

*Learning the “Washington Way”:
The United States Public Health Service and the History of Sex Education*

On December 9, 1994, citing differences between “Dr. Elders’ public statements...and my own convictions,” President Bill Clinton asked Dr. Joycelyn Elders to resign as Surgeon General. While Elders’ firing stemmed in large part from her controversial comments regarding sex education, one policy analyst pointed out that Elders’ firing was the result of her having failed to “learn...the Washington way: to never speak your mind.”ⁱ Elders’ failure to learn the “Washington way” and the difficulties which she encountered as a result of this failure were not, however, unique. Long before she spoke about the need for more openness on masturbation, Surgeons General Rupert Blue, Hugh S. Cumming, Thomas Parran and C. Everett Koop had struggled to provide the American public with information about sexually transmitted diseases and human sexuality—usually in the face of disapproving administrations and private organizations.

For over eighty-five years, tensions between various administrations, private organizations and the United States Public Health Service (PHS) have marked and shaped almost every sex education program. But despite these tensions, the government has been actively and consistently involved in sex education since 1919; it was in that year that Surgeon General Rupert Blue first spoke of the “urgent need for...[sex] education...in the years of early adolescence” and aggressively called for PHS to initiate and provide sex education for adults, adolescents and children.ⁱⁱ For Rupert Blue, as for his successors in the middle and late twentieth century, sexual education “was [to be] definitely established as a public health project.”ⁱⁱⁱ This call for action, however, has proven to be easier said than done. Sexual health, especially when it is linked to adolescents and young unmarried adults, has never been viewed as a simple “public health project” by either the Public

Health Service, the Department of Education or any other agency dealing with the family, children or adolescents. Over the last one hundred years, federal employees who advocate sex education have often found themselves caught between those who view sex education as a moral issue and those who view it as a medical issue.^{iv}

Not surprisingly, this has meant that sex education has often served as a lightning rod for the appointment of federal public health experts. In the early days of PHS sponsored sex education campaigns, Surgeons General Rupert Blue and Hugh S. Cumming tread a fine line. Afraid of alienating the more conservative members of American society, both Blue and Cumming found themselves in the difficult position of having to advocate sex education—at a time when the word “sex” was still considered taboo (both Surgeons General avoided some of these tensions by using the popular euphemism “social hygiene education” to describe sex education). In the 1930s, Surgeon General Thomas Parran, invited to speak on the radio, was forbidden even to use the terms “syphilis” or “gonorrhea,” which meant that he was unable to discuss efforts to combat these diseases through sex education.^v In the 1980s, C. Everett Koop found himself labeled “the condom king” and ostracized by the Bush Administration when he called for comprehensive sex education.^{vi}

In 1995, Surgeon General Joycelyn Elders was fired when she publicly stated her view that sex education should “perhaps” include discussions of masturbation.^{vii} And just recently, in February of 2003, Eve Slater, the Assistant Secretary for Health, was released from her position. According to *The Washington Post*, Slater’s firing stemmed from the fact that she was “squishy on...sex education”; she advocated various forms of sex education, not simply abstinence programs, for young adults.^{viii} The list is endless. Since 1919, when PHS first decided to address the issue of sex

education and sexually transmitted diseases, most Surgeons General, several Assistant Secretaries for Health as well as various members of the Public Health Service have found themselves struggling to maintain an uneasy balance between “good public health” and “traditional values.”

This tension has remained a constant throughout the twentieth century, despite changes made in both the structure of PHS and the way in which Surgeons General were appointed. Before the appointment of Julius Richmond in 1977, Surgeons General were drawn from the ranks of the commissioned corps of the Public Health Service. These career PHS officers were, to some extent, chosen less for their political leanings than for their credentials in and knowledge of the Public Health Service. As a result, the ties of these individuals to the administration which they served were often fairly loose and it should not be surprising to discover tensions over sex education between early-twentieth century administrations and these Surgeons General. However, the strengthening of the political connections between the Surgeon General and various administrations has not lessened these antagonisms—if anything, the politicization of the position has led to an increase in these tensions.^{ix}

Joycelyn Elders was, of course, fired by Bill Clinton, who had chosen her as Surgeon General after she had served as his Director of the Department of Health in Arkansas; in other words, even long-running political connections and a previous history of a working relationship between a Surgeon General and a president have been insufficient to lessen conflicts over the issue of sex education. In fact, it was her ties to Clinton as well as her own actions that allowed Elders to become an easy target for Republicans who disliked Clinton.

