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The Condom as "Permission slip": Synecdoche and Contestation in New York City HIV/AIDS Education Policy Discourse

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Abstract This article examines the role of the condom in policy discourse about HIV/AIDS education in New York City in the early 1990s. Analysis of formal statements of policymakers and other actors engaged in this formative debate shows that abstinence advocates used the discursive mechanism of synecdoche to capture the terms of argumentation and advance their policy agenda. They viewed condoms as inappropriately granted "permission slips" for sexual activity and focused their argumentation on one aspect of HIV/AIDS preventive measures, a plan to make condoms available to the city's high school students. Proponents of comprehensive HIV/AIDS education attempted to counter the condom synecdoche by reasserting the larger curriculum and falsifying the synecdoche's logical basis. This analysis illuminates the dynamics of New York City's HIV/AIDS education policy discourse, showing how it not only made the resolution of underlying value differences difficult but also reduced the effectiveness of HIV prevention and sex education policy making. The case study also provides insights to achieve greater discursive parity and the development of a more durable policy consensus.

Keywords Condoms · HIV/AIDS · New York · Sex education · Synecdoche · Public policy · Interpretive methods

During the late 1980s and early 1990s, epidemiological data began to indicate that due to the delay between exposure and diagnosis, as many as three in ten victims of AIDS in the USA had been infected during their teen years (New York City Department of Health 1990). Knowledge and concern about AIDS' impact on American youth helped usher in a new round of debate in the nearly century old conflict over sex education (Moran 2000). Policy actors repeatedly clashed over whether public schools should teach sexual abstinence or provide a more comprehensive and thoroughgoing program of HIV/AIDS and sex education. Differences in argumentation meant that opposing sides often talked past one another, making it more difficult to resolve policy disagreements (Rochefort and Cobb 1994b, Luker 2006). In the formative debate that began in 1990 in New York City, a plan to make condoms available in the public high schools became the focus of intense controversy, coming to stand in for a broader HIV/AIDS education program and affecting the trajectory of local and national sex education policy making in the short and long term.

Policy actors often isolate an individual component or application of a broader proposal to help simplify debates and make the impact of abstract policies more concrete. For example, importance may be placed on the effect of policy on a single species within environmental debates (Moore 1993; Bloodworth Rowe 2008), long-term welfare recipients may be emphasized in lieu of all benefit recipients (Stone 2002), or abortion coverage may be made the focus of debates regarding comprehensive health care reform. Such a substitution of a part for a larger whole is a form of *synecdoche*; in policy making, this discursive mechanism can influence understandings of a policy issue and determinations about the suitability of various types of governmental action. Policy actors engage in substantial contestation regarding the meaning attributed to the synecdochic representation, sometimes extending to disagreements about which part ought to stand in for a given policy issue. Winning such discursive contests

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allows policy actors to modify the terms of debate and so affect the outcomes of policy making.

This article examines the role of the condom synecdoche in the debate over HIV/AIDS and sex education. It begins with a discussion of the interpretive theory and methods that guide the research and analysis. The next section establishes the factors contributing to the condom's role in the early 1990s HIV/AIDS education debate in New York City. Following this, the article presents an analysis of discourse based within New York City's Board of Education, examining the construction of the condom synecdoche by abstinence advocates and the methods through which comprehensive HIV/AIDS education proponents contested this discursive mechanism. The article then details the discursive and practical ramifications of the condom synecdoche in relation to HIV/AIDS and sex education policy making in New York City as well as in the USA more generally. The conclusion suggests ways to utilize insights from this case study to better achieve discursive parity and in turn, work toward a more durable policy consensus.

Interpretive Policy Analysis: Values, Discourse, Synecdoche, and Method

Contrary to both common perception and traditional scholarly assumptions, policy making is often driven by values, meaning, and symbols rather than rationality and order (Edelman 1985; Stone 2002). Interpretive policy analysts examine the construction of meaning in policy debates, reconstructing the architecture of policy arguments, and improving our understanding of the "communities of meaning" taking part in a given debate (Yanow 2000). Interpretive research has begun to make clear the processes through which individuals and groups come to use similar discursive devices as they attempt to influence, persuade, and mobilize others (Schön and Rein 1994; Yanow 2003). Along with frames, categories, and narratives, synecdoche has been identified as such a discursive device (Stone 2002) but additional empirical evidence is needed to enhance our understanding of how it operates to construct meaning in policy making.

Synecdoche operates when a part is used to represent a whole or a whole is used to represent a part (Burke 1969).[1] Such constructions are part of both our everyday speech and policy discourse, their shorthand meaning often so well understood that we fail to notice their presence. This is the case in the commonly used phrase all *hands* on deck, wherein "hands" is understood to mean all *persons*, or in policy debate when the spotted owl is made to stand in discursively for the larger loss of livelihood or environment (Moore 1993). While in theory there is the possibility that the part chosen to substitute for the whole is a "true" microcosm, (Burke 1969) the greater likelihood is that this relationship is partial at best, with some features emphasized and others occluded.

Policy actors utilize synecdoche by choosing a part or instance of an issue to focus decision making, make the abstract more tangible, or define the policy problem for others (Moore 1993; Schram and Soss 2001; Stone 2002). Sometimes, selection of an atypical "egregious or outlandish" case is used to "build support for changing an entire rule or policy that is addressed to the larger universe" and thus skew policy making in the direction that one prefers (Stone 2002: 146). Once the synecdoche is in place, social groups' underlying value and belief differences are expressed via disparate meanings given to that symbol (Bloodworth Rowe 2008). Larger issues and value differences are thus incompletely engaged as broader debate is replaced by a narrow conflict over one symbol (Moore 1993, 1994).

