Amanda Sims Memorial Fund (1930–1935) [1]

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In 1930, physician Joseph Colt Bloodgood founded the Amanda Sims Memorial Fund, or the ASMF, a United States cancer awareness organization [12] that focused on spreading information about ways to detect and prevent cervical cancer in women, in Baltimore, Maryland. In partnership with nurse Florence Serpell Deakins Becker, Bloodgood promoted awareness of the early symptoms of cervical cancer among women and advocated for regular pelvic exams. The ASMF partnered with numerous women’s organizations throughout the United States, providing educational information to women of varying backgrounds. Though the ASMF existed for only five years, it was one of the first organizations to directly reach out to women to explain the importance of regular pelvic exams and early detection of cervical cancer, creating a platform for later organizations to continue that mission.

Prior to the inception of the ASMF in the early twentieth century, physicians were just beginning to discuss cancer with their patients. According to historian Kristen Gardner, cancer had long been a topic of conflict among physicians and their patients in the United States. In the 1800s, people often did not survive any form of cancer, especially because physicians would catch most cancers late in the disease progression, when they were already advanced within the body. At the time, physicians attempted to treat cancer with surgery and radiation [13], though many people died through the trial and error involved in developing those techniques. For cervical cancer in particular, women often do not exhibit symptoms until the disease is advanced. Symptoms of cervical cancer are also often nonspecific, including indeterminate, general pains in the pelvic region and any number of changes associated with vaginal discharge, including changes associated with the amount, color, or smell, which can be caused by many disorders. Discussing vaginal discharge and other matters related to women’s reproductive health was taboo in the 1930s when Bloodgood founded the ASMF. Bloodgood noted that a prominent medical journal refused to publish anything using the words uterus [14], cervix [15], discharge, bloody, or menses.

In December of 1930, John H. Sims, a carpenter in West Virginia, made a $1,000 donation in memory of a family member, Amanda Sims, who had died from cancer in 1896. $1,000 in 1930 is equivalent to over $15,000 in 2020. Some sources state Sims’s donation was in memory of his mother, while others claim the donation was made in memory of his wife. Sims included a note with the donation, stating he wanted Matthew Neely, a senator of West Virginia at the time, to use the money to prevent cancer among women. Neely sent the donation to Bloodgood, who had been researching surgical techniques to excise breast cancer tumors at the time.

Bloodgood, born on 1 November 1867, was a surgeon who focused on tumors of the breast and bone prior to his work with the ASMF. He received his medical training at the University of Pennsylvania [16] in Philadelphia, Pennsylvania, and later specialized in surgery and cancer at Johns Hopkins University [17] in Baltimore, Maryland. In 1913, Bloodgood helped cofound the American Society for the Control of Cancer, which became the American Cancer Society in 1945. According to historian Wolfgang Eckart, Bloodgood directed the $1,000 for uses specifically related to cervical cancer because he believed it was the most neglected of the cancers in terms of research. While Bloodgood had previously published information about breast cancer, he believed that other organizations gave enough attention and money to that form of cancer. At the time, Bloodgood tried to link cervical tears women experienced during and after childbirth to an increased rate of cervical cancer. Therefore, in creating the ASMF in 1930, Bloodgood sought to teach women who recently gave birth about how to detect and prevent cervical cancer. In 1930, Bloodgood saw a connection between giving birth, and thus sexual activity, and cancer, but he did not yet know what caused the link. Scientists Lutz Gissman and Harald zur Hausen discovered that a sexually-transmitted virus, later called the human papillomavirus, was responsible for most cases of cervical cancer, in 1980.