Further complicating the problem has been the fact that Surgeons General have been

appointed for four year terms; this has meant that Surgeons General have often been forced to serve under the successors of the president who appointed them. Thus, David Satcher, appointed by Democrat Bill Clinton, continued to serve out his term under Clinton's Republican successor, George W. Bush. While Satcher's views on sex education were acceptable to the Clinton Administration, his views proved less acceptable to the Bush Administration. In preparing *A Call to Action to Promote Sexual Health and Responsible Sexual Behavior*, Satcher "came under intense pressure from conservative forces—including President Bush" to alter or even repress the report. Ironically, Satcher had not released the report earlier under the Clinton Administration, although it had been ready for release at this time. The Administration's attempts to deal with the fall-out from the Monica Lewinsky scandal provided, Satcher felt, a highly detrimental backdrop for his report.^x For Surgeons General, then, the growing politicization of their position has not only failed to lessen political conflicts over sex education, it has actually exacerbated these tensions. Moreover, these conflicts have been a constant, regardless of the ties, or lack of ties, which the Surgeon General may have to the administration in power.

For historians, all of this raises several questions. First and foremost, of course, is the question of why the federal government has been so active in calling for sex education, especially as it has been so clearly divided over this issue. But equally important is the question of how this tension between "good public health" and "traditional values" has played out in sex education campaigns. How have these factors shaped PHS's definition and concept of sex education? Given the constant tensions between those who advocate a change in social morals and those who advocate a change in educational policies, has the government been able to develop and implement an

effective or even consistent campaign to educate Americans about their sexuality and sexually transmitted diseases (STDs)?

To answer these questions, one must begin by examining both the origins as well as the early structure of PHS's sex education campaigns. The Public Health Service is not, of course, the only government agency which has been involved in the fight against sexually transmitted diseases. At different times and for varying reasons, the military as well as other agencies associated with the education and the welfare of young adults have also been actively involved in sex education. Programs by these other agencies have, however, tended to be sporadic; unlike these other agencies, PHS has been *consistently* engaged in advocating sex education. In fact, despite the difficulties associated with it, sex education has been PHS' longest running public health campaign and, at times, PHS sponsored sex education campaigns have been their most widely recognized programs among the general public.^{xi}

Since 1919, PHS has viewed sex education as "a phase of character education."^{xii} Noting that "as early as six or seven, the child seems transformed into a human question," PHS has repeatedly called for this "character" or sex education to begin at an early age.^{xiii} Early PHS discussions of sex education stressed that children should be taught "the whole process of reproduction and nurture of children, the meaning of marriage, prostitution, venereal diseases, illegitimacy, and the hygiene of sound recreation," beginning around the age of six.^{xiv} Over the course of the twentieth century, there have been only minor revisions in this early approach to and understanding of sex education. Fundamentally, PHS has continued to call for sex education to begin at an early age, preferably during childhood but at the very least during adolescence.

Additionally, PHS has continued to link sex education to broader discussions about family life and sexually transmitted diseases; this has meant that the rise and fall of PHS sponsored sex education programs have mirrored the rise and fall of concerns about the American family, overall patterns of sexual behavior, and sexually transmitted diseases.

Just as the structure and nature of the government's sex education programs have reflected the concerns of the broader culture, so too were external pressures and cultural concerns the primary impetus in forcing PHS into the field of sex education. PHS sex education campaigns were not, in other words, developed *sui generis*. During the first three decades of the twentieth century, changing patterns of sexual behavior combined with a range of other factors to lead the federal government into becoming involved in sex education. The Chamberlain-Kahn Act, which became law on July 9, 1918, was one of the first steps taken by the federal government to address what was widely perceived to be a growing epidemic of venereal disease. The Act included an appropriation of two million dollars to fight venereal disease; it also called for "the establishment of a division of venereal disease...in the Public Health Service."^{xv} First headed by C.C. Pierce, a career officer in PHS, the Venereal Disease Division sought both to create and to coordinate a national approach to the fight against venereal disease.

