teaching and day-to-day operation of the agency in 1973, the board debated the future direction. The organization

⁴²³ Irvine, *Talk About Sex*, 35.

⁴²⁴ Joseph N. Bell, "Why the Revolt against Sex Education?" *Good Housekeeping*, November 1969, 93. 3; SHA 1976 Annual Report, SHACI Records. For national trends, *Ibid.*, 127–31.

⁴²⁵ “Award for a Frank Woman,” *Indianapolis News* November 15, 1974.

⁴²⁶ SHA Annual Report, 1969, SHACI Records.

decided to stay the course, based on support from its partner schools.⁴²⁷ Not all schools supported SHA. By 1974 IPS's Superintendent Kalp issued an order that removed principals' discretion in scheduling sex education programs and again required SHA programs to be after school, which made it difficult for many students who rode buses. Jackson attempted to encourage curricular reform in Indiana until the time of her death in November 1974.⁴²⁸

Colleagues remembered her for her support of sex education with "invariable dignity and frankness." Showing the growing distance, the ASHA made a memorial donation, but failed to offer Jackson a citation, while other Indiana educational groups and national educational groups recognized her for her leadership.⁴²⁹ Jackson received the first posthumous Distinguished Service to Families Award from the National Council on Family Relations for her "pioneering efforts in Indiana which served as an exemplary model for the field."⁴³⁰

Taking over after Jackson's death, the new Executive Director Mary Hall Bond presented an image to parents and reporters of a small grandmotherly woman, but behind the scenes, she was a shrewd strategist who kept SHA alive during a tumultuous period of social upheaval. A Hoosier native, Bond never taught in public schools but worked in the publishing industry and a number of local non-profit agencies. In the press, she played up her experience as a mother and grandmother and tried to connect with contemporary

⁴²⁷ SHA Board of Director Minutes, September 1974.

⁴²⁸ "Another view of sex ed," *Indianapolis News*, November 27, 1974.

⁴²⁹ SHA Board of Directors Minutes, March 13, 1975. ASHA sent memorial on death of Jackson. Elizabeth Jackson, personnel file, SHACI Records.

⁴³⁰ Ibid.

exasperated parents.⁴³¹ Under her guidance, the SHA made the strategic decision to focus on its core mission of school-based sex education in Indiana, adding schools, including Indianapolis's Warren Township in 1975.⁴³² In September 1975, SHA changed its mission to "family life education, venereal disease education; encouraging the beginning and development of programs in these fields by schools, churches and other youth serving groups." This new mission reflected the removal of parents as a primary target, and continuing to use the term family life as opposed to sex education.⁴³³

The rupture between school-based and community-based prevention programs continued to grow during the 1960s and 1970s to the point that Indiana's SHA broke its ties with the ASHA in 1975. ASHA had been instrumental in the formation of SHA in 1938 and had relied on affiliates across the nation, such as SHA, to promote the education programs, but ASHA's retreat from school programming required a new local educational and operational strategy.⁴³⁴ ASHA increasingly worked with state and federal governments and national philanthropic groups and less with local agencies. Family life educators came to Indianapolis from across the country for more than thirty years to observe Indiana's programs, but with these national changes, visitors dwindled and ended by the late 1970s.⁴³⁵ SHA was one of a few remaining local groups connected to the national organization. In 1975, SHA eliminated its annual one thousand dollar affiliation

⁴³¹ Carol Elrod, "Grandmotherly Mrs. Bond Dedicated Sexual Educator," *Indianapolis Star*, September 5, 1982; "Staff Resumes," SHA files. Annual Report, 1974, SHA files.

⁴³² "Social Health Association Conducts Family Life Education in Warren Schools," *Indy East*, November 12, 1975, 14.

⁴³³ By 1973, only three doctors remained on the fourteen-person board compared to the nine who had served in 1939. SHA Annual Reports, 1963–1973.

⁴³⁴ See Chapter 2.

⁴³⁵ One of the last recorded visits was in December 1975 when visitors came from Dayton, Ohio to observe. The Ohio group had four people doing sex counseling, working with local colleges and operating a volunteer venereal disease hotline, which was much more similar to the work of the ASHA. SHA Board of Directors Minutes, March 1975, SHACI Records.

payment to ASHA, though Bond personally encouraged the board to continue to support the organization.⁴³⁶ Nationwide, changes in United Way funding structure made it difficult for the few remaining affiliate groups to continue to support ASHA.⁴³⁷ For example, ASHA affiliates in Kansas City and Dayton severed ties in 1975.⁴³⁸

While similar to the comprehensive sex education movement in goals, SHA continued to support family life education and its pedagogical approach predated the emergence of the Sexuality Information and Education Council of the United States (SIECUS) and the comprehensive sex education movement. SIECUS was founded in in New York in 1964 by Dr. Mary Calderone, former medical director for the national Planned Parenthood Federation. SIECUS advocated for a more comprehensive approach to sexuality education through providing resources for professionals, parents, and the public. Calderone and her organization quickly came to be associated with this message of sex as a positive force, including human development, relationships, decision-making, abstinence, contraception, and disease prevention. As conceived, comprehensive sex education was a lifelong process of acquiring information and forming attitudes, beliefs, and values, which included age-appropriate, medically accurate information on a broad set of topics related to sexuality. This project was closely associated with the medical community, and shared a similar approach to Rice's AMA sex education curriculum of the 1930s and 1940s.⁴³⁹ Comprehensive sex education endorsed an educational principle

⁴³⁶ SHA Board of Director Minutes, January 8, 1976, SHACI Records.

⁴³⁷ In 1976, Social Health Association of Indianapolis and Marion County became Social Health Association of Central Indiana to reflect its growing reach beyond Marion County as well as and to reflect United Way service area. SHA 1976 Annual Report, SHACI Records.

⁴³⁸ J. R. Seeley et. al, *Community Chest: A Case Study in Philanthropy* (Transaction Publishers, 1989), 151.

⁴³⁹ For connections between Calderone and the medical community, see Ellen S. More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995* (Cambridge, MA: Harvard University Press, 2009), 202–16.

that increasing information helps adolescents make responsible decisions to keep them safe and healthy. This health pedagogy tended not to recommend specific curricula. Instead, they provided information for local groups and schools to develop their own sex education programs, following the Planned Parenthood model. They advocated providing young people with complete, accurate, and age-appropriate sex education as tools to make informed decisions and build healthy relationships. SEICUS remained largely silent during the 1969 lawsuits and did not reach out to groups, such as SHA, to help support its fights.⁴⁴⁰

By the late 1970s, the religious right became a potent force shifting the scapegoat from communism to “godless secular humanism” by declaring the family the “seed bed of virtue.”⁴⁴¹ Opposition to abortion, the Equal Rights Amendment, pornography, sex education, and homosexuality drew upon the powerful idea of “cobelligerency,” a sense of solidarity in opposition to the forces of unbelief across theological distinctions and fused the language of religion, politics, and secular speech.⁴⁴²

Indianapolis’s most vocal critic of sex education during the 1970s was Reverend Greg Dixon of the Indianapolis Baptist Temple. On the church's radio station WBRI (American Bible Radio Indianapolis), Dixon attacked SHA for not placing sex education

⁴⁴⁰ SHA Annual Report, 1969, SHACI files.

⁴⁴¹ In contrast to Moran’s national focus, Irvine emphasizes the local implications of national conservative leaders’ strategies to focus on local political bodies, such as school boards and city councils. Moran, *Teaching Sex*; Janice M. Irvine, “Doing It with Words: Discourse and the Sex Education Culture Wars,” *Critical Inquiry* 27, no. 1 (September 2000): 58; Irvine, *Talk About Sex*, 63–80.

⁴⁴² Many New Right leaders used parables, short simple stories intended to illustrate a moral or religious lesson, from the sex education movement that used graphic language to build up this emotional climate. These attacks, as they were not based in specific context, proved very effective as they took off nationally and very difficult to counter. New Right groups like Jerry Falwell’s Moral Majority successfully employed these strategies. As debates over conflicting moral values come to dominate politics, church officials, such as the Rev. Billy James Hargis, of the Christian Crusade, become powerful leaders. Irvine, *Talk About Sex*, 63–65; Zimmerman, *Whose America?*, 195–97.

in the context of appropriate values. SHA defended its philosophy that sex education should be put in family values, but SHA did not feel it should moralize. SHA taught in the "context of families," and did not focus on "unusual life-styles. If someone asks a question along that line we answer as truthfully as possible, giving information, not opinions." However, for Dixon, mere information on masturbation, homosexuality, and sex education in general encouraged those activities and made them acceptable. SHA attempted to use the local media but Dixon's unrelenting attacks forced SHA's director Bond into a defensive position. No longer using ASHA venereal disease public service announcements, SHA received positive responses to locally produced spots. Across Indiana, a small number of vocal critics led local school boards who had used SHA in the past for sex education to vote to limit coverage of sex education. The work by this vocal minority stalled expansion both at the local and state level.⁴⁴³ SHA proposed a coalition of religious groups and other social service agencies in 1975. These "sexperts," the new derisive term for professional sex researchers, developed into a new partnership called the Indiana Family Life coalition. The more than thirty agencies participating including religious, educational, and reproductive rights groups such as Planned Parenthood, focused not on school-based education, instead on improving parents' skills to educate their own children. In October 1975, the new coalition promoted joint efforts such as the first National Family Sex Education Week in November 1975, with workshops that highlighted its educational resources and programs.⁴⁴⁴

⁴⁴³ A 1976 Indianapolis WRTV television program "Inquiry" featured both Nancy Simon, education director, and Rev. Dixon, where he further challenged SHA's stance. "Activities During August 1976," SHACI Records.

⁴⁴⁴ This coalition was short-lived and was brought down by conservative protests. SHA Annual Report, 1975, SHACI Records.

