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White Slavery, Whorehouse Riots, Venereal Disease, and Saving Women: Historical Context of Prostitution Interventions and Harm Reduction in New York City during the Progressive Era

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Harm reduction and structural approaches to reduce HIV risk among sex workers face several barriers. One such barrier is based on moral arguments, and it has a rich historical context. This article examines the historical context of interventions with sex workers in New York City during the Progressive Era (1890–1920). Present at the time, though under a different name, the harm reduction approach was largely dismissed. These same moral underpinnings may be active today in driving interventions and policy toward those that are morally focused and away from those that focus on harm reduction and structural change.

Keywords: Sex worker, STI, harm reduction, structural intervention, immigration, history

INTRODUCTION

As the HIV/AIDS pandemic moves toward its fourth decade, despite some stabilization, the number of persons living with HIV/AIDS globally is increasing. Even in regions without a generalized epidemic, there is often a concentrated epidemic among three high-risk groups: injection drug users, men who have sex with men, and sex workers. Social context, harm reduction, and structural factors have been interwoven into interventions aimed at reducing HIV risk behavior. HIV research is increasingly focused on the context of risk, such as the “interactions of social, ecological, political, and economic change; existing social structures; the changing HIV epidemic, and changes produced by emerging biomedicine and viral evolution” (Friedman, Kippax, Phaswana-Mafuya, Rossi, & Newman, 2006, p. 959); and more specifically, the emerging body of research that links intimate partner violence, substance abuse, sexual abuse, gender roles, and peer norms to risk behavior of vulnerable populations (Akukwe, 2001; El-Bassel, Caldeira, Ruglass, & Gilbert, 2009; Witte, Batsukh, & Chang, 2010; Witte, El-Bassel, Gilbert, Wu, & Chang, 2010). This article

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explores the historical context of interventions with sex workers in New York City (NYC) during the Progressive Era (1890–1920), which was a time when the White slavery scare was at its height. Historical context will be explored as one aspect of social context to contribute to the pool of contextual knowledge in the area of HIV risk reduction. The Progressive Era is particularly noteworthy for this contextual study due to intersections between the White slavery scare and the Progressive Era's dominant perspective, which allowed for a relative high degree of sex work interventions. Vice reform was infused into the progressive agenda (Anderson, 1974). Langum (1994) summarized the era's perspective, "Progressives regarded drugs, vice, and insobriety not as simply social conditions, but as social problems that could be solved" (p. 6). In other words, progressive reformers sought to solve the problem of prostitution by its elimination.

Interventions targeting sex workers were actively implemented during the Progressive Era. The goal of these interventions was to stop sex work. Today, one way in which HIV has changed the intervention perspective is that most interventions with sex workers are not aimed at stopping sex work but at decreasing the spread of HIV through sex work. Nonetheless, certain conceptualizations of interventions aimed at sex workers may retain elements of the pre-HIV period, which may or may not be helpful toward the goal of HIV risk reduction. Specifically, one belief that will be examined in this article is that sex workers are in need of moral saving, whereas other aspects of the social context that facilitate their induction into sex work are neglected. This social context is also associated with the creation and maintenance of a state of powerlessness among sex workers that may increase their HIV risk behaviors, such as not using condoms. Morality may be better for prevention than for intervention; however, this has not been widely researched.

Harm reduction is a public health approach most frequently applied to drug use that places priority on reducing negative consequences in a gradual manner rather than focusing on eliminating the harmful behavior altogether (Hilton, Thompson, Moore-Dempsey, & Janzen, 2001). In a Cochrane Review, moral interventions, such as abstinence-only programs, were not shown to be more effective than harm reduction interventions, such as condom use (Underhill, Operario, & Montgomery, 2007). Nevertheless, harm reduction faces notable criticism, Pope Benedict commented on the HIV epidemic in 2009, "It is a tragedy that cannot be overcome by money alone, that cannot be overcome through the distribution of condoms, which even aggravates the problems" (Owen, 2009, p. 3). In the United States, conservative voices often dissuade the public funding of harm reduction intervention; however, harm reduction is making modest progress (Stauffer, 2004). Harm reduction approaches that have had success with sex workers include peer education, condom negotiating skills, safety tips, male and female condoms, the prevention-care synergy, occupational health and safety guidelines for brothels, and self-help organizations (Rekart, 2005). Current evidence in two systematic reviews has suggested that combining sexual risk reduction, condom promotion, and improved access to treatment of sexually transmitted infections (STIs) reduces HIV and STI acquisition in sex workers (Rekart, 2005; Shahmanesh, Patel, Mabey, & Cowan, 2008). Such interventions provide a degree of evidence for harm reduction and structural interventions. However, morally centered agendas often influence the types of sex work interventions that are funded and implemented. Funding is reported to be the largest barrier to HIV risk reduction programs (Torrone, Levandowski, Thomas, Isler, & Leone, 2010).