For PHS, the first campaign to educate Americans about sex, sexuality and sexually transmitted diseases was viewed as a war—a "People's War" which was to be fought against the external pressures of changing sexual mores, shifting perceptions of the family and rising rates of venereal disease.^{xvi} Calling for a three-pronged attack, PHS advocated the use of educational, medical and legal measures to combat sexually-transmitted diseases. And by 1926, just eight years

after the campaign had begun, Surgeon General Hugh S. Cumming boasted that “the prevention of venereal disease is [now] definitely established as a public health project.”^{xvii}

Cumming’s optimism, however, masked a very different reality. While it is true that the prevention of venereal disease became a central component of public health during the 1920s,^{xviii} establishing and maintaining a public health campaign to fight sexually transmitted diseases continued to be extraordinarily difficult throughout the inter-war period and well into the second half of the twentieth century. In many ways, the “People’s War,” the first salvo of this campaign, typified these problems. Although begun with a great deal of fanfare, the “People’s War” was hampered from the start by the “social silence” which accompanied any and all discussions of venereal disease during this period.^{xix} Frustrated by logistical and funding problems, PHS’ “People’s War” was a failure on several counts. At the most basic level, the campaign failed to make a real dent in the high levels of venereal disease which were believed to characterize the United States. But the campaign also failed to provide the general public with a thorough education on the nature of human sexuality and sexually-transmitted diseases. Despite—or perhaps because of—these failures, PHS’ first crusade against venereal disease provides insight into the problems which have continued to shape most twentieth-century federally sponsored sex education campaigns.

Insisting that every “citizen should take an interest in [sex education] and bring pressure to bear upon those in authority,”^{xx} the PHS sex education campaign had, from its very beginnings, several unique components. First, the program was “applicable to the entire U.S.” Previous PHS campaigns had focused on a specific epidemic or a disease associated with a specific region; in contrast, the “People’s War” was the first PHS campaign to view and treat a public health crisis as a

national problem and to advocate a national approach to this problem. Equally importantly, PHS viewed the “People’s War” as an ongoing campaign. Educating Americans on sexuality should, PHS believed, be a permanent component of their mission; the “People’s War,” thus, became PHS’ first attempt to create a continuously funded on-going public health campaign, one which would not have a concrete conclusion. The program was also unique in its call for the use of “practically untrained personnel.”^{xxi} Claiming that the “control [of venereal disease] requires intelligent and energetic community action,”^{xxii} PHS sought to turn its shortage of trained personnel into an asset; by educating and enlisting local leaders in the fight against venereal disease, they could initiate and supervise a public health campaign with both a minimum of expense and an almost positive guarantee of support from the general public.

PHS believed that the general public would support their campaign for a variety of reasons. First, World War I had brought new concerns regarding venereal disease to the forefront of the nation’s consciousness. Venereal disease was believed to be rampant among new recruits and “[m]edical men working among the troops found that there [wa]s gross ignorance and mis-education on the whole subject of sex.”^{xxiii} Rates of venereal disease among entering soldiers were believed to be 196.99 per 1000 in 1910 (as opposed to 85.59 per 1000 in 1897) so there was also a strong belief that the situation was worsening—which would have dire consequences for the nation’s future.^{xxiv}

Second, the development of the Wasserman Test in 1906 allowed physicians to detect syphilis for the first time. The spread of the test as well as its tendency to turn up false positives provided dramatic evidence of alarmingly high rates of venereal disease. For those who believed that venereal disease had reached epidemic proportions in the United States, the Wasserman Test

could not be valued too highly.

Third, the rise of new courtship rituals during the 1910s and 1920s had resulted in shifting perceptions of female sexuality and women's roles. During the nineteenth century, courtship rituals had entailed the practice of calling; young men "called" upon women in their homes at the invitation of the woman. The practice of dating gradually replaced "calling" during the 1910s and 1920s. Dating, which shifted both economic and social power to men, was widely believed to put women under an obligation to men. In exchange for "treats," moralists insisted that women, especially working-class women, were now providing men with sexual liberties.^{xxv} Obviously, this raised significant concerns about the spread of venereal disease as well as a possible rise in illegitimacy.