Conclusion

Just as the Pike Plan lawsuit was dismissed without a legal decision on the obscenity of the curriculum, the question of who won the Indianapolis sex education war was unresolved in the court of public opinion, the school house, and at SHA. Both sides felt defeated, both sides felt they won. Both sides gained new supporters and enemies. Indiana's experience was not a local exception but was exceptional because of its status on the national stage and the strength of the local organizations in withstanding the conservative challenges. Speaking of the national court cases, Irvine writes "the question of success or failure in the sixties sex education is impossible to answer." Instead of tallying the court wins and losses, she stresses the "tangible consequences in the short term" and the shaping of the future of sex education.⁴⁴⁵ She points to the proliferation of public sexual speech and the place of Christian evangelicals and fundamentalist into the realm of sexual politics.⁴⁴⁶ This certainly held true in Indianapolis as sexual speech increased and Christian evangelicals increasingly battled against a range of causes.

Not mentioned by Irvine, who was interested in the politics, was the role that the 1960s lawsuits played in establishing sex education as within the purview of schools. Prior to the 1960s, ministers, public health officials, physicians, parents and professors all claimed to have a role in sex education.⁴⁴⁷ Schools from Maine to Alaska used *Modern Sex Education* into the 1980s until sex education took another cultural turn into debates

⁴⁴⁵ Irvine, *Talk About Sex*, 60. For the only other exploration of a local case study of 1967 court battle, see Mehlman, "Sex Ed... and the Reds?"

⁴⁴⁶ Irvine, *Talk About Sex*, 61.

⁴⁴⁷ Similarly, Older pamphlets produced by voluntary associations and public health officials, such as the *Social Hygiene vs. the Sexual Plagues*, were replaced by menstruation education books from feminine hygiene producer Kimberly-Clark. Kimberly-Clark, "Julie's Story," (1983), SHA Files; Indiana Society for Social Hygiene, *Social Hygiene vs. the Sexual Plagues*.

over abstinence. Increasingly out of step with national movements, however, SHA focused its efforts on Indianapolis and lost visibility on the national stage. Part of a broad national movement in the 1940s through the 1960s, SHA became one of the only local private not-for-profit agencies in the country to focus on school-based adolescent sex education. With the *Pike Plan* and *Modern Sex Education*, SHA helped teachers across the country in much the same way it helped teachers like Haskell in Indiana.⁴⁴⁸

As the reactions to the *Pike Plan* and *Modern Sex Education* demonstrated, labeling the lesson “family life” or “sex education” did not reflect the content and was not predictive of levels of support. The debates exposed the simultaneous increases in both nationwide and local control over sex education during the struggles to form a new consensus over curriculum. The committee—comprising teachers, physicians, parents, community activists, and religious leaders debated and recommended that sex be taught in the schools. Though controversial and contradictory, the new state standards this group devised reluctantly committed the state to a role in sex education.

The failure to form a consensus, though perhaps inevitable, left a long dark shadow in Indiana.⁴⁴⁹ IPS, the state’s largest school district, with high levels of venereal disease and teen pregnancy, did not adopt district-wide sex education until 1988.⁴⁵⁰ Nonetheless, lawsuits and other forms of protest by Indiana conservatives over sex education backfired and led to *increased* rates of sex education. One of the ways SHA was able to operate during this contentious period was because it developed its own

⁴⁴⁸ This was increasingly important as nationally schools were increasing their programing, and groups such as the ASHA and local affiliates were getting out of the school-based sexuality education mission. Moran, *Teaching Sex*, 148.

⁴⁴⁹ Irvine also finds that both sides found a “long-term sense of failure.” Irvine, *Talk About Sex*, 60.

⁴⁵⁰ Bernice O'Connor, "Sex Education Advocate," *Indianapolis News*, 13 December 1985, 29; Barb Albert, "Issues will be Treated Gingerly in IPS Sex Education Policies," *Indianapolis Star* March 1, 1987, 16 A.

curriculum to fit the community standards. Ironically, SHA's and others' attempts to incorporate parent voices led sex education to become an area of school curriculum particularly vulnerable to parental protests. After 1975, SHA promoted its expertise in curriculum and teaching and limited its work with parents in developing curriculum.

As the Right transformed from these single issue campaigns to broader organizations, many groups on the Left also banded together, often under the banner of Planned Parenthood. In this regard, Indiana's experience was noticeably different from other states. Abandonment by ASHA and attacks by the Right actually drove SHA to seek out new partners. By 1975, the transformation from a social hygiene association to a social health educational agency was complete

Chapter 5: Conclusion

Beginning with the formation of the Indiana Society for Social Hygiene in 1907 and continuing to the present, Indiana was a pathbreaker in sex education. Through a century of adaptation, Indiana leaders showed a tendency towards innovation in developing new approaches to sex education as opposed to adopting other national models. Indiana's leadership adds an important local case study of sex education, focusing on the critical relationships between local conditions and innovation and implementation of sex education. Indiana's focus on both partnerships and innovation proved the best strategy for adapting the social health message, curriculum, and operation in Indiana's conservative climate and for taking a national leadership role.

In terms of partnerships, Indiana has effectively used both public-private partnerships as well as local-national initiatives. In 1909, Hurty developed one of the first public-private partnerships in sex education in the nation through the publication of *Social Hygiene vs. the Sexual Plagues*, which have continued to the present as the most common sex education funding and implementation model.¹ Initially under Hurty, and later Rice and SHA, Indiana demonstrated models of statewide collaboration between the state public health departments and schools in coordinated social health curriculum. From Hurty to Bond, Indiana sex educators developed national models for school corporations and private agencies planning for sex education curriculum. SHA developed a "modern"

¹ For different international models, see Zimmerman, *Too Hot to Handle*. For recent research into public-private partnership research local and state teen pregnancy, AIDS, and sex education programs, see Norman A. Constantine, "Converging Evidence Leaves Policy Behind: Sex Education in the United States," *Journal of Adolescent Health* 42, no. 4 (April 2008): 324–26; Pamela K. Kohler, Lisa E. Manhart, and William E. Lafferty, "Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy," *Journal of Adolescent Health* 42, no. 4 (April 1, 2008): 344–51.

formal sex education curriculum with a pedagogical approach based on student inquiry. All of these national innovations happened specifically within Indiana's local context, particularly the strong eugenic and public health climate, and would have significant implications for how sex education would be taught across the nation.

In terms of innovation, by 1974 SHA had evolved to the basic operational model for its social health education that they would follow for the next thirty-five years—which would include some of the most vituperative national debates about sex education. The Indiana United Way's support has allowed SHA to have the freedom to pursue its mission, even when it was unpopular. Over the course of its history, one of the most dramatic changes was from direct intervention and public health programs to school-based education. Since 1942, SHA's institutional stability allowed for successful innovation and implementation of school-based curriculum focusing on an increasingly broad understanding of social health and based on a pedagogical model that valued both expert presentation and student questions. By the 1960s, SHA transformed an initially limited family life educational program into a broad, systematic curriculum designed to empower youth. These programs have stayed at the core of the agency's mission even as it has expanded beyond puberty and venereal disease. Though Indiana was alone in its operational model for public-private partnerships in the area of social health education, they were well within the national pattern where sex education was school based and locally controlled.

Indiana's success lay not only in its new and important ideas, but also in its adaptation to the shifting sexual contexts. Despite Indiana's innovation, as SHA implemented its programs they were under many of same nation-wide social pressures

that caused national opposition to sex education. From antibiotics to the pill, sex education changed as medicine advanced and the needs of society changed, but not as directly as might be expected. “Behavior is less the product of new ideas,” said historians Joan Scott and Louise Tilly, “than of the effects of old ideas operating in new or changing contexts.”² The cultural, scientific, and generational gaps between the changes in social values and school curricula in the area of sex education created inevitable clashes. The historical contexts and conflicting values and beliefs surrounding sexuality even influenced the production of new scientific and medical understandings of sex education.³

Through the period after 1975, SHA saw steady growth though many of the early challenges continued to shape operations.⁴ Under Mary Hall Bond (1975–1986), the organization grew slowly but struggled to gain new school corporations, including the Indianapolis Public Schools, which continued to offer sex education on a school-by-school basis.⁵ (See Figure 5.1) During the beginning of the AIDS crisis in 1983, despite a large national focus on sex education SHA saw declines in its school programming due to its more positive, comprehensive approach. By 1988, SHA regained momentum in their programming with a new Executive Director, Nancy Haskell (1988–2000), as well as

² Joan Wallach Scott and Louise A. Tilly, *Women’s Work and the Family in Nineteenth-Century Europe* (New York: Cambridge University Press, 1975), 4.

³ See for examples, Theodore M. Porter, *Trust in Numbers: The Pursuit of Objectivity in Science and Public Life* (Princeton: Princeton University Press, 1996); Nelly Oudshoorn, *Beyond the Natural Body: An Archaeology of Sex Hormones* (London: Routledge, 2003); Anne Fausto-Sterling, *Sexing the Body: Gender Politics and the Construction of Sexuality*, (New York: Basic Books, 2008).

⁴ As a part of the larger public history project, I have written on the later history of the agency. The following paragraphs are drawn from the larger project where I explore many of these themes in more depth and hope to continue this research in the future. Angela Potter, “Celebrating Eight Decades of Leading the Way for Kids: Social Health Association of Indiana, 1907–2013,” August 2015, SHACI Records.

⁵ Young, *Social Health Association of Central Indiana*, 58.

negotiations with IPS. The debates surrounding the AIDS crisis, which had challenged SHA a few years earlier, catalyzed negotiations with IPS to develop new curriculum. Once implementation began in the 1989–1990 school year, SHA saw a continued increase of students served. After the initial funding for the program declined, SHA had to seek out new revenue streams to support IPS programming. The new federal revenue streams for abstinence-only sex education would have required changes to SHA programming that limited the money's use to puberty education, and perhaps more significantly introduced competition, particularly in the middle school environment.⁶ After Haskell's retirement in 2000, new Executive Director Brad Gumbert (2000–2002) successfully acquired existing outreach programs, the Youth at Risk (YAR) program, and the Community Action Group (CAG), that harkened back to the agency's roots in the fight against venereal disease. These programs lacked the mission affinity, however, with the adolescent sex education programming and were discontinued when Gumbert left the agency in August 2002.⁷

Perhaps the most dramatic transition in SHA, under the leadership of Executive Director Michael Howe (2000–2007), was when the agency tripled its funding in just five days. This development illustrates the ongoing complexities of innovation and implementation. SHA developed a new role in IPS sex education that was unimaginable twenty years earlier by providing eight sessions to all IPS middle school students. SHA funded the program through grants from the Indiana State Board of Health, U. S. Department of Health and Human Services Department, and the Indiana Family Health

⁶ See Figure 5.1. Potter, Oral History Haskell.

