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Postprint / Postprint

Sammelwerksbeitrag / collection article

Empfohlene Zitierung / Suggested Citation:

Schubert, K. (2019). The Democratic Biopolitics of PrEP. In H. Gerhards, & K. Braun (Eds.), *Biopolitiken - Regierungen des Lebens heute* (pp. 121-153). Wiesbaden: Springer. https://doi.org/10.1007/978-3-658-25769-9_5

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Schubert, Karsten. 2019. The Democratic Biopolitics of PrEP. In *Biopolitiken – Regierungen des Lebens heute*, ed. Helene Gerhards and Kathrin Braun, 121–153. Wiesbaden: Springer Fachmedien.

Final Manuscript. Published version can be found here:

https://doi.org/10.1007/978-3-658-25769-9_5

The Democratic Biopolitics of PrEP*

Karsten Schubert

Summary

PrEP (Pre-Exposure Prophylaxis) is a relatively new drug-based HIV prevention technique and an important means to lower the HIV risk of gay men who are especially vulnerable to HIV. From the perspective of biopolitics, PrEP inscribes itself in a larger trend of medicalization and the rise of pharmpower. This article reconstructs and evaluates contemporary literature on biopolitical theory as it applies to PrEP, by bringing it in a dialogue with a mapping of the political debate on PrEP. As PrEP changes sexual norms and subjectification, for example condom use and its meaning for gay subjectivity, it is highly contested. The article shows that the debate on PrEP can be best described with the concepts ‘sexual-somatic ethics’ and ‘democratic biopolitics’, which I develop based on the biopolitical approach of Nikolas Rose and Paul Rabinow. In contrast, interpretations of PrEP which are following governmentality studies or Italian Theory amount to either farfetched or trivial positions on PrEP, when seen in light of the political debate. Furthermore, the article is a contribution to the scholarship on gay subjectivity, highlighting how homophobia and homonormativity haunts gay sex even in liberal environments, and how PrEP can serve as an entry

* I thank Jon Catlin, V. Hunter Capps, Kathrin Braun, Helene Gerhards, David Halperin, Eloise Harris, Emmanuel Danan, and Daniel Putnam for criticism, comments, and remarks which helped enormously to develop the argumentation of this chapter.

point for the destigmatization of gay sexuality and transformation of gay subjectivity. 'Biopolitical democratization' entails making explicit how medical technology and health care relates to sexual subjectification and ethics, to strengthen the voice of (potential) PrEP users in health politics, and to renegotiate the profit and power of Big Pharma.

Keywords: Biopolitics, Pre-Exposure Prophylaxis (PrEP), HIV, gayness, subjectification, gay sexuality, governmentality, Michel Foucault, queer studies.

1 Introduction: PrEP and Biopolitics

PrEP (Pre-Exposure Prophylaxis) is a relatively new means to prevent HIV infections. HIV negative people take antiviral drugs which inhibit an exposure to the virus from leading to infection. In contrast to condom-use, this prevention technique is based on medical drugs, and not on a change in behavior. From the perspective of biopolitics, it inscribes itself in a larger trend of medicalization, the rise of pharmpower, and the governmentalization of risk. From this perspective, the invention of this new technology produces new demands on individuals – as such it is a form of power. The main target group of PrEP are gay men who are especially vulnerable to HIV, while the question of which subgroup of gay men should be advised to take PrEP is subject to medical debates. Sexual behavior is a result of subjectification, the process through which social norms form subjects and their desires. The medicalization of sex through PrEP changes sexual subjectification and therefore goes hand in hand with a change of gay sex practices. Where the condom was the unquestioned means for safe sex, in the age of PrEP, it is technically not necessary anymore. Many gays embrace the new possibility to engage in condomless and safe sex. But the more people take PrEP, the more there is a change of sexual norms towards condomless sex, which might pressure individuals to go on PrEP.

After briefly elaborating on the medical specificities and history of PrEP (1), this chapter brings together a reconstruction of contemporary theoretical approaches to bio-politics related to PrEP (2) with a mapping of current political debates around PrEP (3). The investigation shows that

Governmentality Studies and Italian Theory¹ focus on repressive power structures and therefore cannot account for the complexity of the debate, which stems from the subjectivity and agency of different actors involved, especially gay PrEP activists. Nevertheless, interpretations of PrEP as repressive power are also used by some actors in the political debate about PrEP, mostly without explicit reference to biopolitical theory. Nikolas Rose's and Paul Rabinow's nuanced accounts of biopolitics offer some tools to describe the debate around PrEP and the complex negotiation of sexuality which it involves, like biopolitical citizenship and somatic ethics. I draw on these ideas to develop a new concept of the 'democratic biopolitics' of PrEP, which enables a further democratization of sexuality in a biopolitical age.

Moreover, the chapter discusses PrEP and the problems associated with it from a perspective of queer and gay theory, contributing to the scholarship about gay subjectivity. While public health discourse tries to avoid identity categories because of their well-documented exclusionary and repressive functions, I mostly use the term 'gay' and not 'men who have sex with men', for two reasons. First, because 'homosexual' PrEP users mostly identify as gay, as a self-perception of being vulnerable to HIV which is connected to gay identity is mostly motivating to take it. Second, because the debate around PrEP is in part a political negotiation of gay identity, i.e., it is a negotiation of what it means to be gay and 'good' gay sexual ethics.² While the chapter maps the political debate around PrEP and accounts for both pro-PrEP and anti-PrEP positions, it shows that PrEP is effective not only for HIV prevention, but also for fighting homophobia and enhancing the quality of life for gays by destigmatizing gay sex.

¹ Italian Theory is a label for contemporary Italian approaches of political theory, represented by Giorgio Agamben, Antonio Negri, Paolo Virno, and Roberto Esposito, among others, cf. Pasquinelli (2011).

² Race, especially in the U.S., is a crucial factor in the HIV epidemic. African Americans have higher HIV rates than other racial minorities and Whites, with Black men who have sex with men (MSM) being the most vulnerable group: "Gay and bisexual men continue to be most affected by the HIV epidemic in the U.S. At current rates, 1 in 6 MSM will be diagnosed with HIV in their lifetime, including 1 in 2 black MSM, 1 in 4 Latino MSM, and 1 in 11 white MSM. African Americans are by far the most affected racial or ethnic group with a lifetime HIV risk of 1 in 20 for men (compared to 1 in 132 for whites) and 1 in 48 for women (compared to 1 in 880 for whites)" (CDC 2016). Many Black American MSM do not identify as gay or bisexual, as U.S. gay mainstream culture is predominantly White. The complex reasons for the extreme epidemic of Black gays or non-gay-identifying MSM and the difficult attempts to bring PrEP to their communities is beyond the scope of this article (Villarosa 2017). With its focus on the mainstream gay debate in the global north, this chapter is effectively dominated by White perspectives.