Fourth, modern life was believed to offer a range of temptations to the young—temptations which had not been offered to previous generations. As more and more Americans flocked to cities, reformers and social activists sounded the alarm, pointing out that the city presented a "definite but undefined danger...which demands a constant and protective alertness."^{xxvi} Peopled by anonymous and salaried workers, the city was believed to give both men and women more freedom than they could handle. Special dangers included the movie theater and the dancehall. In dancehalls, young women met young men in an unchaperoned setting. PHS insisted that sexual encounters which had their origins in the dancehalls presented a special threat to the nation's health, claiming that "many cases of venereal disease are acquired as a result of associations developed in the commercial dancehalls." And while cars were becoming more common in both urban and rural settings, PHS believed that urban cars were more dangerous than their rural counterparts. According to PHS, a car used in a city "may be used to further prostitution in various ways."^{xxvii} PHS' fears had some basis

in reality: the more fluid sexual mores of the dancehall did encourage young women to become sexually intimate with men after a short acquaintance and the car ultimately became directly associated with the practice of prostitution.

Finally, the emergence of eugenics also played into this growing demand for better sex education. Both rising immigration and the migration of African-Americans from the South to the North fed into fears that the “American race” was declining. Sex education programs which sought to bring these different groups in line with middle-class white views of sexuality were, at least in the eyes of some PHS employees, essential if the nation was to survive.

While these external pressures have shifted slightly over time, they have continued to be paramount in shaping PHS’ sex education programs throughout most of the twentieth century. Whereas in the early twentieth century, concerns about syphilis had led PHS to become involved in sex education, concerns over AIDS provided, in the late twentieth century, the impetus for a new and rejuvenated campaign to provide sex education for all Americans. Obviously, it makes sense to increase funding for a program which seeks to combat a disease when that disease is on the rise but PHS’ tendency to link sex education with STDs has resulted in a campaign which has progressed in fits and starts, with funding rising during periods of a crisis or a perceived crisis and falling when that crisis is believed to be declining. PHS’ campaigns have also continued to be shaped by war; concerns over the health of recruits have tended to push the federal government into becoming heavily involved in sex education programs during periods of war, with World War II providing one of the most dramatic illustrations of this.^{xxviii} And just as concerns over shifting sexual mores and the advent of modernization influenced the emergence of the first PHS sex education campaign, so

too have these factors continued to provide background noise for most discussions regarding the government's sex education programs.

Thus, in launching and continuing their sex education campaigns, PHS has responded to a variety of outside pressures. In the early twentieth century, these pressures were not insignificant; in fact, they had led the lay press to call on the government to provide sex education in as early as 1913. Throughout the 1910s, a growing number of newspapers had maintained that the desire for sex education was widespread. According to one midwestern journalist, "radicals and conservatives, Free-thinkers and Catholics, all seem to believe in solving the sex problem by education." The problem was that "there [we]re abysmal differences of opinion" as to how this educational program was to be implemented.^{xxix} The program needed to be palatable to a wide range of audiences: rigorous enough to meet the demands of health professionals, moralistic enough to appeal to clergymen and moralists and pitched at a level which would inform but not encourage sex experimentation.

Although the government believed, and to some extent, continued to believe throughout most of the twentieth century that "the home...[is] the proper agency for young people...[to receive] information and guidance...regarding the meaning and place of sex in life," PHS also recognized "the [parents'] inability to carry on this work alone."^{xxx} In an ideal world, sex education would be taught within the home, but, as PHS has repeatedly acknowledged, twentieth-century American society is not an ideal world. This belief that sex education is best provided by parents and within the sanctity of the home has often meant that PHS' sex education campaigns were almost always created and implemented with some reluctance on the government's part.

This reluctance to become involved in sex education has had several repercussions. At the most basic level, it has meant that federally funded sex education programs have proceeded in a somewhat sporadic fashion, with the government being most aggressive in funding sex education when it perceives a crisis—such as a rise in sexually transmitted diseases or the emergence of a war. This approach was evident in the events which marked the emergence of PHS’ early sex education program. PHS’ funding for these early programs was directly influenced by both concerns over the health of potential military recruits and concerns over rates of venereal disease. As concerns regarding venereal disease declined and as the nation moved toward a peacetime equilibrium, funding to fight venereal disease and to provide sex education did not simply decline, rather it disappeared almost completely.