⁷ See Figure 5.1. Angela Potter, Oral History with Shelia Kanaby, August 19, 2014, SHACI Records.

Council.⁸ While the changes seemed to occur almost overnight, they required SHA to alter almost every part of its curriculum and operations in significant ways. Unlike his predecessors, Howe was less involved in program delivery and more focused on strategic planning, administration, and fundraising. For example, he created a new parent-educator position to expand parent programs.⁹ The new IPS *Making a Difference!* program's focus on middle school students marks a return to a group largely abandoned during the contentious culture wars of the previous decade. While sex educators have always hoped that programs would make a difference in future behaviors—whether to reduce disease rates or improve marriages—the means to measure these impacts have always proved elusive. The *Making a Difference!* curriculum's effectiveness has demonstrated success in improving short-term behaviors such as interpersonal communication as well as long-term behaviors such as teen pregnancy rates.¹⁰

When reflecting on his tenure at SHA, Howe viewed his most important legacy as embracing the breadth of the idea of “social health,” which had been at the core of the mission for more than sixty years.¹¹ Since the earliest days of the social hygiene movement, the choice to exclude the word sex, central to the mission of the agency, has been both one of elision and inclusion. Underlying SHA's story is the fundamental

⁸ Michael Howe, “2013 State of Agency Report,” SHA Files.

⁹ Beginning in 2008, the agency also worked to standardize its lesson plans and have them medically certified. The *Making a Difference!* curriculum adopted by SHA in 2011 shares many similarities with the programs that SHA has used for years and is the only curriculum that currently can be used with both abstinence-only and comprehensive funding sources. For the first time in agency history, SHA used an increasing the number of visits, and incorporating communication and decision-making skills have increased the effectiveness of lessons. While the comprehensive versus abstinence-only debate continues to rage, there is a clear trend in the last decade towards research-based or evidence-based curricula and for access to state or federal funding.

¹⁰ For research on SHA curriculum, see J. B. Jemmott, L. S. Jemmott, and G.T. Fong, “Abstinence and Safer Sex HIV Risk-Reduction Interventions for African American Adolescents: A Randomized Controlled Trial,” *Journal of the American Medical Association* 279, no. 19 (1998): 1529–36.

¹¹ Potter, Oral History with Howe.

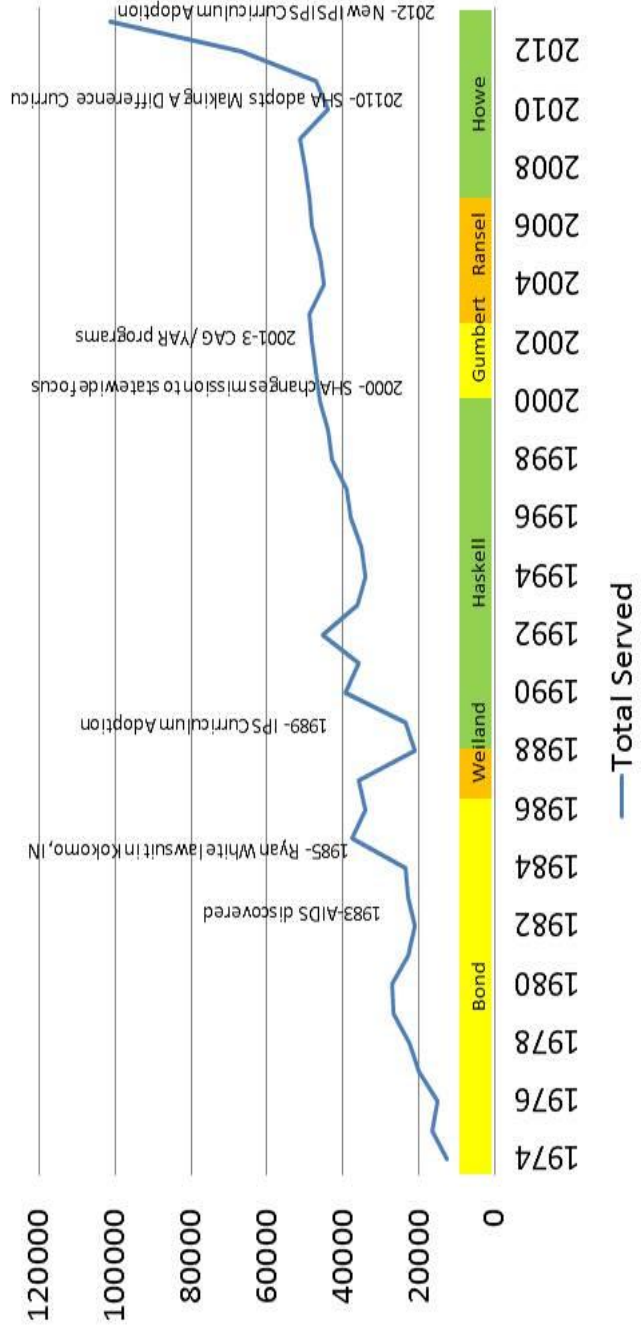
difference between social hygiene and health, namely that hygiene is a set of practices to prevent disease, while health is an internal state to promote wellness.¹² Coming from outside of the sex education movement, Howe has been the first SHA director directly to confront the differences between social hygiene and sex education, though in different ways all of the leaders of sex education struggled to define what was healthy adolescent behavior. Looking carefully at Indiana's experiences suggests a need for a reconsideration of the term "sex education" as primarily divisive and a more systematic examination of the historical importance of the ideology of health. For Howe, accepting a broader definition of social health opened new doors to opportunities and growth. He remained careful to broaden SHA's mission in strategic ways, but moved his agency towards slowly embracing the full potential of the cultural power of wellness.¹³

¹² Conrad, "Wellness as Virtue."

¹³ Howe, "2013 State of Agency Report;" Potter, Oral History with Howe.

Figure 5.1: SHA Total Annual Program Service, 1975-2012.

These service figures are based on United Way statistics that count each educational encounter, as much as could be determined. Using this method, a three-day visit to a classroom to present a film would count as three service encounters. These service numbers do not include those who received educational brochures or watched films, but had direct contact with SHA staff. Source: SHA Annual Reports, SHA Files.



**Appendix 1: Organizations of the Adolescent Sex Education Movement in Indiana,
1907-2013**

Name	Dates	Director
Indiana Society for Social Hygiene (ISSH)	1907-1920	Volunteers (John Hurty, Charles Woods)
Indiana Council on Social Hygiene	1923	Indiana State Health Council under the leadership of Emma Liber
Anti- Syphilis League of Indianapolis (Indiana Anti-Syphilis Committee)	1938-1939	Volunteer
Indiana Social Hygiene Association (ISAH)	1939-1942 1946-1954	1939-1942: Volunteer 1946-1954: Under auspices of Indiana Tuberculosis Association, 6 regional offices
Indianapolis Social Hygiene Association (SHA)	1942-1960	Roberta West Nicholson
Indianapolis Social Health Association	1960-1962	Elizabeth Jackson
Social Health Association of Indianapolis and Marion County	1962-1976	1962-1974 Elizabeth Jackson 1974-1976 Mary Hall Bond
Social Health Association of Central Indiana in	1976-1999	1974-1985 Mary Hall Bond 1986-1988 Linda Weiland 1988-1999 Nancy Haskell
Social Health Association of Indiana	2000-Present	

**Appendix 3: “Celebrating Eight Decades of Leading the Way for Kids,” SHA
exhibit**



Eight Decades of Leading the Way for Kids

Social Health Association of Indiana has a rich history of leading the way through a century of dramatic cultural changes in sexuality, education and health. Along the way, Social Health Association has provided more than 1 million classes answering kids' questions about the changes in their bodies, relationships and dealing with adolescence.

Over the last 8 decades, many of the questions have stayed the same, but Social Health Association's programs have continued to evolve to meet the challenges of each generation of youth, including the growing problem of bullying and cyber bullying.

Under the direction of charismatic and dedicated leaders and with the long-term support of funders including the United Way of Central Indiana, Social Health Association literally wrote the book on Modern Sex Education and continues this legacy through current research on curriculum effectiveness.

Historical research was funded in part by the IUPUI Solution Center and IUPUI Department of Public History.



www.socialhealth.org

What's in a Name?

Social Health Association was originally known as the Anti-Syphilis League of Indiana. Since then, it has been known as the Indiana Social Hygiene Association, the Social Hygiene Association of Central Indiana, Indianapolis Social Health Association and, now Social Health Association of Indiana. Since 1942, regardless of what the organization was called, its mission has been to empower youth to make responsible choices and adopt healthy behaviors.

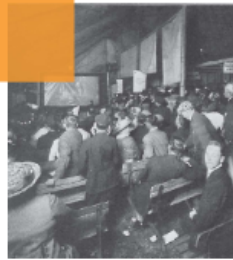


The Early Years of Social Health Education



The Meaning of Social Health

While the meaning of social health has shifted over the decades, at its base, it is about making responsible choices and adopting healthy behaviors. The concept of social health emerged from the Progressive Era's social hygiene movement. In 1960, the definition of social health expanded to encompass areas such as marriage and family life. More recently, social health has been understood as one of three areas that define total health.



1890s – 1920s The Rise of the Social Hygienists

- While most Social Hygienists increased the public discussion of sexual issues, they were largely conservative with a focus on traditional social values. Social Hygienists emphasized sexual abstinence and strict self-discipline.