2 PrEP – The Medicalization of HIV Prevention

Pre-Exposure Prophylaxis (PrEP) is a medical HIV prevention technique. It refers to anti-retroviral (ARV) drugs taken by HIV-negative individuals in order to avoid an infection in case they come in contact with the virus. Studies show that PrEP is highly effective, with a protection level of about 92 percent when taken as one pill daily (Grant et al. 2010; Spinner et al. 2016; McCormack et al. 2016).³ This is a protection efficacy than reached through condoms, the classical behavioral prevention technique, which is around 70 percent for men who have sex with men (MSM) (Smith et al. 2015; Ryan 2015). PrEP is not necessarily a complete alternative to behavioral prevention methods such as condom use or serosorting⁴, but often used alongside with these methods as an additional means of prevention. Currently, the only drug which is certified for PrEP-use is Truvada, but other oral drugs such as Descovy (AVAC 2018) and forms such as vaginal gel are currently being tested in studies. Truvada has also been tested in an ‘on demand’ scheme, which involves only taking the drug shortly before and after a risk of infection, which showed lower rates of protection than the daily regime (Molina et al. 2015; Cousins 2017).

Truvada stops the reproduction of the HI-virus in the cells of a person exposed to HIV, so that this person does not get infected. Infection occurs through a process called reverse-transcriptase, where the virus copies its own RNA into the DNA of the infected cell, leading to a production of new viruses through the infected host cell. Truvada is a reverse-transcriptase inhibitor (RTI), which prevents this reproduction process by changing enzymes which are needed for copying the RNA into the host cell’s DNA.

PrEP can be located within a broader trend towards the medicalization of HIV prevention and sexuality (Cacchioni and Tiefer 2012). Classical prevention was behavioral, advertising to use condoms, to refrain from certain sex practices, or from sex altogether. In contrast to behavioral prevention, medical prevention minimizes infection through the administration of drugs (Giami and Perrey 2012). Other technologies of medical prevention which preceded PrEP are Treatment

³ The protection efficacy refers to the difference of the risk of HIV transmission per sex act between using no protection and the respective protection technology (PrEP, condom, serosorting, etc).

⁴ Serosorting refers to choosing sexual partners according to their serostatus, for example if an HIV-positive person has sex with an HIV-positive partner.

as Prevention (TasP) and Post-Exposure Prophylaxis (PEP) (Cohen et al. 2013; Forsyth and Valdiserri 2012; Cohen et al. 2012; Sultan et al. 2014). TasP involves lowering the virus load of HIV positive patients by anti-retroviral (ARV) drugs so that they are not infectious anymore. PEP refers to an emergency regime of ARV drugs after a (potential) exposure, which has to begin immediately after the exposure in order to be efficient and, contrary to PrEP, comes with significant side effects due to a different combination of drugs. The crucial difference between behavioral and medical prevention is the timing of the prevention act. Behavioral prevention requires making a preventative decision while engaging in sexual activity, whilst the conscious act of prevention (taking a pill) is decoupled from the sexual act in medical prevention.

Truvada was first approved for the use as PrEP by the FDA in the United States of America in 2012 and was made widely available through private health insurances, which makes access easy for economically privileged people, and difficult for those without sufficient health care plans. In Europe, public and private health insurances were slower to cover for PrEP. The costs of about 900 EUR per month remained a crucial problem until the patent of Truvada ran out in most European countries in July 2017 (Medical Express 2018; Boulet 2018).⁵ Countries of the global south, especially India, have been producing generics of Truvada and other HIV drugs for many years, engaging in legal battles about patents, in order to fight HIV epidemics in their countries. Many European gays, for whom PrEP was until recently not covered by their health care systems, ordered cheap Truvada-generics from India or Thailand, and often used it without professional supervision. PrEP became covered by health care systems in all West-European countries except for Germany and Austria in the last two years. Upon writing this chapter, the German health minister announced that PrEP would be covered by public health care for vulnerable groups (Redaktion Deutsches Ärzteblatt 2018).

3 The Biopolitical Lens

Biopolitics is a concept coined by Michel Foucault, which he develops in *The History of Sexuality I* (Foucault 1978) and the *Governmentality Lectures* (Foucault 2007, 2010). Here, Foucault argues

⁵ In the United States, the patent on Truvada is still protected and affordable generics are not available yet, cf. Landman (2017).

that modern governmentality operates through a specific kind of power over life, which governs both the individual and the collective. On the individual level, biopolitics operates through disciplinary power, which Foucault analyzed in his earlier *Discipline and Punish* (Foucault 1977). On the collective level, biopolitics is the regulation of the population through scientific knowledges, such as demography and statistics. Biopolitics connects these two levels of power: “The disciplines of the body and the regulations of the population constituted the two poles around which the organization of power over life was deployed” (Foucault 1978, S. 139). Foucault famously distinguishes biopolitics or biopower⁶ from sovereign power, the “right to take life or let live”, which was complemented by the biopolitical “right to make live and to let die” (Foucault 2003, S. 241). This differentiation is a description of the historical shift towards modern governmentality. The old sovereign power had the right to take individual lives, and otherwise leave them alone and unregulated (“let live”). Modern biopolitics is an extension and intensification (Nealon 2008) of power, insofar as it attempts to productively regulate the population (make live) and thereby governs many aspects of daily life which were beyond the focus of sovereign power, such as sexuality, health, and lifestyles.

Foucault’s concept of biopolitics proved to be enormously productive, spurring the development of whole fields of research.⁷ In order to critically analyze PrEP through a biopolitical lense, I propose to map the debate about biopolitics as follows. Biopolitics on the one had is used as an evaluative concept of social critique, and on the other hand as a nuanced analysis of contemporary developments. The evaluative use of biopolitics can be further split up into two sub-strands: First, biopolitics is a central concept for governmentality studies which draw on Foucault’s non-normative approach of genealogical critique (Saar 2007) to analyze and criticize contemporary governmentality. Second, accounts of biopolitics form an integral part of the contemporary grand narratives of modernity in Italian Theory, represented by Giorgio Agamben, Antonio Negri, and Roberto Esposito. The nuanced analysis of biopolitics is represented Nikolas Rose and Paul Rabinow.

⁶ Foucault does not differentiate systematically between biopolitics and biopower.

⁷ For a general overview see Lemke (2011); Mills (2018).

