

A FOUCAULDIAN GENEALOGY OF SEXUAL AND REPRODUCTIVE HEALTH
PROGRAMS IN THE UNITED STATES

by

CINDY H. BLAIR

(Under the Direction of Elizabeth St. Pierre)

ABSTRACT

This Foucauldian genealogy traces the production of sexual and reproductive health with immanent regimes of truth, systems of knowledge, and power relations in the United States. The historical apparatus of federal government is not the locus of sovereign power over public health for sexual and reproductive health. The Constitution of the United States assigned states' legal power and authority over public health. How did historical discourse produce the truth of sexual and reproductive health produced (around the male military personnel, the unmarried female, and young people) with relations of power in the federal apparatus? How were historical modes of power linked with the proliferation of sexual and reproductive health over time? However, the multiple and mobile field of multiple economic, political, religious, scientific, social, and technological forces with relations of power constructed, produced, and distributed sexual and reproductive health with apparatus of federal government. In addition, there were multiple and mobile forces and relations of power in the historical apparatus with different regimes of truth, systems of knowledge, and power relations over the history of federal governance. From the Revolutionary War through World War II, federal sexual health focused on the bodies of male military personnel for the prevention of venereal disease coupled with public health legislation for the regulation of female civilians located near military bases. Likewise, from 1970 to present, the President and Cabinet, Congressional legislation and policy, and the Supreme Court were multiple and mobile forces and power relations integral to the federal apparatus. The historical federal apparatus of legislation, policy, politics, Supreme Court rulings, and other federal institutions were integral to programs for family planning, prevention of unmarried pregnancy with sexual abstinence-only-until-marriage, community-based abstinence, welfare reform, and the prevention of sexually transmitted disease, and HIV/AIDS. These federally funded programs addressed problems in specific populations.

INDEX WORDS: Foucauldian genealogy, sexual health, reproductive health, sexual abstinence-only-until-marriage, welfare reform

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Chapter 1

An Introduction

This work should be read as an open site. Many questions are laid out on it that have not yet found answers. (Foucault, 1966/1994, p. xii)

This Foucauldian genealogy traces sexual and reproductive health programs in the United States from the late 18th century to the present. This study explores multiple and mobile forces and relations of power in the history of sexual and reproductive health programs in the United States and the apparatus of federal government with mechanisms of administration, knowledge, truth, and institutions. The historical institutions in the federal apparatus include the President of the United States and the Cabinet, Congress and legislation, the Supreme Court and constitutional law. The 1790 Constitution distributed legal powers between federal and state government; states have legal authority over public health and sexual and reproductive health. The federal government is not the primary locus of power; however, historical processes, the field of forces, and power relations in the federal apparatus are immanent to sexual and reproductive health. Historical regimes of truth, systems of knowledge, and relations of power relations with social, economic, and political forces produce sexual and reproductive health in different periods of time. This study of sexual and reproductive health examines the federal apparatus that targets specific populations during specific periods of time: (a) military sexual health: 1790 to 1959; (b) talk about a revolution: 1960s; (c) Title X Family Planning: 1970 to present; (d) sexual abstinence-only-until marriage: 1980 to present; and (e) comprehensive sexual and reproductive health: 2009 to present.

In the United States, the federal government funded sexual and reproductive health programs for family planning, the prevention of pregnancy, the prevention of sexually transmitted diseases (STDs), and HIV/AIDS prevention. The focus shifted historically, and current programs target the prevention of teenage and unmarried pregnancy, sexually transmitted disease (STD), and HIV/AIDS. “The United States ranks first among developed nations in rates of both teenage pregnancy and sexually transmitted diseases” (Stanger-Hall & Hall, 2011). In 2010 in the United States, the Guttmacher Institute (AGI) documented the rate of adolescent pregnancy was 57 per 1,000, the highest in the developed world outside the former Soviet Bloc. In contrast, in 2011, Switzerland’s rate of adolescent pregnancy was 8 per 1,000 (AGI, 2019, para. 4). In 2008, the Centers of Disease Control and Prevention (CDC) (2015) estimated that there were approximately 20 million new STDs each year in the United States. The CDC (2017) wrote, “Incidence and prevalence estimates suggest that young people aged 15–24 years acquire half of all new STDs and that one in four sexually active adolescent females has an STD, such as chlamydia or human papillomavirus (HPV)” (para. 1). HPV is the most common STD; gonorrhea is the second most common infectious disease; between 2013-2017, the rates of primary and secondary syphilis for young people ages 15-24 increased 83.3% in females and 51% in males. The CDC (2018) reported, “At the end of 2015, an estimated 60,300 youth were living with HIV in the United States. Of these, 51% (31,000) were living with undiagnosed HIV—the highest rate of undiagnosed HIV in any age group” (para. 4). Furthermore, the United Nation’s World AIDS Report (2012) stated, “Today, young people account for 40% of all new adult HIV infections. Each day, more than 2400 young people become infected with HIV—and some five million young people are living with HIV. Young people are a fulcrum” (p. 29). These statistics indicate that STDs and HIV/AIDS remain threats to sexual and reproductive

health of young people. Likewise, the CDC (2013) estimated “that the lifetime cost of treating eight of the most common STIs contracted in just one year is \$15.6 billion” (p. 3). Improvement in sexual and reproductive health especially for young people would offer reduced costs and decreased morbidity or sickness or mortality and death. The United States lags behind other developed countries in sexual and reproductive health measures across the board.

Regimes of truth, systems of knowledge, and power relations are inseparable from available discourse, silence, and technologies of sexual and reproductive health. Likewise, accidents, chance, and chaos shift historical rationalities and relations integral to the federal apparatus. In an interview, Foucault (as cited in Kritzman, 1988) said, “I set out from a problem expressed in current terms today, and I try to work out its genealogy” (p. 262). Genealogy questions how discontinuities undermine “the self-certainty of the present without presenting the past as an alternative” (Poster, 1989, p. 209). We question the past to disrupt the comfortable assumptions, discursive truths, benevolent mechanisms of care. Moreover, Foucault (1976/1990) wrote, “What is at issue, briefly, is the over-all ‘discursive fact,’ the way in which sex is ‘put into discourse’” (p. 11). From 1790 to 2019, this genealogy interrogates federal sexual and reproductive health policies, programs, and target populations in the United States.

Outline of the Study

This section is an outline of topics described in the study.

Chapter 2: A Reader/Researcher presents a review of my research processes and motivations.

Chapters 3: Theory and Practice presents a history of Foucault’s intellectual life. Foucault believed that truth, knowledge, and discourse was inseparable from history.

Foucault's life was inseparable from his work and relations with the traditions of philosophy. This intellectual biography illustrates the intersections of his theory and practice.

Chapter 4: A Concerted Carnival presents a review of philosophers and their relations with the history of thought and Foucault. It examines Foucault's focus on the question of the Enlightenment, and he refusal of the role as a public intellectual.

Chapter 5: Analytic Tools presents an overview and interpretation of Foucault's archaeology and genealogy. These analytic tools examined the relations of truth, knowledge, and power. Archaeology focused on truth and knowledge and genealogy introduced the inseparable relations of power. The section examines historical modes of power relations: sovereign, pastoral, discipline, power/knowledge, biopower and biopolitics, and governmentality.

Chapter 6: Male Military Personnel explores the history of programs of sexual health for the military from the Revolutionary War until World War II.

Chapter 7: The 1960s: Social Change. This section examines a decade of social strife and the beginnings of ideas about population and family planning.

Chapter 8: Family Planning. This section explores the history of the first federal legislation for national domestic family planning.

Chapter 9: Sexual Abstinence-Only-Until-Marriage. This section explores the influence of AOUM programs from 1981 to present.

Chapter 10: Comprehensive Sexual and Reproductive Health. This section examines the evidence-based programs introduced by the Obama Administration in 2009.

Chapter 11: Renaissance of Sexual-Abstinence-Only-Until-Marriage. This section reviews the Sexual Risk Avoidance introduced in 2016 and 2018 that is the new name of AOUM.

Chapter 12: At the End of the Day. Conclusions and questions.

Appendix A. This section provides a glossary of terms and acronyms. Here you will find definitions of basic terms like age, sex, sexuality, and gender.

Chapter 2

A Reader/Researcher

Out of the intricate weaving of unnumbered threads, I shall pick out a few strands, a few designs.

—Lillian Smith, *Killers of the Dream*, 1949

In 1953, Oxford philosopher, Isaiah Berlin's book *The Hedgehog and Fox: An Essay on Tolstoy's View of History* examined Count Lev Tolstoy's (1867) novel *War and Peace*. Berlin's title is an allusion to an aphorism used by the ancient Greek lyric poet Archilochus: the fox seeks knowledge of many things, but the hedgehog seeks knowledge of one big thing. Berlin's book popularized the categories of hedgehog and fox as descriptions of different kinds of intellectuals. The hedgehog pursued a central vision, a principle theory, and a coherent worldview. Berlin wrote that Plato, Hegel, and Nietzsche were hedgehogs. On the other hand, "the fox accepts that he can know only many things and the unity of reality must escape his grasp" (Ignatieff, 2013, p. x). Berlin wrote that Aristotle, Shakespeare, and Joyce were foxes. Moreover, the clear-eyed fox was skeptical of unified systems of knowledge and faith that concealed chaos and randomness in the human world (p. 88). Berlin developed these descriptions from his study of Tolstoy's novel *War and Peace* about the lives of five aristocratic Russian families from 1805 to 1820 in exquisite historical detail. Tolstoy's passionate particulars revealed his foxlike nature, but Berlin wrote that he was, in reality, a disappointed hedgehog.

Foucault was a fox. Gutting (2005) described Foucault's work as "ad hoc, fragmentary, and incomplete" (p. 2). Each book that Foucault wrote addressed specific concerns, not the development of "a theory or a method that is a general instrument of intellectual progress" (p. 2).

Foucault was a restless thinker, and his research interests covered a diverse range of topics and knowledge over history. Foucault's (1983/2001) overall project was "the history of the way people begin to take care of something, of the way they became anxious about this or that – for example, about madness, about crime, about sex, about themselves, or about truth" (p. 74). In other words, Foucault was an historian of thought, yet his creative thinking was inseparable from political aims. Gordon (2001) wrote, "Isaiah Berlin correctly observed, Foucault was not a Left intellectual at all, if by that one means a thinker with a political manifesto to put forward" (p. xi). Although Foucault acknowledged that politics was inseparable from theory and praxis, he was wary of public intellectuals and political consensus. However, in the early 1970s, Foucault was involved in political activism with the collective Prisons Information Group (*Le Groupe d'information sur les prisons*) that sought to honor the subjugated knowledge and practical needs of prisoners. In *Discipline and Punish: The Birth of the Prison* (1975/1995), Foucault described an archive of historical documents that illustrated the social and political mechanisms in the marginalization and confinement of prisoners. Foucault disrupted traditional philosophy with his study of punishment, but he proposed no universal philosophy, theory, or truth. Indeed, he was a fox.

I am not a professional philosopher or academic historian, but I am interested in many things. I am a teacher; therefore, I am a local thinker. The study of educational theory/practice is embedded with historical, social, and political conditions as well as systems of knowledge, practice, and institutions. However, doctoral studies in the academy displaced the local, the familiar, and the known. As a doctoral student, I repeated cycles of failures to learn, to unlearn, and to relearn. The failures were difficult but not the opposite of success, and the struggles disrupted sedimented thought. On the other hand, the nostalgia of easy fiction and the seductive

subterfuge of coherence were tempting. The processes of reading, thinking, and writing moved at differential speeds, but connections emerged among the network of knowledge and practice and silence. Even so, I yearned for an epiphany of unified theory, centralized focus, and the luminosity of an intellectual hedgehog. There are many hedgehogs in the natural habitat of the research university. Their mastery and insider status dazzle undergraduate and graduate students as well as faculty. On the other hand, the fox follows diverse inquiry like an outsider within the camouflage of the research university.

In a doctoral seminar at The University of Georgia, St. Pierre introduced me to the work of Foucault some 30 years after his death. St. Pierre opened the seminar with the first chapter of Foucault's (1975/1995) *Discipline and Punish: The Birth of the Prison*. The lurid opening resembled a paperback crime novel; however, the baroque description disguised the lean muscle of a genre rippled with theory. In 18th century France, the punishment for regicide was drawing and quartering. And the punishment for the attempted assassination of King Louis XV was a public spectacle. Foucault (1975/1995) wrote that the prisoner, Damiens, was placed on a scaffold where

the flesh will be torn from his breasts, arms, thighs and calves with red-hot pincers, his right hand, holding the knife with which he committed the said parricide, burnt with sulphur, and, on those places where the flesh will be torn away, poured molten lead, boiling oil, burning resin, wax and sulphur melted together and then his body drawn and quartered by four horses and his limbs and body consumed by fire, reduced to ashes and his ashes thrown to the wind. (p. 3)

These historical barbarities occurred in the “country of tortures” that grew out of favor in France and shifted to better methods of punishment that were calculated for efficiency and leniency.

The literary flair of Foucault's spectacular imagery is unmistakable, and the reader is captivated. Said (2000) wrote that Foucault's effects on the reader were twofold:

One, because, as he has said, each book was an experience for him of being enmeshed, imprisoned in 'limit-experiences' like madness, death and crime, and also of trying rationally to understand 'this involvement of oneself' in those difficult situations. Second, his books were written 'in a series: the first one leaves open problems on which the second depends for support while calling for a third. . . . They are interwoven and overlapping.' (para. 3).

Indeed, my readings of Foucault were "enmeshed experiences" and lapped like waves that receded and returned to different shores.

The strategies of discipline extended improved and subtler means of management like surveillance and examination. Relations of power were entangled with "a corpus of knowledge, techniques, 'scientific' discourses" (Foucault, 1975/1995, p. 23). Disciplinary strategies were useful in prisons where prisoners were constantly observed. In 1791, Jeremy Bentham, an English philosopher and social reformer, drafted architectural plans based on the ideal of surveillance for the prison or the Panopticon. The annular building had a central supervisory position for surveillance of the entire structure and all inhabitants with an omnipotent gaze. The architecture disciplined inmates with or without the figure of supervision. The inability to know when one was being watched promoted self-discipline. Aha! An epiphany. The majority of American public schools reproduce this architecture. Foucault provided a grid of intelligibility or description that illustrated the disciplinary gaze of public schools. School buildings have a central position with an explicit or implicit diagram on the floor at the intersection of hallways. Hallways radiate from this hub like spokes on a wheel. Administrators standing in the hub have

the ability to monitor students and teachers standing, walking, and talking in each hallway. In addition, halls segregate students and teachers by grade levels and subjects usually at a distance from administrative offices. The architecture disciplines students, teachers, and even administrators, so the entire school is disciplined with or without a supervisory figure.

Monasteries, factories, and military barracks follow the same architecture. Although Bentham never built his Panopticon, his utilitarian philosophy was key to disciplinary strategies and the effective management of specific populations in education, factories, hospitals, and the military.

As noted previously, during the 1970s the reader was unaware of Foucault's work. Instead of Foucault, I read Solzhenitsyn's (1974) *The Gulag Archipelago, 1918-1956: An Experiment in Literary Investigation*. A childhood in the shadow of the Cold War, the Iron Curtain, Communism, and school drills of duck and cover for nuclear attack conditioned my choices in reading. These experiences fostered curiosity about the Soviet Union, Stalin, and Communism. The word gulag was the acronym for the state organization that controlled the system of prison and forced labor camps in the Soviet Union. Solzhenitsyn chronicled Stalin's expansion of the Communist Party's power and these labor camps. In particular, Solzhenitsyn's depiction of Moscow's chief engineer of the water system was indelible (pp. 336-341).

Oldenborger was unmarried with no children, so his life was dedicated to the maintenance and repair of Moscow's water system. His administration was vigilant and meticulous. His efficient and reliable management provided pure water to Moscow for over 30 years. Unfortunately, Oldenborger offended the Communist Party with a rude comment. Consequently, the engineer's request to replace irreparable ancient boilers with imported foreign boilers was denied. The state charged Oldenborger with counterrevolutionary sabotage and incompetent negligence of water system. Solzhenitsyn (1974) wrote, "It had been too much for one man" (p. 340). Oldenborger

committed suicide. Indeed, what I read and experienced, in effect, the historical conditions of my available knowledge was immanent to my understanding of power.

Foucault described strategies of discipline in medicine and education with differing modes of power, varied combinations, and historical shifts. Foucault's (1975/1995) insight was that "the power to punish is not essentially different from that of curing or educating" (p. 303). Disciplinary apparatuses are employed in clinics, hospitals, and schools with strategies of surveillance, examination, and hierarchy. For example, the hierarchical taxonomy of education organizes multiple objects and subjects of knowledge in controlled environments such as the architecture of buildings with separate spaces based on age, gender, race, grade levels, socio-economic levels, physical behavior, content knowledge, and intellectual ability. The apparatus of architecture enhanced discipline for the production of docile bodies with minimal intervention for efficient management. Moreover, disciplinary strategies scale from the infinitesimal to the immense, so this flexible scale adjusts for objects from the infinitesimal or the individual and to the immense or large populations. Dreyfus and Rabinow (1982) wrote that Foucault's "dividing practices" illustrated the separation of the subject from others and the division of the subject "inside himself" (p. 208). For example, dividing practices separate the cooperative from treatment resistant patients in hospitals and clinics and the high achiever or grade level student from the deficient or below grade level student in schools. Diagnostic psycho-educational labels normalize dividing practices that segregate specific individuals and population in differentiated spaces with designated rooms, buildings, and geographic locations. Medicine, psychology, and education work with synergistic apparatuses of knowledge in multi-level economies that harness cooperation and resistance. Thus, the providers of care, objects of knowledge, and subjects of intervention are integral to systems of professional expertise. The apparatus synergizes

documentation, identification, and hierarchies of care designed for specific individuals and populations. Surveillance incorporates resistance to profit the apparatus of care, so the economy of care is resilient.

In St. Pierre's summer seminar entitled Slow Foucault, we read *The Order of Things: An Archaeology of the Human Sciences* (1966/1970) and *The Archaeology of Knowledge and the Discourse on Language* (1969/1972). Undone. Again. Foucault's complex texts increased the difficulty of reading. St. Pierre asked, would you expect to understand a doctoral level physics text the first time you read it? Let the words wash over you. Pause. Let the words wash over you. I was washed in the word. On the other hand, some professors and colleagues regarded Foucault and philosophy especially postmodernism, poststructuralism, and new materialist philosophy as intellectual jousting appropriate only for the ivory tower or thought experiments. Likewise, they dismissed academic philosophy as inadequate to the critical triage of public education with its persistent inequalities and failures. Instead, they recommended mid-level theoretical approaches with standardized protocols or prescriptive programs of remediation, STEM instruction, and enriched technology that provide quantifiable results, and, of course, the gold standard of norm-based, criterion-referenced, and benchmark examinations to diagnose, compare, and rank students and teachers. These pedagogical methods with datafication of student success are critical to the measurement of learning outcomes and the diagnosis of gaps in the individual learning based on comparisons with other students, teachers, and countries with an ever increasing number of knowledge standards and performance norms. In this paradigm, Foucault and philosophical thought are passé like that 70s show or the cliché "been there, done that, got the Panopticon tee shirt."

Foucault's (1976/1990) *History of Sexuality: An Introduction Vol. I* traced a genealogy of Western sexuality. The text unfolded with my interest in the genealogy of sexual and reproductive health programs in the United States. Foucault examined knowledge about sexuality with the costs "in political, economic, and ethical terms" (p. 80). Paradoxically, Foucault's work provided clarification and confused me. The enigma intoxicated this nascent and naïve scholar. With this inspiration, a reader/researcher resolved to test her limits and boundaries: not reading French, not an academic philosopher, and writing a genealogy of sexuality *après* Foucault.

Foucault's study required of him endless hours of devotion in the *Bibliothèque Nationale*, *Carolina Rediviva*, *Bibliothèque du Saulchoir*, and other dusty libraries. He was particularly fond of the *Bibliothèque Nationale* "with its cast-iron pillars and glass dome, the main reading room was an agreeable place to work, particularly on dark afternoons when the individual reading lights at the desks bathed it in a calm, soft light" (Macey, 2004, p. 66). Foucault was fluent in several languages and acquired others for his research. Foucault defied the *doxa* of thought and the *urdoxa* of experience with critical analyses of historical forces and power relations outside notions of traditional philosophy. Deleuze (1990/1995) wrote,

When people follow Foucault, when they're fascinated by him; it's because they're doing something with him, in their own work, in their own independent lives. It's not just a question of intellectual understanding or agreement, but of intensity, resonance, musical harmony. (p. 86)

Foucault's fiery prose twinkled with poetic intensity. Geertz (1978) critiqued Foucault's prose style as difficult; however, he praised the splendor of its "sweeping summary with eccentric detail, the resemblance of his work to an Escher drawing—stairs rising to platforms lower than

themselves, doors leading outside that bring you back inside” (para 1). Mesmerized, I followed these stairs outside thought and back through new doors.

The fuel for reading Foucault was fascination, but reading demanded diligence, discipline, and the deferral of knowing. However, Foucault’s prolific writing was not his only contribution; he maintained a demanding schedule of original lectures, academic seminars, and conferences not only in France and the United States but worldwide. Deleuze (1990/1995) described Foucault’s lectures as more “like a concert than a sermon, like a soloist 'accompanied' by everyone else” (p. 86). Unlike the sleepy drone of a sermon, Foucault favored listeners’ participation with his lectures. He disliked the performance of lectures in front of silent audiences, so he preferred the conversations in seminars for the exchange of ideas. However, Foucault’s lectures were so popular at the College de France that he moved them to an early morning slot to diminish the crowd.

St. Pierre endorsed an unsure pedagogy for reading Foucault, and she warned against narrow reading and inquiry. She advocated diverse course work, so I pursued courses in art, language and literacy, geography, women’s studies, romance languages, dance education, qualitative research, and psychology. In addition, St. Pierre recommended the expertise of academic librarians, so I consulted librarians in the main library, science library, medical library, law library, and curriculum library at The University of Georgia. The librarians were incredibly supportive, especially in areas in which I had little experience. These librarians guided me among the archive of scholars and scholarship. Despite comprehensive assistance, the archive resembled the Leviathan. I remained so unsure and lost among scholars and scholarship. However, Lather (2007) affirmed the value of “not being so sure” and places “where we are all lost to one degree or another” (p. 348). Though I was lost and unsure without a sense of

direction or reliable map, the flux of being/becoming carried me places that I never imagined. And this creative vitality dissipated miasmas from an intellectual Slough of Despond. And a pilgrim scholar emerged.

Reading Foucault was pleasure. Foucault (1975/1996a) said, “I would like to write in such a way that people feel a kind of physical pleasure in reading me” (p. 137). Ditto. Deleuze (1986/1988) wrote that Foucault’s writing was not “an aim or an end in itself. This is precisely what makes him a great writer and imbues everything he writes with an increasing sense of joy and gaiety” (p. 23). Reading of Foucault demanded recursive reading that increased the pleasure. Again and again, reading against and between other texts, and secondary texts. Reading Foucault, joyful intensities emerged as paths changed and horizons faded. Reading Foucault refused the stasis of understanding, so I found no finish line or final destination. In the first years, reading, thinking, and writing protected a budding scholar against the too-soon foreclosure of understanding. However, Downing (2008) wrote that reading Foucault does not give us new knowledge, “or even teach us new and different ways of knowing. Rather, it invites us to share in a radical calling into question of the ways in which knowledge itself operates” (p. viii). For the past six or seven years of reading Foucault, he affirmed the discomfort and hard work of the refusal of the right answers; however, his investigation of how the questions emerged challenged my entrenched ways of thought. At the end of the day, St. Pierre advised me to keep doing the next thing.

A reader claims innocence at the start. Althusser (1965/2015) argued, “there is no such thing as an innocent reading, we must say what reading we are guilty of” (p. 2). So the pleasure of innocence was complicated with fears of unknowing and a responsible reader’s expertise. St. Pierre (1997) agreed, “Neither a deliberate obfuscation nor the desire for clarity and accessibility

is innocent” (p. 186). Nonetheless, the innocence or guilt of a reader was irrelevant when texts fell apart. The reader encountered different notions of texts, so I learned and unlearned how to read over and over. Lather (2007) wrote that reading “becomes rumination and fosters brooding, a way of reading that produces a reading” (p. 53). How I relished these brooding pleasures of reading, rumination, and re-reading! Lyotard (1977) wrote, “Intensive reading, therefore, is the production of new, different intensities” (p. 46). Indeed, intensive reading seeks a plateau, and it enables “you to build your life and those of the people around you into a plateau of intensity” (Massumi, 1980/1987, p. xi). The reader becomes a multiplicity. Finally, St. Pierre demanded that I stop reading and write.

I was not an expert writer despite training and education. In the practice of writing, I trailed Foucault (1969/1972) with attempts “to define this blank space from which I speak, and which is taking place in a discourse that I will feel to be so precarious and so unsure” (p. 17). Doubts clouded reading, writing, and thinking, but I typed or wrote anyway. St. Pierre (2005) wrote, “Writing is thinking, writing is analysis, writing is indeed a seductive and tangled method of discovery” (p. 967). Writing was a method that taught persistence and patience. The game of writing was discipline for perseverance and always already practice, practice, practice. Foucault (1980/1998a) wrote, “Writing unfolds like a game that inevitably moves beyond its own rules and finally leaves them behind...it is primarily concerned with creating an opening where the writing subject endlessly disappears” (p. 116). However, I rarely released ego and approached the exhilaration of losing face. Like Blanchot (1949/1995) this writer “is not only several people in one, but each stage of himself denies all others, demands everything for itself” (p. 312). Writing traces truth with fictions, faces, and fears.

Although Foucault refused the predictable, his daily discipline of writing practice was a cherished routine. In an interview in 1968, Foucault said writing helped him see “the block of marble” (as cited in O’Leary, 2016, p. 236). I struggled to see the block of marble hidden in the *pentimento* of unseen, unsaid, and unruly fear. Practice, practice, practice.

Ultimately, Foucault wrote for users, not readers or writers. Deleuze (1988/1986) described three uses of writing: “to write is to struggle and resist, to write is to become, to write is to draw a map” (p. 44). In a 1974 interview “Truth, Power, Self,” Foucault (as cited in Gutting, 2005) said

I want my books to be a sort of toolbox that people can rummage through to find a tool they can use however they want in their own domain...however they wish in their own area ... I want the little book that I plan to write on disciplinary systems to be of use for teachers, wardens, magistrates, conscientious objectors. I don’t write for an audience, I write for users, not readers. (pp. 112-113)

I rummaged through Foucault’s toolbox with his assurance that the tools were available to teachers. I used them where they fit.

This interrogation in the present is written over unreliable history and memory of distant places, historical events, silences, and ghosts. The South is a region with diverse narratives and fictions of resistance and rebellion where segregated ghosts of the cotton fields and factory mills roam the forgotten. The patriarchal Christian family and church rests on the blood tithe of sovereign honor, but defeat and loss clings to the landscape of red dirt, kudzu, the boll weevil, grits, Coca-Cola, and sweet iced tea. In 2019, the Pew Research Center documented the religious composition of the South was 76% Christian (para. 1). Likewise, the South has the highest number of sexual-abstinence-only-until-marriage programs in the nation. In the 1960s,

my high school sexual health education was a one hour gender segregated class; girls were given a box of sanitary products. As a young adult, I celebrated the milestone of safe and legal of abortion as progress toward equality for women's rights with improved sexual and reproductive health. In 1973, there was bipartisan political support for legal abortion, and the Southern Baptist Convention voted its approval. I found reliable information about sexual and reproductive health in *Our Bodies, Ourselves* (1970) by the feminist Boston Women's Collective. Likewise, the history of federal sexual and reproductive health programs from family planning in 1970 to sexual risk avoidance today is inseparable from the history of my life experiences and interpretations. In the end, research is me-search.

Blessed Father. Forgive Foucault.

Chapter 3

Theory and Practice

We must attempt to trace the chronology of these devices: the inventions, the instrumental mutations, and the renovations of previous techniques. (Foucault, 1976/1990, p. 115).

Foucault offered his archaeology and genealogy to anyone who might find them useful, so I borrow, modify, and interpret them to suit my purposes. Foucault's research concerns began with present issues and the exploration of history for different modes of truth, knowledge, and relations of power relations among discursive and non-discursive practices. As stated previously, Foucault's work is not a research template for philosophy or history nor is it a qualitative research method. Sheridan (1980) wrote, "There is no 'Foucault system.' One cannot be a 'Foucauldian' in the way one can be Marxist or Freudian: Marx and Freud left coherent bodies of doctrine (or 'knowledge')" (p. 225). However, Foucault's work taught me to question the assumptions in historical regimes of truth, systems of knowledge, and relations of power. Foucault explored history for sets of rules in discursive practice and silence not eternal truth, an authentic self, or code for life. Elden (2018) wrote, "Foucault essentially says you can't look for solutions to the present in the past. It's not like we can read off these classical texts some kind of code by which we should now live" (as cited in Libbey, 2018, para. 6). Foucault identified historical periods of time *epistémês*, and *dispositifs* as apparatuses with sets of rules for discursive and non-discursive practices. More importantly, he used the terms *epistémê* and *dispositif* interchangeably. As noted earlier in this study, I defined four historical periods of time or *epistémês/dispositifs* for federal sexual and reproductive health policies and programs.

Foucault drew no boundaries between disciplines of philosophy and history. In spite of this, Fendler (2010) wrote, “Just as some philosophers do not consider Foucault to be a philosopher, some historians do not consider him to be a historian. The reasons for both are similar: Foucault’s work challenged the rules of research in both philosophy and history” (p. 38). Furthermore, Foucault refused *tout court* the canonization, cultivation, or beatification of any system of philosophy or ahistorical system of knowledge or truth. In this sense, Sheridan (1980) called Foucault the “slayer of dragons” (p. 225). Likewise, Foucault disputed the borders between academic and subjugated knowledge.

Foucault acknowledged that epistemology and ontology were neither separate, ahistorical, nor transcendent. Epistemology, from the Greek *epistēmē* (knowledge), is the philosophy of knowledge or ways of knowing. Ontology, from the Greek *ontos* (being), is the philosophy of being or ways of being. Foucault interrogated historical continuity in the development of any system of epistemology or way of thinking. Foucault sought historical discontinuities in the ruptures, chaos, and the emergence of difference that contradicted continuity, but he did not negate continuity. Likewise, Foucault was skeptical of the ideal ontology of Forms and Platonian metaphysics. In addition, he was skeptical of the Enlightenment, positivist epistemology, and ontology with its hierarchy of the knower and known, assumptions of objectivity, and measurement. Instead, Foucault questioned the religion of rationality, phenomenology, and the intentional human agent.

Foucault challenged academic traditions that privileged definitions and meanings of words and things. He altered research “from the question ‘what does it mean?’ to the question ‘how does it work?’” (Roth, 1995, p. xiv). This section on Foucault’s academic life describes his

conversations with and interrogations of the history of philosophy. However, Foucault's passionate engagement with literature and the arts is omitted.

An Academic Life: 1945 to 1984

In 1945, Foucault attended the Lycée Henry-IV to prepare for the rigorous entrance exams to the *École Normale Supérieure* (ENS). His personal tutor was Louis Girard, and he attended classes with the Hegelian philosopher Jean Hyppolite for two months. In 1946, Foucault ranked number four in the nation on the university entrance exam, so he was admitted to the elite *École Normale Supérieure* (ENS). "The ENS is a training ground for France's intellectual elite. Those who are accepted receive a four-year stipend" (Wolin, 2010, p. 117). In this period of the 20th century, critical theory, phenomenology, and structuralism dominated philosophy in continental Europe. Foucault (1983) wrote, "I belong to that generation who, as students, had before their eyes, and were limited by, a horizon consisting of Marxism, phenomenology and existentialism" (as cited in Miller, 1993, p. 65). The embers of war, an elite university, and major schools of philosophy shaped Foucault's higher education. At the ENS, Foucault studied with the prominent philosophers George Dumezil, Louis Althusser, and Merleau-Ponty. In 1948, under the direction of Jean Hyppolite, Foucault's thesis was *La Constitution d'un transcendantal dans La Phénoménologie de l'esprit de Hegel* (*The Constitution of a Historical Transcendental in Hegel's Phenomenology of Spirit*). Foucault received his *Diplôme D'études Supérieures* (DES) at the ENS which was equivalent to a master's degree. Subsequently, Foucault continued his study at the *Institut de Psychologie de Paris* (University of Paris/Sorbonne). In 1949, he received his *licence* (BA) in psychology (Eribon 1991, p. 42; Macey, 2004, p. 43). In 1951, *Fondation Thiers* awarded Foucault a three-year research scholarship in Paris. After one year, "he abandoned the thesis he had planned to write on the

post-Cartesians and the birth of psychology” (p. 35). In 1952, he completed *Diplôme de psychopathologie* (Diploma in Psychopathology) at the University of Paris.

From 1951 to 1955, Foucault taught part-time in psychology at the ENS. From 1953-1954, Foucault taught psychology full-time at the University of Lille. Foucault preferred to live in Paris, so he commuted to Lille. Later in 1954, Foucault became an *expatrié* and took a position in Sweden. For the next several years, he held positions in Sweden, Poland, and Germany. In 1960, he returned to France to teach psychology in the department of philosophy at the Clermont-Ferrand, where he remained for six years. In 1961, Foucault earned his doctorate in the history of science with submission of two theses (required in France) at the University of Paris. His major thesis was *Folie et déraison: Histoire de la folie à l'âge classique* (*Madness and Insanity: History of Madness in the Classical Age*), and his secondary thesis was the translation and commentary on *L'anthropologie de Kant d'un point de vue pragmatique* (*Kant's Anthropology from a Pragmatic Point of View*). Furthermore, he received a bronze medal from the *Centre National de Recherche Scientifique* for his work (Macey, 2004, p. 35).

The *annus mirabilis* was 1966 for structuralism characterized by the work Levi-Strauss and others. In October, the Johns Hopkins symposium under the loose umbrella of structuralism included speakers Barthes, Hyppolite, and Lacan; however, Derrida's presentation unseated structuralism with deconstruction and the emergence of post structural thought. French theory captivated the American academy “with ‘Structure, Sign, and Play in the Discourse of the Human Sciences,’ Derrida impishly but effectively identified flaws in the organizational thrust of Claude Levi-Strauss' work in kinship and mythologies, work that formed a critical base for structuralist theory” (McCabe, 2012, para. 4). Although Foucault was invited to the seminar, he did not attend; however, in 1966, Foucault achieved intellectual notoriety in France with his

bestselling *Les Mots et les Choses: Une Archéologie des Sciences Humaines* (*The Order of Things: An Archaeology of the Human Sciences*). With the English translation in 1970, Steiner (1971) described Foucault as “the mandarin of the hour” (para. 1) with an archaeology that differed from “intellectual history and phenomenology in the usual sense” (para. 6). Like Derrida and Nietzsche, Foucault questioned established traditions of thought. Dosse (1991/1997) wrote that “Foucault also argued that scientific history should be based on discontinuities and on the Nietzschean deconstruction of established disciplines” (p. 333). Nietzsche proclaimed the death of God, and Foucault proclaimed the death of man.

Student demonstrations, worker strikes, and riots characterized the turbulent decade of the 1960s in Europe and the United States. In 1967, Foucault followed his lover to Tunisia. Defert worked “on a cooperation and development scheme as an alternative to national service in the forces” (Macey, 2004, p. 77). In 1967 and 1968, Foucault taught philosophy at the University of Tunis with lectures that covered Renaissance art, man in Western thought, and Descartes’ *Discourse on the Method* and *Meditations on First Philosophy* (Boubaker-Triki, 2003, p. 111). Foucault lived in the coastal village of Sidi Bou Said, which was “perched on a steep cliff and overlooking the sea, the village was spectacularly beautiful and enticingly exotic” (Macey, 2004, p. 79). With this seaside splendor, Foucault considered the purchase of a beach house. However, student demonstrations against the authoritarian regime of Habib Bourguiba disrupted Foucault’s life and politicized him. He assisted students with the printing of pamphlets and hid their Roneo printing press in his garden. In an interview with Duccio Trombadori, Foucault (1978) said,

During those upheavals I was profoundly struck and amazed by those young men and women who exposed themselves to serious risks for the simple fact of having written or distributed a leaflet, or for having incited others to go on strike. (1991, p. 134)

Foucault put himself at risk to support the students. Wolin (2010) wrote, “One night, while giving a ride to a student, Foucault was pulled over and savagely beaten by the police. He was convinced that he was under surveillance by the secret police and that his personal phone had been tapped” (p. 294). In Tunisia, Foucault created his iconic public persona. Wolin (2010) wrote, “[H]e began shaving his head, donning horned rimmed glasses, and sporting a trademark white turtleneck, thus creating the iconic look for which he is best remembered today” (p. 289). Foucault returned to France in the midst of its own social and political unrest.

In May of 1968, Defert witnessed demonstrations by students and workers in the streets of Paris with bloody clashes with police and barricades reminiscent of the Commune of 1871. Defert informed Foucault of the events by “holding a transistor radio up to the telephone receiver for hours on end” (Kimball, 1993, p. 10). Although Parisian students identified with Marxism and Maoism, and they claimed solidarity with workers and the poor; they were, nonetheless, a part of a culture of radical chic and part of a privileged intellectual elite. “May 1968 was a watershed in French life, a holy moment of liberation for many, when youth coalesced, the workers listened and the semi-royal French government of President Charles de Gaulle took fright” (Erlanger, 2008, para. 3). Especially in the West, the spirit of liberation sparked social movements against the war in Vietnam and for equality with civil rights, workers’ rights, and women’s rights, and gay and lesbian rights. The Paris protestors called themselves the *soixante-huitard* (sixty-eighters). In *Still a Soixante-Huitard*, Hitchens (2008) wrote, “Laugh all you like. You didn’t see the workers in that French plant in 1968, rearranging the big letters of the factory owner’s name (Berliet) so that the sign over the gate now read LIBERTE” (para. 4). Despite the strife of 1968, an entire generation connected with dreams of peace, equality, and liberation. These movements and ideals inspired an entire generation with optimistic hope for the future

world to come. Foucault was not in Paris for the events of May 1968, but its political significance affected him. He (1971) wrote,

We joined forces, the political groups and I, not because I had changed— I'm not boasting, I would like to change— but because, in this case, I can say with pride that it was [May 1968] politics that came to me. (as cited in Sherman, 2013, p. 36)

In other words, Foucault's politics translated into meaningful collective activism. Bradley (2002) wrote that May 1968 reinforced both Foucault's "disdain for Marxist dogmatics and the importance of his own tentative studies associated with madness, medicine and penal institutions, studies that he would later realize were ultimately related to issues of 'power'" (p. 274). Foucault's political activism connected with his evolving thought that reconfigured prevalent ideas about traditional ideas about power.