Becker, a nurse who worked with Bloodgood, took over ASMF about a year after the organization’s inception. Since he had a full-time job as a surgeon at the time, Bloodgood recruited Becker to help him build an educational plan to share it with new mothers to teach them how to detect cervical cancer. Bloodgood remained nominally involved with ASMF. Becker, born in 1878, had a long history of working with social awareness campaigns prior to her work with the ASMF. Having originally gone to school for medical studies, Becker left early to become a nurse for patients who contracted typhoid, a life-threatening disease caused by bacteria characterized by high fever and stomach pains, during the Spanish-American War in 1898. In 1900, she patented a specific hospital bed design. Later, during WWI, which lasted from 1914 to 1918, Becker volunteered with the American Red Cross, headquartered in Washington, D.C., and then went on to promote awareness and control for tuberculosis, an infectious disease caused by bacteria and characterized by coughing, fever, and fatigue, in India. Becker officially began her work with the ASMF as an assistant, but in the first year of its existence, she went on to become the organization’s formal director. Becker was also affiliated with numerous women’s clubs and organizations and used those connections to promote a cervical cancer educational plan she and Bloodgood collaborated on for distribution to women around the United States.
In January 1931, Becker organized a meeting that included one male physician and several women who led women’s clubs around the United States to discuss her proposal for an educational plan about cervical cancer. According to Eckart, Becker focused on three main topics when presenting her plan, including the value of early detection, self-examinations, and physical pelvic examinations from physicians. Becker presented her plan in the form of an eleven-page document titled, “The Protection of Women from Cancer: An Educational Program by Women, for Women, with Women.” Within that document, Becker included information about the popular understandings of cancer within the medical community at the time, an outline of treatment options for cervical cancer, and a review of existing cancer education and awareness campaigns in the United States. Becker’s overarching theme within the document was that cervical cancer was seldom prioritized by existing cancer organizations, and that regular pelvic examinations and postnatal care for women who had recently given birth was the key in reducing cervical cancer-related deaths. That document was privately circulated among medical professionals and women in executive leadership positions of different women’s clubs in the United States.

In order to reach a larger audience, Becker organized a collaboration between the ASMF and American Association for University Women, or AAUW, in February 1931 in Washington, D.C. The AAUW was a private club within the United States for women with college education. Their members at the time were white, middle-class women along the eastern coast of the United States. Becker, who was familiar with the AAUW, began corresponding with the educational secretary at the time, Katherine McHale. After learning the goals of the ASMF, McHale gave Becker permission to post one of Bloodgood’s medical articles in the Journal for the American Association for University Women, which rarely published medical advice.

McHale recommended Bloodgood follow three parameters when writing his article so that it would be the most effective in explaining the positions of the ASMF to the journal’s readers. First, she advised he explain the problem of cervical cancer in terms of it being a problem in education, and that an effective educational plan could serve to change women’s perceptions of cervical cancer for the better. Second, she suggested that he allude to regular pelvic examinations as being an intelligent means of preventing cervical cancer, to appeal to the readers’ intelligence. Finally, she encouraged Bloodgood to acknowledge that pelvic exams are often uncomfortable or painful for some women, but that it is a necessary procedure to detect early forms of cervical cancer. Bloodgood followed all of those criteria and submitted “Cancer Prevention – A Task in Education,” to the journal in June 1932. He included a final anecdote that individual women were the key in spreading cervical cancer awareness, because he claimed they could not rely on the press to share pertinent information about women’s health.

Prior to that 1932 publication, Bloodgood and Becker also distributed surveys to women who subscribed to the Journal for the American Association for University Women. In those surveys, the ASMF included a question section for female readers of the journal, asking them to explain their knowledge about pelvic exams. Then, they also included a section within the survey to be answered by the women’s physicians, asking how regularly they performed pelvic exams on women. According to Gardner, physicians of the early 1930s seldom considered routine pelvic exams as important for cancer prevention. By the next year, the ASMF had received over 30,000 survey responses. They used those to guide their continued education for both women and physicians.

Becker stepped outside of the partnership between the ASMF and AAUW in the mid-1930s to other clubs in the United States. Due to her influence and the educational campaigns with the ASMF, the American Red Cross distributed literature on cervical cancer to women in rural areas of the United States. Also, the Young Women’s Christian Association, a global organization which advocated for women’s rights and health, revised their internal health training manual to include a recommendation for pelvic exams, and equipped several of their public health buildings with exam tables and tools for physicians to perform pelvic exams for disadvantaged women.

Several historians have critiqued the major partnership the ASMF held with the AAUW. Because the AAUW’s membership was primarily white, educated, and middle to upper class, Eckart states that there was a privilege associated with women who could obtain cervical cancer awareness information, and that it was a significant disservice to economically disadvantaged populations of women in the United States. In terms of the content the ASMF distributed, historians also note that the ASMF and other organizations rarely discussed the difficulties women experienced after receiving surgeries to remove cervical cancer, the high rates of cancer recurrence after it was treated or caught early, and the overall chance of death associated with a cancer diagnosis.

The ASMF demobilized in 1935 after Bloodgood’s death in October of the same year. However, the ASMF’s message did not end with the dissolution of the organization. In the late 1930s, women formed the Women’s Field Army in New York City, New York, which worked to promote grassroots cervical and breast cancer awareness programs throughout the United States from 1936 until 1945. That organization reached over 2.5 million women participants and volunteers by 1941.

Sources

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