Early debates in particular can influence how policymakers come to define a policy problem, impacting both continuing discursive patterns and consideration of proposals for government action (Rochefort and Cobb 1994a). Therefore, this interpretive study investigates and recreates the construction of the condom synecdoche as it developed in one of the first and most influential HIV/AIDS education policymaking contexts: that which took shape in New York City in the early 1990s. Interpretive policy analysis techniques require a researcher to approach a question from multiple standpoints, examining data on a case study until novel information and themes no longer emerge (Yanow 2000). This method of data collection and an iterative analytical process ensure reliable and rigorous findings. Understanding of the New York City debate's overall structure and chronology were built through an extensive gathering and systematic review of relevant Board of Education materials, including internal school memoranda, reports, and curricula held at the New York City Municipal Archive; a thorough review of actions of the Board of Education as recorded in the *Journal of the Board of Education* for 1986–2000 from the annual volumes retained by the New York City Hall Library; as well as relevant legal decisions, research studies, and local media accounts from the period to the present day.

Official statements of New York City school administrators and policy advocates in the significant early stages of HIV/AIDS education policy making comprise the formally

[1] The relationship between metonymy and synecdoche has been the subject of disagreement: some view synecdoche as distinct from metonymy while others view it as a particular type of metonymy, and nearly all suggest that the two can "shade into one another" and make distinction difficult (Burke 1969: 503; Nerlich and Clarke 1999). Following Lakoff and Johnson, I view synecdoche as a "special case" of metonymy because metonymy can be more generally thought of as exhibiting a referential relationship that "allows us to use one entity to stand for another" but utilize the term synecdoche to refer precisely to that type which associates the part with the whole (2003: 36).

analyzed data. From the annual volumes of the *Journal of the Board of Education*, all official resolutions and statements regarding the high school and elementary HIV/AIDS education curriculum by the city's Schools Chancellor and individual members of the Board of Education between February 1991 and June 1992 were collected (40 statements). In addition, from the New York City Municipal Archive holdings, all available typewritten copies of testimony given at three Board meetings held in October 1990, January 1991, and February 1991 were gathered for analysis (72). These early opportunities for public and advocacy comment provide the best representation possible of the perspectives of actors most integrally involved in the debate. In total, 112 statements on the HIV/AIDS education policy were analyzed.

While the broader review of archival materials provided solid preliminary evidence of the presence of a synecdochic discursive structure, the software program ATLAS.ti was utilized to confirm and build understanding of the construction of the condom synecdoche and relevant communities of meaning for subsequent careful reading and analysis. Coding was conducted to identify policy actors, references to stakeholder and identity-based groups, position on the HIV/AIDS education policy, and references to the condom. In the majority of existing examinations of synecdoche in policy making, the part chosen for the whole is held in common by the opposing sides in the debate and so conflict is about which interpretation will hold sway (Moore 1993, 1994; Bloodworth Rowe 2008). For this reason, initial analysis focused on identifying the interpretation of the condom synecdoche held by opposing sides in the debate.

However, upon closer examination, the debate was found to display a novel alternative formation, as differences between policy actors were expressed through contestation of the synecdochic discursive structure itself.[2] Analysis of the resulting *contested synecdoche* made it possible to identify new processes through which competing groups communicated distinct values and meaning. Testimony was thus examined for utilization or contestation of the synecdoche. Statements identified as utilizing the synecdoche were successively analyzed for the type of meaning attributed to the condom, including the anticipated effect of condoms, the appropriate role of the schools, invocation of various stakeholders (parents, youth, teachers, community, and identity-based groups), type of argumentation, and definition of the policy problem. Those identified as rejecting the synecdoche were not only successively examined for the same variables but also for the method of contestation utilized. As noted, previous studies had established one method: *constructing an alternative interpretation of the part used to represent the whole*. However, this article provides evidence of two additional methods by which to contest a synecdoche: *reassertion of the whole rather than the part* and *attempts to falsify or contest the logical grounding of the constructed synecdoche*.

[2] For an example of contestation of synecdoche, see Moore 2009. However, Moore examined the use of irony as a mode of contesting synecdoche, rather than a more direct example as this article provides.

The Condom, HIV/AIDS and Sex Education, and New York City

The condom strongly connotes physicality: as an external barrier method, it is perceived as more closely connected to sexual acts than other types of preventive measures (Gamson 1990). Historically, the condom also has been the subject of heightened controversy because it can both protect against sexually transmitted infections and pregnancy. Social and political actors have been able to successfully advance their interests by shifting focus to one or another function, particularly by emphasizing condoms' role as a prophylactic (Gamson 1990). In the era of AIDS, the publicity of condoms was an initial area of contestation driven by conflict over sexual norms and behavior, including youth and same-sex sexual activity (Gamson 1990; Bravmann 1991).

In the USA, sex education programs have been developed most often in response to health and behavioral trends that come to be defined as social problems. In the late 1980s and early 1990s, HIV/AIDS became such an impetus. Infection with HIV was usually viewed as a death sentence because successful retroviral treatments were in the early stages of development and often beyond financial reach. As vital statistics data began to show the impact of the disease on youth in the USA, debates about sex education narrowed, focusing predominantly on HIV/AIDS prevention rather than broader sex education (Moran 2000).