In the wake of the 1968 students' protests, the French government established an experimental university *Centre Expérimental de Vincennes* or University of Vincennes away from the center of Paris. In November 1968, Foucault was appointed head of the philosophy department. As department head, Foucault offered Gilles Deleuze the first faculty appointment, but the philosopher refused due to illness. Subsequently, Foucault gathered a prestigious group of philosophers in the department including: Alain Badiou, Étienne Balibar, François Châtelet, Judith Miller, Jacques Rancière, François Regnault, and Henri Weber (Eribon, 1989/1991, pp. 203-205). The experimental university was established in part as a response to concerns of the *soixante-huitard* (sixty-eighters). The newly constructed university was known for revolutionary pedagogy, radical ideas, and anti-authoritarian demonstrations. One example of this revolutionary pedagogy was first university seminar on homosexuality in France. The seminar was sponsored by the first homosexual liberation movement in France (*Front homosexuel*

d'action révolutionnaire), and the seminar studied the everyday lives of gay and lesbian people not celebrities (Wolin, 2010, pp. 330-331). Conversely, Foucault was not a *soixante-huitard*, and he quickly grew weary of the disruptive campus and withdrew to the scholarly solitude of the research library. Moreover, Foucault was part of the “Arcadie generation: the secretive, upper-class, genteel, homophile organization” (pp. 330-331). Likewise, Foucault’s reputation for discipline, hard work, prodigious publication, and his absence during May 1968 were decisive factors in his appointment. Perhaps this sober scholar might moderate the chaotic experiment. After Foucault had resigned, the *Centre Expérimental de Vincennes* gained accreditation and was renamed *Université Paris VIII* in 1971.

Foucault taught at the University of Vincennes for almost two years. In 1970, he was awarded tenure to the chair of *Histoire des Systèmes de Pensée* (History of Systems of Thought) at the elite Collège de France; he held the position until his death in 1984. At the same time during the early 70s, Foucault participated in the *Groupe d'information sur les prisons* (Prison Information Group or GIP). On February 8, 1971, Foucault (1971/2016) presented public statement cosigned by Pierre Vidal-Naquet and Jean-Marie Domenach that explained the purpose of the group. The manifesto stated,

We plan to make known what the prison is: who goes there, how and why they go there, what happens, what life is like for the prisoners and, equally, for the supervisory staff, what the buildings, diet, and hygiene are like, how internal regulation, medical supervision, and the workshops function; how one gets out and what it is, in our society, to be one of those who has gotten out. (as cited in Zurn & Ditts, 2016/1971, pg. 1)

The statement directed anyone interested in the work of the GIP to 285, rue de Vaugirard, Paris-XVe, which was Foucault’s home address. Foucault explained the goal of the organization, “We

would literally like to give speech to prisoners” (as cited in Tanke, 2009, p. 86). The aim of the GIP was to advocate for prisoners not to reform prisons or prisoners. In a 1972 conversation between Deleuze and Foucault, Deleuze (1972/1977) praised Foucault, “In my opinion, you were the first—in your books and in the practical sphere—to teach us something absolutely fundamental: the indignity of speaking for others” (p. 209). Deleuze’s point was central to Foucault’s work; he refused to assume the role of a public intellectual. He honored the subjugated knowledge of prisoners.

During the 1970s, Foucault’s collective political activism included a number of projects. In 1970, he demonstrated against the tragic fire at the *Club Cinq-Sept* (Club 5–7) in Grenoble that killed 146 people. In 1972, he demonstrated against the murder of 15-year-old Brigitte Dewevre in the northern provincial town of Bruay-en-Artois. This national scandal became “a legal cause célèbre” that represented the class-based inequality of the French justice system (Freund, 1972, p. 2). Likewise, he participated in the “‘Vérité-Justice’ committees that were set up by the Maoists of the newspaper *La Cause du peuple* to denounce the everyday injustice of capitalism” (Caillat, 2015, pp. 17-18). Ultimately, Foucault acquired the reputation as both a militant intellectual and Brahmin scholar.

In France, public intellectuals Jean Paul Sartre and Maurice Merleau-Ponty were the icons of intelligentsia. However, Foucault (1969/1972) rejected the role of a traditional public intellectual “to speak truth for those who had yet to see it, in the name of those who were forbidden to speak the truth: he was conscience, consciousness, and eloquence” (p. 207). He rejected the *noblesse oblige* of bourgeois conscience that incorporated intellectuals with capitalist production. Bové (1986) wrote, “He, therefore, not only refused to assume the role of the leading intellectual whose traditional job is to imagine alternatives but also destabilized the

inherited rhetorics authorizing the image of the intellectual” (p. 232). Foucault (1969/1972) preferred the role of *specific intellectual* and study of the “miniscule” (p. 238). Foucault (1969/1972) wrote,

My role - and that is too emphatic a word - is to show people that they are much freer than they feel, that people accept as truth, as evidence, some themes which have been built up at a certain moment during history, and that this so-called evidence can be criticized and destroyed. To change something in the minds of people – that’s the role of an intellectual. (p. 10)

In other words, the specific intellectual has a pedagogical role but refuses to speak for others or to prescribe solutions. Assumptions of truth and norms are historical, so things have not always been this way, and they do not have to be this way.

There was no binary in Foucault’s theory and practice; theory and practice are inextricable. Bouchard (1977) wrote, “For Foucault, theory is not necessarily a prelude to practice, nor is practice the ground from which theory is elaborated” (p. 24). Moreover, theory is not restricted to the philosophy or the academy but is “unvoiced practice”. Foucault’s way of thinking about theory and practice was innovative and profoundly political. In this respect, Foucault practiced what he preached; he offered his research tools to anyone and encouraged them to use them in their own struggles. His scholarly legacy is generosity and respect for other knowers and struggles.

Several lists of the most influential works of the 20th century cite Foucault’s work. The International Sociological Association (1997) ranked *Discipline and Punish* among the top 20 most influential books. *Le Monde*, a daily French newspaper, ranked *The Order of Things* in the top 100 of most memorable books. From 1976 to 1983, Foucault ranked among the top ten most

cited authors in the social sciences. In 1977, Baker and Heyning (2004) noted that the first Foucault citations were in academic journals of education from the South Pacific and continental Europe. In 2007, *The Times Higher Education Guide* ranked Foucault in first place on their list of “most cited authors of books in the Humanities' (including philosophy and psychology)” (2009). The Google Scholar measures of Foucault citations peaked at 690,000 in 2016 with a total of 837,817 in January of 2019. Google Scholar uses an i10-Index to indicate an author’s number of publications with at least 10 citations, and Foucault’s total i10-Index score is 1430 (2019).

Various scholars divide Foucault’s body of work into different periods. Oksala (2005) divided his work into three periods: (1) what are typically called his archaeologies: *Madness and Civilization*, *The Order of Things*, *Archaeology of Knowledge*, and *The Birth of the Clinic*; (2) his genealogies: *Discipline and Punish* and *The History of Sexuality, Vol. 1*; and (3) finally, his work on ethics: *The History of Sexuality, Vols. 2 & 3* (p. 3). Davidson (2003) categorized Foucault’s work as follows: “Three domains of analysis can be found in Michel Foucault’s work as a whole; an analysis of systems of knowledge, of modalities of power, and of the self’s relationship to itself” (p. 221). With this schema, the first period concerned knowledge systems and archaeology; the second period concerned modalities of power with genealogy; and the third period concerned the self’s relationship to itself and ethics. In addition, Foucault’s work divided into chronological phases of archaeology and genealogy. The archaeological phase included *Madness and Civilization* (1961/1965), *The Birth of the Clinic: An Archaeology of Medical Perception* (1963/1973), *The Order of Things: An Archaeology of the Human Sciences* (1966/1970), and *Archaeology of Knowledge and the Discourse on Language* (1969/1972). The domain of archaeological analysis examined relations of truth, knowledge, and discourse. The

genealogical phase included *Discipline and Punish: Birth of the Prison* (1975/1995) and *The History of Sexuality, Vol. 1: An Introduction* (1976/1990). The domain of genealogy examined the relations of truth, knowledge, and discourse with an emphasis on forces of power. Foucault addressed subjectivity throughout his work; however, his later work focused on the self's relation to itself and ethics.

Foucault's original plan was for six volumes about the history of sexuality:

Volume I Histoire de la sexualité, La volonté de savoir; The History of Sexuality, vol. 1

Volume II La chair et le corps; Flesh and the Body

Volume III La croissade des enfants; The Children 's Crusade

Volume IV La femme, la mère, l'hystérique; Woman, Mother, Hysterical

Volume V Les pervers; Pervers

Volume VI Population et races; Population and Races (Macy, 1993, p. 54 c)

This plan was revised from six volumes to four volumes. Foucault (1984/1997) wrote,

I reflected that, after all, it was best to sacrifice a definite program to a promising line of approach. I also reminded myself that it would probably not be worth the trouble of making books if they failed to teach the author something he had not known before. (pp. 204-205)

In 1976, Foucault published *Histoire de la sexualité Vol I: La Volonté de savoir*. In June 1984, Foucault published *Vol II: L'Usage des plaisirs* in May and *Vol III: Le Souci de soi*. The second volume was a surprise; it did not continue the original plan for the series but was an entirely different project. On June 10, 1984, Foucault was admitted to the hospital where he edited *Vol IV: Les aveux de la chair*. He planned to publish this volume in October; however, he died on June 25, 1984.

The immediate cause of Foucault's death was septicemia or systemic bacterial blood poisoning. In 1984, there was no definitive method for the diagnosis of HIV/AIDS, so Foucault's septicemia and neurological symptoms indicated the fatal syndrome of diseases associated with gay men. The ELISA test of HIV antibodies in the blood was not yet available. With no cure for this syndrome of diseases, there was only palliative treatment. The fearful virulence of the fatal disease was characterized with cachexia or wasting away of the body. In addition, the ignorance about the etiology coupled with the lack of reliable diagnosis and treatment resulted in the marginalization of gay men, foreigners, and others. The shorthand for these marginalized groups was the 4-H Club: homosexuals, heroin users, hemophiliacs, and Haitians. Moreover, some in the medical community rejected patients and justified their fear with the wages of sin. France was a largely Catholic country, and the church equated same sex behavior with immorality. After Foucault's death, Defert founded *AIDES* in his memory, and it created a network of mutual assistance that provided support for people living with HIV/AIDS and for the people who cared for them. From 1984 to 1991, Defert served as president of *AIDES*. Defert (1990/2006) wrote,

The community movements into which HIV-positive individuals organize themselves had to reintroduce the relational factor into the structure of treatment. They had to collect money to ensure food and housing for those who were left homeless, because in our societies young people have become the category which is least protected socially. Patients have become the educators of medical, paramedical, social, and educational workers. (p. 5)

For Defert, the fight against HIV/AIDS was a political task. Today, *AIDES* continues to support people living with HIV/AIDS and their caretakers.

Foucault left no formal legal will, but he bequeathed his estate to Defert in a letter. Defert moved the archive of Foucault's work into a bank vault where it stayed for almost 30 years (Elden, 2018). However, others created collections with his available work. François Ewald created the *Centre Michel Foucault* to collect Foucault's scattered texts and to promote access in a central location at the *Bibliothèque de Saulchoir*. Michel Albraric was the first director, and subsequently, Philippe Artières became the director of the *Centre Michel Foucault*. Artières transferred Foucault's archive to the *Institut de la Mémoire et de l'Édition Contemporaine* (IMEC). In addition to the physical archive, Defert (2010) wrote,

A web site devoted to Foucault, <http://www.michel-foucault-archives.org>, is now on line. This site gives access to the IMEC stock list... The website is in five languages: French, English, Spanish, Chinese and Arabic, each of these languages having an important Foucault readership. (p. 5)

In 2013, Defert placed the archive on the market. Of course, many universities were interested in the acquisition of Foucault's archive. However, the archive symbolized a legacy of French theory, so there was strong support for it to remain there. In this spirit of national pride, the French national library *Bibliothèque Nationale* purchased "Foucault's lecture materials, his reading notes, and manuscripts – both of published books, earlier drafts and unpublished texts" and "over 100 boxes of material, estimated to be 37,000 pages" (Elden, 2018, para. 8). So Foucault's archive remained in France. Besides, Eribon (1991) wrote,

Foucault had the habit of going to the *Bibliothèque Nationale* every day—a habit he maintained for years, until he left for Sweden, and one he resumed upon his return to France. The BN is no doubt the one place in which Foucault spent the most years of his life. (p. 40)

This seemed fitting.

In 2015, Gallimard published a two-volume collection of Foucault's works as part of the prestigious *Bibliothèque de la Pléiade* collection. Publication in *La Pléiade* "represents a kind of consecration for writers" (Lemay, 2018, para 1). The English translation of *La Pléiade* signifies a group of remarkable persons. Gallimard's *La Pléiade* collection includes writers like Charles Baudelaire, Louis-Ferdinand Céline, André Gide, Milan Kundera, Eugène Ionesco, and Marcel Proust. Furthermore, *La Pléiade* collection includes a notable pantheon of philosophers like René Descartes, Niccolò Machiavelli, Karl Marx, Jean-Jacques Rousseau, Jean-Paul Sartre, Baruch Spinoza, Immanuel Kant, and Friedrich Nietzsche (Lemay, 2018). Paradoxically, Foucault refused the identity of author and concept of canon during his lifetime only to be venerated as an author in the canon after his death. "While some authors were able to siege Gallimard to win their case, others were recalcitrant. Foucault, old defender of academism and institutions, he would have smiled at the chiaroscuro" of his posthumous arrival in the collection (Leprince, 2017, para. 11). The *La Pleiade* edition of Foucault's *Œuvres I, II* is 3504 pages printed on Bible paper and bound in leather. The color of the leather binding represents the century of the work, so his 20th century work is bound in tobacco colored leather with a gold lettered spine with a book cover and cardboard slipcover (Kaplan & Roussin, 1996, p. 237). In 2019, the price of volume from Gallimard is €130 or \$146.50, and the price on Amazon is \$196.29.

Foucault published a prodigious number of books, articles, and interviews during his lifetime, but the number of posthumous publications is also notable. In 2018, 34 years after Foucault's death, the French publisher, Gallimard, published *Histoire de la sexualité 4: Les aveux de la chair*, the final volume of the history of sexuality in the *Bibliothèque des Histoires*, a

series edited by Frédéric Gros. This volume has not been translated or published in English at the time of this paper. Foucault's lectures yield insights into his body of work and thought.

Davidson (2003) wrote, "Reading Michel Foucault's lectures is such a singular experience that it takes effort to remember that they were part of a course, a public event of teaching" (p. xvii).

There were approximately one dozen yearly lectures from 1970 to 1984 at the Collège de France with the exception of his sabbatical from 1975 to 1976. Most of the lectures were transcribed from tapes supported with Foucault's notes. Elden (2015) wrote, "The recording of the third course, *The Punitive Society*, was lost, although fortunately a transcription had been made in Foucault's lifetime which he had himself part-corrected" (para. 8). In 2015, the transcript of *The Punitive Society: Lectures at the Collège de France, 1972-1973* was translated and published. In 2019, only one series of yearly lecture series, *Penal Theories and Institutions: Lectures at the Collège de France, 1971-1972*, remains to be translated and published. Palgrave Macmillan published his previous lectures, so it is will be the most likely press for this final series.

In the 21st century, Foucault's lectures from the Collège de France revitalized interest as they fleshed out his thinking in his major work; however, he has other lectures that remain unpublished. Elden (2018) wrote, "His lectures in Toronto, *Dire vrai sur soi-même*, and courses from Brazil, New York and elsewhere are in process" of translation and publication (p. 309). Likewise, several other editors are in the process of translation and publication of Foucault's lectures from Lille, Clermont-Ferrand, Tunisia, and Vincennes in the 1950s and 1960s (Elden, 2018).

Foucault's scholarship covered different historical periods from ancient Greece to modern Iran. Although Latour questioned aspects of Foucault's work, he (1975/2006) wrote, "Turning successively from madness to medicine to crime and punishment, he crystalized the

mutations in thought and practice with brilliant, perhaps overly brilliant, before-and-after pictures” (p. xv). Foucault’s experiments with thinking, extensive range of interests, and refusal to accept certainty directed the flux of his work. Historian Joan Scott (2009) wrote, “Foucault’s work was always experimental and in process; change, reconsideration, and recoiling back to move ahead — something like a process of continuously recreating himself and his work — are signature characteristics of his genealogical project” (p. 352). Foucault affirmed the enthusiasm and joy in the challenges of arduous puzzles and tangled knots that exasperate others. “His writings do not develop straightforwardly but are a tangle of shifts, breaks, and competing programs of research. His terms and concepts...are never stable” (Bruns, 2010, p. 49). For Foucault stable definitions were deceptive shortcuts for thought; his ongoing experiments, revisions, and clarifications require an agile pedagogy of reading.

Across time, one imperative unified Foucault’s scholarship. He refused warlike argument and critique by negation. Foucault valorized the immanent rights and his relations with others. On January 11, 1978, in his first lecture of the series *Security, Territory, Population*, Foucault explained how polemics diminished the power of theory and philosophy. Foucault (2004/2009) said in this lecture, “So in all of this I will therefore propose only one imperative, but it will be categorical and unconditional: Never engage in polemics” (p. 4). In an interview with Rabinow, Foucault (1984/1998) identified three modes of polemics: religious, judiciary, and political. He thought that religious polemics determined heresies, dogma, and moral failings (pp. 111-114). Second, juridical polemics examined the case, processed the suspect, and documented guilt (p. 111-114). Lastly, political polemics defined alliances (pp. 111-114). Respect for the rights of each person is the primary moral stake in any discussion. Foucault (1984/1998) said, “In the serious play of questions and answers, in the work of

reciprocal elucidation, the rights of each person are in some sense immanent in the discussion” (p. 111). Polemics emphasize the defeat of others in an argument or discussion, and this illustrates a lack of respect for others’ immanent rights. Moreover, polemics reinscribed “the act of questioning in the framework of a political doctrine” (p. 111). The violence of polemics, he argued, closed thought, dismissed difference, and prescribed consensus with forced agreement. Foucault recommended affirmative critique with respect for diverse inquiry among disciplines of knowledge and interdisciplinary scholarship.

Foucault’s method of thought valorized the interrogative over the declarative. Rajchman (1985) wrote that Foucault’s experiments explored “forms of experience around which there exist controversy and protest” (pp. 97-98). Foucault connected issues in the history of the present with the Enlightenment as a rich source of ongoing questions. Foucault’s rigorous thought required the hard work of continuous questions for the sake of greater freedom; this work as profoundly political. However, Foucault was intensely skeptical of the politics of reform in which one regime of truth was replaced with another. Rajchman (1985) wrote that Foucault defined freedom not merely as the autonomy or capacity to follow rational rules, but it was “the refusal to acquiesce, to fit ourselves in the practices through which we understand and rule ourselves and each other” (p. 92). In other words, freedom was not a project for reform, so liberation involved the tasks of never-ending questions and challenges to arbitrary categories and institutions.

Foucault adapted analytic tools during the processes of research for particular problems. The analytic of genealogy is especially useful for ways of thinking about historical constructions of sexuality, reproduction, and health for young people. Foucault (as cited in Fontana and Bertani, 2003) wrote

I do not have a methodology that I apply in the same way to different domains. On the contrary, I would say that I try to isolate a single field of objects, a domain of objects, by using the instruments I can find or that I forge as I am actually doing my research, but without privileging the problem of methodology in any way. (pp. 287–288)

In other words, genealogy is not a specific theory or research methodology applicable to the analysis of specific domains like discipline, discourse, or sexuality. Furthermore, Foucault's refusal of origins included the rejection of original theory or method. In this study, I adapt the analytic of genealogy and combine it with other "found" tools.

And one imagines the ghost of Foucault.

He sits on the beach. He sees my sand castle. He smiles.

And shrugs his shoulders.

Figure 3.1. Chronology of Foucault's Major Work

Year	Original French	Year	English Translation
1954/ rev. 1962	<i>Maladie mentale et personnalité.</i> (1954). Paris, France: Presses universitaires de France. <i>Maladie mentale et psychologie.</i> (1962). Paris, France: Presses universitaires de France.		
1961	<i>Histoire de la folie à l'âge classique - Folie et déraison.</i> (1961). Paris, France: Plon.	1965/ 2006	<i>Madness and civilization: A history of insanity in the age of reason.</i> (1965). (R. Howard, Trans.). London, England: Tavistock. Abridged. <i>History of madness.</i> (2006). J.T. Khalfa, (Ed. & Trans.), (J. Murphy, Trans.). New York, NY: Routledge. Unabridged.
1963	<i>Naissance de la clinique - une archéologie du regard médical.</i> (1963). Paris, France: PUF.	1973	<i>The birth of the clinic: An archaeology of medical perception.</i> (1973). (A.M. Sheridan Smith, Trans.). New York, NY: Pantheon Books.
1963	<i>Raymond Roussel.</i> (1963). Paris, France: Seuil Gallimard.	1986/ 2004	<i>Death and the labyrinth: The world of Raymond Roussel.</i> (1986). Charles Ruas, (Trans.). Garden City, NY: Doubleday. <i>Death and the labyrinth: The world of Raymond Roussel.</i> (2004). (Charles Ruas, Trans.), James Faubion, Introduction, and John Ashberry, Postscript. London, England; New York, NY: Continuum.
1966	<i>Les mots et les choses.</i> (1966). Paris, France: Seuil Gallimard.	1973	<i>The order of things.</i> (1973).)Alan Sheridan, Trans.). New York, NY: Vintage.
1969	<i>L'archéologie du savoir.</i> (1969). Paris, France: Seuil Gallimard.	1972/ 1982	<i>The archaeology of knowledge.</i> (1972). (A. M. Sheridan Smith, Trans.). New York, NY: Tavistock Publications Limited. <i>The archaeology of knowledge and the discourse on language.</i> (1982). (A. M. Sheridan Smith, Trans.). New York, NY: Harper.
1973	<i>Moi, Pierre Rivière, ayant égorgé ma mère, ma soeet, mon frère.</i> (1973). Paris, France: Seuil Gallimard.	1975	<i>The birth of the clinic: An archaeology of medical perception.</i> (1973). (A.M. Sheridan Smith, Trans.). New York, NY: Pantheon Books.
1975	<i>Surveiller et punir.</i> (1975). Paris, France: Seuil Gallimard.	1977	<i>Discipline and punish: The birth of the prison.</i> (1977). Alan Sheridan, (Trans.). New York, NY: Pantheon.
1976- 2018	<i>Histoire de la sexualité Vol I: La Volonté de savoir.</i> (1976). Paris, France: Gallimard. <i>Vol II: L'Usage des plaisirs.</i> (1984). Paris, France: Gallimard. <i>Vol III: Le Souci de soi.</i> (1984). Paris, France: Seuil Gallimard. <i>Vol IV: Les aveux de la chair.</i> (2018). Paris, France: Seuil Gallimard.	1979- 1988	<i>The history of sexuality, vol. 1.</i> (1978/1976). (Robert Hurley, Trans.). New York, NY: Pantheon Books. <i>The history of sexuality: The use of pleasure: V2.</i> (1985/1990). (R Hurley, Trans.). New York, NY: Vintage Books. <i>The history of sexuality, Volume 3. The care of the self.</i> (1986/1984). (R Hurley, Trans.). New York, NY: Vintage Books. <i>The history of sexuality, Volume 4. Confessions of the flesh.</i> TBD
1978	<i>Herculine Barbin dite Alexina B.</i> (1978). Paris, France: Seuil Gallimard.	1980	<i>Herculine Barbin.</i> (1980). New York, NY: Pantheon.
1994	<i>Dits et écrits vol I-IV, 1980-1988.</i> (1994). D. Defert & F. Ewald (édités par). Paris, France: Seuil Gallimard.		
2015	<i>Œuvres I, II.</i> (2015). Paris, France: Gallimard La Pleiade.		

Figure 3.2 Publication of Foucault's Lectures at College de France

Lecture Years	Pub Date En/Fr	English Translations Lectures at the Collège de France 1970-1984	Original French Lectures at the Collège de France 1970-1984
1970-1971	2013/ 2011	<i>Lectures on the Will to Know: Lectures at the Collège de France, 1970-1971</i>	<i>La Volonté de Savoir</i> (2011)
1971-1972	2015/ TBD	<i>Penal Theories and Institutions: Lectures at the Collège de France, 1971-1972</i> (TBD)	<i>Théories et Institutions Pénales</i> (2015). Bernard Harcourt, (Ed.).
1972-1973	2015/ 2013	<i>The Punitive Society: Lectures at the Collège de France, 1972-1973</i>	<i>La Société Punitive</i> (2013)
1973-1974	2006/ 2003	<i>Psychiatric Power: Lectures at the Collège de France, 1973-1974</i>	<i>Le pouvoir psychiatrique</i> (2003)
1974-1975	2003/ 1999	<i>Abnormal: Lectures at the Collège de France, 1974-1975</i>	<i>Les anormaux</i> (1999)
1975-1976	2003/ 1997	<i>Society Must Be Defended: Lectures at the Collège de France, 1975-1976</i>	<i>Il faut défendre la société</i> (1997)
1976-1977		Sabbatical	
1977-1978	2007/ 2004	<i>Security, territory, population: Lectures at the Collège de France, 1977-78</i>	<i>Sécurité, territoire, population</i> (2004)
1978-1979	2008/ 2004	<i>The Birth of Biopolitics: Lectures at the Collège de France, 1978-1979</i>	<i>Naissance de la biopolitique</i> (2004)
1979-1980	2014/ 2012	<i>On The Government of the Living: Lectures at the Collège de France, 1979-1980</i>	<i>Du gouvernement des vivants</i> (2012)
1980-1981	2017/ 2014	<i>Subjectivity and Truth: Lectures at the Collège de France, 1980-1981</i>	<i>Subjectivité et Vérité</i> (2014)
1981-1982	2005/ 2001	<i>The Hermeneutics of the Subject: Lectures at the Collège de France 1981-1982</i>	<i>L'Herméneutique du sujet</i> (2001)
1982-1983	2010/ 2008	<i>The Government of Self and Others: Lectures at the Collège de France 1982-1983</i>	<i>Le Gouvernement de soi et des autres</i> (2008)
1983-1984	2011/ 2009	<i>The Courage of Truth: The Government of Self and Others II; Lectures at the Collège de France, 1983-1984</i>	<i>Le courage de vérité</i> (2009)

Chapter 4

A Concerted Carnival

I felt a bit like a sperm whale that breaks the surface of the water, makes a little splash and lets you believe, makes you believe, or want to believe, that down there where it can't been seen, down there where it is neither seen nor monitored by anyone, it is followed by a deep, coherent, and premeditated trajectory. (Foucault, 2003/1997, p. 4)

Foucault did not pursue questions of eternal truth or ideal foundations, and he bracketed the hard sciences like physics and chemistry from his research. In other words, Foucault was not interested in the production of positivist research with quantifiable reliability and validity.

Foucault studied the history of systems of thought, but he had a comprehensive base of knowledge about the history of philosophy and philosophers. Deleuze (1990/1995) wrote,

The history of philosophy plays such a patently repressive role in philosophy, it's philosophy's own version of the Oedipus complex: You can't seriously consider saying what you yourself think until you've read this and that, on that and this, and this on that (p. 5).

Both Deleuze and Foucault troubled the history of philosophy; however, Foucault might state it differently: the history of philosophy plays a role in the crystallization of philosophy, it's philosophy's own version of venerable tradition. In contrast to the gravitas of tenured professors, graduate students are apprentice scholars, so the citational authority of reading of "this and that" honors debt to scholar/teachers and the scholarly community. Moreover, as a rule of thumb, students from K-12 are warned that they must learn the rules before they break them.

Foucault delighted in philosophical conversations with present and past thinkers. In particular, he preferred conversations with other thinkers and students in seminars to the performance of lectures. He did not favor warlike competitive argument but rather affirmations of thought. Foucault sought his own path and rebelled against established traditions of thought. Foucault (1983/1988) said, "I have never been a Freudian, I have never been a Marxist, and I have never been a structuralist" (p. 22). Foucault was not a Marxist or Freudian, but I intuited elements of structural analysis in the epistemes of *The Order of Things: An Archaeology of the Human Sciences*. Foucault (1966/1970) wrote, "In France, certain half-witted 'commentators' persist in labeling me a 'structuralist.' I have been unable to get it into their tiny minds that I have used none of the methods, concepts, or key terms that characterize structural analysis" (p. xiv). Likewise, I will not persist with halfwit comments.

Foucault promoted thinkers and thought outside the traditional canon, and his appreciation of the unrecognized, the marginalized, and subjugated knowledge deconstructed the true/false binary with compassion. Foucault affirmed relations with philosophers, non-philosophers, artists, teachers, and the mad, and he anticipated difference for the future to come with the work toward greater freedom. However, the past was a source of rigorous questions. In particular, the concerns from the Enlightenment connected with multiple issues and questions in the present. In other words, his genealogy on an issue in the present often referred back to or connected with concerns in the Enlightenment. On the other hand, Foucault never limited his questions to the Enlightenment; his later studies focused on ancient Greek and Roman philosophy, Christianity, and ethics.

In ancient Greek thought, Plato divided the world into two realms, the visible (grasped with senses) and the intelligible (grasped with the intellect). This empirical/rational binary was

the foundation of knowledge. The senses apprehend the visible world, but the intelligible world is Forms, which are abstract and changeless universals like Beauty, Virtue, and Good. In Book VII of *The Republic* with the parable of the cave, Plato (380 BCE) described the theory of Forms. Plato (380/2004) wrote, “Imagine human beings living in an underground, cavelike dwelling, with an entrance a long way up that is open to the light and as wide as the cave itself” (p. 208). He described men shackled at the neck and feet from childhood, and they faced away from the fire, so they saw only shadows and experienced physical sensations and imagination. These conditions characterized empirical knowledge; these men had “no experience of true reality”, so they were unfit to “govern a city” (p. 213). In contrast, education prepared the philosopher-ruler prepared for governance. The philosopher’s education included math, dialectics, politics, and physical training. The philosopher prepared to climb out of the cave into the light of the sun into knowledge of the Form of Good. With knowledge of the Form of Good, the enlightened philosopher-ruler qualified to govern the men in the dark cave. These men in the cave had no knowledge of the Forms, so they were easily corrupted and unfit to rule over the *polis* or city. Furthermore, these men without knowledge of the Form of Good were incapable of reason and vulnerable to base appetites. Knowledge of the Form of the Good is the source of all other Forms. In other words, the Good man was a Good ruler.

During the Renaissance of the 14th to 17th century, a rebirth of classical philosophy meant that the study of Greek and Latin classics ignored for centuries, emerged as *de rigueur* for the education of a proper citizen (Kuligowski, 2013; Plumb, 2015). The renewal of classical knowledge guided the humanist quest for knowledge, truth, and morality. During this period, the love of antiquity was in harmony with the Christian ideals of spiritual progress, salvation, and the homocentric aims of the good Christian and the good man (Elliot, 2009). On the other hand,

thinkers began to re-evaluate old beliefs, naïve faith, and superstitions in the light of Enlightenment reason. This illumination heralded the scientific revolution in knowledge (Porter & Teich, 1992). For example, some of these scientific breakthroughs included Harvey's circulation of the blood, Newton's gravity, and Copernicus' heliocentric solar system that changed worldviews.

In the 17th and 18th century, the medieval world faded; however, Plato's metaphor of light connected ancient Greece with the Enlightenment. The philosophy of Enlightenment proposed man as well as God could know the truth, and it marked the transition from the medieval to the modern world. Pinker (2018) described this world as haunted by specters and the "historical memory of religious carnage: the Crusades, the Inquisition, witch hunts, the European wars of religion" (p. 10). Likewise, three bloody revolutions increased the economic, political, and social freedoms of the common people: the English Revolution (1688), the American Revolution (1775–83), and the French Revolution (1789–99). The French Revolution marked change in the social order and the political hierarchy with challenges to monarchies, aristocratic privileges, and Church authority. In the 18th century, the enlightened despots Frederick II, the King of Prussia (1712-1786) and Catherine the Great, Empress of Russia (1729-1796) valorized reason and technology. Even with political change and the progress of human reason, Porter (2001) wrote, "the Enlightenment hymn to progress turned a blind eye to the equally biting inequalities and oppressions of the new commercial and industrial order" (p. 20). In other words, the common people paid significant costs for new freedoms.

The 17th century French philosopher, Rene Descartes, is considered the father of modern philosophy. Latour (1975/2006) wrote that Foucault identified radical breaks in European history, and one of these breaks was "around the time of Descartes" (p. viii). This first historical

rupture was Cartesian rationality and dualism (p. vii). Although Foucault focused his early work on relations of reason and madness, Descartes excluded madness from his doubt. Foucault (1961/2006) wrote, "It would seem that if madness does not appear in the economy of Descartes' doubt, it became simultaneously always present and always excluded from the doubting project and the will that controls it from the outset" (p. 139). On the other hand, in *Discourse on the Method*, Descartes introduced the well-known proposition, *je pense, donc je suis*, (I think, therefore I am), in vernacular French, in order to introduce his views to a larger audience. Subsequently, in his *Principles of Knowledge*, Descartes wrote the proposition in Latin, which is known as the cogito: *cogito, ergo sum*. The Cartesian question was, Foucault (1983) wrote, "Who am I? I, as a unique but universal and unhistorical subject? I, for Descartes, is everyone, anywhere at any moment" (p. 224). The phrase "everyone, anywhere, at any moment" refers to any mental substance, or substances with minds, like human beings. For Descartes, the first cause is God, an infinite thinking substance. There are two created substances, mental (thinking) and corporeal (material), each of which has a principal attribute. Thought is the principal attribute of mental substance, and extension is the principal attribute of corporeal substance. Matter does not give rise to thought, so thought must be the first cause. Anything that can be extended in space is matter, and motion takes place in circuits. Thus, two types of substance are identified through essential attributes. Immaterial (thinking) substance is understood through the attribute of thought. Matter or corporeal (material) substance is understood through the attribute of extension (in space, and/or measurable properties). Likewise, the immaterial *res cogitans* and material *res extensa* are different substances. "For Descartes, 'thought' and 'extension' are not only two principal properties each of which constitutes the nature or essence of a substance, they are the only two" (Woolhouse,

1993, p. 21). Descartes used the analytics of *mathesis* or measurement and *taxinomia* or the classification of substances for extended attributes or properties. More importantly, Foucault (1983) wrote, “Before Descartes, one could not be impure, immoral, and know the truth. With Descartes, direct evidence is enough. After Descartes, we have a non-ascetic subject of knowledge. This change makes possible the institutionalization of modern science” (pp. 278-279). Additionally, the rational Cartesian worldview and hierarchy made the subjugation, domination, and exploitation of natural order possible, with man, of course, on top. St Pierre (2000) wrote, “Descartes’s philosophy was a radical challenge to the religious and political authorities of the feudal age. His privileging of man’s intellect meant that any rational man, not just priests interpreting God’s will or wise sovereigns, could discover truth” (p. 494). Hence the historical rupture of Cartesian rationality and dualism produced modern science with continuous and discontinuous effects.

The Enlightenment *Weltanschauung* or worldview was based on universal laws of nature, moral truth, and, with credit to Descartes, reason. Enlightenment philosophy was notable for the distinction between the empiricist and rationalist schools of philosophy. Prominent philosophers from the empirical school included the British empiricists George Berkeley, David Hume, and John Locke (Vanzo, 2016). These thinkers proposed that true knowledge comes from the senses and experiences. In contrast, philosophers from the rational school included Rene Descartes, Gottfried Wilhelm Leibniz, and Baruch Spinoza who proposed that true knowledge comes from reason, not from the senses, perceptions, or experiences (Vanzo, 2016). And for them, mathematics was the prime example of objective and quantified knowledge. The empirical philosophers used objective data from the world to document natural laws, and the rational philosophers privileged quantification and abstract logic. Both empiricists and rationalists

sought to demystify the irrationality of religion and church dogma with science and reason.

During the Enlightenment, the empirical and rationalist schools of philosophy flourished across Europe.

In 1784, the German philosopher Immanuel Kant wrote *Beantwortung der Frage: Was ist Aufklärung?* (*Answering the Question: What Is Enlightenment?*). Kant (as cited in Kramnick, 1995) wrote, “Sapere aude! Enlightenment is man's emergence from his self-incurred immaturity. Immaturity is the inability to use one's own understanding without the guidance of another” (p. 5-6). Kant thought that human cognition was based on a priori (prior to experience), atemporal, or transcendental conditions. In other words, Kant believed that human knowledge depended on necessary conditions, for example, the lens of time and space. This was the doctrine of transcendental idealism. Gutting (2014) wrote that “Kant's great epistemological innovation was to maintain that the same critique that revealed the limits of our knowing powers could also reveal necessary conditions for their exercise” (para. 8). Additionally, Kant inverted the private and public spheres of reason. The private sphere of reason was civic and responsible duty in the external world with restrictions; however, the public sphere of reason was the duty of conscience in the internal world without restrictions. More importantly, Kant navigated the Scylla and Charybdis of Cartesian’ rationalism and Hume’s empiricism; he connected the real and ideal world in defense of reason and science without the exclusion of religion, morality, and faith. Kant’s ideas were, in effect, Platonist, and this philosophy heralded the birth of bourgeois society. In addition, technological advances like the Gutenberg printing press, made independent study and thought accessible to greater numbers of people. However, Kant not only contributed to philosophy but also science, mathematics, and anthropology. And the Foucault’s secondary dissertation was on Kant’s (1798) *Anthropology from a Pragmatic Point of View*.

More than a century after Kant's use of the Roman poet Horace's maxim *Sapere aude*, Foucault (1984a) replied to Kant with his own essay on the Enlightenment. Foucault (1984a) wrote that the Enlightenment as "something of a blazon, a fetish for me" (p. 10). In his prepared lecture, Foucault (1984a) wrote,

Kant employs the word 'Wahlspruch,' which is motto, blazon. The Wahlspruch is actually a maxim, precept, or order given to others and to oneself, but at the same time — and this is what makes the precept of the Wahlspruch a motto, a blazon — it is something by which one identifies oneself and enables one to distinguish oneself from others. The use of a maxim as a precept is therefore at once an order and a distinctive mark. (p. 28)

Foucault drafted *Qu'est-ce que les Lumières? What is Enlightenment?* (1984a) for a seminar on the Enlightenment and modernity at the University of California, Berkeley. The participants included Jürgen Habermas, Charles Taylor, Richard Rorty, Hubert Dreyfus, and Paul Rabinow (Passerin D'entrèves, 1996, pg. 1). Sadly, Foucault died before the presentation. In any case, Foucault (1984a) wrote that Kant's essay "was located in a sense at the crossroads of critical reflection and reflection on history" (p. 38). Foucault reflected on these crossroads of thought. How were the complex relations of the Enlightenment involved the historical limits of consciousness in the present? Foucault (1984a) wrote,

I do not know whether it must be said today that the critical task still entails faith in Enlightenment; I continue to think that this task requires work on our limits, that is, a patient labor giving form to our impatience for liberty. (p. 50)

Critical tasks connected the present with limits of the Enlightenment. On the one hand, Kant framed the Enlightenment with the tasks of reason and man's exit from immaturity. On the other hand, Foucault framed modernity with tasks on the philosophical ethos of limit-attitude and

history beyond critical limits in the present. In addition, Foucault (1984a) diagnosed the Enlightenment ethos as blackmail with “a set of political, economic, social, institutional, and cultural events on which we still depend in large part” (p. 42). Consequently, Foucault proposed the permanent critique of Enlightenment; however, this was not a rejection of the Enlightenment. Moreover, Foucault did not reject humanism but wrote that it was “too supple, too diverse, too inconsistent to serve as an axis for reflection” (p. 44). In any case, Foucault acknowledged the tasks of the present connected with the tasks of the Enlightenment.

In contrast to Kant, French *philosophe* Jean Jacques Rousseau was skeptical of both the Enlightenment and reason. For Rousseau, the Enlightenment represented the demand for private property, knowledge acquisition, and a new social order. He believed these demands corrupted the common people with the tyranny of reason, increased class stratification, and incited conflict due to inequality. In the *First Discourse* Rousseau (1750/1964) wrote,

Almighty God, thou who holds all spirits in thy hands, deliver us from the enlightenment and fatal arts of our forefathers, and give back to us ignorance, innocence, and poverty, the only goods that can give us happiness and are precious in thy sight. (pp. 30-31)

Foucault shared Rousseau’s doubts, but he rejected his romantic view of the common people, nature, and universals. In fact, Foucault (1982/1988a) said, “Rousseau, a lover of freedom, was used in the French Revolution to build up a model of social oppression (p. 10). Unlike Rousseau’s valorization of nature, Foucault privileged the inherent tension in traditions.