In what follows, I will briefly elaborate on these three strands, in order to reconstruct positions on PrEP which are or could be articulated in their respective frameworks.⁸

Governmentality Studies. Governmentality is a concept coined by Foucault which is closely linked to biopolitics. Governmentality describes three related aspects: First, the form of modern government which has the population as its object (and can be insofar understood to be synonymous with biopolitics) and is based on governmental knowledges and rationalities, second the historical tendency towards this governmentality in the West, and third the result of that process, the modern administrative state which is governmentalized (Foucault 2007, 108f.). More precisely, governmentality is “liberal” governmentality, and Foucault described its genealogy until the formation of contemporary neo-liberalism, in which the market is taken as a natural object which nevertheless relies on specific subjectification and regulation (Foucault 2010). Governmentality studies follow up on Foucault’s analysis and examine different aspects of neoliberal governmentality with the aim of exposing the repressive sides of neo-liberal governmentality and the subjectifications it produces (Bröckling et al. 2011a, 2011b; Burchell et al. 1991; Dean 1999; Lemke 2008; Nilsson 2013). Where neoliberal government proclaims freedom, critical governmentality studies analyze normalization and control through subjectification as self-responsible and accountable, which encourages subjects to behave like rational *homines economici* throughout their lives (Bröckling 2013).⁹

While PrEP has hardly been discussed by scholars of governmentality studies, Tim Dean’s *Mediated intimacies: Raw sex, Truvada, and the biopolitics of chemoprophylaxis* (Dean 2015a) remains one of the few examples of how the critical hermeneutics of governmentality studies can be used to analyze PrEP. Dean focuses on PrEP’s potentially (or actually) repressive effects and analyzes it as an element of broader changes in contemporary governmentality and biopolitics, medicalization and the discourse of prevention, which stresses individual responsibility and rational decision making. He asks what is biopolitically at stake in PrEP and describes it as an encouragement and imperative through “pharmaceutical power” which mediates gay men’s erotic lives (Dean 2015a,

⁸ The labeling is used here to broadly map the field. The specific positions on HIV and PrEP which I label with the sub-strands or schools do not fully capture the positions of these schools. While the arguments regarding PrEP which I reconstruct are typical for the three respective schools, different arguments could be constructed through their complex frameworks.

⁹ See Schubert (2018, S. 104–111) for a critique of the anti-normativism in contemporary governmentality studies.

S. 232). PrEP, according to Dean, is a typical instantiation of biopolitics, which aims at “control over populations increasingly through practices of health and wellness. [...] Biopower persuades us that it is in our own best interests to regulate diet, exercise, and pharmaceutical intake so as to optimize our overall health” (Dean 2015a, S. 233). PrEP is part of “normalizing health policies” (Dean 2015a, S. 233) and entails close monitoring of gay bodies by medical authorities, which, according to Dean, should be refused because it is a form of government: “Nobody wants to be told by a government agency how they may have sex” (Dean 2015a, S. 233). Taking resistance against PrEP in the gay community as point of departure, Dean argues that it produces “*biopolitical side-effects* (in addition to physiological ones) to mass compliance with pharmaceutical mandates” which should be considered (ital. in original, Dean 2015a, S. 234).

Dean’s criticism can be summarized on two accounts. First, he criticizes the dogmatically biomedical discourse of HIV prevention, which relies on rationality and individual responsibility: “The unwillingness to discuss sexuality as anything other than essentially rational behavior is astonishing. This unwillingness perpetuates a climate in which sexual activities that do not appear as expressions of individual self-interest tend to be pathologized” (Dean 2015a, S. 235). In this paradigm, which is hegemonic in public health discourse in general, desire, fantasy, and community fall out of the picture of sex, which leads to unsatisfying accounts for gay risk-taking behavior. In the epidemiological public health perspective, having sex without condoms can be explained only through the framework of substance abuse, since no rational person would ever take such sexual risks.¹⁰ The fact that scientific biophysiological explanations are the only game in town and non-scientific, cultural interpretations of sex are excluded from public health discourse is, according to Dean, useful to pharmaceutical industry, as it creates a demand for their products. This is an economic intensification of what Foucault called *scientia sexualis* (Foucault 1978).¹¹

Second, Dean draws on Preciado’s *Testo Junkie* (Preciado 2013) and his concept of “pharmacopower”. Preciado holds that power nowadays works on the molecular level, through pharmaceutics

¹⁰ For different accounts of risky gay sex see Dean (2011) (psychoanalytical) and Halperin (2007, 2016) (against psychoanalysis).

¹¹ See Patton and Kim (2012) for a critique of PrEP trials which argues that they are following a pharmaceutical paradigm which cannot account for cultural prevention techniques.

which became an intrinsic part of sexuality: “Biopower gets inside us not only through psychological mechanisms of identification (as we figure out who we truly are sexually), but also through the pharmaceuticals we ingest to become the sexual beings we aspire to be” (Dean 2015a, S. 237). Preciado builds his argument on pharmacopower by drawing a connection between the contraceptive pill for women and biotechnology for trans* people, such as hormones, to show that they both stem from the same biopolitical “sex-gender industrial complex” (Preciado 2013, S. 28). This complex profoundly changes sexuality by technologizing it, allowing for new surveillance and control. Additionally, relying on pornography, which produces desire (Preciado 2013, S. 304), biopower today “has full access to our bodies and their desires in the services of economic profit” (Dean 2015a, S. 239). PrEP has a profound impact on gay sexual subjectivity and desires, creating a new lust for condomless sex which is mediated through porn, pharma and public health (Dean 2015a, S. 239–241). Therefore, according to Dean, PrEP is just the next intensification of this economically driven biopolitical regime, and a new phase in the long history of the medicalization of gay sexuality.¹²

Biopolitics in grand narratives of modernity. Contemporary Italian political theorists like Giorgio Agamben, Antonio Negri and Roberto Esposito make biopolitics a critical category for the analysis of modernity, loosely drawing on Foucault. In their works, biopolitics is the defining characteristics of modernity. Agamben paints a dark picture of modern biopower as absolute sovereignty which controls biological life (*zoê* as opposed to *bíos*) and can reduce it to bare life, and argues that the concentration camp is the political paradigm of modernity (Agamben 2002). In contrast, Antonio Negri and Michael Hardt are optimistic that the “multitude”, a diverse resistance movement or force without central control, can counter biopolitical exploitation in late capitalism (Hardt and Negri 2002, 2004; Pieper et al. 2007). Esposito, in turn, gives a more nuanced account of biopolitics as immunization, which can account for both its repressive and affirmative sides (Esposito 2010, 2011, 2013; Langford 2015).