Through examining the historical context of sex work interventions in the Progressive Era, this article provides a historical explanation for some of the factors (e.g., White slavery, reformers, venereal disease, and immigration) affecting sex work interventions at that time. This article does not seek to be a comparative study of the Progressive Era and the current day but to explore the historical context of barriers to harm reduction and offer the hypothesis that these barriers have similarities to the barriers faced by harm reduction in the present day. Murphey's (2009) philosophical framework of historical explanation is used to guide this article. In short, the framework holds that history is underpinned by actions that are motivated by desires and

beliefs. Moral desires and beliefs underpin the availability of interventions. Regarding the linguistic framework of this article, when referring to sex work and sex workers in the Progressive Era, this article uses the terms *prostitution* and *prostitutes* to preserve historical accuracy and linguistic context.

Newspapers and periodicals are used as sources in this article to provide details and “texture” surrounding the context of sex work in the Progressive Era, and the years leading into the era. Newspapers and periodicals were selected as the primary source of historical evidence because they provide a unique window into the past. Newspapers articles from the *New York Times* and the *New York Tribune* were searched for content pertaining to sex work. A balance of articles from both of NYC’s leading newspapers was sought to offer an accurate representation of the social climate represented in newsprint. Articles from the *Journal of the American Medical Association*, *Journal of the American Public Health Association*, *New York Medical Journal*, and *Medical News* were searched for content pertaining to sex work during the Progressive Era. The medical model was the alternative to the moral model in the Progressive Era, and these periodicals were among the more widely read medical and public health journals. Moreover, viewing the above-cited newspapers and periodical articles in chronological order conveyed an impression that the social climate surrounding sex work did not significantly change over the years examined. Newspapers are not scholarly sources of factual historical data but also provide a window into public opinion and the moral model that dominated public opinion. Periodicals are not an absolute indication of physicians’ opinions, but they do provide insight into the atmosphere and attitudes of the medical community. Nonetheless, employing cultural relativism with a historical lens allows for an appreciation of the culture of interest and how that culture changed over time (Murphey, 2009). Particularly, examining how the culture changed over time will aid in gaining an understanding of the historical social climate that may inform today’s understanding of sex work.

PROSTITUTION AND THE PROGRESSIVE ERA

Two overriding assumptions guided the era: more active regulation from the state was needed and the private and public spheres were inseparable. Prostitution interacted with the private and public spheres in the following parallel constructs: sex work versus the low wages paid to women, venereal disease versus sexual double standards, and immigrant life challenges versus immigration policies. Prostitution was referred to as a “social evil” during this era, and this terminology became a household word. Films and novels were produced on the topic of prostitution. The Progressive Era was a time when society was rapidly changing, with influences stemming from urbanization, industrialization, commercialization, immigration, and civilizing morality, all interacting with one another to fuel prostitution and the antiprostitution movement. Many reformers of the time assumed that women could be predisposed to prostitution by a weakening of moral resiliency (Abrams, 2000). Moral resiliency could be weakened through lack of work, poverty, or deterioration of family and community ties; however, it was moral resiliency that was at the center of the argument not the structural factors. Social problems, such as low wages for women, corruption of the police and politicians, and the spread of venereal diseases, were factors linked to prostitution; however, they were overshadowed by moral concerns. A focus point of moral concern was the threat of White slavery.