Hegel characterized the evolutionary process of history with *Geist* the absolute spirit or mind. For Hegel, history was an engine of teleological thought. Foucault contested Hegel’s *Geist* of history and its rational teleology; however, Foucault’s philosophy of history was criticized for inaccuracy. For Veyne (2008/2010), Foucault’s philosophy of history was

controversial because “in the eyes of contemporaries, only those who speak in conformity with the ‘discourse’ of the moment” constituted orthodox knowledge (p. 93). Instead of metanarratives of progress, Foucault emphasized the vitality of discontinuities and ruptures and the variations produced by accidents and chance.

Nietzsche was key to the philosophical tradition of critical theory and the history of consciousness. Nietzsche, like Marx, believed that if you changed your consciousness, you changed your life. Nietzsche studied to become a Lutheran minister but became an atheist and abandoned the seminary for life as a provocateur. In the *Use and Abuse of History for Life*, Nietzsche (1874) identified three types of history: monumental history, antiquarian history, and critical history. Monumental history was greatness in the past; cultivation of past traditions and customs was antiquarian history; and critical history was judgment of the past based on present needs. Moreover, Nietzsche described three ways in which history belongs to the living: it belongs to an active person; it belongs to a preserved person; and it belongs to a person in need of emancipation.

In contrast to Nietzsche, Foucault’s history of the present differed from history in the past. Foucault (1971/1984b) described three forms of the history in the present: 1) the representations of the present may belong to a certain era of the world distinct from others with inherent characteristics, or separated from others by dramatic events; 2) the interrogation of the present may be an attempt to decipher the herald of a forthcoming event; 3) the analysis of the present may be a point of transition toward the dawning of a new world (pp. 76-81). The goal of Foucault’s history was to delegitimize unjustified authority in the history of the present.

In the 20th century, the Frankfurt School of Critical Theory included thinkers from diverse intellectual disciplines who favored interdisciplinary studies. Weininger (1995) wrote,

“By the time of their mature works—most notably Horkheimer and Adorno’s *Dialectic of Enlightenment*—the members of the Frankfurt School no longer referred to their work as philosophy, sociology, aesthetics, or psychology; it was, simply, ‘Theory’”(p. 11). These theorists argued that the Age of Reason or Enlightenment rationality went hand in hand with absolutism. In the *Dialectic of Enlightenment*, Horkheimer and Adorno (1945/2002) wrote, “Enlightenment, understood in the widest sense as the advance of thought, has always aimed at liberating human beings from fear and installing them as masters. Yet the wholly enlightened earth is radiant with triumphant calamity” (pg. 1). During the 20th century man’s mastery of nature was characterized with the calamities of fascism, genocide, and industrial capitalism.

And a decade and a half after Adorno's death, Michel Foucault, one of the most important of the post-structuralists, said: ‘If I had known about the Frankfurt School in time, I would have been saved a great deal of work. I would not have said a certain amount of nonsense and would not have taken so many false trails trying not to get lost, when the Frankfurt School had already cleared the way.’ (as cited in Wiggershaus & Robinson, 1995, p. 9)

Foucault’s first major interrogation was deconstruction of the binary of reason/madness, so he began his critique with the rationality of reason. Porter (2001) wrote, “Michel Foucault has contended the Enlightenment principles and absolutist policy fused, in the name of rational administration, to promote cruel social policies” (p. 8). Therefore, thinkers must consider the practical and ideological implications of solutions and reform.

Foucault was a student of the Marxist philosopher Louis Althusser; this association may have influenced his decision to become a member of the Communist party from 1950-1953. However, Foucault was never a fervent Communist, Marxist, or Maoist. As a matter of fact,

Foucault quit the French Communist Party (PCF) after the Soviet Doctor's plot in the Soviet Union revealed Stalin's virulent anti-Semitism. Another important factor for Foucault was the political persecution of homosexuals in all of these movements.

Marx was a theorist of the social relations in historical modes of production like feudalism, capitalism, and communism. Social relations between the bourgeois class and the proletariat class were commodified in the mode of production. The bourgeois class was based on the model of family, but family members of the proletariat class were instruments of wage labor in the capitalist mode of production (p. 40). In the *Communist Manifesto*, Marx and Engels (1848) wrote, "Capital therefore is not personal, it is a social power" (p. 36). In an interview with Michael Bess, Foucault (1980/1988) said,

I'm not sure I know what Marxism really is—and I don't think it exists, as something abstract. The bad luck or the good luck of Marx is that his doctrine has regularly been adopted by political organizations, and it is after all the only theory whose existence has always been bound up with socio-political organizations that were extraordinarily strong, extraordinarily volatile—even to the point of becoming an apparatus of state. (p. 12)

However, Foucault was well versed in Marxist theory. He (1977/1980b) wrote, "But I quote Marx without saying so, without quotation marks, and because people are incapable of recognising Marx's texts I am thought to be someone who doesn't quote Marx" (p. 52). In other words, Foucault was wary of affiliation with Marx and Marxist projects, so he avoided direct citations.

Marx published in three volumes on the analysis of capital, but he only approved the publication of the first volume *Capital: A Critique of Political Economy* (1867). The mature Marx traced the history of social relations, modes of production, division of labor, and surplus

value. The Marxist labor theory of value emphasized the inherent political and social inequalities in the production of surplus value. In an interview with Gordon, Patton and Beaulieu, Foucault (1978/2012) said,

I situate my work in the lineage of the second book of *Capital*. I would say very roughly that there is a whole tradition of analysis and reflection on Book 1 of *Capital*, which is to say on the commodity, on the market, on the abstraction involved in the commodity-form and the abstraction of human existence that flows from it. (p. 100)

Foucault appreciated *Capital Volume 2* for its genealogy of capitalism in historical conditions and institutions. The geographer Harvey (2013) concurred with Foucault that Marx's most innovative insights about the circulation of capital were in the second volume (p. 6). Harvey (2013) noted that Volume 2 was staid reading without literary flair (this researcher agrees wholeheartedly), but it exposed contradictions in capitalism.

The workers are important for the market as buyers of commodities. But as sellers of their commodity—labor power—capitalist society has the tendency to restrict them to their minimum price. Further contradiction: the periods in which capitalist production exerts all its forces show themselves regularly in periods of overproduction: because the limit to the application of production powers is not simply the production of value. (p. 391)

The contradictions of capital were associated with recurrent crises in production, so the majority of people would always be poor. Harvey's (2013) *Companion to Marx's Capital: Volume 2* "deals with how capital circulation constructs its own world of space and time. This explains why the history of capitalism has been characterized by the speed-up and the reduction of cost and time barriers to spatial movement" (p. 6). This economy of efficiency and speed reduces

costs with effects on the machine of the body. However, Foucault (1977/1980c) wrote, “It is impossible at the present time to write history without using a whole range of concepts directly or indirectly linked to Marx’s thought and situating oneself within a horizon of thought which has been defined and described by Marx” (p. 53). In other words, the continuity of 19th century history and social relations are inextricable from Marx and Marxism. In *The Order of Things*, Foucault (1969/1972) wrote,

At the deepest level of Western knowledge, Marxism introduced no real discontinuity; it found its place without difficulty, as a full, quite comfortable and, goodness knows, satisfying form for a time (its own), within an epistemological arrangement that welcomed it gladly (since it was this arrangement that was in fact making room for it).... Marxism exists in nineteenth-century thought like a fish in water: that is, it is unable to breathe anywhere else. (p. 262)

On the other hand, Cusset (2008) wrote in *French Theory: How Foucault, Derrida, Deleuze, & Co. Transformed the Intellectual Life of the United States* that in France Foucault was censored “for perverse collusion with the worst of leftist Marxism” (p. xv). However, French censorship contributed to Foucault’s success in the United States (Cusset, 2008). In addition, Cusset (2008) credited Foucault’s success to the American tendency to decontextualize and depoliticize French theory. In the 1970s and 1980s, French theory and deconstruction energized and transformed the humanities and social sciences in the American academy. However, Prince (2010) wrote, “In particular, ‘French theory’—which exerted so much influence and which gave so much panache to the humanities—today provokes more weariness than passion” (p. 189). Yet, the lasting impact of French theory on the academy remains a vital resource for new ways of thinking and transgressive experiments.

Chapter 5

Analytic Tools

Critique is not a matter of saying that things are not right as they are. It is a matter of pointing out on what kinds of assumptions, [on] what kinds of familiar, unchallenged, unconsidered modes of thought the practices we accept rest. (Foucault, 1988, p. 154)

Foucault's genealogy is difficult to understand without an understanding of archaeology, which Foucault used in his earlier work before he became so interested in power. A simple way to think about the difference between these is that archaeology can be thought of as relations between truth and knowledge, and genealogy is relations between truth and power. Foucault was always interested in the relations of all three, of truth, knowledge, and power. In *The Order of Things: An Archaeology of the Human Sciences* and *The Archaeology of Knowledge and the Discourse on Language*, Foucault developed archaeology for analysis of historical discourse, knowledge, and truth. In addition, Foucault questioned inherent assumptions in conventional history and notions of progress, the accumulation of knowledge, heroes and monuments, scientific and technological advancements, and Enlightenment projects. Although Foucault's archaeology was unique, there were similarities with the history of science. Garland (2014) wrote, "Foucault's analyses, for all their originality and distinctiveness, are recognizably participating in an established French tradition in the history of science as developed by Gaston Bachelard, Georges Canguilhem, and Louis Althusser" (p. 70). Like Foucault, historians of science stressed discontinuities, ruptures, and rationality. History was neither continuous nor one thing after another; however, Foucault never dismissed continuity *in toto*. He privileged the dispersion of discontinuities throughout history in multiple statements, gaps, and silences among

the archive. In other words, randomness, chance, and chaos affect the inclusion and exclusion of statements, gaps, and silences that compose an archive. Foucault (1969/1972) wrote that the archive's

threshold of existence is established by the discontinuity that separates us from what we can no longer say, and from that which falls outside our discursive practice; it begins with the outside of our own language (language); its locus is the gap between our own discursive practices. (pp. 130-131)

Foucault examined discursive and non-discursive practice in archival documents. However, he cautioned that sets of rules for discourse limit possibility in the history of the present. Ways of thinking and being do not escape historical conditions.

Archaeology

Archê is the Greek term for ultimate principles that order theory and knowledge. Baker (2007) wrote, "The term archaeology first appears in *Histoire de la Folie* where the analysis undertaken is described as an 'archaeology of that silence'"; however, this differed from the approach in *The Order of Things* (p. 131). In contrast, Sheridan (1980) wrote that Foucault used the term *archaeology* for the first time in *The Birth of the Clinic: An Archaeology of Medical Perception* and this analysis differed from traditional history (p. 14). In any case, archaeology describes the subject differently than conventional history or phenomenology. The Foucauldian human is not the primary agent or subject of history; the human subject is not the center of consciousness or a foundation. Foucault opposed "every method which seeks continuity in history and describes man as a sovereign being in this history" (Kemp, 1984, p. 84). Instead, Foucault recognized diverse historical elements, forces, and conditions were embedded with the relations of truth, knowledge, and power. Gutting (2005) wrote, "Archaeology emphasizes that

the stage on which we enact our history—as well as much of the script—is established independently of our thoughts and actions” (p. 35). In other words, there is no human plot to history or world events. Latour (1975/2006) wrote, “Archaeology organizes the past to understand the present. It lifts the dust cover off a world that we take for granted. It makes us reconsider what we experience as inevitable” (p. xiii). As a result, archaeology investigates practical systems and interrogates the taken-for-granted.

Foucault’s archaeology was in opposition to traditional history. Archaeology is not an interpretation, allegory, or metanarrative but the study of historical *discourse*. The multiple elements of discourse include historical conditions, linguistic limits, accepted truths, systems of knowledge, social practices, and power relations. In *An Introduction to Social Constructionism*, Burr (1995) defined discourse as a term “primarily in two senses: (a) to refer to a systematic, coherent set of images, metaphors, and so on that construct an object in a particular way, and (b) to refer to the actual spoken interchanges between people” (p. 202). Discourse is not reducible to language, signs, or knowledge but includes historical conditions of possibility, practice, silences, and gaps. Discursive and non-discursive practices produce material effects and construct both the object and subject of knowledge. The authority of discourse depends of hierarchies of expertise in specific periods of time.

Discursive practices determine truth, knowledge, and subjectivity. Sets of rules, rituals, and norms determine the circulation and availability of discourse that inform other discourse with sets of rules, rituals, and norms. In addition, discourse adapts to fit the infinitesimal, the individual, the population, and the gargantuan. This makes statistical methods integral to discursive norms, hierarchies, and gaps. History provides variable conditions that determine the discursive possibilities of what can be said and what cannot be said. Moreover, there are diverse

modes of discourse like ideology, myth, and science that construct divergent ways of thinking about the world and worldviews. Lastly, archaeology is post-phenomenological without a foundational subject. In the end, archaeology has no unified principle other than the study of discourse.

The basic unit of discourse is the statement. Three rules guide the formation of statements: history in past documents (in the archive that can be examined), grids of intelligibility in different fields (what can be said), and emergence on surfaces (in which field it appears). Statements are characterized with practices of division, modes of domination, and forms of classification. The task of the archaeologist is to study the rules that allow statements to be formed, to be said, and to appear on a surface. Foucault (1969/1972) wrote,

Statements are always in deficit, because they are always dependent on the vocabulary that is available at a particular time and place. In other words, an archaeological discourse analysis is a historical snapshot. For this reason, the description or study of statements is to define a limited system of the present and the discursive formation as a dissemination of gaps, voids, limitations, or disagreements. (p. 109)

Moreover, systems of language (*langue*) determine sentences and the spoken with levels and fragments of statements.

The system that governs statements and events or what can be said is the archive. Yet, the totality is never captured or described in the archive. Foucault (1969/1972) wrote,

But the archive is also that which determines that all these things said do not accumulate endlessly in an amorphous mass, nor are they inscribed in an unbroken linearity, nor do they disappear at the mercy of external accidents; but they are grouped together in distinct figures, composed together in accordance with multiple relations, maintained or

blurred in accordance with specific regularities. (p. 129)

Foucault compared groups of things or regularities in the archive to the appearance of stars.

Recent groups stars are close to the Earth and appear bright, but older stars are farther away and appear pale. The archive appears and disappears with separations, accidents, and chronological distances, so groups of things emerge in “a multiplicity of statements” (Foucault, 1969/1972, p. 130). And these groups of statements establish difference and discontinuity in the archive.

Foucault wrote, “The archive is not the library of libraries, it does not constitute the library of all libraries, outside time and place” (p. 130). However, exploration of the archive requires wide reading. He (1966/1996a) wrote, “One ought to read everything, study everything. In other words, one must have at one’s disposal the general archive of a period at a given moment. And archeology is, in a strict sense, the science of this archive” (p. 14). In sum, the archive maps the horizon and the enunciative field of discursive formations.

The operation of discourse and enunciative fields illustrate the emergence and transformation of things actually said. Foucault (1969/1972) wrote that the “enunciative field of a statement” involves all forms in which the statement is an element, all forms it refers to, and all forms that make other statements possible (pp. 97-98). Although linguistic functions are integral to discourse, language and signs are not the sole function of discourse. In the *Discourse on Language*, Foucault (1969/1972) emphasized relations of power in discourse,

Here then is the hypothesis I wish to advance...the production of discourse is at once controlled, selected, organized and redistributed according to a certain number of procedures, whose role is to avert its powers and its dangers, to cope with chance events to evade its ponderous awesome materiality. (p. 216)

Various mechanisms function in regimes of truth and produce discourse during specific periods of time. However, Foucault identified three rules of exclusion in discourse: prohibited words, madness, and the will to truth, but other systems delimited and controlled discourse. Foucault (1976/1990) explained that discourses “are tactical elements or blocks operating in the field of force relations” (p. 102). In other words, discourses circulate without changes to opposition strategies, and discourses with the same strategies differ and contradict. St. Pierre (2000) wrote, “[D]iscourse is productive and works in a very material way through social institutions to construct realities that control both the actions and bodies of people” (p. 486). Relations of power are inseparable from discourse; however, human intention, agency, and plans do not determine discourse. Likewise, archaeology is not a mode of understanding but a mode to unravel understanding. Discourse is always already inextricable from knowledge and power relations, the constitution of subjectivity, and material reality.

In his archaeological work, Foucault moved away from Enlightenment standards with an emphasis on consciousness to thinking with orders of discourse, knowledge, and the unconscious. In *The Order of Things: An Archaeology of the Human Sciences*, Foucault examined *epistêmês* or historical periods of time that organized *acceptable discourse, knowledge, and experience*. Foucault (1966/1970) wrote, “In any given culture and at any given moment, there is always only one *epistêmê* that defines the conditions of possibility of all knowledge, whether expressed in a theory or silently invested in a practice” (p. 183). An *epistêmê* includes the organization of rules and unconscious that governs acceptable discourse, behavior, and knowledge. Foucault (1966/1991) wrote, “*The episteme is not a general developmental stage of reason, it is a complex relationship of successive displacements*” [italicized in original] (p. 55). In other words, the historical a priori constitutes an *epistêmê* with

conditions of possibility and rules of discourse; these complex relations are successive displacements not developmental stages of reason. Likewise, there is both formal a priori and historical a priori of discourse. The formal a priori of discourse is at the level of meaning that forms judgment and establishes truth, and “the historical a priori is a history of that which is given or ‘of things actually said’” (Foucault, 1969/1972, p. 127). Additionally, neither the formal a priori nor the historical a priori are metaphysical. Moreover, the “positivity” of discourse manifests on surfaces not depths. Positivity is the truth-value of spoken or written statements that excludes references to the speaker or writer’s intended meaning. Lastly, Foucault described the organization of orders of discourse, knowledge, and practice in three *epistémês*: the Renaissance, the Classical period, and in the Modern period.

The Renaissance *epistémê* organized words and things by similitude: *aemulation*, analogy, *conventientia*, and sympathy (Foucault, 1966/1970, pp. 17-22). *Aemulation* was reflection like a mirror, so it linked things in the distance like concentric circles. *Conventitia* meant things were close or arranged like the chain of being. *Aemulation* and *conventientia* were overlaid with the analogy of similitude and resemblances of adjacent things. And last, sympathy was the principle of mobility, and its twin was antipathy or isolation. The construction of language revealed the organization of similarities, so “the world of similarity can only be a world of signs” (p. 26). Foucault (1966/1970) wrote that *aemulation*, analogy, *conventientia*, and sympathy

tell us how the world must fold in upon itself, duplicate itself, reflect itself, or form a chain with itself so that things can resemble one another. They tell us what the paths of similitude are and the directions they take; but not where it is, how one sees it, or by what mark it may be recognized. (pp. 25-26)

Thus, the world of similarities is the surface of signs and signatures; however, the resemblance is never stable. Words are signs of things; the world is full of similarities, and the task of scholarship is to discover those resemblances.

In his archaeological analyses, Foucault acknowledged a rupture between the Renaissance and the Classical *epistêmês*. The rupture was characterized by the shift in language from words as things to words as ideas. By the same token, words were the tools of analysis that determined identity and difference. Foucault (1966/1970) wrote, "For Classical thought, systems of natural history and theories of money or trade have the same conditions of possibility as language itself" (p. 203). The Renaissance similarity shifted to Classical verification and observation. In place of resemblance, the world was classified and categorized with difference and comparative tables or tabulated grids. The Classical *epistêmê* imposed order on the world; "they are always directed too, towards the discovery of simple elements and their progressive combination; and at their center they form a table on which knowledge is displayed in a system contemporary with itself" (Foucault, 1966/1970, p. 74). In other words, representation was not required to mirror or have the actual properties of that knowledge. The relationship between representation and knowledge was alterable. Gutting and Oksala (2019) wrote, "The map is a useful model of Classical representation. It consists, for example, of a set of lines of varying widths, lengths, and colors, and thereby represents the roads in and around a city" (3.2.1, para. 13). When the roads changed, the altered map traced the difference.

Foucault investigated the human sciences in the Classical *epistêmê*. Kologlugil (2010) wrote that Foucault examined "general grammar, natural history, and analysis of wealth, the predecessors of philology, biology, and political economy, respectively. He argues that in their investigations these three disciplines adhered to the main rules and regularities of the classical

epistêmê” (p. 12). In *The Order of Things: An Archaeology of the Human Sciences*, Foucault (1966/1970) described the systems of Classical *epistêmê*: (a) the realm of general grammar or language in chapter four; (b) natural history or life in chapter five; and (b) the analysis of wealth or economics in chapter six.

Don Quixote was the transitional figure emblematic of the Classical *epistêmê*. Dosse (1997) wrote, “The change was figured by Don Quixote's quest, his attempt to read the world in order to demonstrate the truth of books. He pitted himself against the nonconcordance between signs and reality” (p. 338). Likewise, Foucault included the figure of Descartes as essential to the Classical *epistêmê*. Descartes was central to structures of *mathesis* and *taxinomia*. *Mathesis* was the system of measurement and order for simple nature, and *taxionomia* was the classification and tabulation for complex nature. Descartes privileged precise criteria and measurement to determine identity, difference, and order. Both Don Quixote and Descartes imposed order as the grid of intelligibility for the world.

The rupture between the Classical and Modern *epistêmês* moved beyond order. The Modern *epistêmê* organized man as subject/object and displaced linguistic correspondence. Likewise, the shift of labor toward economics, the body toward biology, and being toward social science characterized the rupture. Knowledge of man was based on empirical evidence and transcendental ideals; the dualism of essence and accident marked modern existence. The transcendental was either unresolved or reduced to the empirical.

The modern age was particularly influential in the arts. Gay (2008) characterized the modern age with attempts to resolve the synonyms of bourgeois and boring. Gay defined modernism as twofold: disruption of conventions and principled self-scrutiny (pp. 3-4). He (2008) wrote, “Modernism is far easier to exemplify than define” (p. 1). For example, the poet,

Ezra Pound's slogan "Make it New!" was a challenge to conventional sensibility (p. 4).

However, the centuries old projects of introspective thinkers was not eliminated. And Gay (2008) characterized protomodernists as thinkers like Plato, St. Augustine, Montaigne, and Kant (p. 5).

Foucault's idea of the *epistêmê* resonated with Kuhn's description of a paradigm in *The Structure of Scientific Revolutions* (2012). Kuhn argued that change from one paradigm to another is not linear, and knowledge does not steadily accumulate. Dreyfus and Rabinow (1982) wrote, "For Kuhn the most important type of concrete model, which he calls a paradigm or exemplar, is a concrete piece of research which all practitioners accept as an example of the right way to proceed" (p. 76). In other words, the paradigm is based on conscious rules in the field or discipline of knowledge. However, Foucault's *epistêmê* focused on unconscious rules and norms that organized systems of knowledge, practice, and discourse in historical periods. Nevertheless, *epistêmês* and scientific paradigms, in fact, are incommensurable, so what is knowable and true in one will not be in another. Moreover, scientific paradigms are concrete models of normal sciences like physics or chemistry, but the social sciences are not normal sciences. Foucault recognizes non-linear change, ruptures, and rules for discourse in the paradigms of the normal sciences, but he focuses on the complex discursive and non-discursive constellations of strategies and relations in *epistêmês* of the social sciences (p. 76).

Discursive and non-discursive formations emerge and exist in specific *epistêmês* and relations of power. The *epistêmê* governs discourse, the statement, and non-discursive elements that are not always conscious. Foucault (as cited in Simon, 1971) said in an interview,

What I am trying to do is grasp the implicit systems, which determine our most familiar behavior without our knowing it. I am trying to find their origin, to show their formation,

the constraint they impose upon us; I am therefore trying to place myself at a distance from them and to show how one could escape. (p. 201)

Archaeology is useful for analysis of the organization and sets of rules in systems of knowledge and truth in different periods of time. For example, Smart (2002) wrote, “The emergence of scientific discourse from within a discursive formation constitutes merely one form of materiality or existence which might be achieved by a discourse” (p. 44). Types of discourse and discursive relations in systems of knowledge, institutions, social relations, and other discourses are historically continuous and discontinuous.

Near the end of *The Archaeology of Knowledge*, Foucault considered the future direction of archaeology. He (1969/1972) wrote, “I can readily imagine – subject to a great deal of further exploration and examination – archaeologies that might develop in different directions. There is, for example, the archaeological description of ‘sexuality’” (pp. 192-193). Indeed, Foucault’s archaeological analytic expanded with genealogy for his analysis of the history the French prison and Western sexuality. However, Foucault used archaeology to examine the arts. For example, in his lecture on Manet, Foucault compared the archaeological epochs of *Quattrocento* and modern painting. His comparison revealed three differences between the epochs: arrangement of space, the characteristics of light, and the position of the viewer before the painting (Tanke, 2009, p. 124). In the end, archaeology and genealogy are synergistic analytics and useful tools for research.

Foucault’s research privileged questions rather answers and solutions. Foucault (1969/1972) asked, “How was discourse constrained? What were the norms of discourse” (p. 232)? In other words, how were the sayable and the unsayable determined? Discursive and non-discursive rules placed discursive formations in the midst of complex relations, “a place no

other could occupy ” (p. 28). And he (1971/1972) found that discursive formations become epistemologies (p. 194). Scheurich and McKenzie (2000) wrote, “*The Archaeology of Knowledge* is his best, and final description of archaeology as a method” (p. 324). Of course, Foucault prescribed no method for archaeology, but he offered the analytic tool of archaeology for others to use in their own struggles or research. In the end, archaeology examines and elaborates the orders of historical truth, knowledge, and discourse.

The Continuum

In the chronological transition of Foucault’s work, genealogy follows archaeology with the addition of power relations; however, discourse remained integral to both. In other words, Foucault did not abandon the theory of discourse but expanded his analysis. Dreyfus and Rabinow (1982) described Foucault’s change from his focus on the theory of discourse to Nietzschean genealogy as a move “that would allow him to thematize the relationship between truth, theory, and values and the social institutions and practices in which they emerge” (p. xxv). Foucault’s recognized the need to elaborate on relations of power, so he crafted the analytic of genealogy. Foucault (1977/1980b) said,

If we were to characterize it in two terms, then “archaeology’ would be the appropriate methodology of this analysis of local discursivities, and ‘genealogy’ would be the tactics whereby, on the basis of the descriptions of these local discursivities, the subjected knowledges which were thus released would be brought into play. (p. 85)

In other words, archaeology is the analytic of discourse, and genealogy is the analytic of the tactical functions of discourse.

Bové (1986) identified two tactical functions of discourse in genealogy. The first tactical function was the “logic, syntax, and semantics” that constituted objects of knowledge and

subjects of that knowledge. The second tactical function was the statement or *énoncé* that was the constellation of words and non-discursive elements. This tactic concerns the statement as an event. In other words, does the statement follow existing rules, or does it create new ones? Tactical functions are useful analytics for the expansion of statements and dividing practices that determine legitimate and illegitimate knowledge (pp. 56-57). In other words, genealogy is useful for analysis of practical systems and discursive expansion and division. Furthermore, practical systems articulate three sets of relations: “relations of control over things, relations of actions upon others, and relations with oneself” (Foucault, 1984b, p. 48). Besides, genealogy ignores transcendence and metaphysics, so discourse functions in relations of truth, knowledge, practice, and power.

Genealogy

Foucault’s (1971/1984b) essay, “Nietzsche, Genealogy, and History,” is a close reading or explication and description of Nietzsche’s genealogy and its influence on Foucault’s genealogy. “Nietzsche taught him to be wary of viewing any advances of knowledge in a progressive and linear fashion, an error that Nietzsche saw as characteristic of modernity” (Robbins, 2017, p. 30). Again, Foucault’s genealogy is not a method or methodology. Second, genealogy “requires patience and a knowledge of details, and it depends on a vast accumulation of source material” (p. 76). Nietzsche attributed the distortions and errors in these materials to the long baking process of history. Thus, genealogy takes place on a “field of entangled and confused parchments, on documents that have been scratched over and recopied many times” (Foucault, 1971/1984b, p. 76) like a palimpsest. Moreover, genealogy constructs no theory, science, or philosophy of history.

Genealogy does not seek the foundation of truth, genesis, or the essentials of human nature. Foucault believed that quest for origins was an essentialist attempt to capture man's essence before his fall from God. Veyne (2008/2010) wrote, "Origins are seldom beautiful, for our thoughts do not go back to some subject upon which truth is founded, or to some primal complicity with the fresh reality of the world; instead, they stem from chance events" (p. 54). In other words, genealogy honors randomness and chance. There are two types of historical knowledge in genealogy. Dreyfus and Rabinow (1982) wrote, "First, the dissenting opinions and theories that did not become the established and widely recognized and, second, the local beliefs and understandings" (p. 119). And second, traditional history refers to origins and fictive subjects and excludes chance and contingency. Genealogy examines what is included as truth and what is excluded as truth.

The critical purpose of genealogy is *Wirkungsgeschichte* or effective history. Foucault (1971/1984b) described two types of effective history (*histoire effective*): *sens de l'histoire* and *sens historique* (p. 81). The first type, *sens de l'histoire* is similar to Marxism; this history is based on developments in the past that produce the present. *Sens de l'histoire* legitimates continuity, tradition, and progress. The second type, *sens historique*, means that history "introduces discontinuity into our very being - as it divides our emotions, dramatizes our instincts, multiplies our body and sets it against itself" (p. 88). Moreover, *sens historique* is history that rejects all absolutes and metaphysics but honors discontinuities, marginalities, and randomness. Foucault (1971/1984b) wrote, "'Effective history' leaves nothing around the self, deprives the self of the reassuring stability of life and nature.... It will uproot its traditional foundations and relentlessly disrupt its pretended continuity" (p. 79). There are three characteristics of effective history: the disruption of traditional history, the systematic

dissociation of identity, and the destabilization of the knowing subject. In addition, effective history is perspective, and recent history differs from that farther away. Dean (1994) wrote that effective history disturbs “narratives of both progress and reconciliation, finding questions where others located answers” (p. 4). Genealogy is unfaithful to history and linearity. Likewise, genealogy refuses progress, truth and knowledge as assumptions. Besides, there is no human at the center of history. Most of all, genealogy opposes the search for true and pure origins.

Nietzsche used the terms *Ursprung*, *Herkunft*, and *Entstehung* for origins. Foucault explicated differences between *Herkunft* and *Entstehung*. *Herkunft* inscribes descent, blood ties, illusory language, and history on the domain of the body. In addition, *herkunft* marks the body with desire that inscribes the past and future. In contrast, *entsehehung* “always occurs in the interstices” and emerges in the field of forces (Foucault, 1971/1984b, p. 81). *Entstehung* inscribes subjugation in the play of forces and historical domination. “Descent [*herkunft*] qualifies the strength or weakness of an instinct and its inscription on a body, emergence [*entstehung*] designates a place of confrontation” (p. 84). As a result, *entstehung* clears space for the battle of forces, and *herkunft* disrupts the linear processes of history. These terms *entstehung* and *herkunft* are not references to the essence of things, but they map the interplay of multiple forces, continuities, and discontinuities in history.

With patient analysis of the archive, the genealogist searches for what is excluded or subjugated, so it is a form of counter-history or counter-memory. Foucault (1971/1984b) described counter-history as “history in the form of a concerted carnival” (p. 94). The concerted carnival escapes future, past, and present categories of time and counters assumptions of origins. Furthermore, linear descriptions of time imply a beginning, so this linearity excludes contingencies, errors, and chance. In other words, linearity creates the fiction of origins,

continuity, and progress. The idea of counter-history and carnival disrupts assumptions of historical linearity and continuity.

Nietzsche's *Genealogy of Morals* had an impact on Foucault's genealogy. Like Nietzsche, Foucault was skeptical of history based on an essential human subject. Foucault (1971/1984b) wrote, "Genealogy does not resemble the evolution of a species and does not map the destiny of a people" (p. 81). Genealogy is the revolt against the metaphysical domination of history that is parodic, dissociative, and sacrificial (p. 93). Genealogy, Bogue (1994) wrote was "parodic in regarding the historical actor as a carnival mask; dissociative in treating individual identity as heterogeneous; and sacrificial in making the subject of knowledge the object of necessary liquidation" (p. 4). Although Foucault posed questions about the subject throughout his work, Nietzschean genealogy interrogated an ontology of the present or how we are today. In other words, Foucault's genealogy asked how we recognize ourselves, how we know the world, how we live in the world, and how we speak about the world and ourselves.

In his preface to *Madness and Civilization: A History of Insanity in the Age of Reason* (1961/1965), Foucault referred to Nietzsche's *The Birth of Tragedy*. He wrote, "The following study will only be the first, and probably the easiest, in this long line of enquiry which, beneath the sun of the great Nietzschean question, would confront the dialectic of history of structures of the tragic" (p. xxx). Foucault interrogated the hierarchy of reason and truth and their effects on madness and the mad in the history of Western civilization. Although power was key to Foucault's genealogy, it was never separate from the body of his work. Later, Foucault (1971/1984b) wrote

It was Nietzsche who specified the power relation as the general focus, shall we say, of philosophical discourse ... Nietzsche is the philosopher of power, a philosopher who

managed to think of power without having to confine himself within political theory in order to do so. (p. 53)

Although Nietzsche moved power beyond political theory, Foucault moved it beyond previous ideas about the theory, structure, and practice of power. He redefined power as forces and relations immanent in all spheres. He believed that power is exercised from every point in every direction. Bielskis (2009) wrote, “It seems that both Nietzsche and Foucault shared the underlying belief that it is through the phenomenon of power, rather than anything else, that the world and our history should be approached” (p. 79). Indeed, history is inseparable from Nietzsche’s and Foucault’s work, so relations of power, truth, and knowledge are not static but changeable. Rajchman (1985) wrote,

Nietzsche is the philosopher who separates the problem of freedom from the problem of acquiring truth about ourselves, who would free us of the tyrannies of such through the analysis of their histories. He separates our freedom from the knowledge of our nature.

Foucault’s genealogy is a continuation of that philosophy.

In the end, Foucault like Nietzsche refused the traditions of academic philosophy with innovative thought.

Power Relations

Foucault’s innovative thinking about power is central to genealogy. Foucault (1975/1995) described relations of power in *Discipline and Punish: The Birth of the Prison* and in Part IV section 2, Method of *The History of Sexuality, Vol. 1* (pp. 94-98). In the nominal sense, power is not an institution, a structure, or strength; power does not presuppose sovereignty of state, the form of law, or global domination. Power is relational, historical, and omnipresent; it functions in the “multiple and mobile field of force relations” (Foucault, 1976/1990, p. 102).

First, power is not a possession or commodity; “power is exercised from innumerable points, in the interplay of nonegalitarian and mobile relations” (p. 94). Second, relations of power are present in all relationships. Third, power relations are immanent or ever-present; power is everywhere but does not accumulate or negate; power is a productive force” (p. 94). Fourth, “power comes from below” with no binary of power/powerless (p. 94). Mobile relations and forces of power produce resistance, realignments, and convergences. No one is an intentional agent of power, and no one possesses power, yet relations of power are integral to strategic objectives (p. 94). However, “points of resistance are present everywhere in the power network” (p. 95). Resistance is inseparable from relations of power that are omnipresent, mobile, and historical.

History determines “the forms and possible domains of knowledge” in relations with truth and power (Foucault, 1976/1990, p. 28). Foucault wrote, “Who exercises power? And in what sphere?” (p. 213). Human agents do not possess power; relations of power are not commodities. Power is a relation “profoundly and subtly penetrates an entire societal network” (p. 207) like capillaries that perfuse blood throughout the body. Relations of truth, knowledge, and power coexist with resistance at every point; however, power may crystallize, coalesce, or clot at any point.

In “The Subject and Power,” Foucault (1982) described critical elements in relations of power. First, all relations of power include systems of differentiation. Second, the objectives of relations of power depend on “those who act upon the actions of others” (p. 544). Third, modes of power are instrumental, and power is formed in diverse institutions. And last, relations of power adjust with degrees of rationality specific to situations in play. Furthermore, the analysis of power relations is inseparable from the social network, so freedom is never outside power.

Moreover, relations of power have historical modes: sovereign or juridical, pastoral, discipline, biopower, and governmentality.

Foucault (1976/1990) proposed four rules of power in the discourse of sexuality. The first discursive rule of power is immanence; sexuality is an object of knowledge, so there are epistemic and ontological regulations in every sphere of sexuality. Immanent forces of power are specific to discursive formations, domains of knowledge, and ways of life. Diverse discourses construct, distribute, and distort schemas and interpretations. For example, the sexuality of the child constitutes a schema or “‘local center’ of power-knowledge” (p. 98). The second discursive rule of power is that continual variation is historical and diachronic. In other words, matrices of transformation and discontinuity produce variations. The third discursive rule is double conditioning. There are no homogeneous forms of power and no discontinuities between macro and micro levels; these forms and levels have comprehensive effects. For example, Malthusian principles contributed to population control with “the medicalization of sex and psychiatrization of its nongenital forms” (p. 100). The final discursive rule is the tactical polyvalence of discourse. “Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it” (p. 101). This polyvalence generates tactical reversals that undermine the transmission and production of discourse. Moreover, discursive rules of power, forces, and relations are not methodological imperatives but rather rules of strategy.

Sovereign power

Foucault described sovereign power as the right to take life, to let live, or the right to death. This common sense understanding is the legacy of Enlightenment thought. The sovereign was the primary agent of power and determined political, legal, and economic relations with

his/her territory. Foucault (1976/1990) wrote that the king “exercised his right to kill, or refrain from killing” (p. 136). Moreover, the sovereign had the right to appropriate wealth, to tax goods, products, and services, and to take life itself (p. 36). The sovereign addressed any threat to territory with deduction of life, subtraction of freedom, or punishment to the body. Although the sovereign had the right to inflict death and pain, he was unconcerned with the daily lives of his subjects. Sovereign power privileged territory and obedience over relations with subjects; sovereignty operated with institutions, rights, capabilities, and hierarchical political powers. The sovereign prohibited and punished with institutions and instruments of law and police. Sovereign power over territory and society was more important than any individual or the population, so subjects were merely things or property. With sovereign power, freedom was a commodity that could be lost or gained.

Sovereign power includes juridical or legal power with quantifiable or extensive properties. Juridical power is deductive in nature, so it subtracts or inhibits freedom. Juridical power is based on traditions of jurisprudence, institutions of law, and economic controls. Although sovereign and juridical power have different mechanisms and historical roles, they are not separate. The era of classical liberalism marked the dominance of juridical power. The mechanisms of modern sovereign and juridical power worked through traditions, norms, and statistics. Thus, mechanisms of sovereign and juridical power function with visible and specific agents. However, resistance is inherent and unpredictable.

Pastoral power

Pastoral power is associated with the church, the pastor, and the shepherd’s care for his flock. Foucault (2004/2007) described pastoral power as social control that benefitted the individual, not the population or territory (pp. 124-126). “It’s only *raison d’être* is doing good”

(p. 126). The earliest examples of pastoral power were linked to the historical texts of the pre-Christian East (p. 123). Later, the Hebrews intensified the theme of pastoral power with the image of the shepherd and his flock. In Greece, pedagogy linked truth and sex for transmission of knowledge from one body to another, so sexuality was the medium of initiation (p. 61).

Following the era of ancient Greece and Rome in Europe, the Dark Ages or Medieval period lasted from the 5th century collapse of the Roman Empire to the Renaissance. In the 14th century, Foucault described the emergence of unitary discourse for sexuality with penance, mortification, and confession for concupiscence of the flesh.