1907 – 1922 Indiana Society for Social Hygiene

- Dr. John Hurty, Indiana Secretary of the State Board of Health (1896-1922) organized Indiana Society for Social Hygiene to address the public health issues of syphilis and gonorrhea.
- The group published "Social Hygiene and the Sexual Plagues," aimed at preventing sexually transmitted diseases by changing male adolescent behavior. More than 100,000 copies of the controversial pamphlet were distributed.



1922 School-based Initiatives Begin

- Under the leadership of Dr. Thurman Rice, Hurty's protégé, child and adolescent sex education began to be taught in schools. Most programs of the time emphasized the role of physicians and mothers as experts.
- Dr. Rice went on to gain national recognition for his sex education work, collaborating with the American Medical Association Bureau of Health and Public Instruction from 1933 until his death in 1952.

Anti-Syphilis League of Indiana



1937 – 1942 The Pre-cursor to Social Health Association

- Lydia Woollen Ritchey and Nell Herrington of Indianapolis founded the Anti-Syphilis League of Indiana in 1937.
- After facing public apathy to its efforts, the League changed its name to the Indiana Social Hygiene Association in 1939 and adopted a “cradle to maturity” approach to education of “appropriate sexual behaviors.”

1942 An Indianapolis Focus

- In order to receive funding from the Indianapolis Community Chest, the precursor to today's United Way of Central Indiana, the Association changed its name – and focus – to the Social Hygiene Association of Central Indiana.
- With the financial support, the agency hired its first Executive Director, Roberta West Nicholson, a nationally recognized social reformer, and moved into the Indianapolis Public Health Center.

Did you know?

Roberta West Nicholson served two terms as the only woman in the Indiana General Assembly.

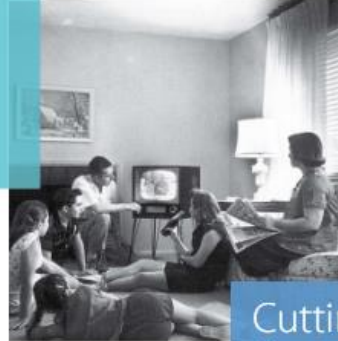


The “Magic Bullet”

The pharmaceuticals salvarsan and penicillin were referred to as “magic bullets” because of their ability to cure syphilis. After World War II, penicillin began more widely available and the anti-syphilis message evolved to include treatment as well as prevention. In Indianapolis, this led to the development of the Indianapolis Public Health Center, which used a model of patient education, follow-up treatment, and medical compliance to drastically reduce the rates of syphilis in the city.



A New Focus on Family



Cutting Edge of National Reform

Ruben Behlmer, who developed the Arsenal Tech family living course, published the class curriculum in national educational journals, which in turn influenced the development of a national family life curriculum. Social Hygiene Association of Central Indiana Executive Director Roberta West Nicholson at the time said, "This new family life education program prevents sexually transmitted disease by developing wholesome sex attitudes in growing generations."

1947 Family Life Education

- Social Hygiene Association of Central Indiana worked to protect the role of marriage and family in society. It emphasized a high school education that included child rearing, money management, wedding planning and the seriousness of marriage.
- The first family living course in Indianapolis was taught at Arsenal Technical High School.

1953 – 1960 Hormonal Contraception

- In 1953, Gregory Pincus and Katherine McCormick began their research on hormonal contraception, under the urging of birth control activist Margret Sanger.
- The Food and Drug Administration approved the first birth control pill in 1960. While activists felt "The Pill" would strengthen marriages by preventing the strains of unplanned pregnancies, it became an immediate source of controversy with critics arguing that it led to the breakdown of the traditional family.
- Hormonal contraceptives continue to be one of the most popular options for adolescent contraception today.

1960 New Director and New Name

- Elizabeth Noland Jackson, who succeeded Nicholson as Executive Director, adopted the new name Indianapolis Social Health Association to reflect a shift in priorities to "promoting education for family living for children and parent groups."



1960 – 1970 Curriculum Controversy

- Under Elizabeth Noland Jackson's direction as Executive Director, Indianapolis Social Health Association developed its own curriculum focused on presenting medically accurate information in a confidential and comfortable manner, allowing students to ask questions about the issues concerning them.
- In 1967, the agency developed an integrated six-week sex education curriculum for grades 1 – 10 for the Metropolitan School District of Pike Township, known as the Pike Plan.
- Two years later, the "Concerned Parents of Pike Township" organization filed a lawsuit seeking to stop sex education in Pike Township permanently.
- In response to the public concern, the Indiana Department of Public Instruction established nine statewide guidelines for sex education in 1970.

1974 The Effect of the Sexual Revolution

- New Executive Director Mary Hall Bond was hired in 1974 during a period of tremendous change. The Vietnam War, Civil Rights Movement, Feminism, and the Sexual Revolution challenged many national values and traditions.
- The Sexual Revolution movement pushed for acceptance of contraception, premarital sex, homosexuality and the legalization of abortion. As the movement reached the mainstream, the term "family values" took on a more politically charged meaning.
- Under Bond's leadership, the agency, now known as Social Health Association of Central Indiana, made the decision to focus solely on school-based sex education in order to stay out of the controversy surrounding issues raised through the Sexual Revolution.



Evolution of Indiana Sex Education Curriculum



Modern Sex Education

In 1967, Indianapolis Social Health Association Executive Director Elizabeth Jackson collaborated with Cloyd Julian from Indianapolis Public Schools to publish *Modern Sex Education*. This comprehensive textbook provided a standardized text that could be implemented in schools across the country. The book was a success; it was reprinted in numerous editions until 1988.

Abstinence-Plus Sex Education



"I want to talk about sexuality from a positive standpoint. Who you are as a sexual being is wonderful. Your feelings are wonderful and you need to learn to express them in ways that are appropriate for whatever age you happen to be."

– Nancy Haskell

1982 – 1985 First AIDS programs

- As the national media coverage of Ryan White, an HIV-positive teen from Kokomo, Indiana, increased, AIDS education became a public health issue in the Hoosier state. Social Health Association of Central Indiana's first AIDS program, created in 1982, was among the curriculum.
- In 1985, it incorporated AIDS into existing sexually transmitted disease lesson plans and later added an entire AIDS curriculum.
- The State of Indiana mandated AIDS education in 2005 and, with its experience on the topic, Social Health Association led or took part in several special projects.

1988 – 2000 The Nancy Haskell Years

- Nancy Haskell, who had frontline experience as a teacher in Plainfield High School and as Social Health Association's Education Director, was promoted to Executive Director in 1988.
- A growing societal focus on STDs and AIDS in the early 1990s led other agencies to create sex education programs. For the first time, Social Health Association of Central Indiana had competition.
- As a result, in 1992 Social Health Association added "Life Skills," the first new curriculum series since the 1960s. "Life Skills" focused on broader social health areas such as decision-making and self-esteem.
- The increased emphasis on abstinence-only education at the federal and state level in 1996 prompted Social Health Association's Board of Directors to articulate a renewed focus on responsible choices and healthy youth behaviors.
- In 2000, the agency officially rebranded as Social Health Association of Indiana.



What is Abstinence-Plus Sex Education?

Abstinence-Plus sex education emphasizes both medically accurate information and the attitudes, beliefs and values on topics relating to sexuality, including human development, relationships, decision-making, abstinence, contraception and disease prevention.

www.socialhealth.org



A Long Partnership with IPS

www.socialhealth.org



- 1947** Social Health Association developed a high school course for Arsenal Technical High School on marriage and dating that gained national media attention.
- 1963** Indianapolis Public Schools (IPS) discontinued family life courses. Social Health Association continued to provide sex education programs during after-school hours at the invitation of parent groups.
- 1965** Social Health Association developed a human growth and development program for Head Start families.
- 1966 – 1969** Social Health Association provided sex education programming to 18,169 elementary school students and 3,118 parents.
- 1978** IPS and Social Health Association produced a television program on sex education.
- 1978** IPS School 86 became the first school to offer human growth and development classes for students in kindergarten through grade 8 during school hours.
- 1987** Social Health Association formed a Family Life Education Curriculum Writing Committee to create a new K-12 curriculum for IPS. More than 60 community leaders worked on the project.
- 1988** The IPS Board narrowly approved the new curriculum for a six school pilot program.
- 1989** Despite community controversy, IPS introduced the new sex education curriculum. Social Health Association provided programs for grades 4 – 6 and trained IPS health teachers to provide the programs in middle and high schools.
- 2007** Social Health Association convened a committee to review the human sexuality curriculum to ensure medical accuracy.
- 2010** A Sexuality Educator Survey Report showed classroom teachers had a low confidence rate in their ability to teach sex education. Social Health Association adopted a federally approved, evidence-based curricula called "Making a Difference" to expand prevention programs in teen pregnancy and sexually transmitted diseases.
- 2011** With funding from the Nina Mason Pulliam Trust, the agency piloted "Making a Difference" in three IPS middle schools. This successful pilot set the stage to apply for federal and state funding for teen pregnancy prevention.
- 2012** Federal funding from the Indiana Family Health Council for the Indianapolis Teen Education for Pregnancy Prevention (ITEPP) allowed Social Health to teach IPS 7th and 8th grade students the new "Making a Difference" program and expand Human Growth and Development programs for 4th – 6th grade students from one to four days per class.

Making An Impact



2000 – 2002 A Broader Reach

- New Executive Director Brad Gumbert made the decision to broaden the mission of Social Health Association of Indiana to include a wider range of health issues, including HIV/AIDS, bullying and violence prevention.
- In 2001, Social Health Association established its first violence prevention curriculum for after-school presentations.

2004 – 2006 Focusing on Puberty Education

- Under the more conservative leadership of Maribeth Ransel, Social Health Association focused its attention on the less controversial puberty education.
- Social Health Association provided services in parochial schools in 2004.
- Internet safety and bullying prevention were integrated into existing curriculum.

