

## Chronic Citizenship

### *Community, Choice, and Queer Controversy*

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Blue pills occupy an unusual space in our cultural medical imaginary. Abraham Lincoln famously took “blue mass,” a pill composed of elemental mercury, and historians have long debated the reasons he used them and the imposing neurological effects they may have inaugurated.<sup>1</sup> Since the 1970s, medical researchers have consistently documented that participants who consume blue placebos report feeling less alert than counterparts who ingest inert red pills, indicating that the form of a capsule can be as significant as its content in affecting treatment outcomes.<sup>2</sup> Viagra metonymically became “the little blue pill” in the first decade of the millennium, promising men virility and the reclamation of masculinity in middle age. Far from being limited to the medical sphere, opting for the “the blue pill” signifies taking the easy way out and choosing, according to *Urban Dictionary*, to ignore reality and live in blissful ignorance. As the character Morpheus says in *The Matrix*, “You take the blue pill—the story ends, you wake up in your bed and believe whatever you want to believe.”<sup>3</sup>

In 2012, a new blue pill, one that promised to prevent HIV infection in those who adhered to a daily regimen, made its way into our cultural lexicon. Truvada, a form of pre-exposure prophylaxis (PrEP), is an anti-retroviral cocktail composed of the drugs tenofovir and emtricitabine.<sup>4</sup> The therapy has been used for over a decade to treat people who are HIV-positive, but it has also proved astoundingly effective in warding off HIV transmission among seronegative populations. Studies are finding that adherence to PrEP can reduce risk of infection by up to 99 percent.<sup>5</sup> However, despite promising results, the use of a pill to lower HIV infection rates has initiated controversy among queer publics about the vari-

ability of risk, the definition of safe sex, and the stigma of nonnormative sexual practices.<sup>6</sup> Although some opponents argue that people who take the blue pill are merely allowing themselves to wake up in their beds believing whatever they like, Truvada appears to be working. And while the science continues to evolve, the rhetoric stemming from Truvada's growing sphere of influence lends insight into shifting understandings of risk, the medicalization of queer bodies, and the biopolitical investment in techniques of pleasure.

The tenuous relationship between duty and pleasure has underwritten HIV/AIDS activism since the early 1980s. The sometimes competing responsibilities to one's self, one's communities, and one's sex partners have acted historically as sites of contestation in exchanges about safe-sex education, bareback porn, and the criminalization of people who are HIV-positive. Not surprisingly, then, Truvada's introduction as a preventative measure has summoned a predictable, if misguided, chorus of antagonisms about the dangers of sexual gratification and the conventions of AIDS activism.<sup>7</sup> Even as HIV has evolved from epidemic to endemic, disputes about PrEP are situated in a familiar narrative arc that fixates on the consequences of sexual pleasure, ethical obligations to the other, and the biopolitical tensions of embracing public health interventions. Using the debates about PrEP as a catalyst, I look to the implications this technology has for the civic identities of queers, the contingent nature of safe sex, and discordant approaches to HIV-awareness efforts.

Discussions of Truvada currently rest in a tragic frame underscored by a politics of respectability that demands monogamy, condom use, and fidelity to normative sexual mores.<sup>8</sup> That is, contrary to decades of empirical, theoretical, and activist work detailing the multiplicitous character of desires and sexualities, arguments about PrEP are frequently couched in a language that sets "dangerous limitations upon our capacity to know" why people have particular kinds of sex in distinct situations.<sup>9</sup> Imagining a world free of HIV requires us to resist tragic frames, embracing instead comic attitudes that recognize the partiality of identifications and desires, and in the process raising consciousness about how safer sex can be made intelligible for multiple publics.<sup>10</sup> This essay forwards one potentially generative approach to PrEP by giving presence to a micropolitics of collective participation that can eliminate HIV and foster bonds of intimate belonging among publics—what is

being conceptualized here as a "chronic citizenship." This rendering of citizenship is a performative mode of belonging that gives preference to notions of queer kinship and desire, superseding biopolitical renderings of discipline and surveillance to acknowledge (sometimes contentious) quotidian sexual practices. Such an orientation accepts the ongoing reality of "risk," no matter how minuscule. It acknowledges that expanded opportunities for individual safer sex can gradually diminish HIV rates but also that the amalgamation of intimacies being accounted for in PrEP use cannot be easily charted by institutions. Widespread participation in daily prevention efforts, regardless of serostatus or sexuality, would also ideally lessen the stigma that continues to underwrite cultural discourses about HIV. PrEP can alleviate burdensome confessional expectations for people who are HIV-positive even as it energizes various ways of making pleasure intelligible.