Christianity and the Catholic Church were central to the field of pastoral power. The major role of the Catholic Church was the assurance of individual salvation. Guided confession and penance promised salvation and eternal life to the individual. For the sake of salvation, the priest, pastor, or shepherd led the flock, and he directed an individual's conscience and sexuality through confession and penance. Foucault (1976/1990) wrote, "In other words, the Christian pastoral prescribed as fundamental duty the task of telling everything having to do with sex through the endless mill of speech" (p. 21). Confession and penance constituted discourses of transgression with sensations, pleasures, and desires. However, Dreyfus and Rabinow (1982) wrote, "In modern times, the salvation in the next life has been commuted to a salvation in this life (health, wellbeing, security, etc.)" (pp. 213-215). Thus, the discourse of salvation transformed into health and remains a major element of pastoral power and care.

Foucault (1982) reviewed four key attributes of pastoral power in "The Subject and Power" (p. 535). Pastoral power guaranteed salvation with sacrifices from subjects; however, it was an individualizing form of power, and it required the examination of one's inner conscience with the ability to follow guidance. Baker (2007) wrote that "the historical intensification of

Christian pastoralism equipped the laity with the special practices through which they could problematize themselves, relate to themselves as human beings in need of ethical labor” (p. 133). One of these ethical practices was confession, a technology of self. Historically, this technology resulted in the spread of pastoral power beyond religion and the organized church into wider society.

Discipline

Disciplinary power was integral to capitalism, production, and the workforce. Dreyfus and Rabinow (1982) wrote that the "techniques of discipline" provided for the “insertion of disciplined, orderly individuals into the machinery of production” and served the “new demands of capitalism” (p. 135). Foucault (1975/1995) described the microphysics of disciplinary power with the example of the Panopticon. The Panopticon promoted discipline with an internalized and economic form of surveillance or self-discipline. Discipline works in concert with other types of historical power relations like sovereign and pastoral power. “Disciplinary power is also one of the poles of bio-power. The basic goal of disciplinary power is to produce a person who is docile” (pp. 134-135). The disciplined body is an efficient machine. Foucault identified four rules of power: (a) the rule of minimum quality; (b) the rule of sufficient ideality; (c) the rule of lateral effects; (d) the rule of perfect certainty; (e) the rule of common truth; and (f) the rule of optimal specification (pp. 94-98). Disciplinary power is invisible and pervasive but difficult to locate. Foucault argued that discipline permeates all aspects of life, and it subjects everyone to possible surveillance at all times.

Power/knowledge

Power/knowledge was important to Foucault’s view of power, and he (1976/1990) refuted the simple equation that knowledge equals power; knowledge and power were not the

same thing or independent but instead complex relations. Relations of knowledge and power are socially constructed, and the problematic of *pouvoir-savoir* or power/knowledge signals that the terms are co-constituted and inseparable. “Power and knowledge directly imply one another; that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations” (p. 27). Foucault’s concept of power/knowledge illustrates dynamic relations among regimes of truth, systems of knowledge, and forces of power that constitute and regulate what it describes. Truth and knowledge make sense and become available with relations of power.

Biopower and biopolitics

In Part V of *The History of Sexuality, Vol. 1* (1976/1990) *Right of Death and Power over Life*, Foucault introduced the concepts of biopower and biopolitics. Foucault wrote (1976/1990) that biopower was “situated and exercised at the level of life, the species, the race, and the large-scale phenomena of population” (p. 137). There were two basic forms or poles of power over life; first was the discipline of the body as a machine with optimal efficiency and economic control. The second form was focused on the species body for supervision and regulation of biological processes. “The disciplines of the body and the regulation of the population constituted the two poles around which the organization of power over life was deployed” (p. 139). In general, biopower organizes “an anatomo-politics” of the individual, and “biopolitics” organizes the regulation of the population (p. 141). This was the “bipolar technology” that saturated life.

Foucault also examined biopower and biopolitics in his series of lectures at the Collège de France from 1976 to 1979. The three-year series were: *Society Must Be Defended: Lectures at the Collège de France, 1975-76*; *Security, Territory, Population: Lectures at the Collège de*

France, 1977-78; and The Birth of Biopolitics: Lectures at the Collège de France, 1978-1979.

Foucault (2004/2008) said, “I will try to show how the central core of all the problems that I am presently trying to identify is what is called population. Consequently, this is the basis on which something like biopolitics could be formed” (pp. 21-22). Biopolitics was a regime of truth and knowledge integral to the economics of neoliberalism. Although my interpretations of Foucault’s definitions of biopower and biopolitics remain fuzzy, the aim of biopower and biopolitics is the administration, management, and optimization of life (p. 137). Biopower and biopolitics involve technologies of discipline, regulation, and surveillance with systems of knowledge like economics, medicine, and pedagogy (pp. 104–105). Biopower focuses on the micro-level or individual parts, and biopolitics focuses on the macro-level or the whole, so these levels scale from the infinitesimal to the immense.

Governmentality

Foucault described another historical mode of power called governmentality. Government institutions and legal mechanisms protect the territory and population, but government is distinctly different from governmentality. In *Security, Population, Territory*, Foucault (2004/2007) described governmentality as an “ensemble of institutions, procedures, analyses and reflections” (p. 103). The art of governmentality involves the management of economic, political, and social concerns for the wellbeing, care, and health of the population. Governmentality depends on “the case, the institutional frameworks, social groups, and historical periods in which they develop” (Foucault, 1997/2003, p. 88). Although in the nominal sense, power is not an institution, a structure, or strength, the pastorate led to a form of secular power called governmentality: the processes of governance and the practices of state influence conduct (p. 82). In “The Subject and Power,” Foucault (1982) defined governmentality as “the conduct

of conduct" (p. 535), and "the conduct of conduct" is an indirect way of instilling ideas and making people behave in particular ways. The governance of self and others is an indirect mode of power, and it functions through mechanisms like expert knowledge that guides self-management; governmentality resembles persuasion.. Codes of conduct, especially those concerning sexuality, reveal the historical characteristics of governmentality. For example, marital infidelity might escape legal punishment, but adultery might subject one to social disapproval and other consequences.

Chapter 6

Male Military Personnel

Of all civilizations, the Christian West has undoubtedly been, at the same time, the most creative, the most conquering, the most arrogant, and doubtless the most bloody. (Foucault, 2007/2004, p. 130).

From the late 18th century to the present in the United States, historical change transformed the territory, the population, the structure and sovereignty of the federal government. From 1800 to 2010, the land area of the United States increased from 864,746 to 3,805,927 square miles or over 300% (USCB, 2019). From 1790 to 2019, the U.S. population grew from 4,000,000 to 328,610,979, an 82% increase; at present, the United States is the third most populous country in the world (USCB, 2019). In 1790, the Constitution designated three branches of federal government: the executive, the legislative, and the juridical. The Constitution provided the framework of sovereignty and legal relations among federal and state government; however, the supremacy clause allocated the highest legal authority to the federal level. In 1790, the federal government had three departments: State, War, and Treasury. In 2012, the *Sourcebook of United States Executive Agencies* “lists 96 independent executive units and 220 components of the executive departments, while the website USA.gov lists 137 independent executive agencies with 268 components” (as cited in Kamensky, 2013, p. 3). In other words, the territory, the population, and institutions of the federal government are historically and geographically specific.

During the Revolutionary War, the American colonies rebelled against the imperial rule of England’s King George III. The colonies sought freedom from the king’s top-down rule or

sovereign power over the social body of the ruled. The theory of social contract shaped explicit and implicit rights, duties, and politics of the sovereign ruler and the body of the ruled. In *The Leviathan* (1651), Hobbes described the social contract as ways in which we subject ourselves to the state, establish civil society, and protect ourselves against nature in life that is "solitary, poor, nasty, brutish and short" (part 1, chapter xiii). However, Foucault (1997/2003) wrote, "We have to study power outside the model of Leviathan, outside the field delineated by juridical sovereignty and the institution of the State" (p. 34). Theories of sovereignty reflected feudal monarchy and were "used as an instrument to constitute and justify the great monarchical administrations" (p. 34). In the 18th century, Rousseau bemoaned the social and moral evils of the naturalized social contract and proposed a different model of civil society. In *The Social Contract* (1762), Rousseau wrote that we must accept our obligation to the collective and respect the greater good with certain limits on individual rights.

Locke's work was influential to America's founding fathers Adams, Franklin, Jefferson, Madison, and Paine and the drafts of the Declaration of Independence and the Constitution. In *Second Treatise of Government* (1689), Locke's "radical proposition was that the social contract creates, not just a government, but a *people* out of a heretofore unconnected mass of individuals" (as cited in Dienstag, 1996, p. 996). Indeed, the Declaration of Independence and Constitution established a national identity and the American population with a federal census every ten years.

The Constitution allocated power over public health to states not the federal government. The strategy of quarantine is essential to the prevention of contagion and the spread of epidemics. The strategy of quarantine began in the 14th century with restriction of crews for 40 days onboard newly arrived ships in the harbor of Europe. Plagues caused high rates of morbidity or illness and mortality across the world, and quarantine prevented contagion and

slowed the spread of disease. Ports established special hospitals called lazarettos for maritime travelers, victims of plague, or Hansen's disease (leprosy), so the afflicted were isolated in these hospitals. At the end of the 18th century, Pennsylvania established the Philadelphia Lazaretto in response to an outbreak of yellow fever. The term "outbreak" was synonymous with epidemic; however, outbreak defined a limited geographical area, and epidemic defined any sudden increase in the numbers of cases of disease in a population (CDC, 2017). In 1796, the U.S. Congress authorized federal assistance to states for the enforcement of public health laws, so states received federal assistance in 1832, 1849, 1866, and 1873 during a series of cholera epidemics. This virulent diarrheal disease caused widespread mortality in sometimes less than a day with massive rates of morbidity sometimes in a period of a few weeks or less (WHO, 2016). States exercised power over quarantine until it was transferred to the federal Marine Hospital Service.

In 1798, *An Act for the Relief of Sick and Disabled Seamen* established the Marine Hospital Service (MHS) a socialized medicine program for merchant seamen. The legislation established a network of hospitals in major ports and along rivers. The Marine Hospital Service was staffed with political appointments and favors; there were no requirements for formal medical education in the United States, so anyone could practice medicine. In 1870, Dr. John Woodworth, the Supervising Surgeon of the MHS, disrupted the system of political appointments and instituted a military model. In 1889, Congress authorized the military model with the Commissioned Corp of physicians, and the Supervising Surgeon position was renamed Surgeon General. Following a series of cholera epidemics, Congress passed the Federal Quarantine Act of 1878 that transferred quarantine power from states to the National Board of Health and the Marine Hospital Service (Gostin, 2008, p. 156). The mission of the federal

Marine Hospital Service incorporated quarantine, and again in 1883, the mission incorporated the medical inspection of immigrants at ports like Ellis Island in the New York harbor. Thus, the *de facto* control of quarantine was reassigned to the federal government. “In 1902, the Marine Hospital Service became the U.S. Public Health and Marine Hospital Service, and was in 1912 renamed the United States Public Health Service” (Tutorow, 1996, p. 164). Finally, the Public Health Service Act of 1944 allocated the *de jure* power of quarantine to the federal government.

On the other hand, the recruitment and maintenance of the military was the responsibility of the federal government that included the sexual health of male military personnel. The United States was involved in five major wars from the late 18th to the early 20th century: the Revolutionary War (1775-1783); the War of 1812 (1812-1815); the Mexican War (1846-1848); the Civil War (1861-1865); and the Spanish-American War (1898-1901). Throughout history, VD posed significant threats to military forces. “The primary threats have changed with time, as have the weapons we use to face them. Researchers in military medicine have contributed significantly to the body of knowledge in this field” (Rasnake, Conger, McAllister, Holmes, & Tramont, 2005, p. 61). During the Revolutionary War and War of 1812, venereal disease caused a significant loss of manpower and time in the field. Again, during the Civil War, the Union Army documented more than 100,000 cases of gonorrhea over a two year period (Rasnake, Conger, McAllister, Holmes, & Tramont, 2005, p. 61). The partial statistics indicate that sexual abstinence-only-until-marriage programs for military male personnel were inadequate prevention for venereal disease.

20th Century World Wars

With entrance into WWI in 1917, the U.S. military had to enlist a large number of men in a short period of time. Syphilis and gonorrhea “constituted one of the leading causes of rejection

of candidates for the armed forces” (WHO, 1950, p. 7). Gonorrhea and syphilis and rates of these diseases were lumped together until the 1940s. With the urgency of the WWI, Congress created the Interdepartmental Social Hygiene Board in cooperation with the Public Health Service, Secretary of the Treasury, Secretary of War, Secretary of the Navy, and the Army and Navy Medical Corps. The acute need for prevention of sexually transmitted diseases (STD) in male military personnel demanded the rapid deployment of a large-scale program. Even so, “in World War I, the Army lost nearly 7 million person-days and discharged more than 10,000 men because of STDs” (Rasnake, Conger, McAllister, Holmes, & Tramont, 2005, p. 61). Moreover, the Interdepartmental Social Hygiene Board designated \$100,000 of their budget per year for the development of effective sexual health education in colleges and universities. Zimmerman (2015) wrote,

During its three years of operation, the board helped establish new departments of hygiene at thirty-nine colleges, universities and normal schools; beneficiaries included elite private institutions like Harvard and Reed, large state universities such as the University of North Carolina, and three historically black colleges. The board also funded sex education films, which soon became a staple of urban high school classrooms.

(p. 20)

In the United States, governmental and non-governmental organizations often cooperated and synergized efforts with institutions, funds, and programs for public health and education. For example, the Rockefeller Foundation funded the American Social Hygiene Association’s program for the prevention of VD and prostitution.

As mentioned earlier, VD were epidemic during wartime. Before the United States entered World War I, an estimated one third of Allied forces were infected with VD, so the

United states recognized an immediate need for sexual health education and other strategies for disease prevention. Fosdick (1918) wrote, “Congress passed a law which forbade the sale of liquor to soldiers and sailors in uniform, and which made it obligatory for the secretary of war to take all steps necessary to suppress prostitution in the neighborhood of military camps” (p. 825). The Commission on Training Camp Activities arbitrarily confined women and girls suspected of VD for treatment. The goal of the War Department was that soldiers “returned to their homes just as clean and vigorous as when they went out” (p. 826). In 1918, Congress passed the Chamberlain-Kahn Act that created the Division of Venereal Disease (DVD) in the public health service (PHS). The division had the following duties: (a) research on the cause, treatment, and prevention of VD; (b) cooperation with state health departments; and (c) prevention and control of interstate movement of people with VD (CDC, 1950, p. 8). However, federal officials insisted that sexual health education “needed to be accompanied by laws regulating sexual behavior” (Lord, 2010, p. 22). These regulations were aimed to reduce the risks of syphilis and gonorrhea.

At the outbreak of WWI, Germany was sole supplier of arsphenamine and arsenic drugs for VD treatment, so the United States needed to establish its own large-scale drug production as soon as possible (WHO, 1950, p. 7). Germany issued chemical (mercury) and mechanical prophylaxis (condoms) to the *Deutsches Heer* troops, but the rubber condoms were as thick as inner tubes with a shelf life of about three months, so they deteriorated rapidly (Chaya, Kali-Ahset, & Fox, 2002, p. 5). The United States, however, refused to issue condoms to the American Expeditionary Forces. Most likely, Christianity and the social hygiene movement equated condoms with promiscuity, and these social norms affected their decision. The military promoted sexual abstinence for VD, and the troops were reminded that sexual abstinence was necessary for the sake of sweethearts, wives, and mothers back home.

Franklin Delano Roosevelt, a Navy officer, ignored military prohibitions and approved the distribution of chemical prophylaxis kits that contained a urethral syringe, a medicated towel, and calomel ointment, a mercury derivative, for use after intercourse (Brandt, 1985). “The treatment, which involved an injection into the urethra, was painful and intended to serve as an inhibition to sex” (Brandt, 1988, p. 377). However, the Spanish influenza (1918-1920) pandemic caused the highest rates of morbidity or sickness; the flu “sickened 26% of the U.S. Army, over one million men” (Weaver & van Bergen, 2014, p. 539). However, VD was “second only to influenza, as the greatest scourge of the war” (Michie, 1928, p. 263).

In every American conflict and war, women served as nurses. During the Spanish-American War, nurses were not regular military personnel but civilian contractees “for the typhoid epidemic that overwhelmed Army hospital corpsmen” (Bradley, Mather, Klein, Turner, & Yano, 2006, S6). Subsequently, in 1901, the Army Nurse Corp was established, and in 1908, the Navy Nurse Corp was established (p. S6). In 1917, a legal loophole was exploited that allowed the Navy to recruit women for the Navy and Marine Corps Reserves. These women called “‘Yeomanettes’ and ‘Marinettes’ received the same wages, benefits, and rank as male enlisted soldiers. By filling clerical, radio, draftsmen, translator, and other essential positions, women released men for more dangerous overseas duties” (Murdoch, Bradley, Mather, Klein, Turner, & Yano, 2006, p. S6). However, women were excluded from sexual health programs, and any woman who became pregnant was automatically discharged.

The military structure was a Panopticon with surveillance, examination, and the pedagogy of sexual abstinence-only-until-marriage for male military personnel. The practices of military training subjected the body of the soldier to almost total control reinforced with measures of punishment. The military sought to reinforce social norms with the values of

Christianity and family. Christianity is an Abrahamic monotheistic religion, and God and his son Christ, and the human prophets are masculine (Mohl, 2015, p. 10). Likewise, the Bible, tells us that God is our Father, so Christianity is patriarchal religion. Christianity instills pastoral power with conscience, moral values, and patriarchal hierarchy of family. Likewise, the social hygiene movement privileged the Christian and patriarchal model of heterosexual marriage and family. Foucault (2003/2008) wrote that the institution of family functioned with the father as sovereign in a hierarchy of top-down power (p. 80). In the pyramid of power, father exercised an individual top-down power over subordinate non-individuated family members below. In the model of Christian family, women were subject to dogmatic moral values, social norms of modesty, sexual abstinence-until-marriage, and marriage-only-sexuality. In concert, men were taught to respect women as they respected their own mothers and sisters. However, females who violated standards of sexual purity often suffered social and economic consequences that compromised their family life and survival. Males were encouraged to achieve self-mastery through sexual abstinence-until-marriage; however, sexual impropriety posed less of a threat and more of an opportunity cost to males. More importantly, the model of family was embedded in the disciplinary apparatus of the military. “Just as the family model is transferred into disciplinary systems, disciplinary techniques are transplanted into the family” (p. 115). Foucault wrote,

Look at how, historically, the obligation of military service was imposed on people who clearly had no reason to want to do their military service: it is solely because the State put pressure on the family as a small community of father, mother, brothers and sisters, etcetera, that the obligation of military service had real constraining force and individuals could be plugged into this disciplinary system and taken into its possession.

Thus, political regulation of the family was embedded with military service and systems of gendered, religious, and economic knowledge.

After World War I, attention to VD waned. In 1936, President Roosevelt promoted Thomas Parran, the former head of the Division of Venereal Diseases to the post of Surgeon General. Although the topic of VD was considered unmentionable, Surgeon General Parran pioneered the use of explicit terms. In addition, Parran (1937) published *Shadow on the Land: Syphilis*; “the outstanding thesis of Dr. Parran's book is that syphilis is one of our greatest and most devastating public health and medical problems” (Rice, 1937, p. 1052). Parran contributed to the passage of the 1938 La Follette-Bullwinkle Bill with funds for research, prevention, and treatment of VD. The same year, the National Venereal Disease Control Act provided funds for sulfa drugs and rapid treatment centers. On the cusp of WWII, these federal interventions proved timely.

In the 1930s, during the Great Depression rates of unemployment were as high as 25% with widespread poverty. The family was responsible for members’ welfare; however, if there was no family support, local charities and the state offered help. As the family model did not cover everyone in need, during this period of severe economic hardship, the federal government established work programs for the unemployed: the Civil Works Administration, the Civilian Conservation Corps, the Federal Emergency Relief Administration, the National Youth Administration, and the Works Progress Administration. In 1935, Congress passed the Social Security Act (SSA) with additional programs of public assistance. The SSA legislation had two tracks: “one path insured participating employees against unemployment and old age (dependents and disabled persons were later brought under the umbrella of secured income); the other track provided federal funds through dollar-matching arrangements with state

governments” for the needy (Chambers, 1991, p. 1142). This social welfare program provided financial assistance as a safety net for children, the elderly, and the disabled.

In 1941, the United States entered WWII, and two pieces of legislation targeted sexual health. The May Act (1941) regulated prostitution and/or solicitation of sex near a military installation and made the charge a federal offense, and the Lanham Act (1941) provided funds for hospitals where civilians (largely women) with VD were quarantined until cured. The military, again, offered sexual health education to only male military personnel. The mobilization for war enlisted “70 percent of the men between 18 and 30” into “a total social-control situation” (Anderson, 1965, p. 45). Upon enlistment, every male received a copy of the pamphlet *Sex Hygiene and Venereal Disease* (1940) with this summary:

1. Manhood comes from healthy sex organs.
2. It is not necessary to have sexual intercourse in order to keep strong and well.
3. Disease may ruin the sex organs and deprive a man of his health and happiness.
4. You have a fine healthy body now. Keep it that way.
5. Venereal diseases come from sex relations or intimate contact with a diseased person.
They are very serious. Gonorrhea and syphilis are two of the worst.
6. Most prostitutes have venereal disease.
7. Guard against venereal disease by staying away from ‘easy’ women. Don’t gamble your health away.
8. If you do not have self-control then do not fail to take safety measures.
9. If you get diseased report at once to your commanding officer. Time is most important.
10. Will power and self-control help to keep a man’s body and mind healthy.

11. A healthy body and a healthy mind lead to happiness. (p. 12)

In addition, male military personnel “were exposed to barrages of venereal disease health education films of gruesome realism” (Anderson, 1965, p. 44). In contrast to WWI, the military distributed approximately 50 million condoms a month, and the military ended punishment for VD (Lord, 2010, pp. 84-85). For the first time during war, VD rates decreased, and it was attributed to mechanical prophylaxis or condoms (Youseff, 1993).

Another focus of the war effort was medical treatment of venereal disease. On the horizon was hope for a new drug called penicillin, but the first compounds were amorphous and impure. The United States needed to find effective methods to purify and produce the compound, so they enlisted the cooperation of private pharmaceutical companies. However, there was limited evidence that penicillin had the potential to reduce mortality and morbidity. With concentrated effort and cooperation, deep-tank fermentation yielded pure compounds and rapid production. During 1941-1942, the United States produced 100 units of penicillin; in 1943, output rose to 400,000,000 units; and in 1945 “650 billion units were distributed each month” (Grossman, 2008, p. 35). The American Chemical Society (2016) acknowledged that the first priority for the new drug was soldiers; however, by 1949, “the annual production of penicillin in the United States was 133,229 billion units, and the price dropped from twenty dollars per 100,000 units in 1943 to less than ten cents” (para. 30). This reduction in price made penicillin widely available; however, the drug protocol for a standard regimen of treatment was not titrated until 1960 (Benedek, 2000).

In an apocryphal anecdote from WWII about the Allied Forces and condoms, Joseph Stalin asked Winston Churchill for assistance with the Soviet military shortage of condoms. Winston Churchill persuaded a British manufacturer to produce a batch of extra-large condoms.

“These were shipped to the USSR marked 'Made in Britain-Medium’” (Dooley, 1994, p. 58).

Indeed, sexual health was critical to wartime.

In World War II, the Women’s Army Auxiliary Corp (WAAC) and the Women’s Army Corp (WAC) were established. Social norms opposed the idea of an all-female military department. The public speculated that the all-female WAACS and WACs were prostitutes, or worse, that all-female troops were the potential breeding ground of lesbianism (Collier, 2007, p. 239). Nonetheless, Surgeon General Parran demanded equality for female personnel and their inclusion in sexual health education and prophylaxis services (p. 240). However, military policy prohibited sexual health education and prophylaxis for female personnel. The War Department (as cited in Treadwell, 1954) stated, “It is contrary to War Department Policy either to provide instruction in venereal disease prophylaxis for female personnel of the Army of the United States or to issue venereal disease prophylaxis materials to such personnel” (p. 618). Instead, a female officer was assigned a booklet to teach sexual abstinence-only-until marriage education to female personnel (Collier, 2007, p. 240). However, there were small changes for females in the military after the war. In 1948, the “Women's Armed Services Integration Act made women permanent members of all uniformed services' regular and reserve forces; and Executive Order 9981 eliminated racial discrimination and segregation for black servicemen and women” (Murdoch et. al, 2006, p. S6). These were not radical changes; women remained prohibited from combat roles and the command of men. Furthermore, the Women's Armed Services Integration Act capped the number of women to a mere 2% of troops. Although integrated into the military during World War II, women were expected to return from duty and become good citizens through marriage. Subject to surveillance for sexual perversion, women served the in the military, but the state remained suspicious of women who chose service over family.

The military had a two-pronged approach toward sodomy: traditional court martial and blaming civilians. In general, the military did not ban soldiers who engaged in homosexual acts from service. However, military and federal welfare agencies created state policy over time. “The homosexual-heterosexual binary visibly emerged in federal welfare policy during the years of American state-building” (Canaday, 2009, p. 172); however, after WWII homosexual acts and identities assumed full measure. The G.I. Bill or Servicemen’s Readjustment Act of 1944 offered veteran’s benefits for home ownership and higher education, but the binary of heterosexual-homosexual regulated the exclusive dispersal of funds to heterosexual male heads of households. “It seemed to happen quite suddenly, but federal officials for years had been gradually setting traits and behaviors that were coming to be associated with homosexuality in opposition to citizenry” (p. 172). Thus, gay men and lesbian veterans were ineligible for benefits. After the war, the celebration of nationalism reinforced heterosexual norms and appropriate gender roles of masculinity and femininity (Moran, 2000).

During WWII, the military administration of sexual health relied on multiple strategies. Troops were issued barrier prophylaxis and penicillin provided cure that radically improved disease outcomes. The army focused on the management and prevention of risks with mechanisms of surveillance, quarantine, and punishment for suspected cases of venereal disease. Likewise, the biopolitical strategy of risk management resulted in the political segregation and confinement of women suspected of sexual promiscuity, perceived deviance, or mere geographic proximity to military bases. Likewise, systems of knowledge in public health and statistics inscribed male bodies of soldiers as vectors of degenerate disease, martial strength, economic viability, and population health. The biopower that invested “life through and through. ... the old power of death that symbolized sovereign power was now carefully supplanted by the

administration of bodies and the calculated management of life” (Foucault, 1976/1990, pp. 139-140). And during WWII, the atom bomb demonstrated how the calculated political strategies put the life of the species at stake.

The government was concerned with the biological life of the individual body and the body of the population. The discipline of military training and techniques of the body of the male soldier is a pole of biopower, and the “conduct of conduct” of the military population is a pole of biopolitics. Control of biological life was integral to the military and “the subjugation of bodies and the control of populations” (Foucault, 1976/1990, p. 140). In addition, the military examined, ordered, and ranked soldiers with aptitude and intelligence tests that valorized and normalized the hierarchy of intelligent quotient scores. Foucault (1980) wrote, “Such a power has to qualify, measure, appraise, and hierarchize, rather than display itself in murderous splendor...it effects distributions around the norm” (p. 144). In addition, these techniques spread beyond the military with widespread adoption of intelligence testing, and these statistical norms determined the binary of normal/abnormal in a bell curve or Gaussian distribution. Likewise, normative sexuality was produced as heterosexual and monogamous marital sexuality.

Foucault identified the sword as the symbol of sovereign or juridical power in Western Europe. In contrast, the symbol of the sovereignty of the United States might be the musket and bayonet (or the atom bomb). Juridical power functions as “a means of deduction (*prélèvement*), a subtraction mechanism, a right to appropriate a portion of wealth, a tax of products, goods and services, labor and blood, levied on subjects” (Foucault, 1975/1995, p. 136). Although juridical power separated from sovereign and monarchic institutions, “the representation of power remained caught in this system” (p. 88). In other words, the deductive mechanism of sovereign power was naturalized; however, deduction was only one among multiple mechanisms and

forces that organize, control, maintain, and disrupt (p. 136). The shift away from deduction generated productive forces, and Foucault correlated the expansion of these forces with the increase in bloody thirsty wars with improvements in military technologies that led to the holocaust of entire populations.

In the United States, the federal government, the military, and 30 states have the death penalty. The death penalty is a symbol of sovereign and juridical power. Foucault (1975/1995) elaborated, “Together with war, it was for a long time the other form of the right of the sword; it constituted the reply of the sovereign to those who attacked his will, his law, or his person” (pp. 137-138). On the other hand, in Europe, Foucault (1975/1995) wrote,

As soon as power gave itself the function of administering life, its reason for being and the logic of its exercise...made it more and more difficult to apply the death penalty. How could power exercise its highest prerogatives by putting people to death, when its main role was to ensure, sustain, and multiply life, to put this life in order? (p. 138)

In 2019, the United States is the only Western country with the death penalty (Bienen, 2010, p. 143). Yet the United States abhors cruel and unusual punishment, so lethal injection is seen as a gentle method of death.

From the Revolutionary War to World War I, the federal apparatus of sexual health focused on the male body of military personnel and the female body of the civilian population for the prevention of VD. The military deployed alliance and sexuality with an emphasis on sexual abstinence-only-until-marriage for the protection of blood kin and family. These discourses of alliance and sexuality focused on the family, but alliance privileged traditions and the past while sexuality focused on the future. Foucault (1976/1990) described the *deployment of alliance* as “a system of marriage, of fixation and deployment of kinship ties, of transmission

of names and possessions” with “a system of rules defining the permitted and the forbidden” (p. 106). The *deployment of sexuality* linked the body with the economy of production and consumption (pp. 106-107). The family was an institution of sovereign power, and it individuated the father with top-down or patriarchal power, and the military assimilation of the male body relied on sovereign power. In addition, the military synergized Christianity and the pastoral power of Christian conscience, penance, and moral values with the social norms of heterosexual marriage and family.

The military is a disciplinary institution modeled on Bentham’s Panopticon with efficient strategies for the inscription of docility and utility on the male body. In *Psychiatric Power*, Foucault (2003/2008) wrote, “Military discipline begins to be the general confiscation of the body, time, and life; it is no longer a levy on the individual's activity but an occupation of his body, life, and time” (p. 47). In other words, discipline exerts explicit and implicit continuous social control. In *Discipline and Punish*, Foucault (1975/1995) wrote that the “military dream of society” was linked “to the meticulously subordinated cogs of a machine” and “progressive forms of training, not to the general will but to automatic docility” (pg. 169). Likewise, the military and family were disciplined women and inscribed female bodies as “chattels of marriage and procreative vessels. They may be given in marriage, and once given, the resulting procreation can be considered a force of nature” (Deutscher, 2012, p. 129). Lacking rational power, women were incapable of moral agency, so sexual purity and monogamous marriage guaranteed the morality of women. In contrast, men had a moral responsibility their bloodline, and the blood oath of marriage legitimated female sexuality. Biopolitics constructed sexuality with the contagion of immorality and its degenerative effects. Likewise, the science of heredity or eugenics “placed sex in a position of the biological responsibility with regard to the species”

(Foucault, 1976/1990, p. 118). Thus, power relations of sovereignty, discipline, and biopower constructed the sexuality and bodies of men in the military.

During WWII, the Nazis reached the zenith of eugenics both positive and negative. German politics combined eugenics with “fantasies of blood and the paroxysms of a disciplinary power” (Foucault, 1976/1990, p. 149). In *Discipline and Punish*, Foucault (1975/1995) wrote that the “military dream of society” was linked “to the meticulously subordinated cogs of a machine” and “progressive forms of training, not to the general will but to automatic docility” (pg. 169). Positive eugenics emphasized the superiority of the Aryan race and encouraged procreation of the superior race. Deutscher (2012) noted that the theme of procreation was not strong in Foucault’s work, but reproduction was “the invisible hinge at the interface of biopolitics and sex” (p. 119). Negative eugenics resulted in genocide of racial minorities and the abnormal. So biopower and biopolitics mobilized entire populations in wars “for the purpose of wholesale slaughter”, and “the decision that initiates them and the one that terminates them are in fact increasingly informed by the naked question of survival” (Foucault, 1976/1990, p. 137). Thus, the biological life of the species became a political question.

Chapter 7

The 1960s: Social Change

One of the famous slogans of the German student movement, originally used by French Situationists in the 1960s, was ‘*Unter dem Pflaster liegt der Strand*’—below the asphalt lies the beach. I am still looking for it.

—Seyla Benhabib, *Below the Asphalt*, 2018

In 1961, President John F. Kennedy at age 43 was the second youngest president ever elected. His presidency merged with the imaginary of *Camelot* (1960-1963), a popular Broadway musical of the time (Zelizer, 1992). In 1963, the president was assassinated; the moment dimmed, but the myth of Camelot grew brighter. Kennedy’s death marked the assassinations of a series of political leaders: Medgar Evers (1963), Malcolm X (1965), Dr. Martin Luther King (1968), and Senator Robert Kennedy (1968). Issues of inequality, especially racial oppression, divided American society, and there were non-violent protests and violent riots. “Most Americans ranked civil rights as one of the most important problems facing them as well as discrimination on the basis of gender, religion, or national origin” (Bobo, 2009, p. 243). In September 1963, the bombing of an African-American church in Birmingham, Alabama, killed four girls in Sunday school class; riots followed. Subsequently, the Civil Rights Act of 1964 “outlawed racial discrimination as legislative death-knell for the system of Jim Crow segregation that had prevailed in the South since the late 19th century” (Geary, 2015, para. 4). This was labor law legislation, but it promoted civil rights and prohibited discrimination based on race, sex, and religion. On March 7, 1965, the Bloody Sunday civil rights protest in Selma, Alabama, was televised worldwide. Images of policemen beating civilians with batons and

aggressive German Shepherd attack dogs were broadcast to the nation and the world.

The issues of racial injustice affected educational opportunities and resources. In 1965, the Elementary and Secondary School Act (ESEA) provided federal funds for local educational agencies (LEA). The funds were designed to improve education for low-income and “educationally deprived children” (Section 201, ESEA, 1965). Two influential studies focused on the investigation of the African American family and factors related to educational inequity. Patrick Moynihan (1965) published *The Negro Family: The Case for National Action*, known as the *Moynihan Report*, with aims to foster economic and civil rights for African Americans. Moynihan (1967) wrote, “That the Negro has survived at all is extraordinary—a lesser people might have simply died out, as indeed others have” (p. 19). The report acknowledged three centuries of African American enslavement, inequality, and discrimination. Paradoxically, Moynihan situated pathology in the African-American “matriarchal structure which, because it is to out of line with the rest of the American society, seriously retards the progress of the group as a whole” (p. 29). Likewise, the report correlated single-mother households and illegitimate births with African American poverty, crime, and juvenile delinquency. In fact, the report indicated that the African American family was both the cause and effect of racism. In the wake of this report, the government funded a second report. The sociologists Coleman, Campbell, Hobson, McPartland, Mood, Weinfeld, and York (1966) published *Equality of Educational Opportunity*. The report, known as the Coleman Report, found no correlations between the lack of resources and disadvantages for African American children. In sum, the Moynihan Report and the Coleman Report found that the African American family structure not socio-economic and racial inequality was responsible for disparities in education. The sociology of Moynihan and Coleman became an instrument of governance.

More civil strife—six days of riots in the Watts section of Los Angeles—followed the passage of the Voting Rights Act of August 1965. In 1967, there were 150 riots during the long hot summer, and young people flocked to Haight-Ashbury in San Francisco with its reputation of sexual freedom and the summer of love. In August 1968, massive protests escalated into violence at the Chicago Democratic Convention in Chicago. And one more piece of legislation, the Civil Rights Act of 1968 or Fair Housing Act prohibited racial discrimination in housing. In August of 1969, the Stonewall Riots in New York marked the emergence of the gay rights movement. The issues of inequality were at the forefront destructive riots and civil strife, but there were also shifts in social attitudes and public opinion.

The traumatic assassination of President Kennedy replaced the sense of national security with vulnerability. The startling rupture of security in an age of potential nuclear annihilation demanded vision for the future. The Johnson administration provided this vision of security with the Great Society and the War on Poverty. The federal government promised to alleviate the inequality of poverty and its effects. In the midst of political unrest and growing agitation about insecurity, inequality, and oppression, the federal government offered a plan for the security of all citizens. In 1964, the first step of the War on Poverty was the Economic Opportunity Act (EOA). Moreover, the EOA provided “quiet” support for “the first U.S. family planning programs” (Bailey, 2013, p. 347). In a speech to the nation, President Johnson (as cited in Peters & Wooley, 2017) said that family planning was “within the dictates of individual conscience. Indeed, even peace itself, I don't think, will ever come to us unless this problem of population control is solved” (para. 12). Thus, the problem of overpopulation was linked with the fear of war, but family planning offered a solution. “Republicans and Democrats, liberals and conservatives alike, all saw reliable family planning as a solution to the cyclical problem of

welfare, poverty, and illegitimate births in the United States” (Junod, 2002, p. 335). In the midst of uncertain times, family planning was the vision of hope for the future.

Family planning is a contentious issue with a complex history in the United States. In 1914, Margaret Sanger coined the term *birth control* in her self-published eight-page feminist monthly, *The Woman Rebel*, and she was subsequently arrested for obscenity (Lepore, 2011, p. 49; Bailey, 2013, p. 344). In 1942, Sanger’s Birth Control Federation became the Planned Parenthood Federation of America, a national movement that supported legal birth control (Hellman, 1971; Valenza, 1985, p. 45). Until the 1960s, Planned Parenthood clinics operated with donations, grants, and fees for service, so family planning services were restricted to those with access to a low cost clinic or private physician. In 1964, the Economic Opportunity Act (EOA) offered the first federal grants for family planning, and states were responsible for the administration and distribution of the funds.

The EOA created the Office of Economic Opportunity (OEO). The agency established programs for the poor that included the Community Action Program (CAP) in large cities; Job Corps; Volunteers in Service to America (VISTA); Project Headstart; Adult Basic Education; legal aid, and neighborhood health centers. Levitan (1969) classified EOA as a catchall project for the poor, and it was more of a strategy than a fully realized blueprint with comprehensive solutions. Others credited EOA with paving the way for social welfare programs like Medicare and Medicaid (Caputo, 2013). Significantly, Bailey (2013) wrote, “Federal grants for family planning began under the Economic Opportunity Act (EOA) of 1964” (p. 62). Although the EOA had no specific language or provision for family planning, Sargent Shriver, the head of the Office of Economic Opportunity (OEO), appropriated funds through the Community Action Program (CAP). Local community organizations provided “birth control clinics as well as many

much more radical initiatives that sheltered under the concept” (Forget, 2011, p. 201). In addition, city health departments provided family planning services to the low-income population. Moreover, “Title V of the Social Security Act was amended to mandate that at least 6 percent of funds appropriated to child and maternal health at the state level be earmarked for family planning services” (Bailey, 2013, p. 351). Family planning centers provided sexual health education, counseling, contraceptive services, and other preventive sexual and reproductive health services.