HIV has not been counted among the typical topics of these grand narratives about modern biopolitics. Still, Jaako Ailio connects the biopolitical thinking of Roberto Esposito to an investigation

¹² See Halperin (1990) for the creation of ‘homosexuality’ through medical discourse.

of HIV (Ailio 2013, 2017a, 2017b).¹³ In doing so, he aims to develop a concept of “liberal thanatopolitics”, following Esposito’s concept of Nazi thanatopolitics. Esposito’s explanation of biopolitics refers to the concept of immunity, which means destructive power (like the immune system) that aims at protecting life or social institutions. However, immunity is a matter of degree; if there is too much of the protective power, it destroys what it is meant to protect. Following Esposito, Ailio localizes a “deadly potential” (Ailio 2013, S. 261), i.e. the possibility of immunity turning into thanatopolitics, in liberalism and its subjective human rights regime. These rights are based on the juridical notion of the person, which is decoupled from the body. Ailio argues that only subjects count as persons, who have autonomous control over their body, which means that not all human beings count as persons (excluded is for example the madman, historically blacks, and contemporary refugees). Reducing some human beings to mere things is therefore intrinsic to the concept of the person and consequently, also to liberal human rights (Ailio 2013, 260f.). Regarding the liberal responses to HIV which aim at effective prevention and treatment, Ailio argues that the unequal distribution of access to treatment or prevention is an instance of liberal thanatopolitics, however one that does not rely on a state of exception (Agamben 1998) but follows from the very logic of personhood. His argument emphasizes that two groups of people are excluded from the liberal form of personhood, and thus efficient HIV treatment: people in countries without fully functioning public health systems and beyond reach of aid-sponsored HIV programs, and undocumented migrants in the West without access to treatment and prevention services (Ailio 2013, S. 261–264).

PrEP is only mentioned once as evidence for the defeat of a conservative fight against treatment of HIV and for the hegemony of liberalism (Ailio 2013, S. 261). Following Ailio’s framework, one could argue that subjective rights are not the adequate political means to extend access to PrEP. Instead, using Esposito’s rather vague terms, PrEP access could be extended through the “community” (Ailio 2013, S. 265), which might translate here into public health policies which are not organized through rights and citizenship but open for everyone. Such a solution, however, could have been reached without the *Überbau* of Italian school’s biopolitical grand narratives.

¹³ See also van Doorn (2013), who builds his critique of PrEP on Agamben, Negri, and Esposito. While his point that community structures should be included in public health prevention strategies is plausible, van Doorn fails to explain why PrEP is a problem and how this is connected to biopolitics.

Nuanced Biopolitics. Nikolas Rose and Paul Rabinow stand for a more nuanced approach to biopolitics, which is informed by Foucault and his concept of (bio-)power (Rose and Rabinow 2016; Rose 2007a; Rabinow 1999, 2005). In contrast to Dean and Ailio, these authors account for both the negative and affirmative sides of biopolitics through highlighting the capability of “biological citizens” to make ethical-political decisions on biopolitical questions (Rose 2007b, S. 259; Fassin 2009). According to Rose, biomedical innovation neither leads to a utopian future nor to overwhelmingly repressive pharmacopower, but to a multitude of small scale adaptations which significantly change the way we understand our bodies and lives, and which are all subject to open biopolitical struggles. What was regarded as ‘natural’ in the past becomes an object of possible interventions, changing the oppositions of nature vs. culture, normal vs. pathological, and treatment of illness vs. enhancement of capacities, thereby opening up new possibilities of and the need for political deliberation about the worth of different forms of life (Rose 2007b, 253f.): “Our biological life itself has entered the domain of decision and choice; these questions of judgment have become inescapable. This is what it means to live in an age of biological citizenship, of ‘somatic ethics,’ and of vital politics” (Rose 2007b, S. 254). This somatic ethics, for Rose, is closely linked to biocapital. Biomedical intervention is both open for capitalization through pharmaceutical companies, which need ethical approval by professional bioethical experts, often philosophers, who are dependent on grants and research money. On the other hand, biopolitical struggles require both actors in the pharmaceutical industry as well as patients and activists to think ethically about their choices and everyday actions in relation to different biomedical knowledges and experts. As a result they will build new normative expectations based on these technologies and become experts themselves (Rose 2007b, S. 257).¹⁴

HIV/AIDS activism is an example of such biological citizenship, illustrating what Rose terms “bi-sociality”. AIDS patients and activist came together in communities, performing numerous functions such as spreading information, campaigning for rights regarding treatment and quality of life and fighting societal stigma, and claiming a voice in the development of medical expertise (Rose 2007b, S. 144; Epstein 2009). The activist and the traditional medical community who started off as antagonists soon formed an alliance: This enabled medical professionals to reach their target

¹⁴ See for patient activism Epstein (2016); Novas (2016).

community of gay men, and in turn the activists became decisive actors in the further development of medical expertise and safer-sex advice.

The concepts of biocapital, biosociality, biological citizenship, and somatic ethics offer a good toolbox to describe and frame the debates surrounding PrEP. The concept of biocapital denotes the capitalist logics of Big Pharma and the politics behind pricing and patents, which antagonize the interests of patient communities and public health providers. The concept of biosociality refers to the fact that a community of (potential) PrEP users is constituted through their risk of infection. Biological citizenship is the act of claiming active rights and the empowerment of a policy making community. In fact, the main drivers for the development of PrEP were public health and the gay community, and not Big Pharma.¹⁵ Somatic ethics refers to the ethical practices surrounding PrEP. Because PrEP enables certain practices, especially condomless sex, which are often morally sanctioned, it constitutes a specific case in which somatic ethics are highly contested. In fact, the biosociality of PrEP does not just stem from biological traits or illness (as in classical patient activism), or the risk of illness connected to unalterable sexual orientation (as in classical HIV activism), but it is a specific sub-group of gays who engage in ‘high-risk’ sex practices, and this engagement is often conceptualized as ethical choice.

4 The Political Debate Around PrEP

I propose to schematically distinguish four positions in order to map the current debate around PrEP. To do so, I will reconstruct the rationality of positions which can be found in the field, i.e. in statements of activists, scholars, medical professionals, and community members, and explicate the relations between them. Loosely following Foucault’s analysis of discourse and power, the reconstruction focuses on the struggles about norms of sexuality, sexual subjectivation and subjectivity, and homophobia (Foucault 1971, 1978). The mapping is further informed by the biopolitical literature reconstructed above and highlights biopolitical aspects of PrEP. This allows to evaluate the biopolitical approaches regarding their analytical and normative potential and lay grounds for the claim that PrEP should be interpreted as ‘democratic biopolitics’. I do not claim to

¹⁵ The big initial PrEP studies were financed by public health institutions and not by pharma companies, see fn. 25.

capture all positions on PrEP which have been articulated. However, this schematic mapping brings, I argue, specific lines of conflict to the forefront. These emphasize among others how the biopolitics of PrEP intersects with homophobia and heteronormativity on the one hand, and the real or potential democratic nature of political debates around PrEP on the other.