Rhetorically the efforts to proselytize Truvada are more difficult than they may at first appear. Opponents of Truvada subtly suggest they can foresee an end to AIDS, offering narrative closure to a decades-long catastrophe that has morphed from a national trauma into a privatized "slow death." In their telling, if we stay the course with traditional safe-sex measures, that do not include PrEP, then the fight against HIV can at long last be won.<sup>11</sup> PrEP's detractors evacuate the contexts of sexual encounters among queers, in part by amplifying unrealistic presumptions about condom use, and in the process cloud the multitude of desires that motivate intimacy. Counterintuitively, and despite its promise, Truvada does not offer narrative closure in exchanges about sexually transmitted infections (STIs), the curious pleasure of risk, and ongoing bodily regulation. Indeed, proponents are situated to respond that some risk always remains, that pleasure may or may not be psychologically interrupted because of daily medication, and that some degree of bodily governance is always at play.

This essay investigates the decisive, blunt, and vitriolic interchanges about Truvada, often among queers, in numerous media outlets.<sup>12</sup> In some regards this rhetoric has been homogeneous, being told from the perspective of, or focusing on, white, gay, cisgender men. As a corrective, advocates have implored the Centers for Disease Control and Prevention (CDC) to more actively use black media outlets to reach more queers of color, who are disproportionately affected by HIV and who

would benefit enormously from PrEP.<sup>13</sup> At other times the discourse tackles complicated variables that give attention to class, age, political commitments, and the messy realities of sex and desire. It is significant to note that both cis and trans women are a rapidly expanding percentage of Truvada consumers, but they remain underrepresented in dialogues about PrEP. Both biomedical research and vernacular sites dedicated to PrEP would benefit from a diversity of voices, bodies, and representations in order to best serve the sometimes different needs of women, queers of color, and trans people, among others. Although the particulars of individual cases are essential to initiating and maintaining proper care, that does not mean cultural commonalities are not evident across bodies. Those who oppose PrEP are strident in their attempts to demonize sex they construe as perverse and reiterate a dubious politics of respectability.

### The Politics of Respectability

As far back as 1986, Simon Watney proposed that AIDS complicated the idea of a “moral panic,” insofar as the syndrome engendered perpetual alarm and was not an isolated crisis contained within a specific political moment.<sup>14</sup> Narratives about HIV and AIDS generally lack closure, denying the resolution typical of outbreak narratives and their accompanying lessons about social responsibility, containment, and the public good.<sup>15</sup> The paranoia underwriting fear of HIV/AIDS, Eve Sedgwick famously reminded us, has been a persistent element of the epidemic even after technologies allowed us to suppress viral loads and keep people alive.<sup>16</sup> Those suspicious of Truvada mobilize paranoid discourses, expressing angst about the blurred line between serostatuses among sex partners and the intimations of that fizzled border. One blogger captured this sentiment well in a post titled “Truthiness and Truvada,” remarking that “unprotected sex is still Russian Roulette.”<sup>17</sup> Despite the presumptions of this post, Truvada is a form of “protected sex,” even if it may be condomless sex. The pill abrogates the criteria with which judgments are made about sexual practices deemed respectable, decent, and trustworthy and redefines the very notion of “safe sex.”