By the end of 1966, CAP had established family planning centers in 75 cities. The budget for these “comprised less than 0.4 percent of the 7.6 billion dollars in OEO outlays from 1965 to 1969 and less than 3 percent of the Community Action Program budget” (Bailey, 2018, p. 3). In 1964, in many states, the sale of birth control devices was illegal, so contraception was not available in all centers. “By 1967 there were only 63 family planning projects in the U.S., all of them funded by OEO with grants totaling about 2.5 million” (CFPD, 1969, p. 21). The EOA was designed as an intervention for poverty that privileged the social sciences. The Catholic Church had a history of work for social justice with support for the poor, but the clergy vocally opposed contraception and family planning as inimical to piety. “In ‘one of the most outspoken Vatican criticisms of a U.S. President in recent decades,’ according to the Vatican city newspaper *Osservatore Della Domenica*, Pope Paul VI said that Johnson’s advocacy of birth control posed ‘serious problems of a moral nature’” (as cited in McAndrews, 2018, p. 318). However, social scientists emphasized community inclusion and involvement; however, these were theoretical goals that translated poorly into practice. In *The Professors and the Poor* in Commentary, Moynihan (1968) wrote,

The Economic Opportunity Act, at least in its specifics, was very much a manifestation of

the ‘professionalization of reform’ which was proceeding apace at the time, having resulted from the convergence of such forces as Keynesian economics, Democratic politics, a certain thaw in the cold war, the civil-rights revolution, and the emergence of social science as an influence in government. (para. 33)

Likewise, the working class and general public remained suspicious of charity from intellectuals, professionals, and social scientists. Later amendments to the Economic Opportunity Act prioritized family planning with the service model of voluntary Planned Parenthood.

In the 1960s, private organizations and philanthropies like the Rockefeller, Ford, and Milbank Foundations funded population control programs overseas, and organizations like Planned Parenthood and the Population Council implemented and participated in international population programs. In 1966, Congress passed the Foreign Assistance Act with provisions that earmarked funds from the United States Agency for International Development (USAID) for international population control. In 1968, Secretary of State Robert McNamara, resigned to become the President of the World Bank. McNamara was a staunch believer in population control; he dictated policy and participation in population control through World Bank loans to Third World countries. Experts at the World Bank established yearly sterilization quotas for international populations. In 1969, the United States and President Nixon approved the creation of the United Nations Fund for Population Activities (UNFPA). The UNFPA was responsible for attracting and allocating expertise and funds for population control programs. Nixon viewed these programs as critical deterrents for the management of the Cold War and the prevention of Communism.

In 1967, the Social Security Act was amended with a mandate that recipients of public welfare received family planning services. In March 1969, 43 states approved Title XIX

Medicaid plans for family planning services. Medicaid was not an organized program; it was a fiscal arrangement with states that did not require states' to document services or expenditures. In other words, federal funds for family planning were available; however, state agencies and officials were largely unaware of the mandate, so without administrative oversight, funds were not dispersed (Dean, 1969; Jaffe, 1969).

In the United States, the state administration of federal funds for family planning meant that more often than not, effective programs were not established. With this in mind, advocates for sexual and reproductive health “identified the need for an organization that could articulate a federal strategy relative to family planning” (Aries, 1987, pg. 1467). In 1968, the Center for Family Planning Program Development (CFPPD) was established for the purpose of identifying and developing effective federal strategy for family planning programs. The CFPPD began research with a contract from the Office of Economic Opportunity (OEO). The contract funded research and the publication of *The Need for Subsidized Family Planning Service* (1969); the report recommended that the OEO adopt the Planned Parenthood model of family planning. Likewise, the CFPPD (1969) identified the critical needs for repeal of restrictive laws on birth control for nulliparous (women with no history of pregnancy), unmarried women, and girls (p. 50). The corporate headquarters of CFPPD was located in the same building as the Planned Parenthood Federation of America (PPFA), a non-profit organization; however, each organization had its own separate Board of Directors (AGI, 2017, para. 1).

In 1969, the CFPPD began publication of the journal *Family Planning Perspectives* with articles based on experimental data, policy and program evaluations, analyses of previous research, and thought experiments. The articles were based on quantitative, qualitative, and mixed-methods research including surveys, evaluations, and meta-analyses in addition to

scientifically based research with randomized controlled trials. In the first issue, Guttmacher and Todd (1969) described the road ahead for the journal. The journal planned to publish research, policy, and practice that covered all aspects of sexual and reproductive health. For example, there was the problem of unplanned pregnancy, which they believed was linked to low levels of education, teen pregnancy, poverty, and illegitimacy that were both public health and social problems. In addition, the problem of unplanned pregnancy was concentrated in low-income populations. In the first issue, Pilpel and Weschler (1969) wrote,

Although access to effective fertility control is now almost universally acknowledged to be a basic human right, there is one group of persons in American society that is almost systematically denied it—especially if they are poor. This group consists of unmarried minors. (p. 29)

Criminal laws prohibited services for minors without parental consent. As a result, minors suffered consequences of poverty with the related problems of unwanted pregnancy and forced marriage. In another article in the first issue, Dean (1969) stated that family planning was no longer an explosive issue because the federal government supported the rapid expansion of programs to address it (p. 39). Guttmacher and Todd (1969) wrote, “This journal will not focus on any one specialty or discipline and values practical experience. The common goal is to provide family planning services for all Americans” (p. 1). In this way, the first issue was positioned as the harbinger of federal legislation for Title X family planning.

In the second issue of *Family Planning Perspectives*, the CFPPD (1969) summarized results from a survey of physicians in the journal *Science*, and the survey indicated that a majority viewed family planning programs as inappropriate and irrelevant (p. 49). The physicians stated, first, hospitals and health departments were not allowed to provide

contraception, and state legislation restricted the distribution of contraceptives in public agencies (p. 49). Second, physicians anticipated dangers with federal approval of contraception that conflicted with social norms of female premarital sexual relations and the liability of the government for the side effects of contraceptives. In addition, physicians worried about their legal liability with the treatment of low-income patients. Lastly, physicians believed that “government-sponsored programs cannot fail to appear to single out the disadvantaged as the ‘goat’” (p. 49). In other words, physicians held negative views about the potential of family planning programs to address the needs of low-income populations and/or underage girls and women.

During the 1960s, Planned Parenthood collected data from their teen clinics about the factors related to prevention of teen pregnancy, and they documented clients’ knowledge about sexuality, birth control, family background and religious beliefs, relations with parents, and sexual experience. In 1967, the Planned Parenthood teen clinics in San Francisco and Oakland, California delivered “sex education, contraception, pregnancy and VD testing on a drop-in basis for girls under the age of 18” (AGI, 1969, p. 32). In Baltimore, Maryland, the Adolescent Family Life Service at Mt. Sinai Hospital was one of the first to offer a sexual and reproductive health program to teens. The program provided psychologists and social workers for guided group discussions with young women and girls (Goldsmith, 1969) as well as education about sexual anatomy, pregnancy, contraception, and sexually transmitted infections (STI) for teens. The Baltimore teens complained that school-based sex education concentrated on the abstract science of biology, but these lessons provided little practical information about sexuality and pregnancy. In Baltimore, school-based education excluded practical advice about effective methods contraception, techniques of masturbation, and the pleasure of orgasm. The teen clinics

hired female physicians for clinical care in efforts to improve communication with young women. Indeed, clients were more comfortable with breast and pelvic exams, counseling about sexual health, contraceptive methods, and pregnancy. In Baltimore from 1967 to 1969, the teen clinic had 600 female participants, and 475 of those females received prescriptions for contraceptive methods. In 1968, the Baltimore Clinic offered free gonorrhea screening, and testing revealed an 8% positive rate for the STI; however, 70% of these positive tests were asymptomatic. These undetected cases of gonorrhea are dangerous, asymptomatic gonorrhea is linked with ectopic pregnancy, infertility, and blindness in newborns. The Planned Parenthood teen clinics in San Francisco and Oakland, California, and Baltimore, Maryland, caused no controversies in these communities.

In the 1960s, the social movement for women's rights was called the second wave of feminism or Women's Liberation. Women began to recognize and to speak out about oppression and structural inequality. "The women's movement evolved from one that focused on voting and property rights to one that focused on a broad range of issues, including workplace discrimination, sexuality, and reproductive rights" (Garner & Michael, 2016, p. 205). During the same period of time, contraceptive technology became accessible with greater reliability, and it expanded the horizon of possibility for women. In 1957, the Federal Drug Administration approved the drug Enovid for regulation of menses. Private physicians prescribed the drug to their middle and upper class patients for contraception. Tone (2001) wrote, "Shortly after its release, an annual supply of Enovid sold for the equivalent of about \$760 in 2010 dollars roughly twice today's annual cost and amounting to more than three weeks of full-time work at the 1960 minimum wage" (as cited in Bailey, 2012, p. 3). In 1960, the Federal Drug Administration (FDA) approved intrauterine contraceptive devices (IUD) another reliable method. And in 1965,

Enovid was approved for long-term contraception. Thus, technology improved the reliability and convenience of contraception. Married couples could space the births of children and make decisions about the size of their family. Large numbers of women had access to oral contraception that was simply called the pill; however, abortion was illegal. As a result, during the decade of the 60s, socioeconomic status determined compulsory pregnancy for women.

In 1965, the Supreme Court ruling *Griswold v. Connecticut* overturned state law that prohibited contraceptive use by married couples. Dr. Charles Lee Buxton, Chair of OB/GYN at Yale University and Estelle Griswold, the director of the Planned Parenthood League of Connecticut, opened a public family planning clinic and offered contraceptive services to married couples; they were arrested the second day. According to Buxton (as cited in Prescott, 2016), “Few, if any, proponents of the law were ‘zealous enough to suggest the invasion of the physician's private office,’ he noted, so women who could afford a private physician could easily obtain contraceptive services” (p. 707). In other words, the Griswold case challenged discrimination against low-income married couples. “By 1970 every state (and the federal government) had revised its statute to permit the sale of contraceptives to married individuals” (Bailey, 2013, p. 342). More importantly, the Griswold case established the right to privacy based on the 14th amendment even though the right to privacy was not directly stated in the Constitution or the Bill of Rights. Justice William O. Douglas (1965) wrote “that specific guarantees in the Bill of Rights have penumbras, formed by emanations from those guarantees that help give them life and substance. Various guarantees create zones of privacy” (p. 442). In other words, the right to contraception was based on the right to privacy (Prescott, 2016, p. 708).

In 1968, Paul Ehrlich's bestseller *The Population Bomb* focused attention on the effects of overpopulation. Although overpopulation was not a new issue, the public began to discuss

and debate the topic. In the 18th century, Thomas Malthus, an English vicar and mathematician, hypothesized that population increased exponentially while food production increased incrementally. The problem of a growing birth rate was integral to overpopulation. Malthus (1798) wrote, “The power of population is so superior to the power of the earth to produce subsistence for man” that “gigantic inevitable famine stalks in the rear, and with one mighty blow levels the population with the food of the world” (p. 61). Traditional Malthusian theory of population control proposed sexual restraint and moral standards. Neo-Malthusian theory proposed government responsibility, science, and technology for family planning programs with effective contraceptive methods. Influenced by Malthusian ideas, Ehrlich (1968) wrote,

The battle to feed all of humanity is over. In the 1970's the world will undergo famines—hundreds of millions of people are going to starve to death in spite of any crash programs embarked upon now...Population control is the conscious regulation of numbers of human beings not just of individual families, but also of society as a whole.

(p. xl)

In a postscript, Ehrlich (1990) warned that the human population had outstripped nature's resources and destroyed essential ecosystems and communities.

In the end, the 60s was described the decade of the sexual revolution or liberation. The rule of silence about sexuality was broken with what Foucault (1976/19790) called “the noisiest” of our preoccupations (p. 158). Sexual liberation challenged the censorship of sex and monogamy. However, Foucault (1976/1990) argued that this struggle for sexual liberation was “a complex deployment for compelling sex to speak...for getting us to believe in the sovereignty its law when in fact we were moved by the power mechanisms of sexuality” (p. 158). On the other hand, the decade did propose a different economy of relationships and pleasures. Again,

Foucault (1976/1990) wrote the irony of the sexual revolution is that we believed we could liberate ourselves.

Chapter 8

Family Planning

The family was the crystal in the deployment of sexuality: it seemed to be the source of sexuality which it only reflected and diffracted. (Foucault, 1976/1990, p. 111)

In 1970, Congress passed legislation to support nationwide family planning programs and population research. President Richard Nixon signed Title X or Public Law 91-572 or Population Research and Voluntary Family Planning Programs that allocated federal funds for family planning programs. Title X was the “only domestic Federal program devoted solely to family planning and related preventive health services” (CDC, 2015, p. 3). The first national program privileged access to comprehensive sexual and reproductive health services for low-income populations. Federal funds were available for eligible providers that included: state and local health departments, independent clinics and hospitals, public and non-profit agencies, and community agencies like Planned Parenthood. Although Title X prioritized low-income recipients, in reality, the program served people from all income levels. In particular, the program served clients with higher incomes who were unable to afford private health care. In the beginning, Republicans and Democrats offered bipartisan support for family planning (Bailey, 2013, pp. 348-349). In 2019, Title X is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (HHS). And the bipartisan support has fractured.

Title X programs provided services and education with “gynecological examinations and basic lab tests; screening services for STDs, HIV/AIDS, breast cancer, cervical cancer, high

blood pressure, and anemia”; contraceptive services, pregnancy testing, counseling, and community outreach (NAF, 2007, p. 1). Although funds for abortion are explicitly prohibited by Title X, in the early years providers were permitted to discuss the option of abortion with pregnant clients and to refer to those interested to outside abortion providers. In addition, Title X provided sterilization services in federally funded clinics (Olson, 2002). Over time, Title X developed the infrastructure of family planning, and providers focused on comprehensive sexual and reproductive health with best practices supported by peer-reviewed research, best clinical practices, and policy evaluation.

The mission of Title X was to provide accessible comprehensive sexual and reproductive health services to the low-income adult population; however, in the early years of Title X, providers recognized a steady increase in the demand for services by young people. In the early 70s, the prevailing social norm for female sexuality remained sexual-abstinence-until-marriage. Although not designed for young people, Title X providers served the needs of young people without consideration of age or parental consent. As a result, there was a gradual integration of minors and young people into the program. Although Title X favored an inclusive access to sexual and reproductive health services, the inclusion of young people was “an incidental, if not unintended, consequence of the law’s inclusive mandate. In contrast to the ‘excess’ fertility of poor women, the ‘premature’ fertility of young women had not yet been identified as a public concern requiring a legislative solution” (Luker, 1996, p. 57). Likewise, there was scant empirical evidence for increased rates of sexual relations and out-of-wedlock births among young people, so there were few concerns about sexual promiscuity or teen pregnancy (Althus, 2001). However, Shah, Zelnik, and Kantner (1975) wrote, “Four-fifths of sexually experienced never-married young women aged 15-19 indicated to a nationwide survey undertaken in 1971

that they had engaged in sexual intercourse without using contraception” (p. 39). This research correlated the lack of contraception with the lack understanding about sexuality and reproduction and miscalculations about the potential for pregnancy. On the other hand, legal access to contraceptives for the unmarried was not available until 1972. However, the problem of pregnancy for the unmarried, teens, and young people began to coalesce during the 1970s.

With legal rights, young people achieved greater autonomy and access to sexual and reproductive health services. Legal rights eliminated requirements for parental approval and consent that regulated young people’s sexual and reproductive health and relationships. The Vietnam conflict was a factor integral to the changes in young people’s rights. In 1969, President Nixon’s executive order eliminated the compulsory military draft for young men and replaced it with a system of random selection or a lottery, and the Selective Service instituted the lottery based on birthdays (GPO, 1969, p. 220). The reform was, in part, an attempt to remedy inequalities in the draft that conscripted greater numbers of low-income and racial minority populations than others. Likewise, it was a response to growing political resistance to the war in Vietnam. In 1971, the 26th amendment to the Constitution granted voting rights to young adults between the ages of 18 to 21. The amendment stated:

SECTION 1. The right of citizens of the United States, who are eighteen years of age or older, to vote shall not be denied or abridged by the United States or any State on account of age.

SECTION 2. The Congress shall have the power to enforce this article by appropriate legislation. (GPO, 2013)

The 26th amendment acknowledged that “the increased maturity of today's teenagers” justified legal rights (Pilpel & Wechsler, 1974, p. 142). Young people affirmed these legal rights with the

rationale that if you were old enough to die for your country, you were old enough to vote.

Moreover, the amendment not only gave young people the right to vote but also the right to make decisions about sexual and reproductive health and relationships. The amendment voided requirements for parental supervision, notification, and/or consent for sexual and reproductive health services. In fact, Settlege, Baroff, and Cooper (1973) wrote that the majority of Americans favored

giving contraception to teenagers who are sexually active, but controversy still exists about the rights and wrongs of premarital sex. There has been no evidence that the availability of contraceptive services to unwed teenagers encourages them to engage in sexual intercourse. (p. 223)

The National Commission on Population Growth and the American Future (CPGAF) supported the inclusion of young people in Title X even though the program was not designed for young people. The CPGAF encouraged states to “adopt affirmative legislation which will permit minors to receive contraceptive and prophylactic information and services in appropriate settings to their needs and concerns” (pp. 99–100). Nevertheless, before the 26th amendment, Title X clinics did not turn young people away.

In 1972, the Supreme Court ruling *Eisenstadt v. Baird* overturned state prohibitions and legalized contraceptive use by the unmarried. The case was considered a victory for second wave feminism. Like the previous case *Griswold v. Connecticut*, *Eisenstadt v. Baird* was based on the right to privacy. Justice Brennan (1972) wrote, “If the right of privacy means anything, it is the right of the individual, married or single, to be free from unwarranted government intrusion into matters so fundamental as the decision whether to bear or beget a child” (as cited in Richards, 2016, p. 196). In other words, the unmarried and married had equal rights to

privacy. However, “eight years later, the Court extended the right of privacy to cover a limited right to abortion” (Baer, 2002, p. xv). In sum, the right to privacy in *Griswold v. Connecticut* and *Eisenstadt v. Baird* paved the way for *Roe v. Wade* (1973) and legal abortion.

The case for legal abortion was based on the Due Process Clause of the Fourteenth Amendment and the right to privacy. “The 93rd Congress had barely convened in January 1973 when the U.S. Supreme Court delivered its sweeping decisions in *Roe v. Wade* and *Doe v. Bolton* declaring unconstitutional almost all state laws on abortion” (Rossof, 1975, p. 13). The *Roe v. Wade* decision established the right to privacy as absolute. In addition, the *Roe v. Wade* ruling correlated with improved maternal health and safe and legal abortion in the first trimester of pregnancy. Illegal abortions were dangerous and unreliable, and many women suffered complications or death. Legal abortion correlated with a sharp decline in “abortion-related mortality” (AGI, 1975, p. 54). In other words, the “substitution of legal abortion for illegal abortion” improved women’s sexual and reproductive health (Tietze, 1975, p. 124). Before 1973, there were no reliable statistics on the number of abortions, but that year almost half of all abortions were performed in New York and California (CDC, 1974, p. 10). After *Roe v. Wade*, Rosoff (1974) identified three Congressional initiatives around abortion: (a) proposals to reverse Supreme Court decisions, (b) exemptions for individuals and institutions to not perform abortion, and (c) attempts to prohibit or restrict funds for abortion. In 1973, Congress passed another abortion initiative with an amendment to the Foreign Assistance Act; the Helms Amendment eliminated all federal funds related to abortion services and abortion-related information in international programs. In the wake of *Roe v. Wade*, religious activists claimed victory with the Helms Amendment.

In 1973, a member of President Nixon's cabinet, the Secretary of Defense, Henry Kissinger, gathered experts from the National Security Council (NSC), the Central Intelligence Agency (CIA), the Department of Defense (DoD), the Department of State (DOS), USAID, and other agencies to investigate the question of population. In 1974, the classified *National Security Study Memorandum 200 (NSSM 200)* or the *Kissinger Report* titled *Implications of Worldwide Population Growth for U.S. Security and Overseas Interests* was completed. In 1975, the Ford Administration adopted the policy set forth in *NSSM 200*. In 1976, the NSC recommended population control through the global food supply. In 1989, the *NSSM 200* was declassified, released, and made available to the public.

The *NSSM 200* opens with an executive summary, "World population growth since World War II is quantitatively and qualitatively different from any previous epoch in human history" (p. 4). The report's goals included the investigation of demographic trends in worldwide population and consideration of the potential consequences of exponential growth: massive famines and malnutrition; depletion of fossil fuels (petroleum and natural gas) and other minerals (aluminum, copper, iron, lead, nickel, tin, titanium, and zinc); unemployment and poverty; foreign migration; failure of economic, political, and ecological systems; conflicts and revolution (pp. 4-17). Any and all of these consequences are associated with threats to US security.

The *NSSM 200* had two major sections: an analytical section and a policy recommendations section. The analytic section described qualitative and quantitative differences in population:

Rates of increase are much higher than in earlier centuries, they are more widespread, and have a greater effect on economic life, social justice, and—quite likely—on public

order and political stability. The significance of population growth is enhanced because it comes at a time when the absolute size and rate of increase of the global economy, need for agricultural land, demand for and consumption of resources including water, production of wastes and pollution have also escalated to historically unique levels. (p. 19)

Since 1950, the report stated that there was unprecedented growth in population, and the rapid expansion of the worldwide population had four characteristics. First, the population was growing faster than any other time in history. Second, the acceleration was greatest in less developed countries (LDC). Third, the growth of population was concentrated in cities. And fourth, the rapid proliferation of population required intensified efforts for fertility control (p. 19). Of particular concern were the LDCs, and the majority were located in the regions of Africa, Latin America, and South Asia. The pressing issues involved the worldwide food supply, the depletion of resources, especially, of non-renewable fuel and minerals, and economic development. However, the fundamental fear was the potential for adverse effects on the United States and national security. The report had two major conclusions. First, population factors are indeed critical in, and often determinants of, violent conflict in developing areas. Segmental (religious, social, racial) differences, migration, rapid population growth, differential levels of knowledge and skills, rural/urban differences, population pressure and the special location of population in relation to resources—in this rough order of importance—all appear to be important contributions to conflict and violence. (p. 56).

Second, political conflicts are inseparable from demographic trends. On the other hand, there is no simple solution to the problem of population, and no single factor determines outcomes.

In 1974, the United States participated in the draft of the World Population Plan of Action (WPPA) for the World Population Conference (WPC) in Bucharest, Romania. The *NSSM 200* criticized the WPPA for wordiness and the lack of concrete goals; however, the report emphasized the need to participate in these conferences and to contribute toward the adoption of voluntary goals in population programs where necessary and appropriate strategies (p. 69). The United States strongly supported the proposition that “the family is the basic unit of society, governments should assist families as far as possible through legislation and services” (p. 69). Thus, the WPPA aligned with the strategic American objectives for health and education of the world population.

In the policy recommendations section, the *NSSM 200* emphasized the maxim that there is no single approach to world population policy. “The previous analysis makes clear the problem of population growth has social, economic and technological aspects all of which must be understood and dealt with for a world population policy to succeed” (p. 74). However, the United States must look to the 21st century as the horizon for effective population control and worldwide population stabilization. In the meantime, it was agreed that U.S. population assistance programs must coordinate with multilateral donors, voluntary organizations, and private foundations. The *NSSM 200* proposed a two-pronged justification of U.S. authority over population control. First, the decline in U.S. fertility made the nation a credible advocate for limited family size. Second, the United States has no written population policy, so it has no imperial aims. On the other hand, population assistance was “the largest and most invisible ‘instrument’ for carrying out US policy” (p. 76). Family size depends on the desire of couples, not governments, so recommendations to limit fertility center on five areas of promise. The first two areas of promise in the policy were minimal levels of education of women and the improved

mortality rates for infants and children. The next area of promise were improved opportunities for women to earn wages, the development of institutions for social security, and alternatives to children's care of elderly parents (pp. 92-102). The last area of promise was the education and indoctrination of children "toward a two-child family ideal" (pp. 92-102). And finally, research and development for low cost delivery systems and contraceptive technology were integral to success in all areas of promise.

In the special section on abortion, the *NSSM 200* noted the political sensitivity of the topic and prohibitions against federal funding for any abortion counseling, education, or service. Significantly, the *NSSM 200* documented the 1973 Church Amendment that established "the right of health providers (both individuals and institutions) to refuse to perform an abortion if it conflicts with moral or religious principles" (p. 118). In view of federal prohibitions, the *NSSM 200* reported the termination of the promotion and distribution of Menstrual Regulation Kits (p. 118). Moreover, *NSSM 200* acknowledged that there were pending proposals for more restrictive pieces of legislation. Conversely, the report stated, "No country has reduced its population growth without resorting to abortion" (p. 115). Therefore, the *NSSM 200* recommended the following:

It would be unwise to restrict abortion research for the following reasons:

1. The persistent and ubiquitous nature of abortion.
2. Widespread lack of safe abortion technique.
3. Restriction of research on abortifacient drugs and devices would:
 - a. Possibly eliminate further development of the IUD.
 - b. Prevent development of drugs which might have other beneficial uses. An example is methotrexate (R) which is now used to cure a hitherto fatal tumour of

the uterus—choriocarcinoma. This drug was first used as an abortifacient. (pp. 118-119)

Thus, there are differences among official and unofficial policies and stated and unstated goals.

The *NSSM 200* recommended mass media as an effective means of education about contraceptive technology and family planning. Likewise, the report emphasized the vital roles of the executive branch, the department of state, and the World Population Conference in addressing the problem of population. “The President and the Secretary of State should make a point of discussing our national concern about world population growth in meetings with national leaders where it would be relevant” (p. 121). Finally, the *NSSM 200* recommended that the United States continued to participate in World Population Conferences and to offer effective strategies and programs.

The Supreme Court rulings shaped women’s rights and sexual and reproductive health. In 1974, the *Geduldig v. Aiello* established that discrimination on the basis of pregnancy was not sex discrimination. The ruling distinguished two groups of people, the pregnant and the non-pregnant. The first category had only women, but the second category contained men and women. Therefore, the argument proved that the state did not discriminate against pregnant people on the basis of sex.

Established in 1965, the Medicaid program operated with federal-state cost sharing for indigent care, and abortions were not part of the program. After the decriminalization of abortion in 1973, the Nixon administration allocated Medicaid funds for abortion. In 1977, Senator Hyde introduced another anti-abortion amendment for the restriction of federal funds for abortions provided through the Medicaid program. The same year, the Supreme Court ruled in three cases that states had no constitutional obligation to fund elective abortions: *Beal v. Doe*;

Maier v. Roe; and *Poelker v. Doe*. Instead of legislation to ban abortion, states focused on efforts to ban the funds for the procedure.

In 1978, the Department of Defense limited abortion funds to military personnel, and federal employee limits followed. In addition the same year, Congress altered Title X family planning, and it made explicit coverage and services available to young people. Many objected to the inclusion of young people and charged that Title X “promoted the false and morally bankrupt assumption that sexual activity among children is acceptable and inevitable—an assumption which, they asserted, was directly at odds with the belief system of most parents and pastors” (Ehrlich, 2013, pp. 81-82). Conservatives and religious activists opposed the lack of parental notification, information about abortion as a choice, and referral to abortion providers. Nevertheless, Congress reauthorized Title X without parental notification.

In 1978, Senator Edward Kennedy (D) sponsored the Adolescent Health Services and Pregnancy Prevention and Care Act. This federal legislation created a sexual abstinence health program for young people. President Carter signed the legislation, and the bill established the Office of Adolescent Pregnancy Programs (OAPP) in the Office of Population Affairs (OPA) in the Public Health Service (PHS). The federal program specifically targeted teenage pregnancy with education about primary sexual abstinence and secondary sexual abstinence. Primary sexual abstinence meant the delay of sexual behaviors until marriage, and secondary abstinence meant the discontinuation of sexual behaviors until marriage. However, “the 1978 legislation *required* grantees to offer counseling and referral about abortion” (Donovan, 1984, p. 222). Opposition to this legislation and the OAPP focused on concerns that it compromised Title X funds with repetition of services. Later, in 1981, the program was incorporated into the Maternal

and Child Health Block Grant (MCH). This legislation differed from sexual abstinence-only-until-marriage because it offered abortion counseling and services.

During the 1970s, Title X received consistent levels of funding. In the first decade of Title X, the funds totaled \$102 million; however, by the fourth decade Title X, the funds totaled \$387 million. In the first year, Title X funds totaled \$6 million; however, in 2010, Title X funds totaled \$317.5 million, the highest in history. Moreover, in the decades of the 21st century, Title X reached the highest level of total and average funds. From 1971 to 2017, the total federal funds for each decade as well as the highest averages for yearly funds varied. The total/average funds were as follows: (1) 1970s; \$1015.2/\$101.52; (2) 1980s; \$1550.5/\$140.9; (3) 1990s; \$2029.1/\$184.4; (4) 2000s; \$3086.5/\$280.5; and (5) 2010-2017; \$2335.1/\$291.8 (SIECUS, 2017). Overall, from 1971 to 2017, Title X federal funds totaled \$916 million with a yearly average of \$195 million. Over the history of the Title X, the federal program and funding has remained a politically divisive issue.

There has been ongoing political debate about Title X from its inception to the present. From 1981 to 1984, Republican Senators Jeremiah Denton and Orrin Hatch conducted congressional hearings. The senators opposed abortion counseling without parental notification for minors. Senator Denton (as cited in Vinovskis, 1988) warned that interference with parental power was the source of “our sociological problems, even national security problems: namely, the erosion of the institution of the family” (p. 130). However, in 1983, the courts ruled that parental notification deterred minors’ access to family planning services and increased the risks of unplanned pregnancy. Nevertheless, conservative groups continued to challenge the lack of parental notification with the introduction of constitutional amendments for parental rights. “In the guise of parents' rights, these groups have been promoting proposals that are, at base,

designed to nullify a wide range of laws allowing teens access to confidential reproductive health care” (Trapp, 1999, p. 16). Tensions between the rights of parents and the rights of minors remain in the present.

Despite division and debate, Title X provided medically accurate information, uncensored sexual and reproductive health education, and non-directive abortion counseling to female and male adolescents. At the end of the 20th century, the CDC (1999) praised Title X for the progress and improvement in reproductive, maternal, and infant health. Furthermore, the CDC (1999) credited family planning as one of the most important public health achievements of the 20th century. There was clear evidence that family planning programs contributed to healthier mothers and babies, and family planning correlated with smaller families and longer intervals between births. The CDC (1999) credited family planning services with prevention of an estimated 1.3 million unintended pregnancies each year.

Public support and opposition to Title X and abortion were linked. The most effective opposition to the program and procedure targeted funds for abortion. On the other hand, ongoing efforts supported Title X and abortion. In 2010, the Patient Protection and Affordable Care Act (ACA), a healthcare reform bill, provided support for contraception and abortion with insurance coverage. By 2014, Title X had provided almost 1,000,000 Pap tests, 1,000,000 breast exams, 5,000,000 million STI tests, and 1,000,000 million HIV tests (Fowler, et al., 2015). In 2016, Title X reported the priorities for funding and research: (a) improving health information technology systems; (b) enrolling clients into health insurance programs; (c) partnering with or enhancing integration of family planning with primary care services; (d) improving financial systems to optimize revenue; and (e) outreach to low income men and women of reproductive age in need of family planning services (HHS, 2018, para. 1).

In 2017, President Trump approved the Congressional Review Act that repealed the Obama administration's prohibition against the denial of Title X funds to Planned Parenthood clinics. The Congressional Review Act allowed Congress "to overturn any regulation imposed during the final six months of the previous administration, with a simple majority vote in each chamber" (Dwyer, 2017, para. 11). Even though only half of Planned Parenthood clinics provided abortions, the denial of Title X funds included Planned Parenthood clinics without abortion counseling or services. As a result, clinics that provided only non-abortion related services for family planning, sexually transmitted infections, and breast and cervical cancer screening were also denied funds. Moreover, repeal of the prohibition allowed states to redirect Title X funds to other programs. The pro-life movement hailed the restriction of funds for Planned Parenthood as a victory in the battle against legalized abortion.

In 2017, the Congress passed No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure, and the bill permanently restricted the use of all federal funds for abortion counseling or abortion services. The bill exceeded the Hyde Amendment with permanent restriction on federal funds for abortion from the Department of Health and Human Services and all other federal agencies.

The issues around contraception and abortion continue to divide opinions about appropriate policy for sexual and reproductive health. Since the 1980s, Christian Evangelicals have been politically active in the pro-life movement with opposition to abortion gaining greater political traction. The family planning illustrates the role of medical science and contraceptive technologies with networks of power-knowledge around the body. Foucault (1997/2003) described these networks as biopower for the regulation of population.

The mortality rate has to be modified or lowered; life expectancy has to be increased; the

birth rate has to be stimulated. And most important of all, regulatory mechanisms must be established to establish an equilibrium, maintain an average, establish a sort of homeostasis, and compensate for variations within this general population and its aleatory field. (p. 246).

Biopolitics involves the relations of biology to the state, the economics of liberalism, and the relations of life/law and race/war. Medicine focuses on the biological body, so government concern with life is biopolitical. The process of life targets discipline of an individual body and the regulation of the species body or population. Biopower invests “life through and through. ... the old power of death that symbolized sovereign power was now carefully supplanted by the administration of bodies and the calculated management of life” (Foucault, 1975/1995, pp. 139-140).

Chapter 9

Sexual Abstinence-Only-Until Marriage

Modern society is perverse, not in spite of its puritanism or as if from backlash provoked by its hypocrisy; it is in actual fact, and directly, perverse. (Foucault, 1976/1990, p. 47).

Federal legislation and funds promoted sexual abstinence-only-until-marriage programs from 1981 to 2009 and at present. There were three pieces of federal legislation that created programs: Adolescent Family Life Act Demonstration Program (AFLA) enacted under Title XX of the Public Service Act, 1981; Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) with temporary assistance to needy families (TANF), 1996; and Special Projects of Regional and National Significance-Community-Based Abstinence Education (SPRANS-CBAE), 2000. The common theme of this legislation was the importance of sexual abstinence-only-until-marriage to economic, physical, and social well-being. However, the definition of abstinence, the target audience, and the system of providers were different.

Adolescent Family Life Act

In 1980, President Jimmy Carter (D) lost his bid for re-election, and Ronald Reagan (R) became President. The executive transition signaled the rise of a more conservative political party. The 1980 Republican Platform attributed the previous decade of economic malaise to Democratic leadership. And the Republican platform highlighted the role of traditional family values and conventional gender roles to American society:

We reaffirm our belief in the traditional role and values of the family in our society. The damage being done today to the family takes its greatest toll on the woman. Whether it be through divorce, widowhood, economic problems, or the suffering of children, the

impact is greatest on women. The importance of support for the mother and homemaker in maintaining the values of this country cannot be over-emphasized. (RPP, 1980)

Republicans argued that the Democratic Party was largely responsible for federally subsidized welfare that perpetuated poverty, especially for African Americans and Hispanics. The Republicans endorsed a strong defense, reduced taxation, decreased regulation, and opposition to social welfare. Lord (2010) wrote, “By the election of Ronald Reagan as president in 1981, a growing number of Americans were publicly—and loudly—questioning the role the federal government should play” in everyday life (p. 3). Disagreement about social welfare programs included disputes about the responsibility for and locus of social problems. Many considered the comprehensive sexual and reproductive health model of Title X inappropriate for young people. “Political and religious leaders, particularly appear divided over what their primary mission should be: the eradication or discouragement of sexual activity among young unmarried people, or the reduction of teenage pregnancy through the promotion of contraceptive use” (Jones et.al, 1985, p. 61). In other words, public policy for young people around issues of sexuality and reproduction shifted in the 1980s.

In 1981, President Reagan signed the Adolescent Family Life Act Demonstration Program (AFLA) enacted under Title XX of the Public Service Act. With its emphasis on abstinence-only-until-marriage, AFLA was called the chastity bill. Senators Jeremiah Denton and Orrin Hatch introduced AFLA to counter dissatisfaction with the 1978 Adolescent Health Services and Pregnancy Prevention and Care Act; this legislation failed to discourage abortion and ignored the importance of parental involvement (Benshoof, 1988, p. 1917). Moreover, AFLA was passed with no formal hearings in either the House or Senate. “Instead, the AFLA was part of an omnibus bill that funded many government programs” (Donovan, 1984, p. 222).

AFLA explicitly restricted the use of any and all funds for education about abortion, counseling with the option of abortion, or abortion services. AFLA stipulated funds were exclusively for adolescent social services aimed to promote sexual chastity, to prevent pregnancy, and to teach parenting. In addition, the bill promoted the option of adoption.

Three types of AFLA grants were authorized: (a) health and sex education, contraceptive methods, and social services for pregnant teens, infants, families, and male partners; (b) prevention services that promoted abstinence from premarital sexual relations; abstinence-only-until-marriage for pre-teens, teens, and families; and (c) the combination of projects for care and prevention (Solomon-Fears, 2015, p. 9). In addition, AFLA required grantees to designate or to create a network of religious, voluntary, and private organizations for the support of adolescent sexuality, reproduction, and parenting. Specifically, AFLA required the involvement of religious organizations and urged religious organizations to become direct providers. Donovan (1984) wrote, “The law mandates religious involvement in the program, but, in effect, distributes grants only to certain religious groups” (p. 222). In 1984, out of the total eight religious grantees, there were six Catholic, one Lutheran, and one Mormon organization, and all of these religions staunchly rejected abortion (p. 222). The legislation entwined “conservative religious doctrine into the care of teenage pregnancy and the prevention of adolescent sexual activity” (Irvine, 2002, p. 96). Besides, AFLA reified specific sects of Christianity and conservative views of marriage, pregnancy, and family.

AFLA programs were based on chastity and self-discipline (Saul, 1998), and Republicans considered this a moral victory. Ehrlich (2013) wrote that AFLA was the “counterweight to the ‘free-sex/anti-parent’ ideology of Title X; it allowed conservatives to take credit for rescuing youth from the ravages of a sex-saturated culture and for restoring the sanctity of the nuclear

family” (p. 86). AFLA valorized heterosexual marriage and contested the anti-parent stance of Title X that refused to protect innocent children. In this worldview, Irvine (2002) wrote, “Childhood sexuality is infinitely malleable, homosexuality is contagious [and dangerous], and the innocent child—who could and should be heterosexual—was imperiled by lesbians and gay men” (p. 171). In other words, deviant sexuality posed a dangerous threat of contagion to vulnerable children and young people, so they required protection. Furthermore, Saul (1998) wrote that abstinence-only-until-marriage was based on “the conviction that the federal government had provided too much funding to Planned Parenthood and other family planning providers—thereby promoting a national ‘contraceptive mentality’” (p. 5). In contrast, AFLA valued the role of family involvement and sexual abstinence-until-marriage as the appropriate model of sexuality, especially for children and young people, in essence, for all unmarried adults (Kantor, Santelli, Teitler, & Balmer, 1981).

At the state level, legal requirements for parental involvement instituted sexual abstinence-until-marriage as the model for young people’s sexual and reproductive health. Three major cases affirmed the state legal requirements for parental notification and/or consent for abortions: *H. L. v. Matheson* (1981); *Planned Parenthood of Kansas City v. Ashcroft* (1983), and *Planned Parenthood of S. E. Pennsylvania v. Casey* (1992) (Jeffries, 2018, p. 207). Parental authority was the foundation of sexual-abstinence-until-marriage that supported the economic, emotional, and physical health of young people and a healthy American society.