The four positions outlined here are (1) gay pro-PrEP, (2) gay anti-PrEP, (3) professional pro-PrEP, and (4) professional anti-PrEP. On the one hand there is the gay perspective and the debate within the gay community between pro-PrEP and anti-PrEP camps. On the other hand, there is the non-gay perspective of medical professionals and the general public. Here again, a pro-PrEP and anti-PrEP perspective can be found. Some of these perspectives relate to specific theoretical approaches to biopolitics as reconstructed above. Some theoretical elements of the governmentality perspective, for instance, can be found in the gay critique of PrEP, for example, that pharmpower is pressuring gays to use the medicine. Pro-PrEP gays, however, invoke arguments about gay subjectivity which are not represented in the debate on biopolitics. The political activity of gay PrEP activists as biopolitical citizens fits well into Rose's and Rabinow's biopolitical perspective. The pro-PrEP medical position puts the emphasis on 'effectiveness' regarding prevention rates, financial aspects, and quality of life. Compatible with this argument is the critique of the inequality of access to HIV drugs through the framing of rights, which is the outcome of Italian Theory's grand narratives on biopolitics applied to PrEP. Some anti-PrEP medical professional arguments are similar to the pharma-skepticism of governmentality studies, and are based, at least in Germany, on an aversion against medicating healthy bodies which stems from a naturalist attitude. Homophobia and homonormativity,¹⁶ which are not accounted for by biopolitical theories, play a crucial part in my mapping and reconstruction of the debate. Nevertheless, the related fight about good or bad ways to be gay and to have gay sex can be understood as a fight about somatic ethics, drawing on Rose's work.

¹⁶ The concept of homonormativity describes and criticizes the conservative normativity of mainstream gay politics which is focusing on monogamous couplehood, marriage and domestic consumerism. Homonormativity, in difference to queer critique, does not contest, but stabilize heteronormativity, i.e. the belief that heterosexuality is a natural norm and the support of institutions of heterosexuality, sexism, and patriarchy, such as marriage. Homonormativity also constitutes a difference between 'good' and 'bad' gays and thereby leads to new forms of (internalized) homophobia, see Duggan (2002) and Murphy et al. (2008).

The pro-PrEP gay perspective has two sides. On the one hand, many gays are informed about the medical and public health advantages of PrEP and draw on them to argue in favor of PrEP. I will elaborate on these arguments when I describe the non-gay medical-professional pro-PrEP position.¹⁷ On the other hand, there is a non-medical argument for PrEP, which draws on the significance of PrEP for gay subjectivity and experience (Auerbach and Hoppe 2015). I will reconstruct this argument first, which falls into Rose's category of somatic ethics. More precisely, I propose to call what is at stake here *sexual-somatic ethics*: the negotiation of politics, subjectivity, sexual pleasure and desire, sexual norms, and medical technologies. The starting point is that sex without condoms is simply better than sex with condoms. However, even an utterance of this banality is dangerous in a climate of moralized sexuality. It is a statement which does not operate in the realm of reason and responsibility, but 'merely' in the realm of desire and lust. The immediate reaction to this statement by most people is that it is irresponsible, given the dangers of condomless sex and the relatively small effort it takes to use a condom. This immorality judgement is reinforced when considering the supposed higher risk of infecting others with STIs when engaging in condomless sex. Desire and lust are not strong arguments in this discourse on responsibility, reason, and guilt. Prevention, within this paradigm, exclusively means to inform people about certain risks, assuming that this will lead them to make 'rational' choices during sex (i.e. use a condom).¹⁸

This resistance against the demand to enjoy condomless sex shows something more deeply problematic in the current state of gay sexuality and subjectification – and PrEP is seen by many gays as an answer to this more fundamental problem. Obviously, blatant and open homophobia is a major problem, which has even been reinforced in the last couple of years in the West due to the rise of right-wing movements, who are presenting homophobic hate-speech as a legitimate position in public discourse.¹⁹ However, even within diversity-affirmative liberalism, where homophobia

¹⁷ The distinction between the gay and non-gay medical perspectives collapses to some degree, as many HIV medical experts are gay and HIV research developed partially out of the gay community's HIV activism.

¹⁸ For a critique of this rationalistic paradigm which leaves out gay experience, subjectivity, fantasy, sex and desire, see Adam (2011), Race (2012), Dean (2011, 2012, 2015a, 2015b), Halperin (2016), Trachman and Girard (2018).

¹⁹ In Germany, for example, there is a correlation between the growing political power of the homophobic right-wing populist party AfD the rise of homophobic attitudes (LSVD n.d.; Decker and Kiess 2016, S. 51), and the rise of homophobic hate crimes (Beiker 2017), which many actors interpret as a causation (LSVD 2017). A social and political movement against gender equality, sexual emancipation and self-determination with many personal and thematic overlaps with right-wing movements and parties became more outspoken and powerful in Europe over the last years, c.f. Hark and Villa (2015); Kuhar and Paternotte (2017). Some West-European right-wing parties define tolerance for different lifestyles as 'European', to reject Muslims, Islam, and people of color as homophobic and uncivilized. It is

seems to be absent and gays are happily married, homophobia deeply structures gay subjectivity and sexuality. It is ok now to be gay, but only if you are a ‘good gay’. If one lives a normalized, bourgeois and successful life, a life of homonormativity which follows heteronormative rules, gayness does not matter. This acceptance of bourgeois gayness is a success of the gay movement which was achieved by fighting the stereotypes of hypersexualized and effeminate gays through presenting and behaving as ‘normal’, masculine, and desexualized – this is homonormativity. Mainstream gays present their sexual orientation as an accidental, instead of essential, property of their personality; it does not determine who they are. With gay marriage, this journey to normalization reached its peak, and many gays are just behaving like straights nowadays, and are happy to receive social recognition and acceptance for it. But this acceptance comes at the price of a new exclusion. Trans* and gender non-conforming people, queers of color, and gay men who engage in different sex than with one stable partner in a long-term romantic relationship are excluded from this homonormativity (Flores 2017).

While gay pride of the ‘good gays’ is the surface of contemporary liberalism, the gay shame of the ‘bad gays’ is its flipside (Halperin and Traub 2009). This creates a constellation of shame and guilt surrounding gay sex (Hequembourg and Dearing 2013). The AIDS and post-AIDS generations grew up with a deep fear of gay sex (Cain 2017; P. 2015). It was not only something shameful, but also something dangerous. Engaging in it was problematic enough but engaging in it in an ‘unreasonable’ and frivolous way and getting infected with HIV or other STIs pushes gays outside of the framework of liberal acceptance of homosexuality. While guilt is not assigned anymore for being homosexual, it is even more assigned for engaging in non-normative and ‘irresponsible’ sex. Therefore, gay sex is constituted around an economics of guilt which stems from the liberal and homonormative refinement of homophobia, of which condoms are an essential part.²⁰ Condom adherence is the perfect guilt tool, and many gays report psychic self-tortures after having forgotten to use them, not only because of the fear of an infection, but because of the stigma related to the

important to note that this seemingly gay-friendly rhetoric is used only instrumentally for promoting anti-muslim racism (Siegel 2017). Queer organizations fight against this instrumentalization of their cause for racist projects and point out that homo- and transphobia is a general problem in society. It is not specific to Muslims, but rather promoted by (right-wing) anti-egalitarian ideologies. See for example GLADT (2009).