2007 – 2013 Strategic Partnerships and Evidenced-based Focus

- In 2007, the board hired Michael Howe to serve as the new Executive Director. Unlike his predecessors, Howe was less involved in program delivery and more focused on strategic planning, administration and fundraising.
- Under Howe's leadership, Social Health Association brought new evidence-based curricula to the schools it served and placed Adolescent Health Coordinators in schools, through the support of the Indiana State Department of Health.
- The agency also worked to standardize its lesson plans and have them certified as medically accurate.
- The same year, Social Health Association created a parent educator position to expand parent programs, especially for at-risk populations.
- In 2008, the agency offered bullying prevention programs during summer camps.
- With funding from the Indiana State Department of Health and Indiana Family Health Council in 2012 the agency tripled its funding — in five days!

Kids Questions through the Years

Social Health Association archives show that student questions about sex education have remained nearly the same for more than 60 years. Here is a sampling of questions asked at Shortridge High School:

1962 – “How many intercourses does it take for the lady to become pregnant?”

1967 – “Can you get venereal disease from kissing?”

1974 – “What is sex?”

www.socialhealth.org

Looking Ahead, Moving Forward



Teaching Kindness: The Golden Rule



2014 Building Resources and Audiences

- In 2014, Social Health Association hired Tonja Eagan as CEO. She has been tasked with building agency capacity and expanding partnerships and resources to ensure the long-term sustainability of the agency.
- Social Health Association served 42,760 students, ages 5 – 18, in the 2013-2014 school year – its largest cohort ever.
- For the first time, Social Health Association has a formal marketing and public relations plan to actively educate the public about its mission and programs.

2014 Degreed and Experienced

- Social Health Association currently has the largest staff in the agency's history with 25 employees, including 20 highly educated Health Educators, two-thirds of whom hold a master's degree.
- Health Educators are specialized to particular age groups or programs, and some are co-located within a school district.

While Social Health Association first addressed conflict resolution in the 1990s, the agency piloted a more comprehensive violence prevention program in 2001. After early success, it began offering the anti-bullying programming in summer camps in 2008. The agency began addressing teen dating violence through "Setting Healthy Boundaries," which was taught to 8th grade students.

Four years later, Social Health Association launched "Step Up for Kindness!"SM a new program that focused more on the importance of kindness and accountability. This new curriculum is being offered to more than 35,000 K-8 students, thanks to a grant from Impact 100 of Greater Indianapolis. Next up is a new teen dating violence prevention program designed to teach students in grade 7 and 8 about healthy relationships.

Vision for the Future

A Vision for the Future

Social Health Association of Indiana will be known as the school health education program:

- Best prepared to empower students in their quest to make wise and responsible decisions about their health;
- Best able to support youth in acquiring skills to reduce their health risk behaviors thus enabling them to stay in school; and, excel in their studies, and be ready to become productive members of society;
- Trusted by parents who want to feel supported in their roles as educators of their own children;
- Of choice for school administrators who wish to have their students receive age appropriate, medically accurate, and effective instruction on health topics taught by degreed and experienced educators.

Social Health Association's Core Values

Since 2004, the following values have supported all programming for students, parents and school personnel:

- Every person deserves respect.
- Everyone is equal.
- No one has the right to manipulate or use another person.
- Every person is responsible for his or her own actions and the consequences.
- Individuals have a right to receive age appropriate, medically accurate information about their health.



The History of Teen Pregnancy Prevention

1950s went from being “wayward girls” to become “unwed mothers” with family life education focusing on the redemptive value of marriage.

1960s The term “teen pregnancy” grew in popularity, acknowledging the role of young men. Sex education focused on preventing pregnancy more than premarital sex.

1970s Despite the concern about a teen pregnancy epidemic, the rates of teenage childbearing dropped sharply in the late 1970s and early 1980s.

1970 Title X of the Public Health Service Act was signed by Richard Nixon to create a federal grant program for comprehensive family planning and related preventative health services.

1973 The U.S. Supreme Court legalized abortion with *Roe v. Wade*. The rates of abortions rose in the decades after legalization but the teen abortion rate has fallen in recent decades.

1980s According to the Center for the Study of Social Policy, births to single teenagers in Indiana increased by 26 percent, more than double the national increase.

1982 Social Health Association offered programs to pregnant girls at St. Elizabeth’s Pregnancy and Adoption Services and IPS Alternative schools.

1994 The U.S. Centers for Disease Control and Prevention (CDC) reported a correlation between lack of safe sex education and teenage pregnancy.

1996 Social Health Association received a grant from the newly created Indiana Project Respect for community programs and training in abstinence-based education.

2004 Indiana Project Respect funded the agency’s workshop, “Empowering Parents to Talk About Sexuality and Abstinence.”

2011 A statewide research report, Youth Risk Behavior Survey, was published by the Indiana State Department of Health. The compelling conclusions drawn from the self-reported data obtained from high school students helped make the case for Abstinence-Plus education.

2011 With funding from the Nina Mason Pulliam Trust, the agency piloted the pregnancy prevention program, “Making a Difference!”* in three IPS middle schools.

2012 – 2015 Social Health Association’s “Making A Difference!” curriculum was now available to middle-school students throughout the State of Indiana as a result of grant partnerships with Indiana State Board of Health, Indiana Family Health Council, Health Care Education and Training, and the U.S. Department of Health and Human Services.

51 percent of Indiana high school students have had sexual intercourse. 42 percent do not wear condoms.

90 percent of all unintended pregnancies occur due to inconsistent or incorrect contraception use.

LGBTQ youth are **four times more likely** to get pregnant or impregnate someone.

25 percent of teen mothers have a second child within 24 months of their first child’s birth.

From 2011 Indiana Youth Risk Behavior Survey



Social Health Association of Indiana
www.socialhealth.org

Bibliography

Manuscript Collections

- American Social Health Association Archive, University of Minnesota, Minneapolis, Minnesota.
- Indiana State Board of Health Collection, John Hurty Papers. Indiana State Archives, Indianapolis, Indiana.
- Indiana University President's Office Records, 1937-1962. Ruth Lilly Library, Indiana University, Bloomington, Indiana.
- Indiana University School of Medicine Collection. History of Medicine Collection, Ruth Lilly Medical Library, Indianapolis, Indiana.
- Kinsey Collection, Institute Research. The Kinsey Institute for Research in Sex, Gender, and Reproduction, Bloomington, Indiana.
- Oral History of Roberta West Nicholson by F. Gerald Handfield, 1985. Manuscript Section, Indiana Division, Indiana State Library, Indianapolis, Indiana.
- Social Health Association of Central Indiana Records. Ruth Lilly Special Collections and Archives, Indianapolis, Indiana.

Sex Education Curriculum

- Bauer, William Waldo. "American Medical Association's Bureau of Health and Public Instruction." *Journal of Social Hygiene* 23 (October 1937): 349-50.
- Behlmer, Reuben D. *From Teens to Marriage*. Saint Louis: Concordia, 1959.
- Bigelow, Maurice Alpheus. *Sex-Instruction as a Phase of Social Education*. American Federation for Sex Hygiene, 1913.
- Davis, Ozora S., and Emma Frances Angell Drake. *Safe Counsel or Practical Eugenics, to Which Has Been Added The Story of Life*. 40th Edition. Chicago, IL, US: Franklin Publishing Company, 1930.
- Indiana Society for Social Hygiene. *Social Hygiene vs. the Sexual Plagues with Their Rapid Invasion of the American Home. The Direful Consequences of Sex Secrecy and the Obligation of Parents and the State to Protect the Rising Generation*. Indianapolis: Indiana State Board of Health, 1910.
- Indiana State Board of Health. *The Indiana State Board of Health Bulletin #219, Department of Health Instruction*. Indianapolis: Indiana State Board of Health, 1956.
- Indiana Department of Public Instruction. *A Guide for Health Education in Indiana Schools: A Tentative Course of Study for Kindergarten through High School*, 1956.
- Julian, Cloyd J., and Elizabeth Noland Jackson. *Modern Sex Education*. New York: Holt, Rinehart, and Winston, 1967.
- . *Modern Sex Education: Teacher's Edition*. New York: Holt, Rinehart, and Winston, 1972.
- Julian, Cloyd J., and Nancy S. Simon. *Modern Sex Education*. New York: Holt, Rinehart, and Winston, 1985.

- Landis, Paul Henry. *Your Marriage and Family Living*. McGraw-Hill Book Company, Inc., 1946.
- . *Your Marriage and Family Living, Teachers Edition*. St. Louis: McGraw-Hill, 1954.
- Lerrigo, Marion O., and Helen Fairbairn. *A Story about You; the Facts You Want to Know about Sex*. Chicago: American Medical Association and National Education Association, 1955.
- . *Facts Aren't Enough*. Washington, D.C.: American Medical Association and National Education Association, Chicago, 1955.
- . *Finding Yourself*. Washington, D.C.: American Medical Association and National Education Association, Chicago, 1955.

Newspapers and Periodical Collections

Hygeia

The Indiana State Board of Health Bulletins, Department of Health Instruction.

Journal of Social Hygiene

Monthly Bulletin Indiana State Board of Health

Social Hygiene

Printed Sources

- Bauer, William Waldo. "American Medical Association's Bureau of Health and Public Instruction." *Journal of Social Hygiene* 23 (October 1937): 349–50.
- Behlmer, Reuben D. *Family Life Education Survey, a Report*. Indianapolis: Indiana State Board of Health, 1960.
- Deitz, Purd Eugene. "Sex, Marriage and Family." *Journal of Religious Thought* 4, no. 2 (March 1, 1947): 249–50.
- Drake, Gordon V. *Is the Schoolhouse the Proper Place to Teach Raw Sex?* Houston, TX: Christian Crusade Publications, 1968.
- Dukelow, Donald A. "Joint Committee on Health Problems in Education Celebrates Its Golden Anniversary." *Journal of Health, Physical Education, Recreation* 32, no. 4 (April 1, 1961): 33–33.
- Hall, G. Stanley. *Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion and Education*. New York: D. Appleton and Company, 1904.
- Indiana University Extension Division. *Bulletin of the Extension Division, Indiana University*, 1922.
- Lee, Margie R. "Sex in Context: The Psycho-Social Focus of E. C. Brown Trust Research, 1949-1959." *The Family Life Coordinator* 8, no. 2 (December 1, 1959): 19–33.
- Luckey, Eleanore B. "Family Life Ed And/or Sex Ed?" *Journal of Marriage and Family* 29, no. 2 (May 1, 1967): 377–80.
- Maternal Health League of Indiana. *Maternal Health League of Indiana Stands for Better Babies, Healthier Mothers, Happier Families*, 1938.