In a 1983 speech, President Reagan claimed birth control undermined American values, and he implied that a network of federally funded family planning clinics (without specifically naming Planned Parenthood) was responsible. He condemned the egregious practice of giving contraceptive information to underage girls without parental consent and blamed family

planning. Reagan (as cited in Peters & Wooley, 1983) said, “No one seems to mention morality as playing a part in the subject of sex. Freedom prospers when religion is vibrant and the rule of law under God is acknowledged” (para. 15). Furthermore, Reagan protested the erosion of morality evident in the change of terms from sexually promiscuous to sexually active. In addition, in his article, *Abortion and the Conscience of a Nation*, Reagan (1983) wrote,

Make no mistake, abortion-on-demand is not a right granted by the Constitution. No serious scholar, including one disposed to agree with the Court’s result, has argued that the framers of the Constitution intended to create such a right. Shortly after the *Roe v. Wade* decision, Professor John Hart Ely, now Dean of Stanford Law School, wrote that the opinion ‘is not constitutional law and gives almost no sense of an obligation to try to be.’ (para. 2)

Reagan’s rhetoric targeted the Christian Right and the pro-life movement audience. However, Jeffries (2018) wrote that Reagan “was hesitant to align himself with niche social and moral movements, instead wanting to leave his legacy as President in the realm of economic affairs and global relations” (p. 218). Jeffries (2018) concluded that Reagan’s rhetoric was, in fact, by and large the primary evidence of his involvement with social issues.

AFLA was not universally accepted or lauded. There was “vocal opposition to the activities of the pro-life movement within and outside the federal government, and the centrality of teenage female sexuality within this aspect of the culture wars” (Jeffries, 2018, p. 202). In 1983, the American Civil Liberties Union’s (ACLU) Reproductive Freedom Project challenged the constitutionality of AFLA. The ACLU filed the lawsuit on the behalf of a coalition of clergy that included the American Jewish Congress and several taxpayers (Kenny & Sternberg, 2003). The coalition charged that AFLA “promotes and subsidizes the use of religious indoctrination as

a means of opposing premarital sex, abortion and birth control for teenagers” (Donovan, 1984, p. 222). In 1985, the district court of Washington, D.C. ruled in *Kendrick v Sullivan* that the AFLA had a secular purpose. Nonetheless, AFLA violated the First Amendment’s Establishment clause. Specifically, the U.S. Constitution’s First Amendment states: “Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof.” There are two Religion Clauses in the First Amendment: (a) the Establishment Clause and (b) the Free Exercise Clause. The Establishment Clause prevents the establishment of a state religion or church, and the Free Exercise Clause protects rights of citizens to practice religion.

In 1988, the challenge to the AFLA was heard by the Supreme Court on appeal. In the case *Bowen v Kendrick*, multiple organizations and groups filed *amici curiae* or friend of the court briefs: the United States Catholic Conference; the National Jewish Commission on Law and Public Affairs; the Baptist Joint Committee on Public Affairs; the American Jewish Committee; the Americans United for Separation of Church and State; and the Anti-Defamation League of B’nai B’rith. In addition, the American Public Health Association, the American Psychological Association, the Planned Parenthood Federation of America, Inc., and the National Family Planning and Reproductive Health Association filed an *amici curiae* brief. These professional organizations acknowledged the problems associated with early childbearing, and their brief (1988) stated, “Unfortunately, Congress ignored real concerns about adolescent pregnancy and childbirth and instead enacted a law which is not only medically unsubstantiated but violates the fundamental constitutional rights of pregnant adolescents” (p. 8). The professional organizations claimed that AFLA violated the First Amendment. In contrast, in a *New York Times* editorial, the sister of President John Kennedy and Senators Robert and Edward Kennedy, in support of AFLA, Eunice Kennedy Shriver (1988) wrote,

By focusing entirely on cases in which grant recipients appeared to promote religious teachings, the article ignored the legislation's intent, the magnitude of the problem it was intended to ameliorate and the nonreligious orientation of the great majority of the 138 grantees under the act (pg. 30).

Despite popular belief, the Constitution does not explicitly prescribe the separation of church and state.

In 1988, the Supreme Court ruled on AFLA and the Establishment Clause based on the precedent *Lemon v. Kurtzman* or the *Lemon* test. In her analysis of the constitutionality of AFLA, Jones (2002) wrote that the *Lemon* test held that government action must “(1) have a secular purpose, (2) have a primary effect ‘that neither advances nor inhibits religion,’ and (3) does not involve excessive entanglement with religion” (p. 1087). In addition, Jones noted that the court altered its common strategy for the determination of the constitutionality of statutes. “Justice Rehnquist altered established First Amendment jurisprudence by creating a distinct separation between an analysis of statutes ‘on their face’ versus an analysis of statutes ‘as applied’” (p. 1080). How did statutes ‘on their face’ differ from states ‘as applied’? Wright (2010) wrote that the court ruled “on its face” that AFLA “served a secular purpose; its main effect was not the advancing of religion, and no excessive entanglement between government and religion had resulted” (p. 147). However, the Supreme Court remanded the case to the district court for ruling on the constitutionality of AFLA “as applied” (Jones, 2002, p. 1080).

In 1993, after 12 years of protracted litigation, the district court reached a five-year settlement agreement (Jones, 2002, p. 1080). The ruling imposed several requirements on program grantees: (a) the program must not include religious references; (b) it must not take place at religious sites; (c) and it must not include religious icons. More importantly, the court

required all educational materials to undergo a review process for certification that materials did not promote religion and were medically accurate (Perrin & Dejoy, 2003, p. 447). Despite the fact that the terms of the agreement expired in 1998 or five years, the opposition coalition claimed victory with the requirement for medically accurate curricula (Jones, 2002). Moreover, Young and Goldfarb (2000) wrote, “The Kendrick case is relevant because it was this case, and its settlement, that led to the establishment of welfare reform abstinence education and the (a)-(h) definition” (p. 156). This litigation over AFLA set the stage for the statutory definition of sexual abstinence-until-marriage that followed.

During the 1980s, the federal government’s budget and tax policies favored wealth accumulation and the reduction of social welfare programs. There was a “profound rightward shift in the social and political climate” (Stacey, 1983, p. 559) with increased attacks on feminism, women, and minorities. The federal government funded abstinence-only-until-marriage programs despite research about its lack of efficacy and failures to prevent unmarried pregnancy and sexual activity outside marriage. The moral order was based on an economic rationale. AFLA guaranteed that the completion of high school education and abstinence-only-until-marriage formed the foundation for economic, emotional, and physical health and well-being. In other words, completion of secondary education combined with sexual abstinence-only-until-marriage promised prevented poverty and promoted lifelong health. The opening of AFLA (1981) stated, “In a high proportion of cases the pregnant adolescent is herself the product of an unmarried parenthood during adolescence and is continuing the pattern in her own lifestyle” (p. 578). However, the statement transforms teen pregnancy into a lifestyle or culture of poverty that blames the victim for sexual promiscuity and a lack of family values that an individual responsibility. This problem of teen pregnancy is detached from the social structure

and blames the female victim's lack of responsibility and poverty on sexual behavior outside any other barriers or social inequalities. AFLA reinforced the gendered and racial hierarchy of patriarchal and white privilege, and professed to care for women, minorities, and the poor, but the legislation provided care with methods of social control. In contrast, the nuclear family and middle and upper class status protected the sexual morality of White women and girls. The gendered script was simultaneously a racial narrative about the failure of the poor, and, in particular, African American girls and women (Gilliam, 1999, p. 3). "In other words, while poor women of all races get blamed for their impoverished condition, African American women commit the most egregious violations of American values" (p. 2). During the 1980s, poverty was defined as a cultural entity, and this model of poverty promoted attitudes that blamed the victim and rejected any systemic inequality and/or other barrier. Field (2008) wrote, "*The Moynihan Report* (1965) and other culture-of-poverty models have served as the basis for decades of research and policy that implicitly assign responsibility for perceived social decay in the African American and larger communities to African American girls and women" (p. 10). Furthermore, the marginalization and stigma of poverty became inseparable from sexual immorality especially for women, girls, and minorities.

The sexual-abstinence-until-marriage model influenced the Congressional adoption of several amendments for international aid for family planning and abortion. In 1981, the Biden Amendment to the Foreign Assistance Act prohibited biomedical research related to abortion and family planning. Also, the 1981 Siljander Amendment to the FY1982 Foreign Assistance and Related Programs Appropriations Act prohibited funds to lobby for or against abortion, and the amendment was renewed yearly (except FY1994 and FY1995). The Siljander Amendment was renewed in FY2018. In 1985, the Kemp-Kasten Amendment to the FY1985 Supplemental

Appropriations prohibited aid to any organization or program, determined by the President, that supports or participates in either the management or services of coercive abortion or involuntary sterilization. Also, the 1985 DeConcini Amendment to the FY1986 Foreign Assistance and Related Programs Appropriations Act contradicted Reagan policy and required multiple options for family planning. In 1986, the Livingston-Obey Amendment part of FY1987 continued appropriation for funds that prohibited discrimination against religious organizations and natural family planning. Likewise, the amendments reflect the influential rise of the Christian Right and conservative Republican politics.

Politics are central to international policies and programs for sexual and reproductive health. Since the creation of the United Nations in 1945, there have been three world conferences on population: the Bucharest World Population Conference in 1974; the Mexico City International Conference on Population in 1984; and the Cairo International Conference on Population and Development in 1994. However, in 1984, the opposition to Title X and the anti-abortion movement achieved a victory at the Mexico City International Conference on Population. President Reagan announced a new international policy on abortion that prohibited federal funds for any international family planning program that offered abortion counseling, referral, or services in any foreign country. The Secretary of Health and Human Services (HHS) issued the federal order known as the Gag Rule. Reagan (1984) stated

We believe population programs can and must be truly voluntary, cognizant of the rights and responsibilities of individuals and families, and respectful of religious and cultural values. When they are, such programs can make an important contribution to economic and social development, to the health of mothers and children, and to the stability of the family and of society. (as cited in UN Conference on Population, p. 4)

Also known as the Mexico City rule, the policy prohibited even non-directive discussion of abortion. “The gag rule was one of the last in a series of maneuvers by the Reagan administration to weaken the federal family in planning program and appeal to anti-abortion, social conservatives” (HME, 2002, p. 95). In 1991, despite opposition to the rule of silence and challenges to district courts by providers and health organizations, the Supreme Court upheld the Gag Rule. Nonetheless, in 1993, President Clinton suspended the Gag Rule and explained that it endangered “women’s lives and health by preventing them from receiving complete and accurate medical information and interferes with the doctor-patient relationship by prohibiting information that medical professionals are otherwise ethically and legally required to provide to their patients” (quoted in Federal Register, 2000, p. 41270). The Gag Rule or the Mexico City Policy became a political football tossed back and forth between dominant political parties.

Conger (2010) identified Republican politics as the primary political context for the anti-abortion movement and the promotion of abstinence-only-until-marriage (p. 251). In the 1980s, the anti-abortion movement galvanized grassroots organizations like Concerned Women for America (CWA) and the Moral Majority (MM). However, toward the end of the 1980s, the Christian Right decided to shift strategy from the federal to the state level. “Movement activists decided that it was time to abandon the largely unsuccessful attempt to influence federal policy and to move to the smaller and more amenable arenas of the states and of grassroots politics” (p. 2). In other words, the Christian Right decided that its strengths, values, and commitments were best suited to the venue of state politics (Conger, 2010).

AFLA provided funds to states’ for non-profit organizations with a ratio of two-thirds for pregnant and parenting teens and one-third for prevention of teen pregnancy; however, in 1997, the ratio was eliminated (Howell, 2007, p. 3). “From 1981 until 1996, the AFLA program was

the only federal program that focused directly on the issues of adolescent sexuality, pregnancy, and parenting” (Solomon-Fears, 2004, CRS-2). The majority of AFLA funds from FY1982 to FY2009 focused on the prevention services; however, from FY1998 to FY2011, AFLA services were required to meet the (a)-(h) definition in the 1996 Title V Block grants to states. AFLA has not been funded since FY2011, but the total expenditure up to that time was \$349.4 million. After 30 years, in December 2010, Congress passed the Consolidated Appropriations Act of 2010, and it ended the discretionary federal funding of AFLA. The Obama administration emphasized peer-reviewed research and scientific accuracy to address the problems of teen pregnancy, prevention of STI/STDs and HIV/AIDS. However, the Obama administration refused the policy of a single strategy and affirmed the value of multiple strategies that included abstinence-only-until-marriage.

In 1981, HIV/AIDS emerged as a fatal disease with unknown cause and no available treatment. HIV/AIDS morphed into a moral panic with fear, misinformation, and blame that divided society. In 1981, the CDC identified an outbreak of “*Pneumocystis carinii* pneumonia and Kaposi's sarcoma in young homosexual men who had no known reason to contract these uncommon diseases” (Durack, 1981, p. 1456). A month after the first report, another report documented 26 more cases of Kaposi's sarcoma. Initially, the illness was called gay compromise syndrome or gay cancer (Brennan & Durack, 1982). In 1983, the blood-borne pathogen HIV was identified as the virus that caused the immune-suppressed syndrome of diseases called AIDS. Unfortunately, HIV/AIDS was strongly associated in the public imagination with sexual transmission, especially male-to-male sexual (MSM) activity, so sexual minorities and other marginalized groups were stigmatized. Colloquially, the marginalized groups were called the 4-H club: homosexuals, hemophiliacs, heroin users, and Haitians. This was a dividing practice

that stigmatized and categorized people living with HIV/AIDS, practices like these provided identity categories for people to recognize themselves and others. Not only did people with HIV/AIDS experience social and familial rejection, but health professionals added to the discrimination against them.

During the first years of the epidemic, the response to the threat of HIV/AIDS was marked by silence and blame at the federal level of government. Although sexuality education was an important strategy of prophylaxis, the Secretary of Education, William Bennett “stressed that the key issue regarding AIDS was morality, not prophylaxis” (as cited in Martin, 1997, p. 254). In 1986, five years after HIV/AIDS emerged, President Reagan requested a report from the Surgeon General C. Everett Koop. The Surgeon General had sterling conservative credentials, so liberals rejected his support of the pro-life movement and anti-abortion views. The Surgeon General composed a 36-page HIV/AIDS report in his basement, and the report “released on October 22, 1986, was explicit, nonjudgmental, controversial, and popular” (HHS, 2007, para. 5). Copies were distributed to “members of Congress, public health organizations, and Parent-Teacher Associations” (NLM, 2017, para. 4). In 1988, the Surgeon General condensed the report to an eight-page brochure. The brochure wrapped in brown paper was mailed to every household on the census in the largest sexual health education effort in history. The Surgeon General’s response was based on scientific research for the prevention and treatment of HIV/AIDS and comprehensive sexuality education. Dr. Koop negotiated the political, medical, and moral implications of HIV/AIDS and emphasized medical science over morality. At the end of a prestigious medical career, Dr. Koop’s focus on the prevention and treatment of HIV/AIDS was uncluttered with political concerns about his future employment.

President Reagan's supporters were angered by any federal support for prevention, research, and services around HIV/AIDS. His supporters blamed sexual immorality and the plague on the Planned Parenthood Federation of America and Sexuality IECUS. The marginalization of people living with HIV/AIDS is an example of dividing practices. "By the end of Reagan's first term, the CDC had recorded 5,527 deaths from AIDS. By the end of his second term, nearly 103,000 cases and more than 60,000 deaths had been confirmed" (Martin, 1997, p. 241). And the Surgeon General's conservative credentials were revoked with advocacy for school-based sexuality and HIV/AIDS education. The Surgeon General recommended inclusive sexuality education at the lowest grades possible with the recognition of opposite sex and same sex relationships. Since 1988, the CDC has provided programs for HIV/AIDS education.

Literature about HIV/AIDS influenced public perception and social attitudes. In 1987, the investigative reporter, Randy Shilts, published his bestseller *And the Band Played On*. Shilts examined CDC data, and he used these data to link Gaétan Dugas with 40 other men living with HIV/AIDS on both coasts. The CDC data labeled the initial vector Patient O, and the letter O represented a person out-of-California; however, Shilts misread the O as the numeral zero. Shilts identified Dugas, a French Canadian flight attendant, who died of HIV/AIDS in 1984 as Patient O. However, Shilts never claimed that Dugas was the first person with HIV/AIDS in the United States, but Dugas was labeled Patient Zero and was assumed to be the origin of HIV/AIDS in the United States. Likewise, Dugas was condemned for libertine behavior and hundreds of sexual partners. He was publicly vilified and condemned and received little sympathy for his suffering.

In 1987, Senator Kennedy introduced the AIDS Federal Policy Act which aimed to prevent discrimination against individuals living with HIV/AIDS and to expand the scope of

voluntary testing. However, during a Congressional debate, Senator Helms (R) denounced an explicit safe-sex comic book published by Gay Men's Health Crisis of New York. The comic book was controversial, so the bill did not pass. Even though federal funds were not used to produce the comic book, this example was used to justify the demands and specific terminology in the Health Omnibus Extension of 1988. The bill required that

all programs of education and information receiving funds under this title to include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such activities. Prohibits funds from being used to provide education or information designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse... (102 STAT.3093)

This passage of the bill privileged sexual abstinence with little practical information, assistance, or services. However, in 1990, the Ryan White Comprehensive AIDS Resources Emergency Act (CARE) allocated federal funds to increase the quality of care and services available to those affected by the HIV/AIDS epidemic in the United States. This bill passed with bipartisan support from both houses of Congress. The bill was named after Ryan White, an Indiana boy, expelled from middle school because of his HIV infection; he died with HIV/AIDS in 1990. “This legislation has been amended and reauthorized four times: in 1996, 2000, 2006, and most recently in 2009, as the Ryan White HIV/AIDS Treatment Extension Act of 2009” (HRSA, 2018, p. 1).

In the 21st century, scientific research identified two types of HIV: HIV1 and HIV2. The HIV virus was one of several viruses that crossed from animal to human populations (Worobey et al., 2008, Zhu et al., 1998). The viruses that crossed species had four lineages; however, the

single crossover of Group M of HIV1 was responsible for 99% of HIV/AIDS pandemic in humans (Worobey et al., 2008, Zhu et al., 1998). On the other hand, HIV2 was not easily transmissible nor did it progress to AIDS (Worobey et al., 2008).

In 2016, the press revised its indictment of Gaétan Dugas; he was not Patient Zero. In the *New York Times*, McNeil (2016) wrote, “Sequencing of blood samples stored since the 1970s showed that the strain that infected him had circulated among gay men in New York for several years before he arrived here in 1974” (para. 1-2). Thus, the strains of HIV1 from Gaétan Dugas “appeared typical of US strains of the time and was not basal to the US diversity, let alone to the deeper Caribbean subtype B diversity” (Worobey et al., 2016, p. 3). Finally, in October’s *Nature*, Worobey (2016) wrote, “In short, we found no evidence that Patient 0 was the first person infected by this lineage of HIV1” (p. 3). At last, Dugas received public, but posthumous, vindication.

Welfare Reform 1996

President Bill Clinton served two terms from 1993 to 2001; he campaigned with promises were to end welfare as we know it and to reform healthcare. In 1994, the Republicans achieved a majority in the House and Senate with chairs of major committees, and a major initiative of the Republican Contract with America was welfare reform (Zuckerman, 2000). In 1996, President Clinton signed Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) with temporary assistance to needy families (TANF) known as welfare reform. The welfare reform legislation amended Title V, Section 510(b) of the SSA and established federal funding streams for grants to states. The Maternal and Child Health Bureau (MCH) at the Department of Health and Human Services (HHS) administered the program, and states requested block grants from MCH. States were required to match every \$4 in federal funds with \$3 in state funds;

however, the monies could be private or state funds. The sexual-abstinence-only-until-marriage legislation was on the last page of the bill. Solomon-Fears (2016) wrote,

The Title V Abstinence Education program is considered a mandatory program and is funded by mandatory spending. It is a formula grant program. State funding is based on the proportion of low-income children in the state compared to the national total (p. 16) PRWORA was designed to overhaul the welfare system, to reverse declines in rates of marriage, and to decrease birth rates outside marriage (Perrin & Dejoy, 2003, pp. 447-448). In addition, the TANF portion eliminated the Aid to Families with Dependent Children Act (AFDC), a cash entitlement program, and replaced it with a block grant. The federal lifetime limit of TANF was 60 months, but some states like Georgia limited TANF to 48 months. That same year, President Clinton signed the Defense of Marriage Act (DOMA) that defined marriage as the union of one man and one woman.

There was bipartisan support for welfare reform legislation, but there were differences in how it should be enacted; however, similar to AFLA, the sexual abstinence-only-until-marriage program was enacted without public or legislative debate. The welfare reform bill emphasized the institution of heterosexual marriage and family, and the introductory section of the bill stated:

- (1) Marriage is the foundation of a successful society.
- (2) Marriage is an essential institution of a successful society which promotes the interests of children.
- (3) Promotion of responsible fatherhood and motherhood is integral to successful child rearing and the well-being of children. (U.S. Congress, 1996, p. 6)

The TANF guidelines emphasized the problem of increased rates of illegitimacy and out-of-wedlock teen pregnancies, and it predicted that 50% of all births would be out-of-wedlock by

2025. Rich (as cited in Vandenberg-Daves, 2014) wrote, “Motherhood is admirable, however, only so long as mother and child are attached to a legal father. Mothers out of wedlock, or under the welfare system, or lesbian motherhood, are harassed, humiliated, or neglected” (p. 131). Furthermore, the legislation linked the predatory sexual practices of older men with unmarried pregnant teens and physical and sexual abuse. Likewise, the bill stated “an effective strategy to combat teen pregnancy must address the issue of male responsibility, including statutory rape culpability and prevention” (p. 252). Irrevocably, the consequences of out-of-wedlock pregnancy correlated with negative consequences for infants including low birth weight and low intelligence. There were two goals for the sexual abstinence-only-until-marriage (AOUM) education program: the prevention of teen pregnancy and the prevention of STIs and HIV/AIDS. However, there were concerns that young people defined sexual abstinence as the absence of procreative behavior or heterosexual intercourse.

The legislation focused concerns on the legal definition of sexual abstinence. Moreover, there were fears that descriptions of sexual behavior that might violate innocence and inspire experimentation (Remez, 2000). To remedy the lack of specificity in the definition of sexual abstinence, and the bill clarified the concept with an eight-point or (a) through (h) statutory definition. Congress passed the narrow statutory (a) through (h) definition; however, the definition was established without peer-reviewed research. Thereafter, all eligible programs were legally required to cover all eight points (a) through (h):

- (a) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- (b) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;

- (c) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- (d) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- (e) teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;
- (f) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- (g) teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and
- (h) teaches the importance of attaining self-sufficiency before engaging in sexual activity. (U.S. Social Security Act, §510(b)(2))

Additionally, AOUM programs prohibited discussions about contraception, sexual orientation, and gender identity. “From 1996 through 2009, federal teen pregnancy prevention efforts relied heavily on using abstinence-only education as a primary tool” (Solomon-Fears, 2016, p. 10). Historically, the goals of prevention programs for pregnancy and STIs demonstrated few correlations with proposed outcomes; however, AOUM became the dominant model of federally funded sexual and reproductive health programs for young people.

In 2004, Henry Waxman of the House of Representatives Reform Committee published a review of federally funded AOUM programs. The Waxman Report (2004) documented inaccuracies and errors in the curricula that included: errors in contraceptive failure rates; inaccurate rates of effectiveness for condoms against HIV; inflated risks of abortion for

infertility, premature birth, and ectopic pregnancy; and support for traditional gender roles. One curriculum claimed that the mother and father combined 24 chromosomes to produce new life; however, humans have 23 chromosomes. In addition, there was no review process in the Department of Health and Human Services for the scientific accuracy of AOUM programs prior to funding and implementation (GAO, 2006a). In 2005, HHS moved TANF to the Administration for Children and Families (ACF). In 2007, ACF instituted more restrictive guidelines and required stricter adherence to the eight-point definition of sexual abstinence. By 2007, almost half the states participating in AOUM programs withdrew due to restrictions and requirement for matching state funds. “These states include Alaska, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Idaho, Iowa, Kansas, Maine, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, New York, Ohio, Rhode Island, Vermont, Virginia, Wisconsin, and Wyoming” (NCAC, 2017, para. 7). Some states withdrew from the program due to its lack of success in the prevention of pregnancy, STI/STD, and HIV/AIDS. Likewise, the *Trenholm Report* (2007) and the *Kirby Summary–Emerging Answers* (2007) critiqued AOUM programs for factual errors, medical inaccuracies, and other flaws. In 2007, Congress ordered a governmental review, and the Governmental Accountability Office (2008) confirmed that AOUM programs were “ineffective, inaccurate, and insufficient” and recommended the “elimination of federal support for abstinence-only-until-marriage programs” (p. 455). However, advocates of sexual abstinence-only-until-marriage claimed that was effective in reducing risks, negative consequences, and the prevention of teen pregnancy.

In 2009, this strand of AOUM funding expired, but the Affordable Car Act (ACA) authorized \$50 million of federal funds for states from 2010-2014 (P.L. 111-148). Thereafter, a series of other measures extended funding. First, the Protecting Access to Medicare Act of 2014

extended AOUM funds to 2015 (P.L. 113-93). Then, the Consolidated Appropriations Act (CAA) extended AOUM through 2017. In 2015, the Medicare Access and CHIP Reauthorization Act increased AOUM funds from \$25 million to \$75 million a year for FY2016 to FY2017 (P.L. 114-10). However, the requirement for states to match every \$4 dollars of federal funds with \$3 dollars of state funds remained. In addition, states were required to submit annual reports on the performance of AOUM programs. These programs emphasized moral standards and economic self-sufficiency over adolescent perceptions of needs and desires or medical information about sexual and reproductive health.

In 2010, the Affordable Care Act extended funds for AOUM programs from FY2010 – FY2014. As before, the programs required coverage of each point of the statutory definition of abstinence to receive funds. In 2013, the Abstinence Education Reallocation Act (AERA) authorized the Health Resources and Services Administration (HRSA) to fund AOUM under the new label of sexual risk avoidance (SRA). In addition to the statutory points of abstinence, the SRA programs required three components: (1) age-appropriate, medically accurate, and evidence-based information; (2) skills and benefits of sexual abstinence for optimal sexual health; and (3) benefits of abstinence from nonmarital sexual activity, advantages of sexual activity in marriage, and foundations of healthy relationships (AERA, 2013). Although multiple funding streams contributed to AOUM, the Abstinence Education Reallocation Act specifically increased funds for the 18-year-old welfare reform program.

Community-Based Abstinence and Faith-Based Initiatives

The eight-point definition of sexual abstinence in welfare lent support to the subsequent development of Community-Based Abstinence Education (CBAE) and other faith-based initiatives (FBO). During his presidency, President Bush emphasized the role of faith-based

organizations in social welfare programs. In concert with national policy, the number of measures against abortion and the rights of minors in state legislatures skyrocketed. “These included parental notification and consent laws (legislation mandating that teenage girls get permission from their parents before they’re permitted to obtain an abortion), waiting periods, and even outright bans on the procedure” (Valenti, 2010, p. 124). In 2000, the federal government increased AOUM funds with Special Projects of Regional and National Significance-Community-Based Abstinence Education (SPRANS-CBAE). In 2005, SPRANS-CBAE moved to ACF relabeled as the Community-Based Abstinence Education (CBAE) program. CBAE offered funds to faith-based organizations, religious organizations, and religiously affiliated organizations for the development of AOUM programs. The CBAE favored grantees who provided programs for young people in low-income communities, and its programs flourished in areas affected by economic depression and epidemic rates of HIV/AIDS. CBAE supported AOUM programs held in churches or sponsored by churches without prohibitions. Furthermore, state mediation was not required to obtain AOUM funds under CBAE; however, AOUM programs were required to emphasize each point of the eight-point statute of abstinence. These CBAE programs prohibited dissemination of information about contraception, sexual orientation, and gender identity. Likewise, CBAE excluded funds for anything other than AOUM, and CBAE funded crisis pregnancy centers whose sole purpose was to convince women to carry pregnancies to term without considering abortion. In 2006, Sexuality Information and Education Council of the United States (SIECUS) proposed a new vision for CBAE programs:

Sexual abstinence prior to marriage is an approach that would lead to a happier life, including having a healthier marriage and children, earning more money, being honorable and more “responsible” parents, having integrity, attaining a better

education, having fewer psychological disorders, avoiding drug, alcohol, and tobacco use, committing fewer crimes and staying out of prison, and having a longer life span. (pp. 4-5)

CBAE excluded sexual and reproductive health education that addressed the needs of lesbian, gay, and bisexual youth. Abstinence until marriage meant LGBT young people had only one option, which was lifelong celibacy. Furthermore, CBAE rested on a single preventive strategy for the prevention of pregnancy and disease. CBAE excluded information about mechanical prophylaxis or condoms despite the fact that condoms were “considered one of the most effective means of helping to prevent HIV and other STD transmission” (McGrath, 2004, p. 672). CBAE rested on the privilege of heterosexual marriage. The CBAE program was funded from FY2001 through FY2009.

One of the problems with AOUM curricula is the exclusion and marginalization of lesbian, gay, bisexual, and transgender populations despite the needs for sexual and reproductive health information. The CDC’s (2014) *School Health Policies and Practices Study* (SHPP) indicated that nationwide 21.5% of middle schools and 51.5% of high schools provided education about sexual identity and sexual orientation. In addition, the SHPP showed that approximately 25% to 38% of schools provided relevant information for prevention of HIV/AIDS and STIs with prevention specific to prevention of pregnancy in LGBT populations (p. 36). Furthermore, the nationwide the Youth Risk Behavior Surveillance System (YRBSS) (2015) documented that “88.8% of students identified as heterosexual, 2.0% identified as gay or lesbian, 6.0% identified as bisexual, and 3.2% were not sure of their sexual identity” (Kann et. al., 2016 , p. 12). The YRBSS (2015) documented risks for sexual minority groups:

28.0% of gay, lesbian, and bisexual students were electronically bullied (p. 15);

17.8% of gay, lesbian, and bisexual students compared to 5.4% of heterosexual students were forced to have sexual intercourse (p. 16);

8.3% of the heterosexual students; 17.5% of the gay, lesbian, and bisexual students experienced physical dating violence (p. 17);

9.1% of the heterosexual students; 22.7% of the gay, lesbian, and bisexual students experienced sexual dating violence (p. 17);

26.4% of heterosexual students; 60.4% of gay, lesbian, and bisexual students felt sad or hopeless (p. 18);

3.4% of heterosexual students; 7.3% of gay, lesbian, and bisexual students had intercourse before age 13 (p. 46)

9.3% of heterosexual students and 18.2% of gay, lesbian, and bisexual students took HIV tests (p. 52)

These data demonstrate disparities in reports of emotional and sexual health between groups of heterosexual and sexual minority students. Additionally, “across the 18 violence-related risk behaviors nationwide, the prevalence of 16 was higher among gay, lesbian, and bisexual students than heterosexual students” (p. 77). Sexual violence is a major public health concern.

In 2013, officials from the Georgia Department of Education uncomfortable with questions on the YRBSS about sexual behavior, the state refused the CDC’s comprehensive HIV/AIDS education curriculum worth an estimated \$1.9 million. However, the large metropolitan DeKalb County Department of Education in close proximity to the CDC administers the YRBSS to its students. The YRBSS provides data for informs trends in adolescent sexual and reproductive health, so programs can be adapted to address specific needs.

DeKalb County parents mobilized against AOUM programs with demands for comprehensive sexual and reproductive health education.

No amount of sexual health education, substance use prevention, antibullying enforcement, or suicide hotline availability will eliminate these preventable health problems if LGB students are feared, hated, abandoned, and isolated by their families, peers, and communities. Efforts to address family, peer, organizational, and societal norms regarding LGBT adolescents as well as those still developing their sexual identity are critical to change the context of these young people's lives (Zaza, 2016, p. 2355). Often young people face family rejection, so reliable information can students navigate problems with relationships and address their questions about sexual orientation and gender identity.

In May 2016, the Civil Rights Division in the U.S. Department of Justice and the Office of Civil Rights in the U.S. Department of Education released joint guidance for schools with a dear colleague letter. The letter (2016) stated,

The Departments treat a student's gender identity as the student's sex for purposes of Title IX and its implementing regulations. This means that a school must not treat a transgender student differently from the way it treats other students of the same gender identity. (p. 3).

This guidance required schools to provide a safe and inclusive environment for transgender students with the use of pronouns consistent with students' gender identity with access to facilities consistent with gender identity. In February 2017, these departments rescinded the previous guidance "in order to further and more completely consider the legal issues involved", but it encouraged "civility in classrooms" (pp. 1-2). The letter restated a commitment to Title IX.

Federal legislation for AOUM targeted the adolescent female, the unmarried, and low-income populations with a focus on pregnancy prevention and heterosexual and monogamous marriage. Procreation was moralized and medicalized with adolescent pregnancy, unmarried pregnancy, and the female body. In these populations, pregnancy was an economic, moral, and political problem, and federal legislation prescribed the solution of sexual abstinence-until-marriage. The demographic location for the administration and care of procreation was the population of females from ages 10-19, the unmarried, and the poor. Likewise, AOUM excludes the lesbian, gay, bisexual, and transgender populations that contradict religious and social norms, and AOUM excludes the possibility of pregnancy in these populations.

There were two notable tensions around the politics of AOUM: the rights of the parent(s) and the rights of the child. Some claim that parents have sovereign rights over children based on the U.S. Constitution, and the sovereignty over children demonstrates Judeo-Christian values, religious freedom, and American traditions. For example, the conservative Heritage Foundation (2017) wrote that parental rights were based on the “traditional understanding of marriage and family and their sovereign prerogative to reflect such values in domestic and family policies”, so the organization opposed “the insertion of controversial language—such as ‘sexual and reproductive health and rights,’ ‘comprehensive sexual education,’ and ‘various forms of the family’—into consensus documents” (para. 6-8). On the other hand, children’s rights are based on needs to understand the body, lifelong sexuality, and intimate relationships, so children deserve medically accurate and reliable information, especially, in cases where parental norms ignore or conflict with the rights of children. In contrast to domestic federal policy, international conventions support the rights of children and the democratic collective of diverse religions, family structures, sexual orientations, and gender identities.

In 1994, The International Conference on Population and Development (ICPD) held in Cairo defined sexual and reproductive health as human rights (Singh, Darroch, Ashford, & Vlassof, 2009, p. 6). Of note, the United States signed the United Nations' Bill of International Human Rights in support of children's rights but did not ratify the bill. And the United States has a history of refusal to sign other conventions: (a) the 1981 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); (b) the 1990 Convention on the Rights of the Child (CRC); and (c) the 2008 Convention on the Rights of Persons with Disabilities (CRDP). CRC was the most important convention for children's rights and specifically mandated "comprehensive and inclusive sexual and reproductive health education" as "one of the most important ways to help children avert risks" with inclusive curriculum of sexual orientation, gender identity, LGBT people, and different family structures (CRIN, 2017, pp. 2-4). The CRC banned conversion therapy for LGBT people and non-consensual surgery for children with intersex conditions. In conclusion, major tensions between parents' rights and children's rights in have not been resolved in the United States.

AOUM programs relied on research without peer-review from conservative think tanks like the Heritage Foundation. In 2016, the model of sexual risk avoidance changed AOUM with the institution requirements for peer-reviewed research from science and social science. Of course, it is a scientific fact that sexual abstinence and celibacy prevent pregnancy and STIs. On the other hand, few people choose lifelong celibacy or the isolation of solitude, so sexuality and intimate relationships concern the individual and the family. Likewise, sexual abstinence or celibacy assumes the freedom to choose, so it disregards the role of gendered violence and ignorance. We live in a technological age, and the majority of people rely on access to medically accurate information for decision making about health. On one hand, sexual risk avoidance

programs privilege character education with social and emotional assets that delay of sexual behavior, expression, and relationships until marriage over practical information and concrete health strategies for family planning and prevention of unplanned pregnancy, STI, HIV/AIDS. On the other hand, sexual risk avoidance rebrands sexual abstinence-only-until-marriage, and it disrupts previous associations with evangelical Christianity and conservative family values. This validation of positivist science and social science is compatible with Republican support and federal legislation for the shift in terms. In other words, the reformulation and inclusion of peer-review research paves the way for wider acceptance and expansion of sexual risk avoidance programs and increased funding.

Chapter 10

Comprehensive Sexual and Reproductive Health

And the mere truth that one claimed to be speaking about it from a rarefied and neutral viewpoint of a science is in itself significant. (Foucault, 1976/1990, p. 53).

In 2010, President Obama signed the Patient Protection and Affordable Care Act (ACA) with the Personal Responsibility Education Program (PREP) and Teen Pregnancy Prevention (TPP). “The Obama Administration cultivated what many consider the greatest opportunity for rigorous evidence to shape social policy in the history of the U.S. government” (Kappeler, & Farb, 2014, p. S4). The administration appropriated \$190 million for two comprehensive sexual and reproductive health initiatives. The PREP program was designed to create evidence-based programs “to educate adolescents on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS” (42 U.S.C. 713). The TPP program was designed for the development and evaluation of innovative approaches for the prevention of pregnancy in adolescents from ages 10 to 19. The TPP program replaced the CBAE program. In the 21st century, political support for sexual abstinence-only-until-marriage had lost momentum, but federal programs were not eliminated. The Title V State Abstinence and Competitive Abstinence Education programs provided AOUM and sexual abstinence-only-until-marriage plus (AOUM+) programs that included information about the prevention of pregnancy and disease.

PREP provided grants to states, community groups, and tribal organizations for evidence-based, age appropriate, and medically accurate programs. PREP targeted at-risk youth in

communities with high rates of teen births. PREP programs were required to address sexual abstinence, contraception, and disease prevention with at least three additional subjects that prepared youth for adult responsibility. Although PREP's AOUM+ program allowed discussion about the prevention of pregnancy and disease, the program emphasized the benefits of AOUM.

All U.S. states and nine territories were eligible for PREP funds, but states were not required to provide matching funds. The PREP state/territory formula grant appropriated approximately \$55 million dollars on an annual basis. The amount of funds to each state was calculated on the proportion of youth between ages 10 and 19 in the state or territory and the total youth in all states and territories. The PREP application required a description of the plan with specific considerations and goals for vulnerable and high risk groups. Vulnerable youth were defined with risks for pregnancy, homelessness, foster care, HIV/AIDS, and living in communities with high rates of these problems. Additionally, there was a focus on the prevention of additional births to young people.

PREP was administered by the Administration on Children and Families' (ACF) Family and Youth Services Bureau (FYSB) in HHS. The Patient Protection and Affordable Care Act established PREP as a state formula grant program with \$375 million at \$75 million per year for five years FY2010 through FY2014. In addition to sexual and reproductive health, PREP included information about responsible relationships, parent-child communication, and financial literacy. In addition to state formula grants, PREP offered competitive grants: Tribal PREP, PREP-Innovative Strategies, and funds for training, technical assistance, and evaluation. In 2014, The Protecting Access to Medicare Act extended PREP with \$75 million per year through FY2015, and PREP was extended again with \$75 million per year through FY2017. In 2017,

President Trump's FY2018 budget proposed the renewal of PREP for two years at \$75 million per year through FY2019.

The Personal Responsibility Education Innovative Strategies Program (PREIS) required the collaboration of the Administration for Children and Families (ACF) Family Youth Services Bureau (FYSB) and the Office of Adolescent Health (OAH) in the Department of Health and Human Services (HHS). The Secretary of HHS reserved \$10 million a year for PREIS for competitive discretionary grants for the implementation of innovative pregnancy prevention strategies and services for high-risk, vulnerable, and cultural minority populations. "The first cohort of PREIS (FY2010– FY2015) consisted of 11 grantees. In FY 2016, FYSB awarded PREIS grants to 13 organizations" (FYSB, 2017). In addition, recipients of PREIS grants were required to conduct rigorous evaluations of their program.