Condoms became increasingly linked to HIV/AIDS and sex education policy making and discourse during this time. In the late 1980s, disagreement over the usefulness of condoms in youth AIDS prevention reached as high as the Reagan administration. In one instance, Department of Education officials disseminated recommended guidelines for school districts that sought to downplay the effectiveness of condoms, in direct contrast to advice from the Office of the Surgeon General that condom utilization be among HIV/AIDS prevention methods discussed with youth (Boffey 1987). Local school districts found themselves part of the controversy as they began to consider making condoms available to students through stand-alone initiatives or as a component of restructured HIV/AIDS or sex education curricula.

In New York City, formal HIV/AIDS educational training was initiated in 1985 in response to "continual media coverage, public fear and concern about AIDS" (Schecter 1985: 1). HIV lessons were meant to provide a practical supplement to

the city's existing *Family Living, including Sex Education* curriculum (NARAL Pro-Choice America New York Foundation 2010). With the state of New York mandating that HIV/AIDS education be provided to all public school students in the fall of 1987, efforts to more systematically disseminate information and develop a citywide curriculum began (Abelson 1992). Yet, at the beginning of the 1990s, statistics revealed that the city's youth comprised 3% of the nation's young people but 20% of reported adolescent AIDS cases (Hamburg 1991), and an informal review determined that HIV/AIDS lessons were not being implemented consistently across the city (Fernandez 1990). The city's top school administrator, Chancellor Joseph A. Fernandez, termed the situation a "ticking time bomb" and initiated a new round of policy making (Berger 1990: B1).

Efforts to strengthen HIV/AIDS education efforts in New York City began with seeming consensus. The school board unanimously supported the declaration of October 1990 as AIDS Awareness/Education Month, saying that it would "promote education as the best means of prevention." (City of New York Board of Education 1990: 1113). With little uproar, Chancellor Fernandez began to implement recommendations received from the city's AIDS Advisory Council, including the distribution of HIV/AIDS information, development of a directory of experts, and creation of school-based education teams. The Chancellor also put into place a long-term plan to draft and implement grade-specific HIV/AIDS curricula with a goal to better integrate the lessons into a broader reorganized health education program.

Disagreements developed over the Chancellor's support for the Advisory Council's recommendations regarding condoms. The Advisory Council had advised that information be provided as to where free condoms could be obtained, that condom information be integrated into HIV/AIDS lessons in secondary schools, and that condoms and lubricants be made available in school-based health clinics or through other authorized campus designees (AIDS Advisory Council 1990). The Chancellor began to develop the *Expanded HIV/AIDS Education Program Including Condom Availability*, determining that condoms be made available in a staffed HIV/AIDS resource room on each high school campus. More than a dozen hearings and numerous less formal consultations were held in the fall of 1990 as the Chancellor gathered input from Board members, public health experts, educational staff, administration, and parents (Fernandez 1991b). Condom availability received an important boost when the state Education Department found that there was no prohibition in relevant state laws, rules, or regulations (Sobol 1990). Several Board members, however, objected at this time and began to suggest the necessity of adding a parental consent clause to the plan (Bloomfield 1990). As formal consideration of the Chancellor's program neared in early 1991, public and media attention increased. Newspaper articles drew attention to the condom availability plan with titles such as "Chancellor Has Plan to Distribute Condoms to Students in New York," "Condom Plan for Schools Draws Criticism," and "5 of Board's 7 For Condoms In the Schools." Large-scale public hearings scheduled for entire days at a time were needed to accommodate hundreds of speakers, and other New Yorkers petitioned the Chancellor and members of the Board through calls and letters.

The New York City Case Study: Analysis of the Condom Synecdoche

As detailed above, interpretive analysis techniques were utilized to examine official statements made by policy actors in New York City's early school board debates concerning HIV/AIDS education. This research showed that views on the HIV/AIDS education plan coalesced into two main communities of meaning, each displaying a distinct discursive pattern. The first community of meaning included religious organizations and concerned city residents with a commitment to youth abstinence. This group focused its attention on the condom plan and framed its opposition around the condom itself, constructing it as a "permission slip" for immoral sexual activity that it believed schools sought to grant to youth, in violation of family and community values. The plan to make condoms available in New York City's public schools therefore began to stand in for the schools' larger efforts to educate youth about HIV/AIDS, forming a synecdoche. A second community of meaning, predominantly composed of adolescent health professionals and representatives of advocacy groups for women, children, and people with AIDS, contested this discursive construction. In lieu of a focus on the condom, this group's statements included arguments regarding the necessity of seeing the condom plan as part of the broader HIV/AIDS curriculum and attempted to falsify the logical basis of the condom synecdoche.

Abstinence Advocates and the Construction of Synecdoche: Condom as "Permission Slip"

For those who disagreed with the proposed HIV/AIDS curriculum, the condom came to represent the inappropriateness of the public schools' response to HIV/AIDS. The AIDS crisis was considered the result of a general moral decline in American society, and specifically the problem of sexual activity among unmarried young people. Condom information and availability were therefore improper and argued to be a usurpation of the role of parents and the community in such a situation. For abstinence proponents,

the condom was a "permission slip" that schools sought to inappropriately provide to young people, validating and encouraging premarital sexual behavior. They deployed the condom synecdoche through public discourse, policy making, and litigation.