- Morrow, Prince Hall. "Results Achieved by the Movement for Sanitary and Moral Prophylaxis-- Outlook for the Future." *Transactions of the American Society of Sanitary and Moral Prophylaxis* 3 (October 14, 1909).
- Muren, G. Morgan. "The American Society of Sanitary and Moral Prophylaxis, Its Aims and Objects." *The American Journal of Nursing* 7, no. 4 (January 1, 1907): 245–

Other Sources

- Allyn, David. *Make Love, Not War: The Sexual Revolution: An Unfettered History*. New York: Routledge, 2001.
- Arnett, Jeffrey Jensen. "G. Stanley Hall's Adolescence: Brilliance and Nonsense." *History of Psychology* 9, no. 3 (August 2006): 186–97.
- Arnett, Jeffrey Jensen, and Hamilton Cravens. "G. Stanley Hall's Adolescence: A Centennial Reappraisal: Introduction." *History of Psychology* 9, no. 3 (2006): 165–71.
- Bailey, Beth L. *From Front Porch to Back Seat: Courtship in Twentieth-Century America*. Baltimore: Johns Hopkins University Press, 1988.
- Bauer, William Waldo. "American Medical Association's Bureau of Health and Public Instruction." *Journal of Social Hygiene* 23 (October 1937): 349–50.
- Bennett, Jeff, and Richard D. Feldman. "'The Most Useful Citizen of Indiana': John N. Hurty and the Public Health Movement." *Traces of Indiana & Midwestern History* 12, no. 3 (July 2000): 34–43.
- Boyle, Eric W. *Quack Medicine: A History of Combating Health Fraud in Twentieth-Century America*. Santa Barbara: Praeger, 2013.
- Brandt, Allan M. *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880*. New York: Oxford University Press, 1987.
- Brandt, Allan M., and Paul Rozin. *Morality and Health*. New York: Psychology Press, 1997.
- Brumberg, Joan Jacobs. *The Body Project: An Intimate History of American Girls*. New York: Random House, 2010.
- Burde, Dana. *Schools for Conflict or for Peace in Afghanistan*. New York: Columbia University Press, 2014.
- Burek Pierce, Jennifer. "Understanding the 'Sexual Plagues': Evidence for Correcting Catalog Records for an Indiana State Government Publication." *Indiana Libraries* 26, no. 3 (2007): 33–34.
- . *What Adolescents Ought to Know: Sexual Health Texts in Early Twentieth-Century America*. Amherst: University of Massachusetts Press, 2011.
- Burke, James C. *Power, Politics, and the Missouri Synod: A Conflict That Changed American Christianity*. St. Louis: Fortress Press, 2011.
- Burnham, John. "The Societization of Medicine or the Medicalization of Society?" *Reviews in American History* 37, no. 4 (December 2009): 611–16.
- Burnham, John C. "The Progressive Era Revolution in American Attitudes Toward Sex." *Journal of American History* 59, no. 4 (March 1, 1973): 885–908.
- Burnstein, Daniel Eli. *Next to Godliness: Confronting Dirt and Despair in Progressive Era New York City*. Urbana University of Illinois Press, 2006.

- Capshew, James H. *Herman B Wells: The Promise of the American University*. Bloomington: Indiana University Press, 2012.
- Carlson, Allan C. *Godly Seed: American Evangelicals Confront Birth Control, 1873-1973*. New Brunswick: Transaction Publishers, 2012.
- Carter, Julian. "Birds, Bees and Venereal Disease: Towards an Intellectual History of Sex Education." *Journal of the History of Sexuality* 10, no. 2 (April 2001): 213–49.
- Carter, Julian B. *The Heart of Whiteness: Normal Sexuality and Race in America, 1880–1940*. Durham: Duke University Press, 2007.
- Clarke, Adele E., Laura Mamo, Jennifer Ruth Fosket, Jennifer R. Fishman, and Janet K. Shim, eds. *Biomedicalization: Technoscience, Health, and Illness in the U.S.* Durham, NC: Duke University Press Books, 2010.
- Clarke, Charles Walter. *Taboo: The Story of the Pioneers of Social Hygiene*. New York: Public Affairs Press, 1961.
- Clarke, Juane N. "Medicalisation and Changes in Advice to Mothers about Children's Mental Health Issues 1970 to 1990 as Compared to 1991 to 2010: Evidence from Chatelaine Magazine." *Health, Risk & Society* 15, no. 5 (August 2013): 416–31.
- Clark, Thomas Dionysius. *Indiana University, Midwestern Pioneer*. Vol. 2. Bloomington: Indiana University Press, 1970.
- Clouse, Bonnidell. "Character Education: Borrowing from the Past to Advance the Future." *Contemporary Education* 72, no. 1 (2001): 23–28.
- Conis, Elena. *Vaccine Nation: America's Changing Relationship with Immunization*. Chicago: University of Chicago Press, 2014.
- Conrad, Peter. "Against Health: How Health Became a New Morality." *Sociology of Health & Illness* 34, no. 3 (March 2012): 479–80.
- . *Deviance and Medicalization: From Badness to Sickness*. Philadelphia: Temple University Press, 1992.
- . *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*. Baltimore: Johns Hopkins University Press, 2007.
- . "Wellness as Virtue: Morality and the Pursuit of Health." *Culture, Medicine & Psychiatry* 18, no. 3 (September 1994): 385–401.
- Constantine, Norman A. "Converging Evidence Leaves Policy Behind: Sex Education in the United States." *Journal of Adolescent Health* 42, no. 4 (April 2008): 324–26.
- Critchlow, Donald T. *The Politics of Abortion and Birth Control in Historical Perspective*. University Park: Pennsylvania State University Press, 1996.
- Currell, Susan, and Christina Cogdell. *Popular Eugenics: National Efficiency and American Mass Culture in the 1930s*. Athens: Ohio University Press, 2006.
- Daly, Walter. "The Origins of President Bryan's Medical School." *Indiana Magazine of History* 97 (2002): 266–84.
- Dawley, Alan. *Struggles for Justice: Social Responsibility and the Liberal State*. Cambridge: Harvard University Press, 1993.
- Deitz, Purd Eugene. "Sex, Marriage and Family." *Journal of Religious Thought* 4, no. 2 (March 1, 1947): 249–50.
- Drucker, Donna J. "'A Most Interesting Chapter in the History of Science: Intellectual Responses to Alfred Kinsey's Sexual Behavior in the Human Male.'" *History of the Human Sciences* 25, no. 1 (February 1, 2012): 75–98.

- . “‘A Noble Experiment:’ The Marriage Course at Indiana University, 1938-1940.” *Indiana Magazine of History* 103, no. 3 (2007): 231–64.
- . *The Classification of Sex: Alfred Kinsey and the Organization of Knowledge*. Pittsburg: University of Pittsburgh Press, 2014.
- Duffy, John. *The Sanitarians: A History of American Public Health*. Urbana: University of Illinois Press, 1992.
- Dukelow, Donald A. “Joint Committee on Health Problems in Education Celebrates Its Golden Anniversary.” *Journal of Health, Physical Education, Recreation* 32, no. 4 (April 1, 1961): 33–33.
- Duryea, Elias J. “Utilizing Tenets of Inoculation Theory to Develop and Evaluate a Preventive Alcohol Education Intervention.” *Journal of School Health* 53, no. 4 (April 1, 1983): 250–56.
- Ellis, Linda Dye. *A Call to Leadership: The First Fifty Years of the Indiana Association of Public School Superintendents*. West Lafayette, IN: Purdue University Press, 2010.
- Emilio, John D’, and Estelle B. Freedman. *Intimate Matters: A History of Sexuality in America*. Chicago: University of Chicago Press, 2012.
- Engelman, Peter. *A History of the Birth Control Movement in America*. Santa Barbara, Calif.: Praeger, 2011.
- Fausto-Sterling, Anne. *Sexing the Body: Gender Politics and the Construction of Sexuality*. New York: Basic Books, 2008.
- Fields, Jessica. *Risky Lessons Sex Education and Social Inequality*. New Brunswick: Rutgers University Press, 2008.
- Foucault, Michel. *The History of Sexuality*. New York: Pantheon Books, 1978.
- Freeman, Susan K. *Sex Goes to School: Girls and Sex Education before the 1960s*. Urbana: University of Illinois Press, 2008.
- Freidenfelds, Lara. *The Modern Period: Menstruation in Twentieth-Century America*. Baltimore: Johns Hopkins University Press, 2009.
- Gathorne-Hardy, Jonathan. *Sex the Measure of All Things: A Life of Alfred C. Kinsey*. Bloomington: Indiana University Press, 2000.
- Gordon, Linda. *The Moral Property of Women: A History of Birth Control Politics in America*. Urbana: University of Illinois Press, 2002.
- Hatfield, Elaine. *Love and Sex: Cross-Cultural Perspectives*. Lanham, MD: University Press of America, 2005.
- Himmelstein, Jerome L. *To the Right: The Transformation of American Conservatism*. Berkeley: University of California Press, 1992.
- Huber, Machteld, J. André Knottnerus, Lawrence Green, Henriëtte van der Horst, Alejandro R. Jadad, Daan Kromhout, Brian Leonard, et al. “How Should We Define Health?” *British Medical Journal* 343 (July 26, 2011): 163.
- Hull, Kathleen Warfel. “History of the Department of Pathology and Laboratory Medicine.” *Department of Pathology Newsletter* 1, no. 3 (2005): 2–4.
- Igra, Vivien, and Charles E. Irwin Jr. “Theories of Adolescent Risk-Taking Behavior.” In *Handbook of Adolescent Health Risk Behavior*, edited by Ralph J. DiClemente, William B. Hansen, and Lynn E. Ponton, 35–51.