In 2010, the Department of Health and Human Services established The Office of Adolescent Health (OAH) to coordinate adolescent health programs for health promotion and disease prevention. The OAH supports multidisciplinary projects focused on the improvement of adolescent health and provides information on adolescent health to health professionals and the general public. The OAH designed the Teen Pregnancy Prevention (TPP) for comprehensive sexuality education (CSE) with five-year programs that prioritized communities with demonstrated needs. In FY2010, the TPP program allocated \$110 million divided into two tiers with special purposes. The Tier 1 grants provided \$75 million to replicate rigorous and proven programs for the effective prevention of pregnancy and other risks factors. The Tier 2 grants provided \$25 million for research and demonstration projects. In addition, there was \$10 million for training and technical assistance, outreach, and other support. And the Public Health Service Act provided \$4.5 million evaluation of TPP programs.

The tier 1 TPP grants were offered on a competitive basis for two types of programs: (1) curriculum-based education about relationships, responsibility, and pregnancy prevention; and (2) a wide range of development programs to reduce teenage pregnancy and other risk behaviors. The grants supported the development of programs that provided academic support, service learning, and opportunities for participation in sports or the arts. In addition, the grants encouraged the use of multiple collaborative networks to provide youth with developmentally focused activities. TPP required evidence-based programs that demonstrated results with decreased rates of teenage pregnancy and reductions in risk factors for teenage pregnancy. Likewise, TPP required age appropriate and medically accurate programs. In addition, TPP encouraged the development of programs that filled the gaps in evidence-based programs for “for males, Latino, American Indian, and LGBTQ youth, and youth in the foster care and juvenile justice systems, as well as interventions that are technology-based and/or in clinics, schools, and communities” (OAH, 2017, para. 6). From FY2010 to FY2015, TPP served over 500, 000 youths from the ages of 10 to 19 years “in 39 states and the District of Columbia. The majority of participants were aged 14 years or younger (74%), 18% were aged 15 to 16 years, and 8% were aged 17 years or older” (Farb & Margolis, 2016, p. S12). In their synthesis of TPP evaluations, Farb and Margolis (2016) wrote that TPP demonstrated “positive and null impacts” with “positive impacts on measures such as knowledge and attitudes; however, these findings did not translate into positive behavioral changes” (p. S14). In 2015, TPP received additional funding; however, in 2016, the House Appropriations Labor, Health and Human Services and Education (LHHS) Subcommittee passed the 2017 appropriations bill that eliminated the evidence-based TPP program.

Other Federal Programs

Several other pregnancy prevention programs receive federal funds, and the programs provide information and contraceptive services to teenagers. However, there is no federal mandate to serve teens. These programs include Medicaid Family Planning (Title XIX of the Social Security Act), Title X Family Planning, the Maternal and Child Health block grant (Title V of the Social Security Act), the Temporary Assistance for Needy Families (TANF) block grant (Title IV-A of the Social Security Act), the Title XX Social Services block grant, and several other HHS programs. These programs are designed to provide services to adult women, but teens are not excluded. Likewise, expenditures for adults, young people, and teens are not documented separately.

The Obama administration sponsored the Teen Pregnancy Prevention Initiative (TPPI). The TPPI program was a collaboration between the Center for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary for Health (OASH) “to reduce teenage pregnancy and address disparities in teen pregnancy and birth rates. The OASH Office of Adolescent Health (OAH) supported medically accurate, age appropriate, and evidence-based or innovative programs. The program was funded by public and private organizations, and TPPI privileged multicomponent and communitywide initiatives that focused on African American and Latino/Hispanic youth. In addition, the Division of Adolescent and School Health (DASH) in the CDC focuses on the prevention for health risks among children, adolescents, and young adults. These health risks include prevention of unintended pregnancies among children, teens, and young adults.

Comprehensive sexual education and service programs are preferred by most expert medical, psychiatric, and psychological associations that set professional standards based on peer-reviewed research. These programs emphasize the values of sexual abstinence-only-until-

marriage, but the focus of the programs is to address specific needs and questions of children and young people in the program. The benefit of these programs is that there is no one-size-fits-all approach for the prevention of pregnancy, STI, or HIV/AIDS.

Chapter 11

Renaissance of Sexual Abstinence-Only-Until-Marriage

There is a significant difference between interdictions about sexuality and other forms of interdiction. Unlike other interdictions, sexual interdictions are constantly connected with the obligation to tell the truth about oneself. (Foucault, 1988, p. 16)

In 2016, President Obama signed the Sexual Risk Avoidance Education (SRA) bill with three-year grants of \$10 million for 21 teen education programs. SRA (2016) stated, “The purpose of the SRAE Program is to fund projects to implement sexual risk avoidance education that teaches participants how to voluntarily refrain from non-marital sexual activity”. The services are targeted to participants that reside in areas with high rates of teen births and/or are at greatest risk of contracting sexually transmitted infection (STI). One difference in SRA from AOUM is the inclusion and focus on sexual minorities; however, the program is exactly the same for heterosexual as well as lesbian, gay, bisexual, and transgender populations. The standard for all unmarried young people and adults is abstinence-only-until-marriage.

SRA targeted adolescents between the ages of 12 to 19, promoted healthy decisions, and the benefits of parent-child communication. The ACF (2016) rationale for SRA stated

This administration is committed to providing the full range of legally permissible services to people who need them, and to doing so in a timely fashion and in a manner that respects the diverse religious and cultural backgrounds of those we serve. At the same time, we also are committed to finding ways for organizations to partner with us even if they object to providing specific services on religious grounds. (para. 1)

SRA programs are based on the developmental assets of positive youth development derived from *The Search Institute's 40 Developmental Assets for Adolescents (Ages 12 – 18)*. The Search Institute, formerly the Lutheran Brotherhood, began as a financial services program for Lutheran congregations that focused on life insurance. The Search Institute identified assets for the foundation of supportive relationships and the healthy development of caring young people based on results of compiled and repeated surveys of adults. These assets support the health of young people and help them avoid risks despite vulnerabilities inherent to adolescent development, growth, and health. Thus, the SRA model claims an evidence-base with “theories of child development” and “developmentally appropriate practice” that supports “social, emotional, physical, and cognitive development” (SI, 2016, pp. 12-13). In 2017, President Trump increased funding for SRA programs.

On February 8, 2018, the Bipartisan Budget Act of 2018, PL 115-123 provided additional funding for sexual risk avoidance programs. In essence, the “new” sexual risk avoidance programs preserved AOUM with its interpretations of Judeo-Christian family values and traditional American society. However, available research contested the correlation of teen pregnancy with dangerous risk factors and negative consequences. Hoffman (1998) wrote, “The causal effects of teenage parenting are positive, zero, or even just marginally negative” (p. 243).

In 2015, the Consolidated Appropriations Act (CAA) funded medically accurate and age-appropriate pregnancy prevention programs with evidence-based curriculum and evaluation. Instruction required information about how to refuse non-marital sexual activity and “the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating and violence, and other youth risk behaviors” (p. 929). However, unlike previous grant programs, CAA had no requirement for

the statutory definition of abstinence. In 2016, the Consolidated Appropriations Act (CAA) provided \$5 million dollars for AOUM. CAA provided two-year grants to community and faith-based organizations.

Chapter 12

At the End of the Day

Companions in pathos, who barely murmur, go with your lamp spent and return the jewels. A new mystery sings in your bones. Contemplate your legitimate strangeness. (Foucault, 1961/1965, p. xxxvi)

This research began with in-depth study of Michel Foucault's intellectual life, archaeology and genealogy, and questions of philosophy and the Enlightenment; however, my interpretations remain in flux with new and revised insights, mistakes, and occasional epiphanies. Foucault's innovative thought; analysis of truth, knowledge, and power relations, and his guiding light for queer theory made an indelible mark on the 20th century and the history of thought. There are many respected scholars who criticize Foucault with questions about the political effectiveness of his thought, his acceptance of sexual violence, and his historical accuracy. I am a nascent scholar. I affirm the usefulness of Foucault's work to my thought and my life. In *Bodies and Pleasures: Foucault and the Politics of Sexual Normalization*, feminist philosopher, Ladelle McWhorter (1999) wrote, "How I read Foucault—or, how reading of Foucault occurs with, for, or through me—cannot be definitive or normative for any other event or act of reading (p. xviii). Indeed, reading Foucault is different; I foresee no finish line. After reading *The History of Sexuality*, McWhorter (1999) wrote, "Never have I been so happy with a book between my hands" (p. 9). Ditto. Classics and humanities scholar, David Halperin (1995) wrote, "I may not have worshipped Foucault at the time I wrote *One Hundred Years of*

Homosexuality, but I do worship him now” (p. 6). On the other hand, I respect Foucault’s work without Halperin’s worship or grasp of classical thought.

In Foucault’s processes of research, he developed analytic tools; however, instead creating templates, he offered the tools of archaeology and genealogy with permission to modify, adapt, and distort them. Foucault’s practical interrogations were not abstract philosophy or traditional history but interdisciplinary research for issues in the history of the present. In my processes of research for this genealogy, I interrogated a range of interdisciplinary and historical topics: the President and Cabinet, Congress and legislation, federal jurisprudence, the military, philosophical traditions, public health, religious traditions, and war in history of the United States. These were changing institutions, concepts, and concerns in continual play with disruptions, silence, and few static characteristics. The genealogy is a selected narrative of the historical emergence of problems that defined sexual and reproductive health in the United States at the federal level with programs for specific populations. From the beginning, at the constitutional assembly in Philadelphia, the locus of legal power over public health was hotly debated. The federal government argued that the power of quarantine for public health was best administered at the national level; however, states won the debate and continued legal power over quarantine and public health. In the late 19th century, federal power over quarantine was *de facto*, but it became *de jure* in the 20th century. The shift public health responsibilities made the United States Public Health Service (USPHS) in the Department of Health and Human Services responsible for quarantine. In addition to the HHS and USPHS, multiple other agencies are responsible for the administration, management, and health care of specific populations. Then again, other than quarantine, the federal government has no legal power or jurisdiction over

public health. In spite of this, indirect federal authority over public health functions with economic incentives, discourses, and statistics.

This study traced sexual and reproductive health programs during five periods of history in the United States: (a) military sexual health: 1790 to 1959; (b) talk about a revolution: 1960s; (c) Title X Family Planning: 1970 to present; (d) sexual abstinence-only-until marriage: 1980 to present; and (e) comprehensive sexual and reproductive health: 2009 to present. In 1790, the Constitution of the United States established the decennial census, so statistics defined the American population. Additionally, as mentioned previously, the Constitution allocated legal power over public health that included sexual and reproductive health to the states not the federal level. Over history in the United States, truth, knowledge, and discourse were embedded with multiple and mobile relations of power. Amorphous, polymorphous, multiple, and mobile relations of power were immanent to historical periods of time. Discourse, practice, and silence with integral relations of power constructed, distributed, and normalized sexual and reproductive health. Foucault identified historical modes of power that affected notions of sexuality: sovereign, pastoral, disciplinary, biopower, and biopolitics. Foucault (1976/1990) wrote, “Sexuality is not the most intractable element in power relations, but rather one of those endowed with the greatest instrumentality: useful for the greatest number of maneuvers and capable of serving as a point of support, as linchpin, for the most varied strategies” (p. 103). There was no single locus for discourse nor singular source for every manifestation of sexuality, procreation, or sexual and reproductive health program. However, material forces, multiple mechanisms, and mobile relations of power were deployed in specific categories of age, gender, and social class with the federal apparatus for sexual and reproductive health programs (p. 103).

Nevertheless, the standard of sexual abstinence-only-until-marriage is included in every program with different degrees of emphasis.

Foucault (1976/1990) distinguished four mechanisms of knowledge and power in strategic unities or more or less autonomous forms: the hysterical female body; the pedagogy of children's sex; socialized procreative behavior; and the pathology of perverse behavior (pp. 103-105). In actuality, these strategic unities were historical constructs that created politically "privileged objects of knowledge" and distinctive strategies for women, children, the procreative couple, and the perverse (p. 105). Military sexual health focused on men, and programs inscribed the male body and population of soldiers with concern for martial strength, physical fitness, hierarchy of rank, and socialized procreative behavior in the future. Family planning focused on low-income women, and programs inscribed the body of the hysterical female and population with marriage, procreation, rational economics. Abstinence-only-until-marriage and sexual risk avoidance focused on the child and young people from ages 10 to 24, and programs inscribed the individual body and population with pedagogy about dangers and risks of sexual activity and pregnancy before marriage. In addition, AOUM focused on the lesbian, gay, bisexual, transgender, and questioning individua, and programs inscribed the individual body with pathology and the perverse population with risks of abnormal behavior with norms for lifestyle, sexual abstinence, celibacy, and, in 2018 marriage. Comprehensive sexual education focused on the body of the young person, and programs inscribed the population with innate curiosity about sexuality and reproduction and provided medically accurate information about prevention of pregnancy, STD, and HIV/AIDS. For Foucault (1976/1990) the construct of sexuality was a "dense transfer point for relations of power" (p. 103), and these power relations

linked “a great surface network” of special knowledge with “controls and resistances” (p. 105). Foucault’s strategic unities are evident in the history of the federal apparatus and programs.

State power affects the lives of all citizens in explicit and implicit ways; however, the military of the United States exercised sovereign power over the bodies of able-bodied males with mandated induction into the armed forces during war. The sovereign power synergizes the discipline of family to meld soldiers to the military hierarchy. There was a well-known history of wartime epidemics of STDs that threatened martial efficiency, manpower, and defeat of the enemy. Sexual health was a standardized and universal program for male military personnel. Sexual health included surveillance, examination, confession, and punishment. Moreover, in the Panopticon of the military, soldiers were subject to continual observation even without superior officers. Of course, biopower and biopolitics are central to the training and control of the body of the individual male soldier and the population body of the male military personnel. The male body was disciplined into the martial machine with rank, order, timetables, and punishment. Wartime and the political deployment of combat troops puts biological life at risk. The technologies of war have become increasingly sophisticated. Foucault (1976/1990) wrote that wars “are waged on behalf of the existence of everyone; entire populations are mobilized for the purpose of wholesale slaughter in the name of life necessity: massacres have become vital” (p. 137). Indeed, the political strategy of the atomic bomb in WWII made real the possibility of death for entire populations. However, Foucault (1997/2003) wrote, “We are always writing the history of the same war, even when we are writing the history of peace and its institutions (p. 15).

In the 1960s, there was a re-emergence of concerns about overpopulation. The threat of overpopulation included risks for famine, ecological degradation, and social strife. The United

States never adopted an official population policy and with this evidence justified its lack of imperial ambition; however, advisors from the United States played an active role in international population control policies and programs. Foucault (1976/1990) defined biopolitics as “diverse techniques for achieving the subjugation of bodies and the control of populations” (p. 40). Another example of population control was the 1970 Title X family planning program, and it targeted low-income populations with sexual and reproductive health and contraceptive services. The rationale for the legislation was equality. Only upper and middle class women could afford a private physician and contraceptive services, so family planning clinics were funded to provide these services to low income women. The original family planning program did not include abortion, but with legalization abortion services were added.

In 1973, in the *NSSM 200* report, the National Security Council examined international population control and family planning programs in relations with American interests. Although the report was classified until its release in 1989, the report indicated active interventions and international strategies for population control and family planning. Security threats to the United States overseas was a central concern in population control and family planning. The council proposed that abortion was essential to the limitation of population. In addition, the report acknowledged that progress was likely to be slow until the 21st century.

The pastoral power of Christianity has been a material and political force, and it influenced the historical adoption of AOUM strategies. This Protestant Christian worldview support the legalization of abortion in 1973. And the Supreme court case *Roe v Wade* (1973) decision included a review of the history of abortion. In ancient times, Greek thinkers generally commended the procedure of abortion (p. 131). “It perhaps is not generally appreciated that the restrictive criminal abortion laws in effect in a majority of States today are of relatively recent

vintage” (p. 129). In fact, the first laws in the United States were passed at the end of the 19th century. Aristotelian thought held sway for centuries; he proposed a three-stage theory of life: vegetable, animal, and rational. At conception, the embryo was in the vegetable stage; the animal stage began at 40 days for the male and 80 days for the female; and with live birth the baby was in the rational stage (p. 133). Aristotelian theory ruled Catholic theology until the mid 19th century. Moreover, the American legal system evolved from English common law. In the tradition of common law, abortion was permissible in the early stages of pregnancy before quickening that was when the mother felt the baby move in her womb. Moreover, the medical rationale for early stage abortion is that it is less risky than childbirth. In the 19th and early 20th century, abortion was a quite dangerous procedure in the absence of anesthesia and antiseptic conditions. In addition, unsafe and risky methods of self-abortion and illegal abortion caused significant morbidity and mortality. History is an antidote to assumptions of consensus and continuous traditions.

The program of AOUM program is a vehicle for biopower and biopolitics. This program targets low-income women with the option of contraception but also exerts mechanisms of control over women’s bodies, their sexuality, and reproduction. Different truths and Christian moral values exert force over female, unmarried, and fecund bodies. AOUM privileges specific interpretations of Evangelical Christianity in a hierarchy over other Christian branches, other religions, and non-religious systems. In the 1980s, evangelical and conservative Christians became a potent political force. Heretofore, evangelicals preferred a segregated life with community churches and bible colleges that guided and sustained their faith outside the politics and the secular population. Evangelicals considered abortion a Catholic issue; however, the issue of abortion coalesced into political activism with the rise of the Moral Majority and the

Christian broadcasting network during the Reagan administration. At the end of the 1980s, the Christian right decided to refocus their efforts to the state level as a more effective strategy to influence national policy. And Republicans have continued these political strategies with the Contract for America in the 1990s and President Trump's institution of the Gag Rule in 2018.

In the 21st century, AOUM programs evolved with the integration of positivist science and social science. Supporters changed the terminology of AOUM to sexual risk avoidance (SRA) with the aims of disrupting its connection with Evangelical and conservative Christianity. In the past, the courts found the religious intent of AOUM did not conflict with its secular intent. However, SRA privileges a Christian worldview and Biblical interpretation in a hierarchy over other religious traditions. For example, Judaic tradition recognizes the life of an infant at its first breath, but Christians and the political right campaign to confer life on the fetus at the moment of conception. However, the federal courts have determined that there is no conflict between religious and secular intents in the past. However, this Christian prescription has detrimental effects on vulnerable people when it assumes the right to judge their sins and to prescribe norms of private life. In addition, it provides little useful or practical information to lesbian, gay, bisexual, and transgender. This illustrates the power of the norm to exclude the other.

This study concentrated on interpretations of Foucault's thought. I did not read Hardt, Negri, or Agamben's work on biopower. Neither did I incorporate the amazing work of feminist scholars with studies of abortion, adolescence, feminism, gendered violence, teen pregnancy, reproductive freedom and sexuality education. However, I wandered off the path with an exploration of the science and life of bacteria. The treponeme is the bacterial pathogen for syphilis, and it has a fascinating history. Bacteria are agential, organized, and remarkable forms of life; however, scientific understanding of the syphilis pathogen is partial and incomplete.

When penicillin discovered as the cure for syphilis, scientists warned that it was a short sighted victory. And on a biological level, there is no stable definition of a species.

Like Foucault, I have no prescription, reform, or improvement for federal sexual and reproductive health programs. The legislation for the majority of AOUM program was introduced without discussion in the House or Senate. On the other hand, over the short period from 1973 to 2019, women have had the right to privacy and choice in reproductive health. My cherished view of women's rights was, in actuality, an interpretation of reality. In 1973, abortion was legalized based on the right to privacy in the precedent cases of *Griswold v Connecticut* and *Eisenstadt v Baird*, and the *Roe v. Wade* decision was based on the right to privacy in the physician/patient relationship, not the rights of women. Nevertheless, I fear the right to privacy is in imminent danger of returning to the domain of state. This erasure of memory and past struggles separates history from life. To paraphrase Heraclites without documentation, if you presume to write history, it is better to have lived some history. Even though women gained the right to vote in the 1920s, women are not equal citizens.

Among theologians, physicians, philosophers, and scientists there is no consensus on the definition of life, health, morality, or species. This genealogy explored federal sexual and reproductive health programs, and limited examination reveals mechanisms of social control that target specific populations. Nonetheless, freedom does not depend on the truth of sexuality, reproduction, or health. The practice of freedom demands hard work and study. Multiple discourses and silences affect the epistemology and ontology of our subjectivation. Thinking with Foucault problematized cherished ideas and revealed the dangers of unexamined attachments.

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Appendix A: Glossary and Acronyms

Abnormal:

To that extent, medical and psychiatric analysis of the functions of reproduction becomes involved in the methods for analyzing abnormality. Then, within the domain constituted by this abnormality, the characteristic disorders of sexual abnormality are, of course, identified. Sexual abnormality initially appears as a series of particular cases of abnormality and then, soon after, around 1880-1890, it emerges as the root, foundation, and general etiological principle of most other forms of abnormality. (Foucault, 2003, p. 168)

Foucault (2003) wrote that abnormality was integral to the problem of heredity, degeneration, and sexuality and “applied to the general field of abnormality was an analytic grid by which the field is codified and divided” (p. 168).

Abstinence: In sexual and reproductive health programs, the term abstinence is defined as the practices of avoiding sexual behaviors, expressions, and intercourse until marriage. Sexual abstinence is the standard and preferred lifestyle for young people and emphasizes the benefits of avoidance. Sexual abstinence is the prerequisite for a healthy heterosexual marriage and economic independence.

Abstinence – Sexuality and Reproductive Health Education Labels (historical):

abstinence-only education (ABO)

abstinence-centered education (ACE)

abstinence-only-until-marriage (AOUM)

abstinence-plus education (ABO+)

sexual risk avoidance education (SRAE)

STD and HIV prevention (DP)

teen pregnancy prevention (TPP)

Abstinence-only-until-marriage (AOUM): AOUM promotes the standard of refrain from sexual expression or behavior until adult economic self-sufficiency and heterosexual and lifelong marriage. Sexual abstinence is the standard and only guarantee of physical, emotional, and sexual health. Hetero-normative marriage is the basic unit of healthy society and democracy.

Administration for Children and Families (ACF, 1991): The ACF's Administration on Children, Youth and Families' (ACYF) Family and Youth Services Bureau (FYSB) allocates funds to states and territories for abstinence education, and appropriate mentoring, counseling and adult supervision to promote abstinence from sexual activity through the **Title V, Section 510 State Abstinence Education Program**: funded through the Affordable Care Act.

ACF includes the advisory committee - National Advisory Committee on the Sex Trafficking of Children and Youth in the United States

Adolescent: The Office of Adolescent Health (OAH) in the Department of Health and Human Services (HHS) defined adolescence from 10 to 19 years of age, and the group was 12% of 42 million people in the US population (2017, para. 1). World Health Organization's (WHO) (2011) uses the same definition as the HHS.

Adolescent Family Life Act (AFL): In 1981, a federal law, promoted chastity among adolescents and resulted in the creation of the first sexual abstinence curricula in the United States.

Adolescent Reproductive Health (ARH)

Affordable Care Act (ACA): ACA funded Title V, Section 510 State Abstinence Education Program.

Age: The terms adolescence, youth, and young people designate a period of dependency pending the completion of compulsory or higher education before transition to adult responsibility and independence. A person's age is significant in the discourse of sexual and reproductive health for policies and programs that target specific age groups of children, adolescents, young people, and youth. According to federal regulations, children are persons who have not yet attained the legal age of consent under the applicable laws in their jurisdiction. In addition, there are legal processes in many states for emancipation that confers adult status on those younger than the state's age of majority, and the conditions for legal emancipation vary by state. In the 20th century, national and international agencies produced norms for age as well as standard definitions of sexuality, gender, and family. In 2014, The US Bureau of Census (BOC) gauged the US adolescent population at 13.2 million or 12% of 42 million people in the total population (para. 1). The Office of Adolescent Health (OAH) in the US Department of Health and Human Services' (HHS) definition of adolescence is between 10 to 19 years of age. The APA (2002) stated

There is no standard age range for defining adolescence. Individuals can begin adolescence earlier than age 10, just as some aspects of adolescent development often continues past the age of 18. Although the upper age boundary is sometimes defined as older than 18 (e.g., age 21 or 25), there is widespread agreement that those in the age range of 10 to 18 should be considered adolescents. (p. 2)

In 2011, the World Health Organization (WHO) defined young people as the age group from 10 to 24 years of age. The United Nations (UN; 2008) defined youth as the age group 15 to 24

years of age. The United Nations division of UNESCO (2017) stated, “‘Youth’ is best understood as a period of transition from the dependence of childhood to adulthood’s independence and awareness of our interdependence as members of a community. Youth is a more fluid category than a fixed age-group” (para. 1). In any case, the terms adolescence, young people, and youth designate dependent age groups before the completion of compulsory or higher education and in transition to independence and adult responsibility. However, in *The Lancet Journal of Child & Adolescent Health*, Sawyer, Azzopardi, Wickremarathne, and Patton (2018) wrote, “An expanded and more inclusive definition of adolescence is essential for developmentally appropriate framing of laws, social policies, and service systems. Rather than age 10-19 years, a definition of 10-24 years corresponds more closely to adolescent growth and popular understandings” (p. 223). In sum, the age ranges for common terms like adolescents, teens, youth, and young people are shifting. In this study, I use the term *young people* and an age range of 10 to 24 years of age to account for a comprehensive inclusion of the changing definitions of adolescents, teens, and youth.

Age-appropriate:

With respect to the information in pregnancy prevention ‘age appropriate’ means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group. (SRAE, 2016, p. 4)

Baby boom: “The rapid increase in the birthrate in the United States following the conclusion of World War II; the baby boom peaked in 1957, but the cohort of individuals born between 1946 and 1964 are often referred to as ‘baby boomers’” (Ganong & Coleman, 2014, p. 1914).

Block Grants: Block grants are a fiscal form of federal government grants for large sums to states and regions with general provisions.

Federal law specifically allows states to fund family planning services through three major grants provided to agencies in every state: the maternal and child health (MCH) block grant, the social services block grant (SSBG) and Temporary Assistance for Needy Families (TANF). (Sonfield, Alrich & Gold, 2008, p. 5)

In 1966, President Lyndon Johnson enacted the first block grant for health. The advantage of block grants for regions and states is flexibility to experiment with programs, but the disadvantage is that states and regions restrict funds and have oversight.

Funded block grants (2014) \$50.8 billion in FY2014 (less than 10% of total federal grant-in-aid assistance): TANF-\$17,349,303,000; Title V Abstinence education grant-\$46,400,000; Maternal and child health services- \$634,000,000.

Temporary Assistance to Needy Families (TANF), a block grant, and the Personal Responsibility and Work Opportunity Reconciliation Act are two of the largest budgets of all block grants.

Bureau of Census (BUCEN):

Burwell v. Hobby Lobby Stores, Inc. (2014): Supreme Court ruling

Categorical grants: Four types of categorical grants: project categorical grants; formula-project categorical grants; formula categorical grants; open-end reimbursement categorical grant. Categorical grants have strict and specific provisions for funds. In 1996, Aid to Families With Dependent Children (AFDC), an open-ended entitlement categorical grant, converted to Temporary Assistance to Needy Families (TANF), a block grant, with the Personal Responsibility and Work Opportunity Reconciliation Act.

Celibacy: Celibacy is the commitment, often long-term or lifetime, for the refrain from sexual relations and marriage. Often people make the commitment for religious or moral reasons.

Centers for Disease Control and Prevention: Established in 1946 and a division of the Public Health Service in the Department of Health and Human Services (HHS). In 1988, the Centers for Disease Control and Prevention (CDC) established the **Department of Education and School Health (DASH)**. The CDC's Division of Adolescent and School Health (DASH) funds state, territorial, and local education agencies and tribal governments to assist school districts and schools in the implementation of effective policies, programs, and practices to address sexual risk behaviors. In addition, DASH funds technical assistance to national nongovernmental organizations (NGOs) to increase the capacity of education and health agencies, juvenile justice and correctional centers, alternative schools, and shelters for homeless and runaway youth to improve sexual health among young people and prevent HIV. -90

Center for Faith-Based and Neighborhood Partnerships (CFBNP): The Partnership Center is in the Department of Health and Human Resources.

The HHS Center for Faith-based and Neighborhood Partnerships (known hereafter as 'The Partnership Center') is the Department's liaison to the faith community and to grassroots organizations. The Department recognizes that without the engagement of secular and faith-based nonprofits, community organizations, neighborhoods and to wider communities in general, services will not reach people who need them most. This center leads the department's efforts to build and support partnerships with faith-based and community organizations in order to better serve individuals, families and communities in need. (HHS, 2017)

The Center works to enable faith-based and community organizations to partner with the government to achieve the goals of HHS. These are:

Making the health-care system work for our communities;

Addressing the opioid crisis ravaging our families and communities;

Reducing childhood obesity; and

Addressing serious mental illness. (HHS, 2017)

Center for Health and Gender Equity (CHANGE): “A US-based nongovernmental organization that promotes the sexual and reproductive health and human rights of women and girls globally by shaping rights-based and just U.S. policies” (CHANGE, 2012, p. 12).

Commission on Population Growth and the American Future (CPGAF) (1970): Congress created the commission in 1970.

Comprehensive sex education (CSE): Comprehensive sex education covers a broad range of topics that include: abstinence, sexual health, reproductive health, contraceptives, sexually transmitted diseases (STDs), HIV/AIDS, gender identity, sexual orientation, LGBTQIA, relationships, and sexual and relationship violence, and law. DASH (2012b) defined comprehensive health education as “instructional strategies and learning experiences, for students in pre-kindergarten through grade 12, that provides multiple opportunities to acquire the knowledge, attitudes, and skills required to make health-promoting decisions, achieve health literacy” (p. 1). Finally, DASH had no definition of abstinence.

Professional Organizations That Support Comprehensive Sexuality Education:

The American Academy of Pediatrics (AAP)

The American Foundation for AIDS Research (amfAR)

The American Medical Association (AMA)

The American Psychological Association (APA)

The American Public Health Association (APHA)

The Institute of Medicine (IOM)

The Society for Adolescent Health and Medicine (SAHM)

Comprehensive Programs: Services for large groups of medically indigent groups – welfare programs that provide inclusive formula grants and purchase of service programs.

1964- Maternity and infant care: Mental Retardation & Maternal Health Amendment of 1963 (SS act): Children's Bureau (HEW-SRS) 36,000,000-25% local AGI, 1969, p. 16-17).

1967- Family health: Economic Opportunity Act of 1964 and the 1966 amendments to Title II (CAP) urban and rural areas with concentrated poverty and inadequate health service: OEO-CAP60, 000,000-flexible local AGI, 1969, p. 16-17).

1968-Family health: Comprehensive Health Planning Amendments of 1966 for medical services in geographic areas of need. 79,000,000-local flexible (AGI, 1969, p. 16-17).

Contraception: Contraception includes various methods for prevention of pregnancy: barrier methods, hormonal birth control, intrauterine devices, and sterilization. Barrier methods include: male and female condoms (term female condom changed to inside condom); contraceptive foam, contraceptive sponge; diaphragm, and cervical cap. Hormonal birth control includes: birth control pills (OC); birth control patches, vaginal rings, hormone injections; hormonal implants, emergency birth control, and ovulation or rhythm methods. Intrauterine devices (IUD) are long-acting reversible devices of copper or Levonorgestrel inserted into the uterus. Sterilization includes vasectomy for men and tubal ligation for women and for women insertion of Essure

device to expand and block the Fallopian tubes. Withdrawal before ejaculation of semen is another method of contraception although unreliable.

Cultural competence: “is defined as awareness of the cultural factors that influence another's views and attitudes, and an assimilation of that awareness into professional practice” (Napier, et al, 2014, p. 1639)

DeConcini Amendment (1985): That in order to reduce reliance on abortion in developing nations, funds shall be available only to family planning projects which offer, either directly or through referral to, or information about access to, a broad range of family planning methods and services ... (FAA, 2018, pg. 498) FY2018 State-Foreign Operations Appropriation Act.

Defense of Marriage Act (DOMA): In 1966, Congress passed legislation in response to the legalization of same-sex marriage in some states with fear that the federal government might have to honor these relationships. The act allowed states that had no legalized same-sex marriages to deny legal gay and lesbian marriage performed in other states, and the act defined legal marriage as solely between a man and woman.

Demography: the scientific study of population.

In its simplest definition, demography is the scientific study of human populations.

According to Landry (1945), the term, demography, was first used by the Belgian statistician, Achille Guillard, in his 1855 publication: *Elements de statistique humaine, ou demographie comparee*. However, John Grant’s *Natural and Political Observations Mentioned in a Following Index, and Made Upon the Bills of Mortality*, published in 1662 in London, is generally acknowledged to be the first published study in the field of demography. (IUSIPP, 2017)

<https://www.iussp.org/en/about/what-is-demography>

IUSSP headquarter: 3-5 rue Nicolas, 75980 Paris cedex 20, France

Department of Education and School Health (DASH)

Department of Health and Human Services (HHS):

HHS has 11 operating divisions, including eight agencies in the U.S. Public Health Service and three human services agencies. These divisions administer a wide variety of health and human services and conduct life-saving research for the nation, protecting and serving all Americans. (HHS, 2015)

The Secretary of HHS is a member of the President's Cabinet.

The **operating divisions**: Administration for Children and Families (ACF); Administration for Community Living (ACL); Agency for Healthcare Research and Quality (AHRQ); Agency for Toxic Substances and Disease Registry (ATSDR); Assistant Secretary for Administration (ASA); Assistant Secretary for Financial Resources (ASFR); Assistant Secretary for Health (ASH); Assistant Secretary for Legislation (ASL); Assistant Secretary for Planning and Evaluation (ASPE); Assistant Secretary for Preparedness and Response (ASPR); Assistant Secretary for Public Affairs (ASPA); Center for Faith-Based and Neighborhood Partnerships (CFBNP); Centers for Disease Control and Prevention (CDC); Centers for Medicare & Medicaid Services (CMS); and Departmental Appeals Board (DAB).

HHS Historical timeline:

2010: Affordable Care Act

2001: The Centers for Medicare & Medicaid replaced Health Care Financing Administration

1997: The State Children's Health Insurance Program (SCHIP) enabled states to provide health coverage to more uninsured children.

1996: Personal Responsibility and Work Opportunity Reconciliation Act

The **Health Insurance Portability and Accountability Act (HIPAA)**

1995: The Social Security Administration became an independent agency.

1990: Ryan White Comprehensive AIDS Resource Emergency (CARE) Act - support for people with HIV/AIDS

1989: The Agency for Health Care Policy and Research

1979: The Department of Education Organization Act created the separate Department of Education.

The Department of Health, Education, and Welfare (HEW) became the Department of Health and Human Services (HHS)

1977: The Health Care Financing Administration established to manage Medicare and Medicaid (separate from the Social Security Administration)

1980: The Department of Health, Education, and Welfare (HEW) became the **Department of Health and Human Services (HHS)**

1965: Medicare and Medicaid programs created - comprehensive health care available to millions of Americans.

1955: Department of Interior transfers **Indian Health Service** to HHS

1953: Department of Health, Education, and Welfare (HEW) created under President Eisenhower (Cabinet level).

1946: Communicable Disease Center established (became Centers for Disease Control and Prevention)

1939: The Federal Security Agency (FSA) under the Reorganization Act of 1939, P.L. 76-19 - federal programs in the fields of health, education, and social security

1930: The **National Institute (later Institutes) of Health** created out of the Public Health Service's Hygienic Laboratory

1935: Social Security Act passed.

1912: Public Health and Marine Hospital Service renamed **Public Health Service**.

1902: Marine Hospital Service became the **Public Health and Marine Hospital Service** in recognition of its expanding activities in the field of public health.

1891: The Marine Hospital Service assigned responsibility for medical examination of immigrants.

1878: The National Quarantine Act transferred power of quarantine from the states to the federal Marine Hospital Service.

1871: First **Surgeon General** appointed.

1798: An act for the relief of sick and disabled seamen established a federal network of hospitals for the care of merchant seamen (today's U.S. Public Health Service). (HHS, 2-10-2017)

Department of Education and School Health (DASH): CDC school comprehensive sexual health program. DASH (2012b) defined comprehensive health education as “instructional strategies and learning experiences, for students in pre-kindergarten through grade 12, that provides multiple opportunities to acquire the knowledge, attitudes, and skills required to make health-promoting decisions, achieve health literacy” (p. 1). Finally, there is no definition of abstinence in the DASH program.

Department of State (DoS): Created in 1789. Important to sexual and reproductive health programs and collaboration for the fight against the worldwide pandemic of HIV/AIDS.

Diagnostic and statistical manual of mental disorders (DSM):

American Psychiatric Association. (1968). Diagnostic and statistical manual of mental disorders (2nd ed.). Washington, DC: Author.

American Psychiatric Association. (1980). Diagnostic and statistical manual of mental disorders (3rd ed.). Washington, DC: Author.

American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.

Discourse:

This term is used primarily in two senses: (1) to refer to a systematic, coherent set of images, metaphors, and so on that construct an object in a particular way, and (2) to refer to the actual spoken interchanges between people. (Burr, 1995, p. 202)

Economic Opportunity Act (OEO; 1964): War on Poverty. Former Director of OEO, Donald Rumsfeld, 1970.

Family: six structures recognized in the US census: single parent; unmarried; blended; cohabiting; extended; and other.

single-parent family had children living with a single adult (related or unrelated).

unmarried biological or adoptive family has children living with two unmarried parents who were biological or adoptive parents.

blended family has children with a biological or adoptive parent or unrelated stepparent married to one another.

cohabiting family has children with a biological or adoptive parent and an unrelated adult.

extended family has children living with one biological or adoptive parent and a related adult who was not a parent (e.g., a grandparent).

“other” family has children living with related or unrelated adults who were not biological or adoptive parents. Grandparents raising children or foster children living with two adults were categorized as other (Blackwell, 2010; BOC, 2014; Clark, et al., 2017).

The concept of the family structure is also integral to the discourse of sexual and reproductive health; however, there seems to be no universal definition of family or kinship relations but rather historical and cultural variations. The family typically refers to the unit composed of parents and their children; however, the statutory definition of family in abstinence-only-until-marriage legislation included two married biological or adoptive parents. In 2010, the US Census Bureau (BOC) defined six family structures: single parent; unmarried; blended; cohabiting; extended; and other. A single-parent family has children living with a single adult (related or unrelated). An unmarried biological or adoptive family has children living with two unmarried parents who are biological or adoptive parents. A blended family has children with a biological or adoptive parent or unrelated stepparent married to one another. A cohabiting family had children with a biological or adoptive parent and an unrelated adult. An extended family has children living with one biological or adoptive parent and a related adult who was not a parent (e.g., a grandparent). The “other” family has children living with related or unrelated adults who were neither biological nor adoptive parents. Grandparents raising children or foster children living with two adults were categorized as other (Blackwell, 2010; BOC, 2014; Clark, et al., 2017). And “the majority of America’s 73.7 million children under age 18 live in families with two parents (69 percent),” and the “second most common family arrangement is children living

with a single mother, at 23 percent” (BOC, 2016a, para. 1). Importantly, some sexual and reproductive health programs like abstinence-only-until-marriage policies define specific family structures as traditional and appropriate.

Family Planning: (FP): Family planning refers to client services for “counseling and education, contraceptive drugs and devices, related diagnostic tests (e.g. pregnancy, Pap, HIV, other STIs) and treatment after diagnosis (e.g. urinary tract infections and STIs other HIV)” (p. 5).