²⁰ Race (2016) describes the anti-PrEP attitudes in the community as a fear of sex.

supposed irresponsible behavior, to which an infection would be attributed. Under this rubric, condom based gay sex is intrinsically linked to guilt, fear, and internalized homophobia. PrEP is a new chapter in the queer fight against homophobia and finally helps to disentangle gay sex from its connection with illness and death, which it had for about 40 years now (Collins et al. 2016; Koester et al. 2017; Grace et al. 2018; Gilbert 2018).²¹

The liberating aspect of PrEP is not only about homophobia and social stigma, but it also changes and eases the dynamics of gay sexuality: PrEP reduces the need for constant negotiation of illness during gay sex. In order to act responsibly and to deflect guilt in the sexual paradigm of condoms, fear and guilt, gays have to be constantly aware of risk and negotiate it.²² They have to make assumptions about how ‘dangerous’ the partner is and if they can trust them. Especially the bottom (the receptive partner in anal intercourse) has hardly any control about the use of condoms, and has to check manually sometimes during the intercourse if the condom is still in place (Danan 2018). Thus sex is constant worrying for many gays. PrEP can change this condition. In terms of responsibility, this means that for the first time one can efficiently take responsibility by shifting it to adhering to the drug regime, away from the often-uncontrollable dynamics of sex. Here is an open contradiction to Dean’s position, who does not interpret this shift of responsibility as liberating, but as an intensification of the rationalization and disciplining of sexuality, as for the first time, responsibility can be objectively measured through drug levels in the blood (Dean 2015a, S. 233).

Thus sexual ethics, social norms, and (medical) technology are intertwined and form a nexus of power. Building on Rose’s term somatic ethics, this sort of ethical problematization can be called *sexual-somatic ethics*. It is a reflection and further development of community norms, personal choices, and desires, which is negotiating medical technology.

The anti-PrEP gay perspective also comprises medical arguments on the one hand and arguments which address subjectivity, sexual norms, and politics that fall under the rubric of somatic ethics on the other. As above, I will only reconstruct the ethical arguments here, discussing the medical

²¹ Exemplary for this liberating function of PrEP for gays in relation to guilt and condoms is a public post on Facebook (in German), which was widely shared, cf. Hartmann (2017).

²² Regarding the negotiation of responsibility see Young et al. (2016).

arguments which are used by gays along with the non-gay medical professional and public debate. Gay opponents against PrEP argue that it significantly changes gay sexuality and fosters a culture of condomless sex which effectively limits the freedom of those who want to use condoms. Many reports and complaints by gays in major Western cities, where PrEP prevalence is already high, show that it became more difficult to organize hook-ups through apps when insisting on condom use (Holt et al. 2018). Sex is a cultural practice and participants are subjectivated into a sexual culture. There is no essence of good and natural sex, instead it is always mediated through norms and technology. Before PrEP, condom-usage was a standard and unquestioned norm, and thus accepted as non-intrusive for many gays, even though condom adherence was a problem for a significant number of gays (Dean 2011; Halperin 2007, S. 11–37). The possibility for HIV-risk-free condomless sex changes this sexual subjectification. The condom is put into question and becomes the object of a battle of sexual ethics, where many desire condomless sex and others defend the condom as only means for safe sex. The sexual subjectification towards condomless sex is seen by many as a pressure to take PrEP as well, even if they do not really want to. PrEP might become the new norm, to which one has to adhere in order to participate in the changed sexual culture.

Anti-PrEP gay arguments draw also on reasoning in line with governmentality studies' biopolitical critique. Even when they do not refer to Foucault and the term 'subjectification', the critique I reconstructed above can be captured by this concept. Some connect sexual subjectification, i.e. the changed community norms and the pressure on individuals they entail, to public health authorities and the pharma-industry. The argument is that PrEP is promoted by pharmaceutical companies in order to build new markets and exploit PrEP-users economically by changing sexual subjectification. Obviously, the pharmaceutical industry appreciates non-infected people taking drugs, as they outnumber the infected (Thissen 2014; Behnke et al. 2014). In this regard, PrEP inscribes itself in the general trend of medicalization and especially pharmaceuticalization (Bordogna 2014) of prevention. However, such arguments overlook that the development of PrEP was in fact spearheaded by an interaction between the gay and public health communities through the early integration of the gay stakeholders in the processes of the three most important PrEP-MSM-studies iPrEx,

Ipergay, and Proud (Cairns et al. 2016, S. 2).²³ The initial MSM-PrEP studies were not financed by Gilead, who only donated the drugs and placebos, but by government sponsored research institutes.²⁴

Next to concern about the change of sexual-somatic ethics and PrEP as project of Big Pharma to exploit gays, there also exists a straightforwardly hateful homophobic stigmatization of PrEP users inside the gay community (Calabrese and Underhill 2015; Grace et al. 2018). It is the intra-community version of the homophobic guilt and shame economics of sex that leads to the homonormative construction of good gays and bad gays, as described above. One example for this PrEP-shaming is the word “Truvada Whores”, which was used as hate-speech against gays on PrEP, referring in an abjecting way to their supposed promiscuous sexuality (Duran 2012). In an act of typical gay re-iteration, this concept was quickly re-appropriated (Galinsky et al. 2013) by pro-PrEP gays and PrEP-users and turned into a self-identification that signifies pride and the criticism of social stigma and slut-shaming (bones 2014; Duran 2014). The clearest instantiation of hate-speech against PrEP can be found on online hook-up and dating network communication. The following citations are extracted from screenshots of online dating conversations which I received from PrEP activist Emmanuel Danan in Berlin (Danan 2018). They clearly show HIV and PrEP stigma in the gay community (Trigger warning: Hate speech and explicit language!). The insults are often constructed in the language of responsibility and based on misinformation about the medical technology, its efficiency and risks. They show how important it is for gay guys to be on

²³ Nevertheless, there are significant problems with some PrEP studies, which stem from global capitalism and pharma profit interests. Especially the Partners-Trial Baeten et al. (2012) is problematic because of offshoring, conducting risky trials in poor countries of the global south (here in Uganda and Kenya) to develop drugs to treat patients in the global north. Another problem with the Partners-Trial was that it transferred drugs from HIV positive patients who needed them the most to HIV negative persons for the use as PrEP, cf. Patton and Kim (2012). First PrEP studies in Cameroon and Cambodia in the early 2000s were stopped due to violations of ethical standards which put participants at risk of infection, after Act Up Paris protested against the trials, see Singh and Mills (2005).