- Imber, Michael. "The First World War, Sex Education, and the American Social Hygiene Association's Campaign against Venereal Disease." *Journal of Educational Administration and History* 16, no. 1 (1984): 47–56.
- Irvine, Janice M. "Doing It with Words: Discourse and the Sex Education Culture Wars." *Critical Inquiry* 27, no. 1 (September 2000): 58.
- . *Talk About Sex: The Battles Over Sex Education in the United States*. Berkeley: University of California Press, 2002.
- Jemmott, J. B., L. S. Jemmott, and G.T. Fong. "Abstinence and Safer Sex HIV Risk-Reduction Interventions for African American Adolescents: A Randomized Controlled Trial." *Journal of the American Medical Association* 279, no. 19 (1998): 1529–36.
- Jensen, Robin E. *Dirty Words: The Rhetoric of Public Sex Education, 1870-1924*. Urbana: University of Illinois Press, 2010.
- Joshua A. Compton, Michael Pfau. "Chapter 4: Inoculation Theory of Resistance to Influence at Maturity: Recent Progress In Theory Development and Application and Suggestions for Future Research." *Communication Yearbook* 29, no. 1 (2005): 97–145.
- Junod, Suzanne White. "Perspectives on the Pill: An Essay Review." *Journal of the History of Medicine and Allied Sciences* 57, no. 3 (2002): 333–39.
- Kevles, Daniel J. *In the Name of Eugenics: Genetics and the Uses of Human Heredity*. Berkeley: University of California Press, 1985.
- Kline, Wendy. *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*. Berkeley: University of California Press, 2001.
- Kohler, Pamela K., Lisa E. Manhart, and William E. Lafferty. "Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy." *Journal of Adolescent Health* 42, no. 4 (April 1, 2008): 344–51.
- Ladd-Taylor, Molly. *Mother-Work: Women, Child Welfare, and the State, 1890-1930*. Urbana: University of Illinois Press, 1995.
- La Pena, Carolyn de. *Empty Pleasures: The Story of Artificial Sweeteners from Saccharin to Splenda*. Chapel Hill: University of North Carolina Press, 2010.
- Larson, James S. "The Conceptualization of Health." *Medical Care Research and Review* 56, no. 2 (June 1, 1999): 123–36.
- Lee, Margie R. "Sex in Context: The Psycho-Social Focus of E. C. Brown Trust Research, 1949-1959." *Family Life Coordinator* 8, no. 2 (December 1, 1959): 19–33.
- Lombardo, Paul A. *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*. Bloomington: Indiana University Press, 2011.
- Lord, Alexandra M. *Condom Nation: The U.S. Government's Sex Education Campaign from World War I to the Internet*. Baltimore: Johns Hopkins University Press, 2010.
- Lovett, Laura L. *Conceiving the Future: Pronatalism, Reproduction, and the Family in the United States, 1890-1938*. Chapel Hill: University of North Carolina Press, 2009.
- Luckey, Eleanore B. "Family Life Ed And/or Sex Ed?" *Journal of Marriage and Family* 29, no. 2 (May 1, 1967): 377–80.

- Luker, Kristin. *Abortion and the Politics of Motherhood*. Berkeley: University of California Press, 1985.
- . *Dubious Conceptions: The Politics of Teenage Pregnancy*. Cambridge, MA: Harvard University Press, 1996.
- . *When Sex Goes to School: Warring Views on Sex--and Sex Education--since the Sixties*. New York: W. W. Norton & Co., 2006.
- Madison, James H. *Hoosiers: A New History of Indiana*. Bloomington: Indiana University Press, 2014.
- Marks, Lara. *Sexual Chemistry: A History of the Contraceptive Pill*. New Haven: Yale University Press, 2010.
- Martin, William. *With God on Our Side: The Rise of the Religious Right in America*. New York: Broadway Books, 2005.
- May, Elaine Tyler. *America and the Pill: A History of Promise, Peril, and Liberation*. New York: Basic Books, 2010.
- McBrien, William. *Cole Porter*. New York: Knopf Doubleday Publishing Group, 2011.
- McCracken, Grant David. *Culture and Consumption: New Approaches to the Symbolic Character of Consumer Goods and Activities*. Bloomington: Indiana University Press, 1990.
- McGerr, Michael. *A Fierce Discontent: The Rise and Fall of the Progressive Movement in A*. New York: Simon and Schuster, 2010.
- McGirr, Lisa. *Suburban Warriors: The Origins of the New American Right*. New Brunswick: Princeton University Press, 2001.
- Mehlman, Natalia. "Sex Ed... and the Reds? Reconsidering the Anaheim Battle over Sex Education, 1962-1969." *History of Education Quarterly* 47, no. 2 (May 1, 2007): 203–32.
- . "Sex Ed... and the Reds? Reconsidering the Anaheim Battle over Sex Education, 1962-1969." *History of Education Quarterly* 47, no. 2 (May 1, 2007): 203–32.
- Milunsky, Aubrey. *Genetics and the Law III*. New York: Springer Science & Business Media, 2013.
- Moore, Leonard J. *Citizen Klansmen: The Ku Klux Klan in Indiana, 1921-1928*. Chapel Hill: University of North Carolina Press, 1997.
- Moran, Jeffrey P. "'Modernism Gone Mad': Sex Education Comes to Chicago, 1913." *Journal of American History* 83, no. 2 (September 1, 1996): 481–513.
- . "Sex Education and the Rise of the New Right." *Reviews in American History* 31, no. 2 (June 1, 2003): 283–89.
- . *Teaching Sex: The Shaping of Adolescence in the 20th Century*. Cambridge, MA: Harvard University Press, 2000.
- More, Ellen S. *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995*. Cambridge, MA: Harvard University Press, 2009.
- Morrow, Prince Hall. "Results Achieved by the Movement for Sanitary and Moral Prophylaxis-- Outlook for the Future." *Transactions of the American Society of Sanitary and Moral Prophylaxis* 3 (October 14, 1909): 3–9.
- Muren, G. Morgan. "The American Society of Sanitary and Moral Prophylaxis, Its Aims and Objects." *American Journal of Nursing* 7, no. 4 (January 1, 1907): 245–53.
- Nathanson, Constance A. *Dangerous Passage: The Social Control of Sexuality in Women's Adolescence*. Philadelphia: Temple University Press, 1993.

- Osgood, Robert L. "Education in the Name of 'Improvement': The Influence of Eugenic Thought and Practice in Indiana's Public Schools, 1900-1930." *Indiana Magazine of History* 106, no. 3 (September 1, 2010): 272-99.
- Oudshoorn, Nelly. *Beyond the Natural Body: An Archaeology of Sex Hormones*. London: Routledge, 2003.
- Oudshoorn, Nelly, and Trevor J. Pinch. *How Users Matter: The Co-Construction of Users and Technology*. Boston: MIT Press, 2005.
- Parascandola, John. *Sex, Sin, and Science: A History of Syphilis in America*. New York: Greenwood Publishing Group, 2008.
- Park, Roberta J. "A Decade of the Body: Researching and Writing About the History of Health, Fitness, Exercise and Sport, 1983-1993." *Journal of Sport History* 21, no. 1 (Spring 1994): 59-82.
- Perlstein, Rick. *Before the Storm: Barry Goldwater and the Unmaking of the American Consensus*. New York: Nation Books, 2009.
- Pernick, Martin S. "Contagion and Culture." *American Literary History* 14, no. 4 (December 1, 2002): 858-65.
- Petrzela, Natalia Mehlman. *Classroom Wars: Language, Sex, and the Making of Modern Political Culture*. New York: Oxford University Press, 2015.
- Pierce, Jennifer Burek. "Indiana's Public Health Pioneer and History's Iron Pen." *Indiana Magazine of History* 106, no. 3 (September 2010): 224-45.
- Pierce, Richard B. *Polite Protest: The Political Economy of Race in Indianapolis, 1920-1970*. Bloomington: Indiana University Press, 2005.
- Porter, Roy, and Mikuláš Teich. *Sexual Knowledge, Sexual Science: The History of Attitudes to Sexuality*. Cambridge, MA: Cambridge University Press, 1994.
- Porter, Theodore M. *Trust in Numbers: The Pursuit of Objectivity in Science and Public Life*. New Brunswick: Princeton University Press, 1996.
- Reed, James. *The Birth Control Movement and American Society: From Private Vice to Public Virtue*. New Brunswick: Princeton University Press, 1978.
- Reiss, Ira L. *An Insider's View of Sexual Science since Kinsey*. Lanham, MD: Rowman & Littlefield, 2006.
- Rembis, Michael. *Defining Deviance: Sex, Science, and Delinquent Girls, 1890-1960*. Urbana: University of Illinois Press, 2013.
- Ridini, Steven P. *Health and Sexuality Education in Schools: The Process of Social Change*. New York: Greenwood Publishing Group, 1998.
- Robertson, Stephen. "Separating the Men from the Boys: Masculinity, Psychosexual Development, and Sex Crime in the United States, 1930s-1960s." *Journal of the History of Medicine and Allied Sciences* 56, no. 1 (2001): 3-35.
- Romer, Daniel. "Adolescent Risk Taking, Impulsivity, and Brain Development: Implications for Prevention." *Developmental Psychobiology* 52, no. 3 (April 2010): 263-76.
- Rowe, David C., and Joseph Lee Rodgers. "A Social Contagion Model of Adolescent Sexual Behavior: Explaining Race Differences." *Biodemography and Social Biology* 41, no. 1-2 (1994): 1-18.
- Rudy, Willis. *Total War and Twentieth-Century Higher Learning: Universities of the Western World in the First and Second World Wars*. Teaneck, NJ: Fairleigh Dickinson University Press, 1991.