Family Planning Clinics (FPC): Family planning clinics are defined as sites open to the general public, and these clinics offer contraceptive counseling, education and services. These sites provide comprehensive medical services for sexual and reproductive health and include sites that provide only nonmedical contraceptive methods or education, but they maintain records for individual clients who request family planning. These family planning clinics excluded organizations that serve restricted populations, such as health maintenance organizations and student health centers. In order to qualify as a publicly funded clinic, the site must be funded at least in part, by public funds, such as Title X, Medicaid, community or migrant health center funding, maternal or child health or social-service block-grant funds, or use private subsidies to provide family planning care free or at reduced fee to at least some of its clients. (Forrest, 1997, p. 7)

Focus on the Family (FOF): In 1977, *Focus on the Family* began as a radio program California. The organization was headed by James Dobson, an evangelical Christian and psychologist, and the organization produced radio broadcasts and print magazines (1983); In addition, Dobson has a syndicated newspaper column (1992); website (1997), and subsidiary ministries.

Formula grants: Services for large groups of medically indigent – welfare programs with formula grants, project grants, and purchase of service programs.

1936-1937 Maternal and Child Health: Social Security Act of 1936 as amended. Material and child health: Children's Bureau (HEW-SR) and state health. 50,000,000 (AGI, 1969, p. 16-17).

1966-1967: Comprehensive health: Comprehensive Health Planning Amendments of 1966: state health plan for receipt of federal funds (HEW-HSMHA) 66,000,000 (AGI, 1969, p. 16-17).

Gender: The social construction of activities, behaviors, and roles considered appropriate for men and women define gender. In other words, masculine and feminine are categories of gender. Gender is a category distinguished from the biology of sex. There are many constructions of gender in culture, social practice, and labor in waged labor, professions, and roles in the home and institutions that construct the terms and practices of gender.

Originally, the term *gender* described linguistic features of language. The Indo-European language Spanish differentiates male from female with the articles *el* and *la*, e.g., *el gato* for the male cat and *la gata* for the female cat. Although English is a member of the Indo-European language group, it is not a gendered language; however, it has gendered vocabulary for male, female, and neuter. For example, the stallion is gendered male; the mare is gendered female, and the colt or foal is gendered neutral. Since the 1960s and 1970s, the term *gender* varied in meaning based on context, but it “is often used as a euphemism for the sex of a human being but the intended emphasis remains on the social and cultural, as opposed to the biological” (Diamond, 2002, p. 3). In addition, the current term *gender* is a noun for identity of male, female, or non-binary.

Sex describes the biological and medical characteristics of male and female, but *gender* describes masculinity and femininity and its associated psychological, behavioral, social, and cultural facets with roles, activities, and behaviors. Society constructs *gender* in areas of social life like culture, unpaid labor in the home, waged labor in the workplace, caring professions, and other institutions. The APA (2015) dictionary defined the *concept of gender* as the socially constructed distinction between male and female connected with biological sex and traditional social roles. Furthermore, children acquire the *concept of gender* as early as 18 months of age.

The APA's (2015) "Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools" defined *gender identity* as a person's sense of self as male, female, or something else. *Gender expression* included a person's manner of dress, communication style, and behavior; however, it is important to note that these are culturally specific. A person's *gender expression* may or may not conform to one's *gender identity*. Furthermore, the APA's (2015) guidelines defined *cisgender* as an adjective for people whose sex assigned at birth aligned with *gender identity* and *gender expression*. If one's gender identity and biological sex are incongruent, a person may identify along the *transgender* spectrum. *Transgender* is an adjective and umbrella term that describes a person whose gender identity, gender expression, or gender role does not conform to sex assigned at birth. The term *affirmed gender identity* refers to a person's gender identity after social and/or medical transition. And the term *genderqueer* is an adjective that describes a person whose gender identity does not align with binary understandings of male and female. In addition, *genderqueer* identity includes a person who redefines gender, declines gender, or identifies with all genders.

Gender-Based Violence (GBV)

Georgia Youth Risk Behavior Surveillance Survey (YRBSS): The Division of Public Health in collaboration with the Georgia Department of Education and Centers for Disease Control and Prevention administers the Georgia YRBS a state-based surveillance system. YRBS has a significant limitation in Georgia. The only school district that collects the YRBS data about sexuality is DeKalb County. Other states participate in the collection of data with ask any questions about sexuality. Georgia has limited data for interpretation, and the YRBS data is only collected during odd years.

Germ-plasm: a type of protoplasm and phenomenon at the population-level.

Global Gag Rule (GGR): The GGR prohibits US funds for abortion counseling, referrals, or advocacy efforts in addition to abortion services except for rape, incest, or danger to the life of the mother.

Timeline

1984: President Reagan announced GGR International Conference on Population and Development in Mexico City

1993: President Clinton rescinded GGR

1999: GGR is modified

2000: GGR modification rescinded

2001: President Bush reinstates the GGR

2009: President Obama rescinds the GGR

2017: President Trump reinstates the GGR. The *Protecting Life in Global Health Assistance* expands the GGR to US departments and agencies that receive US funding for global health assistance, including maternal and child health, HIV, and malaria.

Grant: “A legal instrument where the principal purpose is the transfer of money, property, services or anything of value to the recipient in order to accomplish a public purpose of support or stimulation authorized by Federal statute” (p. 72).

Guttmacher-Lancet Commission on Sexual and Reproductive Health:

The Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights is comprised of four entities, which include Commissioners, Advisory Group members, the Secretariat and *The Lancet*. The Commissioners are leaders and experts who were selected for their technical skills, knowledge and experience in the sexual and reproductive health and rights field. (AGI, 2017, para. 1)

The commission addresses gaps in sexual and reproductive health and rights (SRHR): 1) access to safe abortion, 2) discrimination of sexual orientation or gender identity, and 3) needs for sexual and reproductive health services.

health.gov: Home of ODPHP and an essential resource for health information

healthypeople.gov: At the beginning of the decade, the following 6 national data systems collected **sexual orientation** data:

Behavioral Risk Factor Surveillance Survey (BRFSS)

National Health and Nutrition and Examination Survey (NHANES)

National Survey of Family Growth (NSFG)

Youth Risk Behavior Survey (YRBS)⁸

National Crime Victimization Survey (NCVS)

American Community Survey (ACS)

Health Education Curriculum Tool (HECAT): CDC tool for evaluation of medically accurate and effective sexual health curricula.

Helms Amendment to the US Foreign Assistance Act (HEA): In 1973, after *Roe v. Wade* Congress passed, the Helms Amendment was appended to the Foreign Assistance Act of 1961. The Helms amendment prohibited US funds for any country that provided any method of family planning, motivation, or coercion of any person for the practice abortion. Even if abortion was legal in the country receiving funds, any organizations and healthcare facilities that received US fund was prohibited from not only providing abortion services but also providing information or counseling about abortion services.

Hyde Amendment (HYA): In 1976, Congress approved the Hyde Amendment as the domestic counterpart of the Helms Amendment that prohibited Medicaid (program for low-income women and families) coverage of abortion. The prohibition against abortion included funds for federal government employees, the Indian Health service, military veterans, Peace Corps Volunteers, and incarcerated women. There were exceptions for cases of rape, incest and danger to the mother's life.

Indian Health Service (IHS): IHS is part of the Department of Health and Human Resources, this agency provides federal health services for comprehensive health with Tribal and Urban Indian health programs for approximately 1.9 million American Indians and Alaska Natives who belong to 564 federally recognized Tribes in 35 states.

Infectious Disease And Immunization Program (IDI): The CDC's IDI program includes HIV/AIDS, STD, Tuberculosis (TB), and Immunization Units.

Immigration Act (1924): exclusion laws affected Asian immigrants disproportionately.

International Union for the Scientific Investigation of Population Problems (IUSIPP) (1928):

Margaret Sanger organized the first conference of IUSIPP. In 1947, there were three committees for research: Population and Food, on Differential Fertility, Fecundity and Sterility and on Statistics of Primitive Races and for research grants to individuals. “The IUSSP mission is to promote the scientific study of population, encourage exchange between researchers around the globe, and stimulate interest in population issues” (2017). The IUSSP is funded through membership dues and grants from governments, international donors and private foundations. It has recently received funding from the governments of France, Belgium, and the Netherlands, UNFPA, the William and Flora Hewlett Foundation, the World Bank, the Wellcome Trust, and the Bill and Melinda Gates Foundation.

IUSSP headquarter: 3-5 rue Nicolas, 75980 Paris cedex 20, France.

<https://www.iussp.org/en/about/mission>

Institute of Medicine (IOM): Established in 1970 with responsibility under the National Academy of Sciences, and the Institute of Medicine has a congressional charter to advise the federal government and identify issues of medical care, research, and education.

Intimate Partner Violence (IPV):

Johnson-Reed Act (1965):

Kemp-Kasten Amendment: The 1985-2003 provision prohibited the distribution of US funds to any organization involved with coercive abortion or involuntary sterilization. President Bush withheld funds from China from 2002-2008, and the USAID prohibited contraceptive distribution in Africa. In 2008, Obama restored funding (CHANGE, 2012, p. 4). In 2017, Trump cited Kemp-Kasten and banned all future funding to UNFPA. The ban prohibited all “US bilateral family planning assistance (US\$575 million for fiscal year 2016), but also to all ‘global health assistance furnished by all departments or agencies... a broad range of health

programmes... including on HIV/AIDS, the Zika virus, malaria, tuberculosis, nutrition, and maternal and child health” (Starr, 2017, p. 485). [see UNFPA]

Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization (PEPFAR reauthorization): In 2008, Congress passed amendments to United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 or PEPFAR. The act updated a comprehensive, 5-Year, global strategy “with an emphasis on the reduction of HIV/AIDS behavioral risks a priority of all prevention efforts by— ‘(A) promoting abstinence from sexual activity and encouraging monogamy and faithfulness’” (H.H.R. 5501-8). Funding regulations: “(A) provide balanced funding for prevention activities for sexual transmission of HIV/AIDS; and ‘(B) ensure that activities promoting abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction are implemented and funded in a meaningful and equitable way” (H.H.R. 5501-35).

This bill removed the US prohibition against the entrance of HIV positive foreign visitors to the US.

Liberalism:

“The word [‘liberalism’] should be understood very broadly.

1. Acceptance of the principle that somewhere there must be a limitation of government and that this is not just an external right. 2. Liberalism is also a practice: where exactly is the principle of the limitation of government to be found and how are the effects of this limitation to be calculated” (p. 21) 3. In a narrower sense, liberalism is the solution that consists in the maximum limitation of the forms and domains of government action. 4. Finally, liberalism is the organization of specific methods of transaction for defining the limitation of government practices:

—constitution, parliament

—opinion, the press

—commissions, inquiries (Foucault, 2008/1979, p. 20-21).

Livingston Amendment (1986): prohibited discrimination against organizations based on religious or conscientious commitment to offer natural family planning for grant awards

Manual Vacuum Aspiration (MVA): a method of abortion

Marie Stopes International (MSI):

An international family planning organization based in the United Kingdom

Marriage Education Movement: “A movement on U.S. college campuses from the 1930s into the 1960s to provide practical education in marriage and family life, based on scientific knowledge” (Ganong & Coleman, 2014, p. 1918).

Masturbate: “to manipulate one’s own genitals, or the genitals of (another) for sexual gratification: (Webster’s, 2014, p. 899). Foucault (2003) wrote

a pedagogical medicine of masturbation was constituted and extended the problem of desire to the problem of instinct that is the central element in the organization of abnormality. It is, then, this masturbation singled out by penitential confession in the seventeenth century, this masturbation that becomes a pedagogical and medical problem, that brings sexuality into the field of abnormality. (p. 194)

Medicaid: A program created under the Social Security Act of 1965 to provide health insurance to low-income individuals and families, including many children. Medicaid standards are established by each state, and the program is paid for by a combination of federal and state funds. (Ganong & Coleman, 2014, p. 1918)

The Medical Monitoring Project (MMP):

The Medical Monitoring Project (MMP) is a surveillance system designed to learn more about the experiences and needs of people who are living with HIV. It is supported by several government agencies and conducted by state and local health departments along with the Centers for Disease Control and Prevention. (CDC, 2017, para. 1).

National Fertility Surveys (1962; 1963; 1965)

National HIV Behavioral Surveillance (NHBS): In 2003, CDC created NHBS to conduct behavioral surveillance among persons at high risk for HIV infection. Process: Surveillance is conducted in rotating, annual cycles in three different populations at increased risk for HIV:

- 1) Gay, bisexual and other men who have sex with men; known as the MSM cycle.
- 2) Persons who inject drugs (PWID); known as the injection drug use or IDU cycle, and
- 3) Heterosexuals at increased risk for HIV infection; known as the HET cycle. (CDC, 2017, para. 1-3)

National Institutes of Health (NIH): operational division of the U.S. Department of Health and Human Services

National Incidence Study (NIS): “A congressionally mandated survey of the incidence of child abuse and neglect in the United States. The first NIS was conducted in 1979 and 1980, and it has been repeated periodically since then, most recently from 2004 to 2009 (NIS-IV)” (Ganong & Coleman, 2014, p. 1919).

National Science Foundation (1968): Created fellowships in genetics and demography.

Neoliberalism: “Neoliberalization was born in the midst of the 1970s crisis of accumulation, emerging from the womb of a played-out embedded liberalism with enough violence to support Karl Marx’s observation that violence is invariably the midwife of history” (Harvey, 2005, p. 289).

Obstetrician-Gynecologist: A physician with special skills, training and education in women's

Offices of the Assistant Secretary for Health (OASH): The Assistant Secretary for Health is located in the Department of Health and Human Services. The Assistant Secretary for Health is the senior official in charge of the Public Health Service.

Assistant Secretary for Health	
Executive Officer	Office of Surgeon General
Regional Health Administrators in Regions I-IX	Office of Communications

National Vaccine Program Office

Office on Women's Health

Office of Minority Health

Office for Human Research Protection

Office of HIV/AIDS and Infectious Disease Policy

Office of Research Integrity

Office of Population Affairs

President's Council on Sports, Fitness, and Nutrition

Office of Adolescent Health

Office of Disease Prevention and Health Promotion (HHS, 2017)

The Assistant Secretary supervises the delivery of public health services for the US Public Health Service and Centers for Disease Control and Prevention (CDC). These include:

- Office of the Surgeon General (OSG)
- National Vaccine Program Office (NVPO): Ensures collaboration among the many
- Office of Adolescent Health (OAH)

- Office of Disease Prevention and Health Promotion (ODPHP)
- Office of HIV/AIDS and Infectious Disease Policy (OHAIDP)
- Office of Minority Health (OMH)
- Office of Population Affairs (OPA)
- Office on Women's Health (OWH)
- Center for Faith-Based and Neighborhood Partnerships (CFBNP)
- Centers for Medicare and Medicaid (CMS)

Office of Disease Prevention and Health Promotion (ODPHP, 1976): Under the Department of Health and Human Service, HPDP targets population-based health programs and services. The focus is on risk factors, early detection and treatment programs, and health programs for adolescents (ODPHP, 2018). The office manages 3 websites: health.gov; HealthyPeople.gov; and healthfinder.gov

Office of Population Affairs (OPA): part of the Health and Human Services department. OPA administers the Title X Family Planning Program that provides men, women, and adolescents comprehensive reproductive health care services, contraceptive methods, prevention education, counseling, and screening for HIV and STIs. Title X supports more than 4,300 clinics in every U.S. state, territory, and jurisdiction with care for over one million males and females aged 19 and younger.

Patriarchy: A system of social relations for subordination of females to males or hierarchy of males over females in structures like culture, employment, gender, household, state, sexuality, and violence. Feminism theory defines concepts of patriarchy and consists of practices of multiple feminism(s): Black womanist thought, conservative feminism, liberal feminism, Marxist

feminism, new materialist feminism, post-structural feminism, radical feminism, and socialist feminism.

PEPFAR: The U.S. President's Emergency Plan for AIDS Relief (2003; 2008; 2014)

PEPFAR 3.0: Controlling the epidemic: Delivering on the promise of an AIDS-free generation. (2014). The Office of the US AIDS Coordinator: US Department of State. Washington, DC: A/GIS/GPS.

People Living with HIV (PLHIV)

People Living with HIV/AIDS (PLHIVA)

Population:

a) all the people in a country, region, etc. *b)* the number of these *c)* a (specified) part of people in a given area [the Japanese population of Hawaii] **2** a populating or being populated **3** *Biol.* A group of similar organisms living in the same region, esp. organisms of the same species **4** *Statistics* the total set of items, persons, etc. from which a sample is taken. (Webster's, 2014, p. 1135)

Population Association of America (PAA) (1931)

Population Council (1952): Founded by John D. Rockefeller, III who was the first President of the non-profit organization; Frederick Osborne was the 2nd President. In 1962, they sponsored the first international conference on intrauterine devices (IUD). The Population Council is an international, nonprofit, nongovernmental organization that conducts fundamental biomedical research in reproduction, develops contraceptives and other products related to reproductive health, works to improve the quality and outreach of family planning and reproductive health services, and conducts research on reproductive health and behavior. (Heinrich, 2000, p. 3)

Population Health: Population health refers “to the health of a population measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development and health services” (p. xiii-xiv).

Poverty Guidelines: Issued by the Department of Health and Human Services. Administrative guidelines determine financial eligibility for programs. Issued every January.

Poverty Thresholds: The statistics for poverty thresholds are issued by the Census Bureau, and these are statistical numbers of people in poverty weighted by family size, number of children, whether or not elderly and no geographic variation.

President’s Committee on Population and Family Planning (1968)

Prestige hierarchies: Prestige hierarchies “are hierarchies created by real or perceived differences in status and authority, and acted out in a defined environment, such as a clinic or hospital” (Napier, et al, 2014, p. 1639).

Professional:

There is one more state in the evolution of the modern professional. This is when the institutional piece drops out of the formal picture. Stanley Fish calls this the anti-professionalism that is the requisite part of being an academic professional. Being an academic professional means—often, although by no means always—maintaining a skeptical, sometimes antagonistic relation to the institutional and organizational apparatus that credentials and supports you. It involves internalizing the autonomy that the system makes possible—making the autonomy of the discipline seem your own. The way in which this final bit of transcendence is crucial to understanding the condition of academic

professionalism, and hence the condition of disciplinarity today. (Menand, 2010, p. 107)

Professionalism credentialization and specialization

Professionalism:

The system of credentialing and specialization maintains quality and protects people within the field from being interfered with by external forces. The system has enormous benefits, but only for the professionals. The weakest professional, because he or she is backed by the collective authority of the group, has an almost unassailable advantage over the strongest non-professional (the so-called independent scholar) operating alone, since the non-professional must build a reputation by his or her own toil, while the professional's credibility is given by the institution. (Menand, 2010, p. 106)

Project grants: Services for large groups of medically indigent groups – welfare programs that include formula grants, project grants, and purchase of service programs.

Family planning projects: 1964-Office of Economic Opportunity Act of 1964 & the 1967 Amendments to Title II (Community Action)

Office of Economic Opportunity-Community Action Program (OEO-CAP) – 13,000,000 FY: 9.5 million – 20% local (AGI, 1969, p. 16-17).

1969-Social Security Amendments of 1967 grants for family planning not less than 6% of total appropriations under Title V: Children's Bureau (HEW-SRS) 12,000,000-25% local (AGI, 1969, p. 16-17).

Prophylaxis: Primary prophylaxis is treatment for the prevention or the onset of disease or the recurrence of symptoms from an existing infection that have been brought under control; secondary prophylaxis is maintenance therapy. In sexual and reproductive health, technical

prophylaxis includes barrier methods for prevention of sexually transmitted disease and pregnancy, and chemical prophylaxis includes drugs for disease and pregnancy prevention.

Protecting Life in Global Health Assistance (PLGHA) (2017):

Department of State Fact Sheet. (2017) Protecting life in global health assistance. ensure that U.S. taxpayer dollars do not fund organizations or programs that support or participate in the management of a program of coercive abortion or involuntary sterilization.

<https://www.state.gov/r/pa/prs/ps/2017/05/270866.htm>

Purchase of Service Programs: Services for large groups of medically indigent groups – welfare programs that include formula grants, project grants, and purchase of service programs

1968-1969: Title IV (public assistance).

1967: SSA of 1967 (Title IV). States are required to offer by July 1969 voluntary family planning services to public assistance to prevent illegitimacy. Fluctuating. (AGI, 1969, p. 16-17).

1966: Title XIX (Medicaid) Medical Services Administration (HEW-SRS): SSA of 1965 States provides medical services to all public assistance and medically indigent persons. Fluctuating. (AGI, 1969, p. 16-17).

Race: The theme of race is integral to the history of North America. Racial stereotypes about sex, sexuality, and gender illustrate bias, prejudice, and norms across time. In the United States from 1660-1960, laws prohibited interracial marriage or miscegenation. In fact, Alabama was the last state to officially legalize interracial marriage in 2000. Arbitrary categories of race were based on so-called scientific measurements, and the long history of racial narratives were linked with stigmatizing stereotypes about sexuality and gender that added to the marginalization of people of color, men, and women.

Race suicide: “A term used to attack feminism by claiming that practices such as later marriage and birth control by more educated, native-born American women would result in the country being ‘overrun’ by the children of immigrants and the poor” (Ganong & Coleman, 2014, p. 1920).

Repository for Germinal Choice: Genius sperm bank with sperm donated by Nobel Prize winners’. This was a program of positive eugenics for the breeding of intellectual elites.

Roe v. Wade: The Supreme Court ruling that legalized abortion in the first trimester for all women. The ruling transformed an unsafe, clandestine abortion into a safe, medical procedure.

RU-486: Mifepristone is a drug used for emergency contraception and to terminate early pregnancy (less than 50 days duration) (Ganong & Coleman, 2014, pp. 1920-1921).

Secondary abstinence: Secondary abstinence is the rededication to abstinence after a period of sexual activity. One method of representing this commitment is one’s signature on a pledge of abstinence.

Sex: The APA (2015) defined sex as the biological and physiological characteristics as classifications of men and women. Male and female were categories of sex. The multiplicity of the meanings for the term *sex* depends on context. The term *sex* describes biological and anatomical characteristics, male and female, gender roles, sexual intercourse and other behavior, sexual orientations like heterosexual, lesbian, gay, bisexual, and others. The usage and deployment of *sex* is undeniably political with moral connotations that depend on historical and cultural contexts. The historical use of term *sex* has shifted over time; however, the term *sex* consistently described medical and biological characteristics of humans, animals, and plants. The categories of *sex* were divided into male, female, and bisexual. Diamond (2002) wrote,

Thus animals, including humans, are categorized dependent upon whether they

either produce gametes as, or similar to, spermatozoa (*males*) or ova (*females*), or have parts of the reproductive system appropriate to the development of and delivery or reception of such gametes. (p. 3).

Non-human-animals and plants with male and female anatomy were considered *bisexual*. The term for humans with male and female biological characteristics was *hermaphrodite*. In addition, the term *androgyne* was used for humans. However, *hermaphrodite* and *androgyne* have biased connotations and are no longer acceptable as best practices. The accepted term for atypical combinations of medical and biological human characteristics of male and female sex is *intersex*. In medicine, biology, and psychology these terms are unrelated to the sexual behavior of humans, animals, and plants.

The term *sex* designates human medical and biological characteristics in three categories: male, female, or intersex. The sex of the fetus is established at conception, and the appearance of an infant's external genitalia determines sex assigned at birth. During gestation, ultrasound is used to predict the sex of the fetus based on appearance of the external genitalia. The majority of fetal ultrasounds until the 11th or 12th week of gestation offer views of male features of genitalia (Gharekhanloo, 2018, p. 210). After this period, ultrasounds become more accurate and may detect the labia of the female or the phallus and scrotum of the male. Moreover, if detected, the direction of micturition or urination is predictive of male or female sex (Odeh, et. al., 2009, p. 210). However, the views available on ultrasound depend on the position of the fetus, so the appearance of the external genitalia is not completely reliable. On the other hand, it is not unusual for an infant born with ambiguous genitalia to be assigned male or female at birth either by the parents or the physician (APA, 2015). Furthermore, infants with intersex conditions may have normal appearing male or female external genitalia but atypical characteristics of internal

anatomy and physiology. The most common *intersex* condition is congenital adrenal hyperplasia (CAH). The adrenal glands sit atop the kidneys and are integral to the function of the endocrine system and hormones. The adrenal glands of people with CAH overproduce androgens or male hormones and do not produce “one of the enzymes (proteins that cause chemical changes in the body), steroid 21-hydroxylase” (Speiser, 2016). The National Adrenal Diseases Foundation (2018) described the signs and symptoms of CAH:

In many cases, female infants are diagnosed at birth because they have atypical or ambiguous genitalia (external sex organs that resemble male genitals). However, they still have normal internal female organs (ovaries and uterus). A male infant with classic CAH usually appears normal at birth, although he may have an enlarged penis. If a boy is not diagnosed in infancy, he may grow rapidly and show signs.

In other words, CAH may present mild or severe signs and symptoms. This means that severe degrees are detectable at birth with atypical genitalia, but mild degrees of CAH may not manifest signs and symptoms until puberty.

The definition of *sex* in biology, medicine, and psychology is based the biological characteristics of a person’s chromosomal, gonadal, hormonal, and internal and external morphology (Stedman, 2018; APA, 2015). The morphological characteristics of sex include external genitalia and reproductive organs or gonads for sex with classifications of male, female, or intersex. For example, the presence of an external vulva with an internal uterus, fallopian tubes, and ovaries characterize the female body, and an external phallus and scrotum with an internal epididymis, vas deferens, and accessory glands characterize the male body. Furthermore, morphological characteristics of the pelvic girdle differentiate the male and the female hip structure. The female pelvis has a wide sacrum and oval shape, and the male pelvis is

narrower with a heart shape. The correlation of male and female pelvis type with other related biological characteristics is as high as 95% (Bruzek, 2002, p. 157). Moreover, although hormones or androgens and estrogens are present in male and female bodies, males have greater amounts of the androgen testosterone than females, and females have greater amounts of estrogen than males. In sum, there are a significant number of correlations between the biological characteristics of male and female sex. On the other hand, atypical combinations of biological characteristics define intersex. In the end, the biological characteristics of sex are irreducible to any one system or structure of the human body.

Sexual abstinence: Avoidance of intentional sexual gratification with fantasy, self or mutual masturbation, oral or anal orgasm, and vaginal intercourse. Sexual abstinence is a calculated decision and deliberate action to avoid sexual activity. Abstinence means avoidance of all sexual activity and expression, penile-vaginal, anal, and oral sex. Abstinence means avoidance of physical contact intended for sexual arousal: masturbation, mouth-to-breast contact, or any other contact for arousal.

Sexual health: The World Health Organization (1975) definition:

Sexual health is the integration of the somatic, emotional, intellectual, and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication, and love. Fundamental to this concept are the right to sexual information and the right to pleasure.

Sexual health is an integral concept to the discourse of sexual and reproductive health. In the 20th and 21st century, US programs for public health, social welfare, and education influenced sexual and reproductive health services for young people. The CDC's (2012a) definition of sexual health is as follows:

a state of well-being in relation to sexuality across the lifespan that involves physical, emotional, mental, social, and spiritual dimensions. Sexual health is an intrinsic element of human health and is based on a positive, equitable, and respectful approach to sexuality, relationships, and reproduction that are free of coercion, fear, discrimination, stigma, shame, and violence. (para. 3)

This comprehensive definition of sexual health is integrated into some but not all sexual and reproductive health programs for young people.

Sexual and Reproductive Health (Acronyms):

Sexual and Reproductive (SR)

Sexual and Reproductive Health (SRH)

Sexual and Reproductive Health Education (SRHE)

Sexual and Reproductive Rights (SRR)

Sexual and Reproductive Health Legislation (SRHL)

Sexual and Reproductive Population Health (SRPH)

Sexual and Reproductive Health – National (NSRH)

Sexual and Reproductive Health – International (ISRH)

Sexual, Reproductive, and Relationship (SRR)

Sexual, Reproductive, and Relationship Health (SRRH)

Sexual and Reproductive Health and Relationships Education (SRHRE)

Sexuality: The biological characteristics of *sex* are not the same as *sexuality*. The term *sexuality* refers to a person's sexual attractions, desires, and behaviors or a person's *sexual orientation*.

Modern science and social science define *sexuality* or *sexual orientation* as a person's attraction to men, women, both, or neither. Specific sexual orientations include heterosexual, lesbian, gay,

bisexual, queer, pansexual, and asexual, among others. *Heterosexual* orientation is defined by the pattern of emotional, romantic and/or sexual attraction of women to men or men to women.

Lesbians are women attracted to women, and *gays* are men attracted to men, so both are same sex attractions. A person attracted to both men and women or both sexes is *bisexual*. A person's sexual orientation often includes a sense of personal identity and social membership in a community of like-minded people. Some people with same-sex attractions or other than heterosexual attractions may refuse the terms heterosexual, lesbian, gay, or bisexual and identify as *queer*. In other cases, *queer* refers to a person who refuses to identify with dominant cultural norms. A person who does not experience sexual attraction or has little interest in sexual activity has an *asexual* orientation, but this does not exclude emotional and romantic attraction.

Although the interaction of nature and nurture is complex, “most people experience little or no sense of choice about their sexual orientation” (APA, 2008, para 4). Moreover, a person's sexual orientation might differ from sexual behavior. And a person may identify as heterosexual or any other sexual orientation without sexual behavior.

The APA's (2012) “Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients” defined sexual orientation as a spectrum that may change over a person's lifetime. Furthermore, the guidelines emphasize that sexual orientation is fluid especially for women. Moreover, Diamond (2002) defined *sexual identity* as the sex a person identifies with. This definition of *sexual identity* refers to one's inner conviction of male or female sex with preference for traditional or typical sex-linked roles and physical appearance.

Sexual Orientation: Sexual orientation describes a person's sexual preference. The term is used to differentiate between preference for: members of one's own gender, gay or lesbian; members

of both genders, bisexuality; and members of the opposite gender, heterosexuality. Sexual orientation includes asexual for no sexual preference or attraction.

Sexually Transmitted Infections (STI): Any infection that is acquired through sexual contact. Infections transmitted through sexual contact with bodily fluids: blood, semen, saliva, or breast milk from person to person. There are a great variety of infections from bacteria, viruses, and parasites: chlamydia, syphilis, gonorrhea, herpes, HPV, hepatitis, trichomoniasis, and HIV/AIDS. Infections can be asymptomatic.

Sexually Transmitted Disease (STD): Any disease acquired through sexual contact. Diseases transmitted through sexual contact with bodily fluids: blood, semen, saliva, or breast milk from person to person. There are a variety of diseases: syphilis, gonorrhea, herpes, HPV, hepatitis, and HIV/AIDS. Diseases can be asymptomatic.

Silence: “The imposition of areas, conditions, and prescriptions of silence has always been connected to some technique or other of obligatory confession” (Foucault, 2003, p. 169).

Siljander Amendment: Amendment of the Foreign Operations Appropriations Act of 1999 that prohibits the use of US foreign assistance to lobby either for or against abortion.

Smith-Lever Act of 1914: “A law providing federal financing for home economics courses in land grant universities, a reflection of the belief that women should train for the role of wife and mother as if it were a profession” (Ganong & Coleman, 2014, 1921).

Social capital: “is defined as the valued social networks and reciprocal social bonds that sustain human engagement and cooperation” (Napier, et al, 2014, p. 1639)

Social Security Act of 1935: “A major piece of federal legislation providing many social benefits to Americans, including financial support for widows and children and pensions for the wives of workers” (Ganong & Coleman, 2014, 1921).

Surveillance: Sexual and reproductive health programs are required to surveil sexually transmitted infections and disease. There are also systems that monitor the demographics of reproductive health. “Surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event” (CDC, 2017, para. 1)

Sustainable Development Goals (SDGs)

Symbolic violence: “is defined as socially dominant forms of persuasion and coercion that occur without the use of physical force” (Napier, et al, 2014, p. 1639)

Syphilis (Stages and Definitions):

Primary syphilis: “is a state if syphilis characterized by one or more ulcerative lesions that might differ in appearance. Laboratory criteria by tests: non-treponemal (VDRL, RPR), reactive treponemal (FTA-ABS, TP-PA, EIA CIA). Confirmation by laboratory tests” (CDC, 2015,p. 147).

Secondary syphilis:

is stage of infection characterized by localized or diffuse mucocutaneous lesions (non-pruritic macular, maculopapular, popular, or pustular lesions), often with generalized lymphadenopathy condylomata, and alopecia. Probable confirmation by testing: non-treponemal (VDRL, RPR), reactive treponemal (FTA-ABS, TP-PA, EIA CIA).

Confirmed by clinical description with at least one sign or symptom. (CDC, 2015, p. 148)

Early latent syphilis:

is a subcategory of latent syphilis or a stage of infection that does not cause symptoms or signs and the initial infection occurred in the last 12 months. There is no standard definition for case classification other than the absence of previous testing. Any probable case classification with no clinical signs or symptoms of syphilis and no previous

diagnosis with tests requires: non-treponemal (VDRL, RPR); reactive treponemal (FTA-ABS, TP-PA, EIA CIA) and current nontreponemal titer test with a fourfold increase since last test **AND** evidence of acquired infection within the past 12 months. Lastly, there is no confirmed case classification for early latent syphilis. (CDC, 2015, p. 148)

Late latent syphilis:

is a subcategory for organisms persisting in the body with the initial infection more than 12 months previously. There is probable case classification with no clinical signs or symptoms of syphilis and reactive laboratory tests: non-treponemal (VDRL, RPR), reactive treponemal (FTA-ABS, TP-PA, EIA CIA) **AND** no evidence of acquired infection in the past 12 months. There is no standard for case classification other than absence of previous testing. (CDC, 2015, pp. 148-149)

Neurosyphilis:

can occur at any stage of syphilis; however if no state is appropriate, the disease is classified as late latent syphilis. Probable confirmation with negative VDRL in CSF specimen or reactive non-treponemal (VDRL, RPR), reactive treponemal (FTA-ABS, TP-PA, EIA CIA). Confirmed by laboratory criteria. (CDC, 2015, p. 149)

Late Syphilis:

has clinical manifestations including late benign syphilis and cardiovascular syphilis: Late syphilis become clinically manifest with cardiovascular and skin symptoms or any other organ system after a period of 15-30 years of untreated syphilis. If neurological manifestations of *tabes dorsalis* and dementia are present and infection was more than 12 months ago, it is reported as 'late syphilis' (CDC, 2015, p. 149)

Congenital Syphilis

is caused in utero and varies in severity but is clinically apparent at birth with a variety of symptoms like saddle nose, Hutchinson teeth, or bowing of shins. Laboratory criteria: microscopy of lesions, PCR, ICH. Probable classification with laboratory tests of reactive VDRL, RPR and a variety of other methods. The case is confirmed by laboratory tests. (CDC, 2015, p. 150)

Syphilitic Stillbirth: “is fetal death after a 20-week gestation of a fetus that weighs more than 500 grams and mother had untreated or inadequately treated syphilis at delivery” (CDC, 2015, p. 150).

Systems of value: “Systems of value are political, moral, religious, economic, or social systems of meaning, either overtly expressed or taken for granted” (Napier, et al., 2014, p. 1607).

Tiahrt Amendment: Amendment of the Foreign Operations Appropriations Act of 1999 with USAID guidelines grantees with requirements for family planning programs.

Title X:

Title X is the sole federal program devoted to family planning, and is the program through which the federal government sets overall policy regarding family planning. Title X is administered by the US Department of Health and Human Services (DHHS), which awards grants to public and non-profit agencies for the operation of clinics that provide care largely to the uninsured and underinsured. (Sonfield, Alrich & Gold, 2008, p. 9)

The denial of Title X funds to providers who use other funds to provide abortions was proposed in 2001 – never passed. The defunding and elimination of Title X passed in 2011 but was never enacted.

The Uniform Marriage and Divorce Act (UMDA): An act “promulgated in 1970 by the Uniform Law Commission, to encourage greater uniformity among U.S. states regarding matters

such as the age of consent, no-fault divorce, and child custody” (Ganong & Coleman, 2014, p. 1921).

United Nations: Established in 1945, the United Nations headquarters is in New York City. The United Nations is an international and intergovernmental organization. United Nation agencies concerned with sexual and reproductive health include:

Joint United Nations Programme on HIV/AIDS (UNAIDS): –UN Social and Economic Council Body- HIV/AIDS.

United Nations Children’s Fund (UNICEF): UN General Assembly- rights for children and young people - civil, political, economic, social, cultural issues for health and education

United Nations Educational, Scientific and Cultural Organization (UNESCO –UN Economic and Social Council Special Agency offers sexuality education

United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) – UN General Assembly women’s rights and gender equality

United Nation Economic and Social Council: Includes commissions on population and development, status of women, and social development

World Health Organization-(WHO): United Nations Economic and Social Council- Specialized Agency includes sexual and reproductive health

United Nations Population Fund (UNFPA):

An international development agency that was established in 1969 and is the second largest source of support for population programs in developing countries. UNFPA provides nearly one-fourth of all assistance to family planning and reproductive health programs worldwide. Its mission is to provide couples and individuals throughout the

world with the ability to control their own reproductive lives through voluntary family planning education and services” (CHANGE, 2012, pg. 9).

On April 3, 2017, the US State Department defunded UNFPA. “The agency supports, or participates in the management of, a programme of coercive abortion or involuntary sterilisation in China invoking the Kemp-Kasten Amendment prohibiting US funding of organisations involved in such activities. The UNFPA strenuously denies this allegation”(Lancet editorial, 2017, p. 1492)

US Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003-Global AIDS

Act (known as PEPFAR): Prevention programs include:

ABC approach (Abstain, Be faithful, and correct and consistent use of Condoms)

Mother to child transmission (PMTCT) interventions

Blood safety, injection safety, secondary prevention, counseling, and education programs.

From 2006-2008, the agency required foreign countries to use abstinence only until marriage programs and to sign an anti-prostitution bill.

***United States v. Windsor*:** “A U.S. Supreme Court decision, delivered on June 26, 2013, ruling that same-sex couples who are legally married in their state are entitled to federal marriage benefits, thus overturning Section 3 of the Defense of Marriage Act (DOMA)” (Ganong & Coleman, 2014, 1921).

Universal Precautions: HIV/AIDS altered procedures for prevention of infection and cross contamination in sites for clinical and medical treatment. In the early days of the HIV/AIDS epidemic, concerns about infection led some medical professionals to use double and triple gloves. Marginalized groups who were suspected, identifiable, or diagnosed with HIV/AIDS

were associated with instances of hospital staff not touching the patient and leaving food at the door of hospital rooms.

US Public Health Service

Venereal Disease (VD): The older term for STI and STDs like syphilis and gonorrhea. The old saying: A night with Venus, a lifetime with Mercury. Venus was the god of love, and mercury was the treatment for VD.

Venereal Disease Reference Laboratory (VDRL): Laboratory test for syphilis. Has a reputation for lack of reliability that requires further confirmatory tests.

Virgin (n.): Virginity is a cultural concept or social construction and conveys a wide range of generational and cultural values. Also, it can mean an inexperienced person in any area, but it is often used to characterize women and girls who have not had penis-in-vagina intercourse.

Women in need of publicly funded contraceptive care:

Those women who a) are younger than 20 or are poor or low-income (i.e., have a family income less than 250% of the federal poverty level) and b) are sexually active and able to become pregnant but do not want to become pregnant. (AGI, 2017)

World Population Conferences

Youth: The United Nations (UN) (2008) defined youth from 15 to 24 years of age.

Youth Services Bureau (FYSB)L and ACF allocate funds to states and territories for abstinence education, mentoring, counseling and adult supervision to promote abstinence from sexual activity through the **Title V, Section 510 State Abstinence Education Program**: funded through the Affordable Care Act.

Young people: WHO (2011) defined young people as from 10 and 24 years of age.

Zero Population Growth (ZPG): Formed in response to Ehrlich's *Population Bomb*