This reluctance to fund fully the government’s sex education programs has not only shaped the way in which PHS sends its message, it has also been a central factor in shaping the message which PHS has sent. From its beginnings, PHS’ sex education campaign was couched in highly conservative tones. Intended to appease the most conservative elements of American society, many twentieth-century PHS sex education programs have held more conservative views of sexuality than those endorsed by mainstream America. For example, sex education programs during the 1920s tended to ignore changing sexual mores and the sexual revolution of the 1920s. Instead, these early programs endorsed and focused on Victorian views of female sexuality. Drawing on the nineteenth-century belief that women were “passionless,” PHS focused their attention on controlling male sexuality which they regarded as fundamentally more dangerous. Thus, abstinence or continence programs were built on the belief that women could and should control male sexuality, while little

was done or said to address the issue of female sexuality. PHS' endorsement of these out-dated views put them out of step with ordinary Americans who had already begun to question and to reject this notion of passive female sexuality.^{xxxii}

PHS' *Keeping Fit* campaign, PHS' first sex education program aimed at male adolescents which was launched in 1919, provides a prime example of this. At the most basic level, *Keeping Fit* was rooted in the desire for "sexual control [which had] c[o]me to define the Victorian concern for the civilized self."^{xxxiii} Rejecting the new sexual revolution which had come to predominate even in middle America, PHS endorsed and advocated out-dated sexual morals. Thus, PHS' fight against sexually transmitted diseases became a fight not only to prevent the spread of disease but also a fight to restore Victorian sexual practices. In other words, PHS pitched a message which combined concerns about both public health with broader fears about sexual morality—thereby confusing and conflating the issue of sexually transmitted diseases with sexual morality.

PHS' reasons for conflating these issues, both in 1919 and throughout most of the twentieth century, were numerous. To some degree, these issues have been conflated because PHS has felt that sex education was so crucial. From its beginnings, PHS' sex education programs were viewed as radically new and different. Before World War I, public health campaigns created by PHS were scatter-shot; none were developed or perceived of as either permanent or national efforts. Limited by geographic considerations and constructed in response to emergencies, these early public health campaigns tended to focus on specific epidemics or problems, such as the outbreak of bubonic plague in San Francisco or the problem of rural sanitation in the South. As a result, these campaigns were both short-lived and regionally based. Unlike these more truncated and limited

campaigns, PHS' sex education programs broke new ground by calling for a consistent and *permanent* approach to the problem of sexually transmitted diseases. This radical approach to public health made PHS reluctant to take any steps which might threaten the campaign. In the 1920s, this innovative approach was matched with a conservative message, one which would be acceptable to the most conservative elements of American society.^{xxxiii}

Beginning with their earliest programs, PHS tended, then, to view themselves as being in the sex education business for the long haul; not surprisingly this has meant that they were and have continued to be reluctant to advocate specific and potentially short-lived radical approaches to sex education which might damage PHS' overall long-term commitment to sex education. At times, this reluctance to address the question of sex education aggressively has caused PHS to lose its message completely. For example, when *Keeping Fit*, PHS's first sex education program, was originally launched, advocates within PHS claimed that states, which were to provide matching funds for the program, should not receive advance information about the campaign. Advance warning of the program would, PHS insisted, simply provide opponents with the opportunity to attack and jettison *Keeping Fit*. These fears meant that very little information was given about the program, with the result that many states found themselves without the funds to mount the program. In some states, PHS' message became lost or at least muted but for PHS, which saw its entire sex education program as being at stake, the temporary loss or muting of one sex education program was of less concern than an attack which could permanently destroy or even simply threaten PHS' sex education programs.

This kind of thinking has not been limited to the 1920s. Joycelyn Elders' firing after her

controversial statement about masturbation was clearly done with an eye to ensuring that the government's sex education programs, always a focal point of concern for conservatives, would not become a target as Elders herself had become.^{xxxiv} Similarly, David Satcher's more recent decision to withhold *A Call to Action to Promote Sexual Health and Responsible Sexual Behavior* during the height of the Monica Lewinsky scandal reflected a desire to avoid offending the more conservative members of American society.^{xxxv}

In creating sex education programs as well as in dealing with those who advocate these programs, PHS has, then, always found itself forced to weigh its long-term commitment to sex education against what it views as temporary loyalties to specific programs or even specific individuals. Given the fact that sex education was, is, and probably will remain one of the more controversial issues in American society, we have to ask whether PHS has been wise to advocate this approach. Looked at from the perspective of an historian, PHS' caution may seem, at first glance, to be laudable but an in-depth analysis reveals some fatal weaknesses with this approach.