WHITE SLAVERY

In the United States during the 19th and early 20th centuries, *White slavery* was the term used for sexual slavery. It was not a phrase indicative of race but simply referred to the practice of

organized coercion of unwilling persons into prostitution. Any race could be forced into White slavery, although of main concern were White women (Donovan, 2003). Any race could also be a “White slaver” (i.e., slave holder or master); however, Eastern European Jews and Chinese immigrants were often singled out to be the most likely suspects. Furthermore, Jordan’s (1977) analysis of America’s unconscious association of white with purity and color with contamination provides insight into a possible influence underlining the terminology and ideology of White slavery. The term *White slavery* appeared, at times, to have a somewhat fluid meaning; *White slavery* was used to refer to voluntary and coerced prostitution and also simply to any female sexual behavior deemed immoral.

Data estimating the occurrence of White slavery tended to lack consensus. Law (1909) wrote, “some 65,000 daughters of American homes and 15,000 alien girls are prey each year of the procurers in this traffic” (p. 118). Theodore Bingham (1911), who was a NYC police chief, estimated that 2,000 foreign women were brought into the United States and enslaved in brothels. Edholm (1899) spoke directly to the cultural climate of White slavery when he cautioned, “your little girl is not any more safe than any of the 46,000 that are every year trapped in houses of shame” (p. 13). Some scholars of White slavery maintained that varying estimates pointed to the “moral panic” surrounding prostitution (Donovan, 2006). Yet others have argued that the difference in estimates is more indicative of the fluidity of the terms *white slavery* and *prostitution*. Either way, White slavery was a nearly undeniable force in the Progressive Era, as reported in a *New York Times* story titled “There is a White Slave Trade” (1909), “the belief that the white slave trade is a great as well as a monstrous evil . . . has the support of all the commissions and individuals who have given the matter examination at once honest and careful examination” (p. 5).

White slavery became a dominant framework or “cultural myth” for understanding sex work in the Progressive Era (Doezema, 2000). In this instance, making reference to White slavery as a cultural myth does not imply it did not occur; however, it does question the extent to which it did occur and how it became a collective belief that most sex work was done through White slavery. When sex work is contextualized as White slavery, the “saving women” approach can seem justified because their participation was perceived as being actively forced rather than indirectly forced by various contextual factors (i.e., political economy and gender norms). More specifically, a woman who was kidnapped, beaten, and imprisoned by a White slavery ring was in a different position than an immigrant woman who was recruited for work in a brothel and who had limited language skills and little education, and who needed to support dependents.

Progressive Era ideals of womanhood were protected by the explanations offered about White slavery. For example, a common belief was that women did not become prostitutes for mundane or material reasons; they did so out of being victimized by a powerful conspiracy orchestrated by foreigners. Women did not resort to prostitution but were subjected to procurers’ tricks, including the drugged drink, chloroformed cloth, or the hypodermic needle, which led to their captivity. Women’s organizations, such as General Federation of Women’s Clubs, the Women’s Christian Temperance Union, and the National Congress of Mothers, were active against prostitution along with other causes, such as the abolition of child labor, temperance, and the needs and rights of women as mothers (Almgren, Kemp, & Eisinger, 2000). These organizations sponsored public talks to warn of White slavery, as a Woman’s Christian Temperance Union sponsored speaker made clear in an address in 1901: “Procurers and procuresses pursue their vile business of enticing young women and girls from the country, from railroad trains, from steamboats, and from their homes by false promises unmolested” (“Women Denounce Vice,” 1901, p. 2). The White slavery scare sought to defend womanhood, an “ideal” often associated with helplessness, passivity, and notions of freedom from any association with sexual desire, initiative, or responsibility.

During the Progressive Era, several films emerged showcasing white slavery. For example, *Traffic in Souls* (Tucker, 1913), one such film publicized the tension of social regulation in the interest of social health and welfare (Diffie, 2005). The dividing line between public and private

spheres was brought into question. It is perhaps this fear of greater social control that limited the acceptance of structural interventions. Moreover, the generational tensions exacerbated by acculturation difference in immigrant families also weighed in on the acceptability of interventions. Immigrant families were negotiating a significant generational gap. For example, Southern and Eastern European families may have relied on their daughters' wages for survival, whereas the daughters may have wished to spend their wages on themselves, and the sexually conservative norms of the parents were likely quite different than the norms encountered by children in their new country.