In their formal statements before the Board, opponents to the HIV/AIDS education program deemphasized the larger curriculum and tightly focused their comments on the condom availability component of the plan, terming the program "condoms-on-demand," "condoms for kids," and a plan to distribute condoms "like candy." Opponents asserted in both their discourse and action that parents and the community were the appropriate arbiters of youth morality, and so ought to be principally responsible for HIV/AIDS education. The idea that schools might provide children condoms against their parents' wishes was truly unthinkable to many participants in the debate, several Board members included. The issue of parental consent shifted several votes away from the condom plan and related measures, as can be seen in the words of member Carol Gresser:

> … I cannot support a condom availability plan which [stet] does not include a parental opt-out component. Parents are the primary educators of their children and bear the responsibility for their children's welfare. To deny them this critical choice is a mistake (City of New York Board of Education 1991: 1120).

An initial attempt was made to require parental consent in September 1991, even as the state AIDS Advisory Council and the city's health commissioner maintained support for the original program (Rogers 1991). Board member Irene Impellizzeri, a prominent opponent of condom availability, filed a formal proceeding before the state Commissioner of Education, and Board member Michael J. Petrides, along with four parents, filed suit in state court. In the latter case, the plaintiffs sought to compel the Board to halt condom availability or institute a parental opt-out, arguing that providing condoms violated parents' rights to control their children's health care (Alfonso v. Fernandez 1992).

While opponents of comprehensive HIV/AIDS education were united in asserting that condom provision was not an appropriate role for the schools, there existed differences as to the logic behind this view. For some, schools were meant to play a special role in society with an unbiased and narrowly defined academic mission. By distributing condoms, the schools had asserted a morality of their own, and so "the line between education and advocacy ha[d] been breached" (Griffith 1991). The situation was judged a zero-sum game, in which a school that intervened by making condoms available to students caused family and church to lose ground. According to the Archdiocese of New York, "That a body with the Board's stature would make condoms available… will only assure promiscuous youngsters that they are in the right and confuse those… who have been taught in their families and faith communities to observe chastity" (McManus and Archdiocese of New York 1991).

For others, the school held a unique standing precisely because it was a place where moral values should be taught. Under this logic, schools may express a moral viewpoint but ought to take their cues from the community—whose values are either assumed or explicitly defined to be traditional religious values. Yet, this partial view of community meant that public health and gay rights organizations were most often deemed illegitimate participants in the debate. In the view of abstinence advocates, providing youth with condoms meant that schools had been corrupted, and that schools had come to see young people as lost causes, unable to reject sex or embrace moral values. Focus on the condom plan therefore brought into question the overall function and legitimacy of schools themselves.

Despite a plan that included many other aspects, abstinence education activists' singular focus imbued condoms with the power to create youth sexual behavior. These activists viewed premarital sexual activity as the underlying cause of AIDS, and increasing rates of HIV infection constituted grounds to redouble efforts to discourage youth sexual behavior. Consequently, for them, condoms could not be an appropriate response to the epidemic because they suggested that sexual activity was acceptable as long as it was "safe." Abstinence advocates argued that condoms were unreliable and could not be guaranteed because of what was deemed their "high failure rate." These advocates held that "outside of monogamous marriage, there is no such thing as safe sex," and so young people were being misled about condoms' safety (Alcorn and New York Bible Society 1991). In the end, the program was seen as likely to cause more youth sexual activity and thus a greater number of AIDS diagnoses.

The Proponents' View of HIV/AIDS Education: Rejection of the Condom Synecdoche

Most proponents of intervention by New York City's schools perceived HIV/AIDS as "one of the most serious health crises facing this nation" (Wattleton and Planned Parenthood Federation of America 1991). This sense of urgency and imminent loss of life motivated proponents to support comprehensive HIV/AIDS education as a way to reduce rates of infection. While the condom availability plan represented a key part of their response, proponents did not accept the condom synecdoche and sought to assert its inadequacy. Their argumentation took two primary forms: *reassertion of the whole rather than the part* and *attempting to falsify or contest the synecdoche's logical grounding*.

Reassertion of the Whole Rather than the Part

For its proponents, condom availability was an essential part of the larger comprehensive HIV/AIDS education program, inseparable in practice or in debate, and was viewed as evidence that schools were taking the extraordinary measures needed to deal with the public health crisis of HIV/AIDS. Making condoms available meant that young people were being armed with the best existing practical protection. A city councilperson expressed this idea in the following testimony: "It is unfortunate that knowledge in this situation is not enough … we must give those who are active another tool, besides information" (Dryfoos 1991). Because they supported a comprehensive HIV/AIDS education plan and believed in the importance of condoms within the overall policy, they were not willing to heed opponents' calls for its elimination.

Yet, proponents did not believe that condoms alone could solve the problem of HIV/AIDS among New York City's youth. They rejected the notion that condom availability could stand on its own, arguing that it must be offered in conjunction with high quality information. The Chancellor's office's rationale was that "[c]ondom availability in an educational environment connects the information acquired in the classroom to the actual lives of the young people" (Fernandez 1991a: 6). And so, unlike opponents who referred to the "condom plan," proponents consistently emphasized the importance of education and most often used the entire official title of the curriculum, *Expanded HIV/AIDS Education Program Including Condom Availability* in their comments. Proponents specifically referenced opponents' construction of the condom synecdoche, saying that a "thoughtful, multidimensional health education proposal" had been inappropriately reduced to the "distribution of condoms to school children." (Guttmacher and Public Health Association of New York City 1991: 1) Board member Westina Matthews voiced this concern at a formal meeting:

> One of the things that has so deeply troubled me is that this plan moved quickly from being called the HIV/AIDS Curriculum, to the Chancellor's plan, to the "condom plan." Moving quickly from educational policy, to health policy, to social policy. This saddens me because it seems to me that we have forgotten what this is really about: the need for comprehensive health care services for children, especially poor children, in our City. The health of our children is in serious jeopardy. (City of New York Board of Education 1991: 289)

Advocates believed that if trusted adults gave adolescents the information and means to protect themselves from AIDS, then adolescents would be more likely to do so. Numerous doctors and public health experts expressed sentiments akin to testimony of the Director of Adolescent Medicine at St. Luke's-Roosevelt Hospital Center, who argued that "We are not dealing with small children asking permission to go outside and play… while these young people may be physically advanced, their ability to make responsible decisions is still in the process of maturing" (Cohall 1991). Proponents did not see young people as innocents, but rather as developing agents, driving their own lives. Thus deliberations were about whether the schools would "assist or impede that process towards more responsible decision-making" (Cohall 1991) and so allow youth a greater likelihood of survival.

Supporters of the HIV/AIDS education plan believed the school was the appropriate site for a thoroughgoing intervention targeted at adolescents. Education was the core of this perspective, and so comprehensive HIV/AIDS education advocates felt schools should play a significant role in tackling the disease. As one adolescent health expert argued, the Chancellor's plan was necessary because it met the definition of the "fundamental role" of education: "*to help young people develop the capacity* to be literate, to fully understand what behaviors are harmful to themselves and others, and to gain information about how to avoid and prevent problems as they develop and mature" (Carrera and The Children's Aid Society of New York 1991). For some, this was merely an extension of the schools' mission to take care of the whole child, as education could not occur if their charges were unhealthy or dying. Others argued that during a time when family and community were weakened and other government institutions lacked funding, the public schools were the most stable institution in many youths' lives, and the only administrative entities in the city able to accomplish such an endeavor.

Attempts to Falsify or Contest the Logical Grounding of the Constructed Synecdoche

HIV/AIDS education proponents also responded directly to critics' concerns about the schools making condoms available, attempting to use facts to refute their opponents' claims and guide policy making. They could not view condoms as "permission slips" for sexual activity because, to them, it was evident that young people were not asking anyone for permission—neither parents nor educational institutions. Many expressed dissatisfaction with youth sexual activity but felt that providing information and condoms to the city's youth was simply the most practical solution in a public health emergency. The head of Planned Parenthood of New York City noted: "In the best of all possible worlds, young people and parents *do* talk about sex. But many young people

do not live in such a world" (Sanger and Planned Parenthood of New York City 1991).

Advocates' comments were grounded in scientific research they believed proved their opponents' arguments false. Studies of youth sexual knowledge and activity, along with rates of sexually transmitted infection and pregnancy, were used to counter claims that young people could be adversely affected by condom availability or positively swayed by messages of abstinence alone. They also cited studies showing links between condom information and availability and the adoption of safer sex practices. Advocates sought to address concerns about condom reliability as well. For example, in testimony to the Board of Education, the city's health commissioner, Woodrow A. Myers, argued:

> The concern has been expressed that sex education and/or access to condoms will actually result in increased sexual activity and increased harmful consequences. This is an understandable concern, but good scientific studies do not substantiate it; nor does the experience of our Western European counterparts where sex education, including condom availability, is routinely offered in the schools. (1991)

Finally, some sought to contest the condom synecdoche by rejecting opponents' implicit and explicit claims of holding a monopoly on morality. For proponents, ensuring young peoples' rights and survival was the schools' highest moral responsibility, and they felt that the sex education plan with condom availability would help accomplish this goal. To them, the moral message of the broad curriculum was that "New York City will not ignore reality and reject common sense; we will not make the sexual behavior of our young people a capital offense" (Wattleton and Planned Parenthood Federation of America 1991). The schools' response to HIV/AIDS was also framed as fundamental to ensuring the rights of children—rights grounded in international human rights conventions, state-level guarantees, and goals that had been supported in principle by the city's school policymakers. According to Board member Luis O. Reyes, these rights included "the right to life, the rights to survival and development, the right to protection and care, the right to an education which involves responsibilities." (City of New York Board of Education 1991: 287) Others emphasized the impact on the most vulnerable groups of youth in New York City. A representative of Gay Men's Health Crisis, for instance, urged policymakers to "make an investment in the lives of all of our young people by supporting the Chancellor's *entire* HIV/AIDS prevention package…Lesbian and gay youth are among all the young people entrusted to your care, and have the right to lifesaving public health information and services." (Peterson and Gay Men's Health Crisis 1991, *emphasis mine*).

Discussion

Discursive Processes

In most studies of synecdoche, a single symbol comes to stand in for the larger debate, and so the disagreement is about what the symbol means. However, in the New York City-based HIV/AIDS education discourse examined, abstinence advocates deployed the condom synecdoche while comprehensive education supporters contested its use. And so a distinct pattern emerged, where the use of the synecdoche, and not its meaning, was the primary discursive and practical conflict. This contestation manifested in three main ways: *disagreement over the scope of debate*, *disparate views of how to define the problem itself*, and *differences in argumentation provided by each side*.