PHS has often over-estimated the potential threat posed by opponents of its sex education programs. In the 1920s, when PHS launched their sex education programs, opposition to sex education was not as widespread as PHS feared. In fact, when Americans tended to assess these early sex education programs, their primary complaint was that the programs were not radical enough. *Keeping Fit*, for example, was criticized because boys, their parents and teachers, groups which PHS feared offending, all felt that the program should be pitched to even younger audiences. Boys and teachers especially felt that the program needed to be much more explicit about not only the mechanics of reproduction but also the nature of male-female relationships and the threat posed

by sexually transmitted diseases.^{xxxvi} Women's groups which gathered to discuss sex education and its place in America's small towns and cities expressed similar sentiments. In fact, records from the General Federation of Women's Clubs, the highly conservative umbrella organization for the nation's women's clubs, reveal a growing dissatisfaction with PHS' highly cautious approach to sex education.^{xxxvii} Moreover, in those instances where PHS encountered opposition during the 1920s, it discovered that the opposition had a tendency to fade when PHS actively sought to explain and discuss its vision of sex education. This is not to say that PHS has been wrong in fearing opposition. The history of sex education in various different school districts demonstrates that the threat which conservatives pose to sex education can be a very real one.^{xxxviii} However, PHS' reluctance to advocate anything which may be regarded as even marginally controversial has often tended to limit the impact their campaign can have.

Overall, then, how can or should we assess the PHS' century old attempts to address the issue of sex education? One of the primary tasks of the Public Health Service has been to provide Americans with information about diseases, both the threat which they may present as well as the ways in which we can either prevent or treat them. And in this instance, we can argue that PHS has consistently provided Americans with information about sexually transmitted diseases since 1919 (although the dissemination of this information has been shaped as much by conservative moral codes as it has been by scientific understanding of these diseases). Moreover, PHS' views of sex education have not been completely static: early on PHS acknowledged that education was often insufficient to change the sexual behavior of most Americans, adolescent or adult, and it has continued to explore other ways in which it may persuade Americans to practice safer sex.

Translating this aggressively into public health policies which can begin to address the problems of STDs has been extraordinarily difficult, but PHS has consistently attempted to tackle this problem—even in the face of disapproving administrations.

This does not mean that the government's sex education programs can be regarded as a success in the long run. The sporadic nature of sex education in the U.S., especially the tendency to create sex education campaigns when STDs are believed to be a significant threat and to drop these programs when concerns about STDs decline, has meant that the government's sex education campaign has been inconsistent. Additionally, the diverse nature of American society has made it difficult for PHS to create and implement a uniform message about sex and sexuality. If PHS and the government can learn anything from the past, then, it may be that sex education programs need to be funded in a less sporadic fashion and that the message which the government pitches needs to be a varied one.

i. Ruth Marcus, "President Clinton Fires Elders," *The Washington Post*, December 10, 1994, p. A1.

ii. Rupert Blue to E.M. Robinson, 3 March 1919, Van Dis Correspondence Folder, Box 288, General Records of the Venereal Disease Division, 1918-1936, Record Group 90, Records of the Public Health Service, National Archives, College Park, Maryland (hereinafter NA). All records cited from the National Archives are from Record Group 90, General Records of the Venereal Disease Division, 1918-1936. The records are currently housed in the Archives II facility in College Park, Maryland.

iii. Hugh S. Cumming, "Guarding the Nation's Health," *Journal of Social Hygiene*, Vol. 12, 1926, p. 33.

iv. At different times, advocates of sexual education have conflated these views, arguing that sex

education is both a moral *and* a medical issue. However, throughout most of the twentieth century, advocates of one or the other of these views have tended to draw a line which seeks to view sex education as either a medical *or* a moral issue.

v.Allan Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880*, (Oxford: Oxford University Press, 1987), p. 122.

vi.C. Everett Koop, *Koop: The Memoirs of America's Family Doctor*, (New York: Random, 1991), p. 214.

vii.Joycelyn Elders and David Channof, *From Sharecropper's Daughter to Surgeon General of the United States*, (New York: William Morrow and Company, 1996) p. 332.

viii.The Federal Page, *The Washington Post*, February 10, 2003.

ix.Numerous recent articles have discussed the politicization of this position. See, for example, Mimi Hall, "Surgeon General's Office an Ideological Battleground," *USA Today*, June 17, 1997, p. 4, or Timothy McNulty, "Surgeon General: Beyond a Medical Post," *The Washington Post*, May 14, 1995, p. 1, Section 4.

x.Ceci Connolly, "Surgeon General Urges Thorough Sex Education," *The Washington Post*, June 29, 2001, p. A1.