The idea of White slavery reached its peak in the United States with the White-Slave Traffic Act of 1910, which was also known as the Mann Act, after James Robert Mann, an American lawmaker. The aim of the law was to address prostitution, immorality, and human trafficking. The Act was amended by Congress to limit its applications to criminal offenses, as its ambiguous language had been used for selective prosecution. It is still used today, for example, in the recent prostitution case involving New York Governor Eliot Spitzer (Rashbaum, 2008) and the polygamy cases of individuals associated with the Fundamentalist Church of Jesus Christ of Latter Day Saints (Anthony, 2009).

ORGANIZATIONS, REFORMERS, AND INTERVENTIONS

The antiprostitution movement was composed of three main groups: Christians, Progressive Era feminists, and physicians. Christians sought to uplift the nation to a higher standard of Christian values. Prostitution was only one of several vices that concerned them. Alcohol consumption and gambling were also vices that the faithful considered threats to the Christian home and family that could be corrected with moral education. Most feminists of the era opposed prostitution, seeing it as symbolic of the power inequality that sanctioned sexual exploitation of women via vice syndicates, corrupted politicians, and corrupted police. Feminists of the era lacked an institutional power base and saw the need to recruit powerful men to advance their cause. Many of these feminists saw the medical profession not only as the embodiment of the male perspective but also as the best option for partnership. Physicians were the last group enlisted in the movement. Within the framework of effective disease control, physicians debated suppression versus regulation of prostitution.

Many individuals involved in the antiprostitution movement found themselves sharing perspectives and concerns from each of these groups. Jane Addams, perhaps the most notable of early American social workers, wrote a book addressing prostitution. In *A New Conscience and an Ancient Evil* (Addams, 1913), she argued that the low wages paid to women were a leading cause of women turning to prostitution. However, she also gave weight to the lack of family regulation of female chastity as younger women moved away from their families in rural areas to urban locations. At Hull House, which was the settlement house, founded and run by Addams, programs were instituted to provide alternatives to the street for young single women. Overall, Addams believed that prostitution would cease to exist if the social conditions that caused it were corrected. Nevertheless, moral overtones can be found throughout *A New Conscience and an Ancient Evil*.

At the turn of the century, NYC had several red-light districts, as did most major American cities. Urban prostitution was tolerated and often woven into a system of corruption involving police and politicians. The American public was not always entirely apathetic, and historically "whorehouse riots" in major American cities occurred in the 17th and 18th centuries, with the particularly notable burning of brothels in NYC in 1793 and 1799 (Rosen, 1982). In the 1830s, moral reformers mobilized to save women involved in prostitution, as was the case with the New York Magdalen Society (Hill, 1992). The society opened a "House of Refuge," where

prostitutes could receive ministry and skills training. After the Civil War, a coalition composed of women's groups, former abolitionists, and ministers joined forces to create a "purity crusade." The commonality of coalition membership was a commitment to social reform. The groups' primary concerns may have differed, but they eventually intersected at prostitution. Women's groups sought to improve conditions for women. Abolitionists had the opportunity to replace their initial reform goal with another cause due to the Emancipation Proclamation and 13th Amendment to the U.S. Constitution, both of which provided a degree of closure to their first main goal. Ministers were motivated to address prostitution for moral reasons. The Civil War had geographically concentrated prostitution activity in locations near to where troops were billeted, resulting in it being a more visible affront to Christian values. Concurrently with the purity crusade that crystallized soon after 1865, there was a push to regulate and medically monitor prostitution. As Connelly (1980) noted, "for the purity forces, medical inspection was an immoral compromise with a hideous evil" (p. 5). The purity crusade attempted to force social conditions into alignment with its perspective of morality, despite social conditions not being conducive to maintaining this morality.