²⁴ The iPrEx-Study was mostly financed by the U.S. National Institutes of Health (NIH) (Grant et al. 2010), the Ipergay-Study mostly by the French Agency for Research on AIDS and Viral Hepatitis (ARNS) (Molina et al. 2015), and the PROUD-Study was mostly financed by the British Medical Research Council Clinical Trials Unit at University College London and Public Health England (McCormack et al. 2016). The presently running Discover-Study is comparing Truvada and Descovy and is fully sponsored by Gilead (AVAC 2018). Descovy is a slightly modified version of Truvada, which is supposed to have less side-effects. Gilead needs to prove the advantages of Descovy over Truvada in order to keep profits high after the patent of Truvada recently run out, which opened the market for cheaper generics of Truvada.

the ‘good’ side, a desire which is sadly often enacted through stigmatizing others for their sexuality and their (well informed) prevention choices:²⁵

“You’re making the responsible people pay for what the irresponsible people are doing.”

“Oh look, one of those fags that’s proud to be a who’re! Lol. Gay pride!!” —Answer: “I shall take that as a compliment & move on with my evening”— “Lol ok whore”

“Go fuck Poz guys you sicko. Your gross as fuck. I keep blocking you but you keep making new profiles. No one cares if your on pRep. Ok”

“Neg on prep = HIV + = go away”

“Prep. Fuckin disgusting. Dirty breeder. Prep is to stop HIV only. Not other vile STD”

“Hi treibe es nicht mit Leuten die prep. Nehmen Zu risky. Syphilis und so.. sorry.” —Answer: “Auch ne Einstellung.”— “Ja bin Vorsichtig U d mit meiner Einstellung bin ich nicht allein. . sorry. Prep Leute sind für Menschen 2 Ter Klasse . Jo alles gute”

“baresex ist jedenfalls unverantwortlich. wird Zeit daß die AFD Listen anlegt mit Leuten wie dir und sowas eingesperrt wird. Sicherungsverwahrung oder Endlösung”

Despite this heavy HIV and PrEP stigma and the related hate speech, there are also good news: The increased use of PrEP already leads to measurably less HIV and PrEP related stigma in gay online dating (Golub et al. 2018). This supports the gay pro-PrEP argument that PrEP can have a liberating effect for gay sexuality.

The pro-PrEP professional perspective points out that PrEP is a useful, efficient and cost-effective tool to lower infection rates of vulnerable populations and therefore a necessary component in a strategy to fight and finally end HIV/AIDS. As the efficiency of PrEP is unquestioned today, I will

²⁵ I extracted the texts of the chats exactly as they appear on the screenshots.

focus on two problems raised by PrEP-critics and PrEP-supporters' answers to these: The potential spread of other STIs because of increasing rates of condomless sex and the problem of financing. One argument against PrEP is the assumption that it leads to the spread of more sexually transmitted infections, as it fosters a culture of condomless sex, for which there is some evidence (Nguyen et al. 2018). The argument of medical professionals and gay PrEP activists against this fear is that first, condoms do not work well in preventing the other STIs (mainly gonorrhea, chlamydia, syphilis), so that the difference in infection rates is not significant. Second, on the contrary, PrEP helps in the fight against these other STIs, as it leads many vulnerable people to get tested for these STIs regularly, as the PrEP regime requires a general sexual health check up every three months (Scott and Klausner 2016; Montano et al. 2017). Public health spends a lot of energy to get vulnerable people to get tested, but outreach to the community is difficult, especially within a rationalist sex-education paradigm. With PrEP, people who are particularly at risk (with or without PrEP) for STIs come to doctors in order to get tested out of their free choice in order to get the PrEP drugs. The second concern around PrEP is that it is expensive. However, several studies show that it is cost-effective if given to vulnerable populations, because the costs of the lifelong treatment of an infected person are far higher than the costs for PrEP (Juusola et al. 2012; Schneider et al. 2014; Cambiano et al. 2018; Shen et al. 2018).

The major concern of public health professionals nowadays is the unequal distribution of PrEP among vulnerable communities. While PrEP is more and more accepted and welcomed in gay cis-gendered populations of privileged social status, men who have sex with men (MSM) but do not identify as gay, transgender people, gays of color, straight black men and women, and migrants are particularly vulnerable to HIV in many countries but do not have easy access to PrEP (Ayala et al. 2013; Land 2017; Sevelius et al. 2016; Elopre et al. 2017; Page et al. 2017; Villarosa 2017). This is in part because sex education programs are framed on rationality, risk management, and individual responsibility and do not speak to vulnerable communities (van Doorn 2013). Furthermore, the regular adherence to PrEP is based on an identification as somebody who is at risk of becoming infected with HIV. While this identification is already charged with stigma in gay communities who have been dealing with HIV for more than three decades, it is no surprise that in communities in which HIV is not an ongoing topic, such an identification is even more difficult. A related problem are the still enormous costs for HIV drugs, as pharma companies are creatively

using legal frameworks and patents for maximizing profit, contrary to the interest of patients, potential PrEP-users, and the general public. This is especially scandalous given that the major PrEP studies were financed by public research institutes (Summers 2018).

The anti-PrEP medical and general public perspective invokes PrEP criticism which I described above and which is tackled by arguments and studies from the pro-PrEP side. Five further arguments are made against PrEP, which I discuss now: First, a general skepticism towards the idea of medicating healthy bodies, given potential side effects; second the possibility that Truvada resistant HIV strains might develop; third the problem of drug adherence, fourth specific institutional boundaries in public health systems, which I will illustrate with the example of Germany; and fifth the homophobic argument that the general public should not pay for the pleasure of gays.

Many medical professionals, especially if they are not HIV specialists, are skeptical about the idea of medicating healthy bodies for prevention purposes. They argue that even though users hardly experience side effects, Truvada is still a heavy drug which affects kidney, liver, and potentially bone integrity. What is more, it is possible that Truvada has long-term side effects which are still unknown (Wood 2012). This attitude towards medicalization may be culturally rooted. A skeptical attitude is more prevalent in Germany than in the United States. Public attitudes in the U.S. towards pharmaceuticals and biomedical technology can be described as pragmatically open, while Germans are rather skeptical of (bio-)technological interventions in bodies and nature (Meulemann 2005; Schöne-Seifert 2005). Second, while researches discuss the possibility that Truvada-resistant HIV strains might develop and control for such a development in studies, so far no resistant strains occurred (Delaugerre et al. 2018). Third, low drug adherence is a problem all studies point to. However, this does not lead to many seroconversions, as Truvada is also effective on low adherence rates, so that adherence levels are generally high enough to enable prevention (Haberer 2016; Closson et al. 2018). However, adherence remains a crucial factor and needs to be tackled by PrEP programs.