xi.Most Americans, for example, connect Koop directly with the AIDS crisis and the sex education campaigns of the 1980s.

xii."Conference on Sex Education in the High School Under the Auspices of the US Bureau of Education and the US Public Health Service in Conjunction with the National Education Association, Atlantic City, New Jersey, February 26, 1921," Program, Miscellaneous File, Box 288, NA.

xiii.*The Parents' Part*, (Washington DC: The Public Health Service, 1919), p. 3.

xiv.*The Problem of Sex Education in Schools*, (Washington DC: The Public Health Service, 1918), p. 7.

xv.*Annual Report of the Public Health Service, 1918-1919*, (Washington DC: The Public Health Service, 1919), p. 234.

xvi.Throughout the century, war metaphors have continually been used in the fight against sexually transmitted diseases.

xvii. Hugh S. Cumming, "Guarding the Nation's Health," p. 33.

xviii. As evidenced by the passage of the Chamberlain-Kahn Act (1918) and the creation of a Venereal Disease Division within the Public Health Service (1919).

xix. Elizabeth Fee, "Sin versus Science: Venereal Disease in Twentieth-Century Baltimore," in *AIDS: The Burdens of History*, ed. Elizabeth Fee and Daniel M. Fox, (Berkeley, California: University of California Press, 1988), p. 124.

xx. William White, "Psychology of Sex Delinquency: Modern Methods of Diagnosis and Control" paraphrased in C.C. Pierce, "The Chicago Social Hygiene Conference," *Journal of Social Hygiene*, May, 1924, Vol. 10, No. 5, p. 289.

xxi. C.C. Pierce, "Venereal Disease Control: Methods, Obstacles and Results," *American Journal of Public Health*, February, 1920, Vol. 10, No. 2, p. 133. Pierce's paper was originally delivered at a meeting of the American Public Health Association in New Orleans, Louisiana on October 27, 1919.

xxii. *The Venereal Disease Handbook for Community Leaders: A Program of Venereal Disease Control*, (Washington, D.C.: The Public Health Service, 1924), overleaf.

xxiii. *The Problem of Sex Education in Schools*, p. 3.

xxiv. Allan Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880*, p. 98

xxv. Beth Bailey, *From Front Porch to Back Seat: Courtship in Twentieth-Century America*, (Baltimore: Johns Hopkins University Press, 1988), p. 21-24.

xxvi. Clifford Bell, *Fighting the Traffic in Young Girls Or War on The White Slave Trade*, (n.d., 1910), p. 70. This was a part of the broader American fear that urban areas were more corrupt than rural.

xxvii. *The Venereal Disease Community Handbook*, p. 31.

xxviii. Alan Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880*, p. 161-170.

xxix. "Sex O'Clock in America," *Current Opinion*, August 1913, p.115.

xxx. Benjamin C. Gruenberg, *High Schools and Sex Education: A Manual of Suggestions on Education Related to Sex*, (Washington D.C.: United States Public Health Service, 1922), p. 2.

xxxii. Beth Bailey, *From Front Porch to Back Seat: Courtship in Twentieth-Century America*, *passim*.

xxxiii. Jeffrey Moran, *Teaching Sex: The Shaping of Adolescence in the Twentieth Century* (Cambridge: Harvard University Press, 2000), p. 2.

xxxiv. For a broader discussion of how and why PHS' early sex education programs were new, see Alexandra M. Lord, "Models of Masculinity," *The Journal of the History of Medicine and Allied Sciences*, April, 2003, Vol. 58, No. 2, p. 145.

xxxv. Joycelyn Elders and David Channof, *From Sharecropper's Daughter to Surgeon General of the United States*, p. 332.

xxxvi. Ceci Connolly, "Surgeon General Urges Thorough Sex Education," p. A1.

xxxvii. National Keeping Fit Campaign, Miscellaneous Folder, Box 286, NA.

xxxviii. V. Parker and K. Davis, "Social Hygiene," Biennial Report of the Department of Public Welfare, 1928-1930, General Federation of Women's Clubs, p. 107.

xxxix. See for example, Jeffrey Moran's discussion of both the problems which emerged in Chicago's school district under the supervision of Ella Flagg during the 1910s as well as his discussion of the controversy in Anaheim, California during the late 1960s. Jeffrey Moran, *Teaching Sex*, p. 50-55, 171-193.