The purity crusade influenced the creation of the NYC Committee of Fifteen, which was organized by the NYC Chamber of Commerce in 1900. The Committee sought to investigate vice, and its first focus was prostitution. The committee was mainly occupied with responding to the concerns of New York clergymen and with investigations into corruption among police and politicians. Later, in 1905, a group of physicians formed the American Society of Sanitary and Moral Prophylaxis. The group was concerned with prostitution as a source of venereal disease, formulating its main goal and naming it the "gospel of continence." Education focused on abstinence was the main directive of this intervention. Through the work of these two organizations, an appreciation developed that a major barrier to intervention was a lack of understanding of the scope of prostitution and of its customer base. In 1913, the Bureau of Social Hygiene, with substantial financial backing from John D. Rockefeller, Jr., set out to address this barrier. Kneeland and Davis's *Commercialized Prostitution in New York City* (1913) and Abraham Flexner's *Prostitution in Europe* (1914) were significant studies commissioned by the Bureau of Social Hygiene that provided directionality for interventions. However, studies of this type did not address the second major barrier: the behaviors that constituted prostitution. Definitions were broad, for example, any woman who will cohabit with any man for the pleasure that it gives her (Connelly, 1980, p. 18). The definitions of the time were linked to the concept of civilized morality. Prostitution seemed to include any sexual behavior that was not aligned with moral ideals derived from Protestantism. Faith-based organizations were heavily involved in antiprostitution efforts, and religion guided many of the reformers.

In 1909, Rose Livingston, a reform worker, was working to intervene in the coercion of White females into prostitution rings in NYC's Chinatown ("Save Young Girls from Chinatown," 1909, p. 7). In 1912, she was brutally beaten when she attempted to save a girl from her procurer ("How Rose Livingston Works in Chinatown," 1912, p. 5). Livingston, who was supported by several suffrage organizations, toured the country lecturing on White slavery in Chinatown. Moreover, women's organizations were active in the antiprostitution movement's efforts; for example, the Woman Suffrage Party of New York listed the "abolition not regulation of the White Slave traffic" (Laidlaw, 1914, p. 46) as a chief component of its social reform agenda (Laidlaw). Livingston routinely criticized the police for turning a blind eye to prostitution. Her efforts brought public pressure on Mayor Gaynor to seriously address the issue of the prostitution rings ("How Rose Livingston Works in Chinatown," 1912, p. 5). Livingston was all too familiar with White slavery in Chinatown. She herself had been held captive and abused from the age of 10 to 17. At the ages of 12 and 15 she gave birth to her captor's children. Eventually she was rescued by a missionary worker and underwent a religious conversion (Lui, 2009).

The Woman's Christian Temperance Union (WCTU) was the largest women's organization in the Progressive Era. The WCTU was a significant contributor in staging the fight against White

slavery, particularly through investigations of forced prostitution in lumber camps in Wisconsin and Michigan (Donovan, 2006). Sexual piety, morality, and the portrayal of the chief role of women as mothers were issues central to the WCTU's approach to addressing White slavery. Concurrently, the WCTU advocated the vote for women as a means to elevate the status of women and reduce the impact of White slavery through what today could be thought of as an empowerment perspective. WCTU events brought together the organization's aim to empower womanhood with its moral message, as illustrated in a statement given in 1901, "No woman in the world can accept her purity at the sacrifice of another's, if she is worthy of the name woman" ("Women Denounce Vice," 1901, p. 2).

VENEREAL DISEASE

HIV was absent in the Progressive Era; however, concerns over gonorrhea and syphilis fueled the involvement of the American medical profession in the antiprostitution movement. It was widely held that prostitution was responsible for venereal disease, but there was little data to validate this claim. In 1901, a committee of seven physicians of the Medical Society of the County of New York surveyed 4,750 physicians in NYC asking how often they treated venereal disease (Connelly, 1980). They received 678 replies and estimated there to be 200,000 persons with syphilis in NYC. This estimate was widely disputed as being too low and too high. Several studies followed, but none clearly linked prostitution to venereal disease. The argument that prostitution was the cause of venereal disease carried weight, despite the argument having more moral than causal implications. As Murphey (2009) humorously wrote regarding causation in the effort of historical explanation, "I have no idea what causation is, and as far as I can tell, no one else does either" (p. 60). Nonetheless, this vague causal reasoning did not deter the medical community's interest in stopping prostitution for public health and medical reasons.

Regardless of the cause and transmission routes, venereal disease was a problem in NYC during the Progressive Era. In 1913, in NYC, there were 122 clinics that treated venereal disease (Platt, 1916). Treatment of venereal disease was not fully developed at the time. For example, syphilis is treated with penicillin, which was discovered in 1928. The transmission of disease was not well measured due to stigma, and the effectiveness of treatment was also difficult to measure due to a lack of follow-up. For example, a cooperative program between the Society for Sanitary and Moral Prophylaxis, the American Social Hygiene Association, the Associated Genito-Urinary Clinics of the City of New York, the Bureau of Public Health and Hygiene of the New York Association for Improving the Condition of the Poor visited 27 genito-urinary clinics and found no clear records documenting the results of venereal disease treatment. One factor that may have contributed to the lack of data regarding treatment was that more emphasis was given to prevention than effectiveness of treatment.