The ceaseless anxiety that Watney described continues to beleaguer queer publics, with the specter of AIDS and its accompanying trauma

still looming, even as HIV infection has largely morphed into a chronic condition for those with access to medical care. It is not an overstatement to say that the reactionary politics of respectability surrounding Truvada is depressingly moralistic. Gay men posting to the “PrEP Facts” Facebook page (which has more than 19,000 members as of this writing) frequently report that they have been shamed by medical practitioners when asking for a prescription and also disparaged by other gay men when they disclose using the drug. The widely circulated label “Truvada whore” has come to signify a point of pride among those who take the drug, and the hashtag of the same name is frequently employed on Twitter to mark conversations about its use. Ironically, the phrase “Truvada whore” was coined by an HIV-positive freelance journalist in the *Huffington Post*. In that piece, David Duran argued that PrEP is an invaluable invention for serodiscordant couples but questioned the extent to which the pill should be prescribed to just anyone. He wrote:

I’m not a prude. I enjoy sex just as much as anyone else. I just personally enjoy sex more when I know that I am doing everything to prevent myself from ending up with a sexually transmitted infection. Having a “there’s a pill for that” attitude is absolutely disgusting. Don’t get me wrong: Thank goodness for the free clinic or the neighborhood pharmacy that will prescribe whatever lotion or pill or ointment you need to get rid of whatever you picked up from that random stranger, but HIV is not a “whatever.” Instead, it’s something that has lifelong consequences, and I sincerely hope that Truvada PrEP is not encouraging the “there’s a pill for that” attitude.<sup>18</sup>

Duran’s remarks, which he has since retracted, conjure the work of Mary Douglas, who reminds us that “arguments about risk are highly charged, morally and politically. Naming a risk amounts to an accusation.”<sup>19</sup> Even with a generous read of Duran’s statement, words such as “disgusting” and “free clinic” trigger images of dirt, contagion, and moral rebuke. “Free clinic” also animates classist and racist rhetorics popular in conservative political speech. Even on gay hookup apps such as Grindr there remains a discourse that seronegative men are “clean.” Projections of the impure gay man act as a trope not only for disreputable practices but also for unacceptable identities, stratifying bodies and creating a sententious hierarchy of sex in the process. This is to say nothing of the image

of the “stranger” Duran invokes, which has haunted public health since epidemiology’s beginnings.<sup>20</sup> Such stigmatization has long hindered safer-sex efforts, and Duran’s initial position perpetuates fears of people who are HIV-positive and rehearses needless sex shaming. When “sex is regarded as intrinsically dirty and degrading,” Watney observed, “it will undoubtedly become dirty and degrading.”<sup>21</sup>

Moralistic finger-wagging is especially prevalent when practices such as barebacking—in its broadest use, sex without a condom—is brought into the picture. In a “post-AIDS” era, the image of the good gay man has been tied directly to his conformity to condom use.<sup>22</sup> Yet, scholars such as Tim Dean argue that the risks of unsafe sex are exactly what make those practices so appealing. Dean reads barebacking as a treatise against normalized sexual paradigms that have structured public rhetorics about sex for the last several decades, especially among gay men. Suspending judgment about risk to further understand the politics and pleasures of sexuality, Dean contends that unregulated sex “defines nonrespectability precisely because it disrespects the boundaries that separate persons, classes, races, and generations from each other.”<sup>23</sup> In this way, barebacking cannot be understood without giving serious attention to the “fantasies that animate it.”<sup>24</sup> David Halperin has further speculated that changing norms around condom use may simply indicate an evolution in the techniques of pleasure among gay men.<sup>25</sup> Only one in six gay men use condoms consistently, and adherence is thought to be even less among heterosexuals.<sup>26</sup> In short, just because condom use is the imagined normativity of safe sex does not mean it is the norm.<sup>27</sup> Nor does adherence to Truvada necessarily mean that people are barebacking. It bears repeating that pleasure and desire are multifarious, not univocal.