At its most basic level, the deployment of the condom synecdoche and its subsequent contestation reveal a disagreement over the appropriate scope of public debate. Advocates of youth sexual abstinence focused their attention almost completely on the condom and the plan to make condoms available to the city's high school students while comprehensive HIV/AIDS education proponents attempted to reassert the larger HIV/AIDS education curriculum. Abstinence advocates were largely successful in shaping the terms of the debate, as the majority of public comments and policy actions came to address the condom plan rather than the larger educational efforts to halt the spread of HIV/AIDS. Abstinence advocates found a powerful symbol in the condom: with its connection to physicality, the condom invoked a variety of sexual activity to which promoters of abstinence were opposed, not the least of which was same-sex sexual activity. By constructing the condom as a "permission slip," their discourse moved beyond condoms' practical power to a constructed status wherein condoms' presence or absence was viewed as the key to controlling youth sexual behavior. In addition, the synecdochic discursive structure itself was also powerful. It provided a narrow, tangible, and simple structure for the debate that became influential, notwithstanding all attempts to the contrary. Proponents of the larger educational program were unable to fundamentally alter the narrowly constrained scope of debate. Once a synecdoche is constructed, it is difficult to undo, and in trying to oppose it, one references it and so often indirectly reinforces it. Media seize onto the controversy and the larger community comes to understand the issue and mobilize around the part made to stand in for the whole.

Analysis of the New York City synecdochic debate also revealed fundamental differences in the definition of the underlying policy problem. To many policy actors, the problem seemed to be the large and disproportionate effect of HIV/AIDS among youth in New York City. It is true that policy action began when Chancellor Fernandez determined

to more energetically fulfill the state mandate of HIV/AIDS education in the city's schools. Both an internal study of its implementation and statistics of the spread of HIV/AIDS contributed to this decision, and the comments of many public health experts support this problem definition. And yet, upon closer examination, many advocates of abstinence did not fully accept this as the problem to which they were responding. For these policy actors, the problem was not HIV/AIDS, but rather youth sexual activity itself. HIV/AIDS was the occasion for them to renew their calls for abstinence, but not the sum total of the problem. This is why condoms are so significant to them; condoms are not and cannot be a way to reduce or eliminate teen sexual activity. In contemporary public health parlance, the two sides to the debate are often said to espouse "risk-elimination" and "risk-reduction" strategies respectively (Sexuality Information and Educational Council of the United States 2011c), but this assumes that the definition of the problem is shared and defined as reducing HIV/AIDS. Certainly no advocate of abstinence would dispute that HIV/AIDS was or is a public health crisis, but it is seen as a secondary effect of a more primary problem: a *moral* crisis of youth sexual activity, and so their solutions need to be understood more accurately as stemming from this problem definition.

Finally, the two sides in the New York City dispute also differed in the sort of argumentation that they provided to support their policy stances. Opponents to the condom plan tended to frame their argument in moral terms through appeals to values stemming from family, community, and religion. Those in support of the comprehensive HIV/AIDS education plan with condom availability did, on occasion, also ground their arguments explicitly, or more often, implicitly, in morality through reference to human rights principles or the imperative to reduce illness and death. But supporters' primary argumentation was quite distinct, with a heavy reliance on public health statistics and factual findings from scientific research. For these supporters, interventions should follow logically from such evidence. But for those opposed to condom availability, it was just as self-evident that morality ought to guide policy making. Their approaches to discourse followed: abstinence advocates focused on the condom as a symbol of lost morality while comprehensive sex education supporters attempted to argue the logic of their broader educational approach.

Practical Ramifications

New York City

By late November 1991, students at John Dewey High School in Brooklyn and City-as-School in Greenwich Village would be the first to be able to walk into a health resource room and request a condom, and New York City would become the first school district in the nation to pass a policy to make condoms available to all high school students ('*New York Goes First*' 1991). In New York City, advocates of comprehensive HIV/AIDS education were able to get a curriculum passed and make condoms available, but with significant concessions. Lessons were required to emphasize abstinence along with the "risks and consequences of condom failure," and a parental opt-out was put in place for the condom plan. Likewise, opponents were able to assert their agenda in getting changes to the overall plan and gaining control over their own children's participation, but the overall HIV/AIDS education plan including condom availability would still be approved. On the surface, these results may seem to depict a model of effective compromise in policy making; however, close inspection belies such a characterization.

Four years after the initial debate, Board member Reyes would find occasion to lament, "this discourse about the HIV/AIDS curriculum continues to threaten to pull our school system apart" (City of New York Board of Education 1995: 2510). In each debate concerning the high school HIV/AIDS curriculum, followed by those for elementary and middle schools, as well as in resolutions authorizing school-based health clinics, disputes over condoms remained central. The *Alfonso v. Fernandez* case regarding the necessity of a parental opt-out also continued through the state court system during this time. Initially, the state court determined that making condoms available in a voluntary fashion to high school students did not constitute a health service under the law. But in 1993, the state appellate court reversed the earlier decision, ruling that the condom availability program was a health service and so, without an opt-out provision, it violated parents' substantive due process rights (Alfonso v. Fernandez 1993). This decision would prompt a second and ultimately successful effort by the Board to add a parental opt-out to the plan in 1994. And, in 1995, the Board debated the appropriateness of classroom demonstrations of condoms for various subsets of students. This ultimately resulted in a ban on all classroom condom demonstrations and a requirement that any demonstrations be conducted in a campus HIV/AIDS resource room and only provided to individual students upon request (Newman 1995a, b).