The physicians involved in the antiprostitution movement tended to be supporters of increased sex education. The emphasis of many education programs was to address sexual continence for males. The program sought to change the doctrine of "male sexual necessity," which was the idea that sexual intercourse was necessary for male health. A message that sexual continence was not in conflict with perfect health was promoted. This message was thought to be a remedy for venereal disease as it would decrease the number of men frequenting prostitutes (Ravogli, 1910).

Public health concerns centering on prostitution and venereal disease explored various modes of teaching sex hygiene. The impact of prostitution and venereal disease as portrayed in films at the time was a topic that appeared in scholarly journals. An article in *The Lancet* ("Teaching Sex Hygiene," 1914) examined it and noted two points: First, how the behavior of husbands affected wives. Specifically, how can the risk behavior of husbands be addressed to protect wives. The article makes no specific suggestion but poses the question, "Will men become more merciful, or

will they all have learned and put to use the art of overcoming woman's resistance"? (p. 225). Second, the author doubted the effectiveness of sex hygiene education via film, for example, "upon prostitution and white slavery the influence will probably be nil—those conditions are influenced by cause other than sentimental and educational" (p. 225).

Concerns about the vulnerability of men in the military to venereal diseases were voiced, and a leading concern was to prevent men from frequenting prostitutes. Physicians from the military argued that morality and medicine must work together to decrease the prevalence of venereal disease in the military. One such article advocated the partnership of doctor, lawyer, and social worker to address alcohol and prostitution on individual and structural level (Snow & Sawyer, 1918). However, this more systemic approach was overshadowed by the louder voices of the strictly moral approach. Although acknowledging that sexual desire is a powerful drive, continence was advocated, and social pressure was viewed as a mechanism of prevention. The social stigma of using the services of a prostitute was illustrated in an editorial in the *American Journal of Public Health* ("The War and the Venereal Problem," 1917), which used the following words, "quarantining of the susceptible individual against the prostitute" (p. 612). Stigma was also addressed more broadly within the *American Journal of Public Health* as a factor that prevented education effects from being fully developed and acceptable to the general public (Everett, 1919).

In 1917, the Army Appropriation Bill, Public 193, became law (Pierce, 1919). It was responsible for creating the Interdepartmental Social Hygiene Board, which housed the Division of Venereal Diseases in the U.S. Public Health Service. The meaning of the bill was summarized as, "the United States government has recognized the venereal diseases as enemies of the public health, to be fought just as malaria, tuberculosis and hookworm have been fought" (p. 340). Each state received an appropriation for venereal disease control, based on population, ranging from \$1,587 to Wyoming to \$99,089 to New York. The funds were to be used for the control of venereal diseases along four lines:

1. Establishment of venereal disease clinics in towns sufficiently large enough to support them.
2. Education of the public on the nature of the venereal diseases and the means required for their control.
3. Law enforcement measures for the repression of prostitution.
4. Establishment of detention homes and other institutions for proper venereal disease control in civilian communities, quarantine of cases dangerous to the public health, and for the rehabilitation of persons of previously immoral living. (Pierce, 1919, p. 342)

The third point clearly shows the belief that venereal disease is linked to prostitution. The fourth point connects the Era's moral agenda to venereal disease. Again, the optimism of the Progressive Era shines through in this statement made regarding this bill, "we look confidently into the future for a great victory in this field, and we believe that we shall dictate the terms of peace in the venereal disease enemy's country" (p. 345). Other organizations involved in addressing venereal disease also proposed outlines for intervention. Some of these outlines offered perhaps more complex intervention strategies but also shared the Era's optimism in eradicating venereal disease.

In 1915, the Committee on Venereal Diseases of the American Public Health Association presented a report to its Public Health Administration Section (Snow, Landis, Schenck, Hurty, & Evans, 1916). The report emphasized five major factors in the public health campaign against venereal diseases:

- I. The recognition, study and control of the prevalence of gonorrhoea and syphilis by the State Boards of Health, as communicable diseases dangerous to the public health.