Fourth, a specificity of the German healthcare system is that statutory health insurance generally does not cover drugs as prevention, which is why currently PrEP is not paid for by public insurances. The board which decides about the payment schemes (Gemeinsamer Bundesausschuss) claims – contrary to medical evidence – that behavioral prevention (condoms) works for everyone, and that therefore prevention is a matter of individual responsibility (Aidshilfe 2016). One strategy

of German PrEP activists was to persuade individual health insurances to cover the drugs, arguing that this might increase their popularity among their customers. In this rationale, German insurance providers already today offer a huge range of lifestyle and wellness treatments like homeopathy, which, unlike PrEP, are not proven to be effective. Very recently, the German Health Minister announced that PrEP shall be regularly provided by public health insurances (Bundesministerium für Gesundheit 2018). Fifth, homophobic attitudes prevail among medical professionals and the general public. Stereotypes of promiscuous gay men who rightfully suffer for their lifestyles are still common – and lately rising due to the influence of right wing populist in Europe and the United States.²⁶ PrEP is seen as related to a choice of risky sexuality, which is imagined as immoral and therefore should not be sponsored by the general public.²⁷ This homophobic rationale, which stresses the individual responsibility for behavioral prevention, ignores the fact that the HIV epidemic targets gays, trans* persons and people of color, who are all underprivileged minorities that deserve public help. Furthermore, as the scale of the HIV epidemic nowadays is due to the blatantly homophobic reaction in the 1980s (which was, far and foremost, a non-reaction leading to the death of millions), one needs to move beyond individual responsibility and turn to redressing past injustice by providing effective prevention programs nowadays.

5 The Democratic Biopolitics of PrEP

The case of PrEP shows the complexity of contemporary biopolitics. PrEP is an instantiation of current biopolitics, combining public health concerns, conceptualizations of normality, and ethics of sexuality, while being part of a larger trend towards medicalization in general and the medicalization of sex in particular (Cacchioni and Tiefer 2012). What is especially visible in the case of PrEP is the connection between community sexual norms, sexual (medical) technology, and homophobic stigma. PrEP is a dispositive which changes sexual subjectification, and it is primarily

²⁶ See fn. 20.

²⁷ Two examples of this widespread homophobic discourse are the comment of a local German newspaper regarding the announcement to cover PrEP by German public insurances and the user comments of an earlier article on PrEP on the mainstream German news website Spiegel Online, cf. irb/dpa (2017); Queer.de (2018).

this change which is contested and fought for both from a perspective of gay subjectivity and from a medical professional perspective.

The mapping of the debate showed that different biopolitical approaches have specific strengths and weaknesses when applied to PrEP. The existing biopolitical literature is connected to the current debate on PrEP on two levels, normative and analytical: Biopolitical theory can inform a position towards PrEP and account for what is going on in the debate about PrEP. The two evaluative biopolitical schools, governmentality studies and Italian Theory, when applied to the case of PrEP, offer arguments which are also put forward in the debate. A position similar to Dean's critique of the repressive side of pharmacopower and its connection to capitalist interests can be found in some PrEP critical statements, and Ailio's argument for the extension of access to HIV treatment independent of subjective rights could support HIV medical professionals' demand for better HIV drug supply for vulnerable communities. In both cases, however, only superficial theoretical elements of biopolitics are used which does not improve the political conversation. From the PrEP activism perspective, Dean's critique seems far-fetched and sounds like conspiracy theory, and is not doing justice to the actual struggles, while Ailio's demand is trivial and would not have needed Esposito's biopolitical *Überbau* of a grand narrative of modernity.

The nuanced biopolitics account represented by Rose and Rabinow and connected to the scholarship of patient activism, offers a theoretical framework to better understand the complexities of the politics around PrEP. It accounts for the bioeconomic interests of pharma companies, the discursive shifts towards medicalization in the health sector, and the agency of and complex interconnections between professionals, users, patients, and activist. Criticizing dark visions of overwhelming biopolitical and pharmacopower, as put forward by Dean among others, Rose points out that biopolitics and the implementation of new medical technology involve complex political negotiation of somatic ethics and many different actors who engage in biopolitical citizenship. The political debate around PrEP is an instantiation of such a complex negotiations, which I may call democratic: The democratic biopolitics of PrEP. The process of democratic negotiation requires four questions to be answered:

First, the questions of representation, power, and interest at stake: Who is allowed to decide about desirable preventative technologies and who is allowed to be heard? Who finances prevention and who profits? Second, different sexual-somatic ethics, i.e. the ways to organize the sex norms of

communities in relation to medical technologies, are problematized and require negotiation. Different ethical choices clash (i.e., pro-condom vs. anti-condom), and compromises should be reached because the hegemony of the one is threatening the other. Third, negotiations must consider the boundaries of democratic discourse. These boundaries are often violated in the discussion around PrEP, when homophobic and slut-shaming hate speech is used by both gay and non-gay actors. This hate speech not only stems from individual's intentions, but from social structures: Heteronormativity (the discursive hegemony of heterosexuality and cis-gender) and homonormativity (the differentiation between good gays and bad gays). Therefore, political education and anti-discrimination work is needed to change these attitudes and make people ready for the democratic exchange about PrEP. This involves the complex negotiation of actors' freedom and potential political paternalism, as political education is itself normalizing (Schubert 2018). Fourth, PrEP evokes democratic questions about the rationality of legitimate discourse, as on the one hand, irrational, medically misinformed, and hateful speech is one of the central problems in the debate. On the other hand, one major deficit of prevention outreach and sex-ed campaigns is that they often rely on a rationalist paradigm, which supposes that more information lead to less risky sex, and that sexual practices are controlled by conscious and rational actors. Successful PrEP programs are reasonably (i.e., based on medical evidence) moving beyond this rationalist sex-ed paradigm by accounting for the irrational aspects of sex, i.e. fantasy, desire, and subjectivity. Unlike classical deliberative democratic theories, which exclude unreason, the democratic biopolitics of PrEP make unreason – sexual desire and subjectivity – the starting point of political deliberation. The democratic biopolitics of PrEP confirm democratic theories which argue that democratic reasoning depends on processing and deliberating its other, unreason or irrationality (Menke 2015).

To frame PrEP as a problem of democratic biopolitics not only helps to account for the complexity of the ongoing debate, but also allows to highlight paths to further democratization. Such a democratization requires to acknowledge that desire is not given, but a result of sexual subjectification through sexual-somatic ethics which are influenced by medical technologies and public health programs. If these processes occur unnoticed, negotiating them democratically is difficult. Making them explicit helps furthering democratic discourse. This would also allow tackling the underlying problem of homophobia on a large scale through political institutions such as education and law. Strengthening the position of (potential) PrEP users as most important stakeholders in the debate,

by including them in public health policy decisions, is of major importance. Finally, democratization would entail the renegotiation and minimization of costs and profits in the health sector, which are backed up by international patent law, in order to create affordable access to PrEP for those who need it.

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