For most of the two decades following the passage of the HIV/AIDS and broader sex education curricula, implementation policies remained lax, with updates largely absent. The great controversy of the condom plan, the larger HIV/AIDS curriculum, and related furor over references to sexuality in the *Children of the Rainbow* multicultural education program made such issues a liability for all parties involved. The issue contributed to high rates of turnover in the Chancellor's office and influenced perceptions of the need for structural reform of the school board. A decade after the creation of the HIV/AIDS curriculum, there was

evidence of low compliance in teaching mandated elementary and middle school HIV/AIDS lessons (Stringer 2003). During this time, both the HIV/AIDS and sex education curricula became woefully out of date (NARAL Pro-Choice America New York Foundation 2010).

The HIV/AIDS curriculum was eventually updated in 2005 under then-Chancellor Joel Klein. Concurrently, the New York City Department of Education began implementing *HealthTeacher* as an updated broader health curriculum. Initially used for all students, the curriculum ultimately was retained only for elementary school students (NARAL Pro-Choice America New York Foundation 2010). In 2007, nationally available curricula *HealthSmart* and *Reducing the Risk* would become the recommended health and sex education programs for the city's middle and high schools. A pilot study of the sex education lessons was conducted in 2008 in a small subset of city schools, and over the next several years, a majority of city principals would begin to utilize the curricula (NYC Department of Education 2005; Alberti et al. 2010, cited in Sexuality Information and Educational Council of the United States 2011a). Beginning in the 2011–2012 academic year, *HealthSmart* and *Reducing the Risk* became officially mandated for middle and high school students as part of a reinvigorated commitment to health education by the city's schools. In his explanation of the new and "long overdue" requirement, Chancellor Dennis Walcott asserted, "[public schools] have a responsibility to offer our students access to information that will keep them safe and healthy" (NYC Department of Education 2011). Notably, the new mandate maintains the ban on classroom condom demonstrations, allows parents to opt their children out of specific lessons involving prevention and contraception, and utilizes a New York City-specific version of the curricula that modifies or removes lessons considered inappropriate by some critics (NYC Department of Education 2011).

National Policy Making

Through victories in contentious local, state, and national-level policymaking battles during the 1980s, 1990s, and into the 2000s, socially conservative policy actors successfully advanced abstinence-only education, their preferred version of HIV/AIDS and sex education (Henry J. Kaiser Family Foundation 2002; Irvine 2004; Kantor et al. 2008; Kirby 2008). Via passage of the Adolescent Family Life Act of 1981, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (also known as Title V), and legislation creating the Special Projects of Regional and National Significance Community-Based Abstinence Education in 2000, over $1.5 billion in funding was dedicated to abstinence education between fiscal years 1982 and 2009, creating strong incentives for states and localities to embrace abstinence-only policies (NARAL Pro-Choice America 2011; Sexuality Information and Educational Council of the United States 2011b).

Condoms would also take on a prominent role in these national debates about HIV/AIDS and sex education. As of 1997, federal guidelines for abstinence-only education specifically prohibited dissemination of information about condoms and other forms of contraception—with a notable exception for discussion of failure rates (Lin and Santelli 2008). A scholarly review of several approved abstinence-only curricula found that they contained erroneous information regarding condoms: likelihood of slippage and breakage, efficacy in preventing pregnancy and transmission of HIV, and about youth users of condoms (Lin and Santelli 2008). In addition, although numerous mainstream professional medical organizations endorsed condom availability programs, some curricula falsely suggested that such experts believed the opposite (Lin and Santelli 2008). Researchers attributed these errors to reliance upon out-of-date and non-peer reviewed studies or the selective reporting of findings and showed that existing medical accuracy standards failed to adequately scrutinize such curricula (Lin and Santelli 2008). Disagreements about the reliability of condoms and promotion of their use also repeatedly became subjects of contention within broader domestic and international HIV/AIDS prevention debates (Clymer 2002).

The Obama administration has attempted to significantly restructure national discourse and policy on HIV prevention. The *White House National HIV/AIDS Strategy for the United States* notes:

> One of the hardest lessons of the HIV/AIDS epidemic is that there is no single "magic bullet" that will stem the tide of new HIV infections… public discourse has over-simplified the policy issues and has led some people to believe that a single solution, whether it is education, condom use, or biomedical innovations, held the key to reducing HIV infections. (2010: 15).

As a result, the *Strategy* advocates a broader public health approach that combines interventions aimed at improving Americans' knowledge about HIV/AIDS with targeted research and treatment efforts and an understanding of HIV/AIDS prevention strategies as part of sexual health and health care.

One initiative that concretely advances such an approach is the new Personal Responsibility Education Program (PREP), part of the Patient Protection and Affordable Care Act of 2010. PREP provides grants to states to help prepare youth for adulthood, including instruction on how abstinence and contraception can serve as methods to avoid pregnancy, sexually transmitted infections, and HIV/AIDS. PREP also provides fewer resources for abstinence-only programs amidst higher levels of support for evidence-

based sexuality education (Rabin 2010; Sexuality Information and Education Council of the United States 2010a). Stricter abstinence curriculum guidelines had prompted increasing numbers of states to forego federal funds for sex education before the recent reform (Raymond et al. 2008), and states have continued to move toward comprehensive sex education under the new PREP funding system (Sexuality Information and Educational Council of the United States 2010b).

Implications for Ongoing Policy Debates

While it is true that young people now have many options for gaining information about HIV/AIDS and sexual health (Levine 2011), public schools continue to play a trusted and influential role (Jones and Biddlecom 2011) and remain uniquely positioned to provide such information to American youth. Rates of HIV infection, pregnancy, and sexually transmitted infection among young adults remain high; in New York City in particular, youth make up a larger proportion of new HIV infections than is the case in the USA more broadly.[3] National public opinion polls reveal that few Americans oppose sex education in public schools outright (National Public Radio et al. 2003) and greater numbers support comprehensive sex education than abstinence-only approaches (Bleakey et al. 2010). In addition, a majority of Americans believe that providing information about condoms to young people will make it more likely that they utilize "safe sex" practices (National Public Radio et al. 2003).