- II. An educational campaign for parents of all social classes and children of all ages and sexes.
- III. Advocacy of temperance on account of the relationship between alcoholism, venereal diseases and insanity.
- IV. Advocacy of personal cleanliness and venereal prophylaxis for those whose carnal appetites cannot be controlled by the agencies of moral prophylaxis.
- V. Advocacy of early marriage. (Snow et al., 1916, p. 592)

The committee also provided five points central to the elimination of venereal disease:

- 1. Repression of prostitution through law enforcement.
- 2. Provision of ample facilities for wholesome play and recreation; and elimination of environmental and social conditions that encourage extra-marital sex relations.
- 3. Elimination of alcoholic drinks.
- 4. Promotion of sex education and standards of personal conduct which are in keeping with high moral principles.
- 5. Encouragement of early marriage after maturity and promotion of economic and social conditions conducive thereto. (Snow et al., 1916, p. 953)

Most of these suggestions were not widely implemented, nor did they receive recognition by the general population, despite incorporating the era's moral agenda.

The association of prostitution with venereal disease encouraged medical intervention and began a movement away from the religious/moral model and toward the medical model (Bullough & Bullough, 1987). Syphilis was the venereal disease regarded as most serious, and a cure for it was the priority of medical intervention. A growing public health movement showed interest in prostitution not only because of the link to venereal disease but also because of the reported health dangers of excessive sexuality. It was commonly held that the excessive loss of sperm could be responsible for health problems, including loss of sight, depression, and headaches. It appears that some physicians recommended occasional visits to prostitutes to avoid involuntary loss of semen through nocturnal emissions and to dampen the drive for masturbation. This practice was addressed by Kellogg (1886), a physician and partner of the breakfast food company, who cautioned that young men could be morally ruined by masturbation and nocturnal emissions. The loss of semen was also a concern for married couples. Acton (1875) was a 19th-century authority on prostitution and offered an explanation that women's sex drive was naturally less than men's to prevent the expenditure of male semen. Furthermore, Acton noted that the majority of women engage in sexual relations with their husbands mainly out of fear that their husbands may otherwise frequent prostitutes. This explanation of husband/wife relations does not take into account the lack of modern contraceptives during the Progressive Era nor the sexual desires of women. Pregnancy was a likely result of heterosexual intercourse during the time period. It is conceivable that some women gladly adopted the viewpoint that women do not have sexual desire to ground their refusal of more frequent marital sex; however, a fear of unwanted pregnancy may have been the true motive for avoiding sex. The trend of younger women marrying older men whose sexual drive may have been lowered by age may also be linked to a fear of pregnancy. Concurrently, these trends may have fueled some men to seek the services of prostitutes.

A movement toward regulating prostitution emerged, advocating that prostitutes be routinely screened for venereal disease. All major social hygiene organizations, religious organizations, and women's organizations quickly moved to sound their disapproval of regulation. It was argued that regulating prostitution was not what was needed to stop venereal disease. Again, because prostitution was thought to be the cause of venereal disease, its regulation was largely beside the point. A report featured in the *New York Tribune* illustrates the magnitude of concern and the ob-

viousness of the connection between venereal disease and prostitution: “its [prostitution] diseases permeate society; rich and poor, high and low, are alike subject to its infection” (“Metropolitan Board of Health,” 1867, p. 5). The integration of morality with venereal disease was a running theme and a foundational pillar for the time period’s framework for understanding the cause of venereal disease. Additionally, to designate a group of women as prostitutes was an affront to the cultural ideal of womanhood in the Progressive Era. Society had much stock in idealized views of women as mothers and wives. The structure of Progressive Era society was formulated with these roles as foundational, a mark of its late-Victorian temporal location.

In 1910, the New York legislature passed the Page Bill, which required any woman convicted of prostitution to be screened for venereal disease (Hobson, 1987). Controversy erupted as representatives of the WCTU, Women’s Trade Union League, and leading physicians involved in the public health movement voiced concern that the male clients of prostitution were not being required to be examined. The sexual double standard joined the concerns of women’s rights and the effective management of venereal disease. Eventually, a New York State court ruled that requiring an exam was unconstitutional.