- Samuel, Lawrence R. *Sexidemic: A Cultural History of Sex in America*. Lanham, UK: Rowman & Littlefield Publishers, 2013.
- Sauerteig, Lutz, and Roger Davidson. *Shaping Sexual Knowledge: A Cultural History of Sex Education In Twentieth Century Europe*. London: Routledge, 2009.
- Schaefer, Eric. *Sex Scene: Media and the Sexual Revolution*. Durham: Duke University Press, 2014.
- Schneider, William H. *Quality and Quantity: The Quest for Biological Regeneration in Twentieth-Century France*. Cambridge University Press, 2002.
- Schoen, Johanna. *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*. Chapel Hill: University of North Carolina Press, 2005.
- Schoenwald, Jonathan. *A Time for Choosing : The Rise of Modern American Conservatism*. New York: Oxford University Press, 2001.
- Sides, Josh. *Erotic City: Sexual Revolutions and the Making of Modern San Francisco*. New York: Oxford University Press, 2011.
- Solinger, Rickie. *Pregnancy and Power: A Short History of Reproductive Politics in America*. New York: New York University Press, 2007.
- Stern, Alexandra. *Eugenic Nation : Faults and Frontiers of Better Breeding in Modern America*. American Crossroads. Berkeley: University of California Press, 2005.
- . “Improving Hoosiers: Indiana and the Wide Scope of American Eugenics.” *Indiana Magazine of History* 106, no. 3 (September 1, 2010): 219–23.
- . “Making Better Babies: Public Health and Race Betterment in Indiana, 1920-1935.” *American Journal of Public Health* 92, no. 5 (May 2002): 742–52.
- . “‘We Cannot Make a Silk Purse Out of a Sow’s Ear’: Eugenics in the Hoosier Heartland.” *Indiana Magazine of History* 103, no. 1 (March 1, 2007): 3–38.
- Stern, Alexandra Minna, and Howard Markel. *Formative Years: Children’s Health in the United States, 1880-2000*. Ann Arbor: University of Michigan Press, 2009.
- Thompson, Joseph F. “The Faithful Few: A History of Planned Parenthood of Central Indiana.” Indianapolis, IN: Planned Parenthood of Central Indiana, 2007.
- Tomes, Nancy. *The Gospel of Germs: Men, Women, and the Microbe in American Life*. Cambridge, MA: Harvard University Press, 1999.
- Tone, Andrea. *Devices and Desires: A History of Contraceptives in America*. New York: Hill and Wang, 2002.
- . *The Age of Anxiety: A History of America’s Turbulent Affair with Tranquilizers*. New York: Basic Books, 2012.
- Tyack, David B., and Larry Cuban. *Tinkering toward Utopia: A Century of Public School Reform*. Cambridge, MA: Harvard University Press, 1995.
- Tyack, David B., and Elisabeth Hansot. *Managers of Virtue: Public School Leadership in America, 1820-1980*. New York: Basic Books, 1982.
- Varpalotai, Aniko, and Ellen Singleton. “‘To Establish Habits of Health’: Health Education and Advice for Girls - Past, Present and Future.” *Atlantis* 32, no. 2 (March 2008): 99–111.
- Vostral, Sharra L. *Under Wraps: A History of Menstrual Hygiene Technology*. New York: Lexington Books, 2010.
- Watkins, Elizabeth Siegel. *On the Pill: A Social History of Oral Contraceptives, 1950-1970*. Baltimore: Johns Hopkins University Press, 2001.

- Wilson, Philip K. "Bad Habits and Bad Genes: Early 20th-Century Eugenic Attempts to Eliminate Syphilis and Associated 'Defects' from the United States." *Canadian Bulletin of Medical History* 20, no. 1 (June 2003): 11–41.
- . "Confronting 'Hereditary' Disease: Eugenic Attempts to Eliminate Tuberculosis in Progressive Era America." *Journal of Medical Humanities* 27, no. 1 (Spring 2006): 19–37.
- Young, Noraleen A. "*To Protect and Improve the Institution of Marriage and Family:*" *Social Health Association of Central Indiana*. Indianapolis, IN: IUPUI Press, 1993.
- Zimmerman, Jonathan. *Too Hot to Handle: A Global History of Sex Education*. Princeton: Princeton University Press, 2015.
- . *Whose America?: Culture Wars in the Public Schools*. Cambridge, MA: Harvard University Press, 2005.
- Zunz, Olivier. *Philanthropy in America: A History*. Princeton, N.J.: Princeton University Press, 2012.

Thurman Brooks Rice

Titles are arranged by subject and in chronological order within subject. Books and pamphlets with multiple editions are listed under first publication date.

Eugenics

Rice, Thurman Brooks. *Racial Hygiene: A Practical Discussion of Eugenics and Race Culture*. New York: Macmillan, 1929.

———. “What Is the Goal of Eugenics?” *Symposium on Eugenics* 3 (June 1930): 224–25.

———. “Incident of Color.” *Poem* 28 (February 1950): 61–61.

Sex Education

———. *The Venereal Diseases*. Chicago: American Medical Association, 1933. (2 Editions)

———. *The Age of Romance*. Chicago: American Medical Association, 1933. (4 Editions)

———. *The Story of Life: For Boys and Girls of Ten Years*. Chicago: American Medical Association, 1933. (4 Editions)

———. *Those First Sex Questions*. Chicago: American Medical Association, 1933. (4 Edition.)

———. *How Life Goes on and On, a Story for Girls of High School Age*. Chicago: American Medical Association, 1933. (4 Editions)

———. *In Training, for Boys of High School Age*. Chicago: American Medical Association, 1933. (4 Editions)

———. “Sex Education.” *Ideals and Purposes* 11 (July 1933): 585–88.

———. “Sex Education.” *Hygeia* 12 (1934): 2–4.

———. *Sexual Disfunction as a Medical Problem*. Indianapolis: The Indiana State Board of Health, 1935.

———, Marion O. Lerrigo, and Thomas Denison Wood. *Sex Education, a Guide for Teachers and Parents*. New York: T. Nelson and Sons, 1937.

———. *Sex Education*. Chicago: American Medical Association, 1938.

———. “Choice of a Marriage Mate.” *Hygeia*. 16 (February 1938): 122.

———. *Sex, Marriage and Family*. Philadelphia; New York: J.B. Lippincott Company, 1946.

———. *How Shall Sex Be Taught in the Schools?*. Chicago: American Medical Association, 1947.

Health Education

———. “School Health Program in Relation to Mental Hygiene.” *Abstract* 1925 (January 1925): 596–597.

———, Anette M. Phelan, Marion Olive Lerrigo, Nina B. Lamkin, and Thomas Denison Wood. *Adventures in Living ...* New York: T. Nelson, 1936.

- . “The Indiana Plan of Health Co-ordination.” *Journal of School Health* 5, no. 1 (1935): 8–9.
- . “Sane Views of Sports and Their Uses in Elementary Schools.” *National Education Association Proceedings & Addresses 1937* (January 2, 1937): 284–287.
- , Wilson, Charles Christopher. *Health Education: A Guide for Teachers and a Text for Teacher Education*. National Education Assn. of the United States, 1938.
- . *What Shall We Teach in Hygiene?* Indianapolis: Indiana State Board of Health, Bureau of Health and Physical Education, 1940.
- . “A Charter for School Health: A Review.” *Public Health Reports* (1896-1970) 61, no. 22 (May 31, 1946): 782–84.
- . “The Indiana Plan of Health Co-Ordination.” *Journal of School Health* 5, no. 1 (1935): 8–9.
- , editor. *Health Conditions Affecting the Personality of School Youth*. Washington, Joint Committee on Health Problems in Education 1952.
- , and Charles Christopher Wilson. *Health Education; a Guide for Teachers and a Text for Teacher Education*. Washington: National Education Assn. of the United States, 1948.

Public Health

- . *Living*. Chicago: Scott, Foresman, 1940.
- . *Conquest of Disease*. New York: Macmillan, 1927.

History

- . *The Hoosier Health Officer: A Biography of Dr. John N. Hurty and the History of the Indiana State Board of Health to 1925*. Indianapolis: The Indiana State Board of Health, 1946.
- . *History of the Medical Campus, Indianapolis, Indiana*. Indianapolis: The Indiana State Board of Health, 1949.

Curriculum Vitae

Angela Bowen Potter

Education

Indiana University - Purdue University Indianapolis

Master of Arts at Indiana University in Public History, October 2015

Purdue University, *With highest distinction*

Bachelor of Arts at Purdue University in Social Studies Education, May 1996

Academic Positions

IUPUI, Research Assistant, Medical Humanities and Health Studies, 7/2014 to 8/2015

IUPUI Solution Center/Social Health Association History Project, 5/2014- 4/2015

IUPUI Department of History Teaching Assistant, 8/2013- 5/2014

Papers and Lectures

"*Going Viral: Public History and Medical Humanities @ IUPUI*" poster presentation at the National Council of Public History Conference on April 16, 2015.

"International Humanitarian Response to the Serbian Typhus Epidemic, 1914-1915" at IUPUI Workshop in Multidisciplinary Philanthropic Studies on September 30, 2014.

"Writing the book on *Modern Sex Education: Reactions to the Social Health Association of Indianapolis' Sex Education Curriculums 1967-1974*" at Indiana Association of Historians Conference on February 28, 2015.

"Confessions of the Sex Lady:" An Intimate History of Adolescent Sex Education in Indiana, 1960-1988" paper at Purdue History Writing Workshop on November 19, 2014.

"Administering Angels:" Women, the Red Cross and the International Humanitarian Response to the Serbian Typhus Epidemic, 1914-1915," Humanitarianism & Medicine: International Conference, Geneva, Switzerland on June 26, 2014.

"Ignorance is not Innocence": The Social Health Association of Indiana and Adolescent Sex Education, 1907-2007" poster at IUPUI Research Day on April 11, 2014.

Research Grants and Awards Received

Cecelia Zissis Student Scholarship, Purdue University, May 2015.

IUPUI Graduate & Professional Student Elite 50- "Best in Indiana University School of Liberal Arts Award," April 2015.

IUPUI Plater Medallion for Civic Engagement, April 2014.

Indiana Humanities Historic Preservation Education Grant, "Bethel in Community" April 2013.

Phi Beta Kappa, Purdue University, May 1996.