New York City's new sex education mandate and the national PREP program mean that policy on sex education has come into greater alignment with public opinion and scientific standards of effectiveness. However, the permanence of recent shifts is uncertain. There remains a patchwork of disparate policies at the state level: as of 2011, 33 states mandated HIV/AIDS education, and 21 of these states mandated sex education while the remainder did not (Guttmacher Institute 2011). Content requirements, including whether condoms, contraception, abstinence, and certain life skills must be covered as part of the educational curriculum, also vary among states (Guttmacher Institute 2011). Legislators' attempts to eliminate federal support for abstinence-only programs by rescinding remaining appropriations or creating a national comprehensive sex education policy have been unsuccessful (Lautenberg 2011) and abstinence-only education programs retain a set of strongly dedicated proponents. In New York City, for example, the recently adopted sex education mandate has quickly garnered opposition. Policy actors, when framing their disapproval of the curriculum, have begun to utilize familiar argumentation that emphasizes the existing condom availability program and the presence of information about condoms (NYC Parents' Choice Coalition 2011; Katz 2011; Catholic League 2011). More broadly, division and volatility continue to be a part of our larger political landscape and policy issues related to health care, sexuality, and reproduction remain highly symbolic of larger value differences (Steinhauer 2011; diMauro and Joffe 2007; Adams 1997). In this context, HIV/AIDS and sex education are likely to remain subjects of heightened political debate and conflict (Sexuality Information and Educational Council of the United States 2011b).

Analysis of the debate and subsequent policy history concerning HIV/AIDS education policy shows the significant role that the condom synecdoche has continued to play in the years since in New York City and beyond. Lessons from the New York City debate and the broader interpretive policy analysis literature can be useful in helping to enable both sides to compete on more equal discursive footing. Contestation over synecdoche or other discursive mechanisms often means that broader policy proposals and underlying value differences are only partially engaged, and the winner of such contests is able to gain the advantage in larger policy making battles (Moore 1993, 1994). A 1995 study showed that only a small percentage of New York City parents were strongly opposed to condom availability, and less than 2% chose to opt their children out of the program (Guttmacher et al. 1995). While comprehensive HIV/AIDS education proponents had this advantage, the condom synecdoche provided a mechanism through which opponents could simplify the larger HIV/AIDS education policy debate, assist others in making sense of the issue, and organize opposition. Comprehensive HIV/AIDS education proponents did win some practical policy victories, but without also simplifying their own perspective within a unified symbolic framework, they could not alter the overall discursive pattern or effectively mobilize their full base of support.

At least two other methods to contest synecdoche are possible and may prove useful in contemporary debates. One has been seen in previous studies: *constructing an alternative interpretation of the part used to represent the whole* (Moore 1993; Bloodworth Rowe 2008). A more concise rendering of the comprehensive HIV/AIDS and sex education argument would require giving up some discursive ground, but proponents would likely benefit from this strategy as they contest the persisting condom as "permission slip" representation on a more one-to-one

[3] Among new HIV diagnoses in the USA, those 13–29 years of age make up approximately one in five; in New York City, this rate is approximately one in three. Numbers calculated using 2009 data from United States Centers for Disease Control (2010) and New York City Department of Health and Mental Hygiene (2010).

basis. Focusing on the condom, but interpreting it as a life preserver, for one example, might allow advocates to invoke both their sense of crisis and belief in the necessity to move from words to deeds. A second strategy would be the *creation of an alternative synecdoche* wherein a different part is argued to more appropriately represent the whole. Because use of synecdoche allows one to assert an emphasis on a specific part or instance, there are many possibilities. However, if proponents seek to emphasize HIV/AIDS or sex education, they might construct the virus itself as the symbolic stand-in for this larger whole. If the representation were informed by scientific knowledge of the virus and how to avoid infection, it would highlight the utility of information and emphasize education as a form of protection, thereby providing a more effective development of the comprehensive curriculum position.

More broadly, the analysis shows that policy actors cannot ignore the significance of values, meaning, and discourse in policy making. The case study provides additional evidence that in political discourse, conservatives and progressives utilize startlingly different argumentation, usually leaving the latter at a disadvantage (Lakoff 2009). Progressives often rely upon an eighteenth-century Enlightenment view of reason as separate from emotion, viewing "facts as nonpartisan" and thus able to compel a shift in opinion once information is provided (Lakoff 2009: 12). Conservatives, purposefully or not, better join emotion to reason in a manner that applies what cognitive science and interpretive policy analysis have substantiated about how symbols and frames operate to help people make sense of complex ideas. This is to say that facts cannot be expected to stand on their own; they must be presented within a clear and cohesive moral framework that helps others to interpret those facts in a persuasive way. While some advocates in the New York City debate attempted to develop a moral framework for HIV/AIDS education, this never manifested as a cohesively organized discursive structure. In more recent years, scholars and activists have framed the issue within the paradigms of human rights (diMauro and Joffe 2007) and social justice (Fields 2008). Working to advance such efforts would help achieve greater discursive parity, forcing policy actors to engage fundamental value differences and so increase the likelihood of building a more durable and effective policy consensus.

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