The infection of wives with venereal disease was an important issue as well during the time period, and it brings to light what was referred to as the “medical secret.” The medical secret had two aspects: the physician did not insist on treating or notifying the wife when treating her husband for venereal disease, and the physician would conceal the source of a wife’s infection from her (Burnham, 1909; Dock, 1910). Morrow (1904) went as far as to estimate that there was a higher prevalence of venereal disease among housewives than prostitutes. He then pointed out that many a prostitute is often better equipped, due to experience, to get treatment for venereal disease than a middle-class wife. Nonetheless, it was estimated that 30% to 70% of wives seeking treatment for venereal disease were infected by their husbands (Wilson, 1906). Burr (1906) estimated that 20% to 70% of childless marriages were a result of venereal disease-based sterility. The plight of innocent wives appeared in various leading medical journals of the Progressive Era, including the *Journal of the American Medical Association* (Lewis, 1906) and the *New York Medical Journal* (Ravogli, 1910).

IMMIGRATION

Many Americans during the Progressive Era believed immigration and prostitution had a direct relationship. As noted by Jane Addams (1909, p. 214), prostitution was part of the “vexed problem of immigration,” which also included illegitimacy, drunkenness, and poor hygiene (Park & Kemp, 2006). However, the direct connection between prostitution and immigration was difficult to prove. For example, Sanger (1895) surveyed 2000 NYC prostitutes in 1858 and found 35% to have been born in Ireland. At the time, persons born in Ireland composed 30% of NYC’s population (Rischin, 1977). In 1912, the NYC Bureau of Social Hygiene found that 31% of prostitutes were foreign born (Kneeland & Davis, 1913). Again, at the time, approximately 40% of NYC’s population was foreign born (Rischin, 1977). A relationship between immigration and prostitution does seem to exist but not a causal one. Instead, the relationship appears to reflect how participation in prostitution is somewhat evenly dispersed across native-born and immigrant populations. Nonetheless, the Progressive Era was a time when the population density in New York increased over 400%, surpassing London’s worst slums (Reisch, 1998). It is feasible that child labor and prostitution were seen by some as alternatives to starvation. Furthermore, the White slavery scare was characterized as a function of immigration. A *New York Times* editorial stated, “scores of thousands of women had been imported into this country for immoral purposes” (“Traffic in ‘White Slaves,’” 1909). Furthermore, The Immigration Commission submitted a report to Congress calling for stronger penalties for the trafficking of White slaves (“‘White Slave’ Evil,”

1909, p. 3). Placing the blame on foreigners appears consistent with the social need of native-born Protestant elites to see prostitution as something coming from the outside and something that “our” women would never be engaged in unless forced.

Immigrant women were involved in prostitution; however, it is unlikely that they accounted for the majority of prostitutes. Like other immigrants, they sought to improve their life condition through immigration. Migrating and working as a prostitute could have been a path to opening life choices. Viewing these women as victims, as through the lens of White slavery, denies the agency these women demonstrated in their own lives (Doezema, 2000). The White slavery view of prostitution is that of women as victims in need of saving; however, there is an aspect of control and dominance that shows itself when the White slavery conversation includes concerns over the nation’s honor and need to increase the population as related to women.

CONCLUSION

A moral agenda guided the antiprostitution movement of the Progressive Era. That moral agenda differed little in its approach to guiding religious missionaries, reform workers, clergy, women’s organizations, or medical organizations. The saving of women from geographically and culturally foreign agents who sought to corrupt them was a central idea of the antiprostitution movement and of Progressive moral reformers in general. Reducing the spread of venereal disease or offering alternatives to women involved in sex work were not strategies that held broad appeal for most interventionists or interested parties. The structural and contextual factors that may have facilitated some women’s involvement in prostitution were not widely addressed, despite having been discussed. Structural and societal barriers prevented the ideas in these discussions from being widely developed and implemented as interventions. Much of the morality conversation and argument is recycled today with a similar effect. The moral argument may find better success in prevention, instead of intervention. However, an evidence base of morally driven prevention is needed to further that discussion. Today there is scientific evidence for harm reduction and structural interventions to reduce HIV risk among sex workers. Nonetheless, it appears that similar societal underpinnings that were found in the Progressive Era are active today in driving interventions toward those that are morally focused, neglecting harm reduction and structural approaches.

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