The idea that condomless sex is universally shunned has drawn strong retort from proponents of PrEP, many of whom point to the ways unprotected heterosexual acts are lauded, if not celebrated. In a widely circulated passage, appearing on sites that include *Gawker* and the *Daily Dish*, Jim Pickett, the director of advocacy for the AIDS Foundation of Chicago, argued:

You’re here because people barebacked. Your grandmother was a barebacker. That secretary in your office, when you’re invited to her baby shower, she’s a barebacker. You’re bringing gifts for someone who engaged

in risky fucking behavior. What the fuck are you doing? She’s a bad person. We would never [say] that. We’re like, “Yay! You’re pregnant! What is it? Woohoo!” With a gay man, it’s like, “Oh my God. You’re reckless, you’re careless, you’re insane, you’re self-destructive, you want to hurt yourself and others.” And we ignore the fact that gay men have the same needs to feel close and intimate and pleasure. For a lot of people, condoms get in the way. That just is. That’s just a fact. And if you can use a condom yourself and that doesn’t interfere, again, great for you. Hallelujah! Keep doing it. But if you can’t, that’s not a mark against you.”<sup>28</sup>

Pickett’s statement reminds us that procreative intercourse maintains its status in the “charmed circle” of culturally sanctioned sex practices while barebacking resides somewhere in the “outer limits.”<sup>29</sup> In Pickett’s formulation, procreative coitus makes sexual pleasure permissible, even as most sex between people is non-procreative. Barebacking in this configuration is one act among many that is not easily reducible to an identity. The particulars of sexual liaisons are juxtaposed to the universal appeal of intimacy and pleasure, repositioning the mundaneness (if not the sometimes accidental outcomes) of heterosexuality to demystify otherwise culturally taboo encounters. And while such universalism invites as much scrutiny as it does opportunity (women’s bodies and sexualities are often situated as impure), it is also a stark reminder that there is nothing more public than sex.<sup>30</sup>

The politics of respectability is an especially prominent part of Truvada’s public narrative, which had no shortage of critics when it hit the market in 2012. Skeptics blasted the drug for promoting promiscuity, its potential side effects, and the huge profits it stood to make from the anxieties of queer men.<sup>31</sup> Regan Hoffman, a former editor at *POZ*, called Truvada “a profit-driven sex toy for rich Westerners.”<sup>32</sup> Actor Zachary Quinto took heat from LGBT advocates after he criticized Truvada as potentially lethal, a statement that he walked back numerous times in the following year.<sup>33</sup> AIDS activist Larry Kramer went so far as to call gay men on the pill “cowardly” for not using condoms and filling their bodies with “toxins.” Like others before him, however, Kramer eventually came around to the utility and social significance of the pill.<sup>34</sup>

Whereas queer communities used to battle Christian conservatives and their charges of damnation, the most contentious and vitriolic critic

of Truvada is not a cultish zealot from the heartland but Michael Weinstein, director of the AIDS Healthcare Foundation (AHF), one of the world's largest AIDS organizations. The AHF plays a significant role in the global fight against HIV/AIDS, claiming to reach 570,000 patients worldwide and acting as one of the largest providers of HIV/AIDS medical care in the United States.<sup>35</sup> The group was instrumental in passing Proposition B in Los Angeles, which required condoms for all penetrative pornography filmed in the city. It also compelled the manufacturer of Viagra to include language in its television advertisements about that little blue pill's inability to protect people from HIV.<sup>36</sup> It is one of the few HIV/AIDS organizations not to have embraced Truvada, but its dissent has drawn noticeable consideration in a media culture that exalts antagonistic public debate.<sup>37</sup>

Weinstein notoriously called Truvada a "party drug," repeatedly suggesting that it will prove ineffective in the struggle against AIDS because gay men will not adhere to daily regimens.<sup>38</sup> According to Weinstein, this lack of fidelity will lead to condomless sex, false reassurances among sex partners, and unbridled promiscuity. He has gone so far as insisting that the gay porn industry is leading the drive to push Truvada on gay men. Weinstein maintains that he is not opposed to individual use of PrEP, but he stands against it as a commonplace tool in public health planning.<sup>39</sup> This individualization has the effect of ignoring the collective potential of PrEP and usually leads to caricatures of queer men abating all control of their sexual discretion. Weinstein once contended, "A person who's taking crystal and is on a bender for three days isn't going to remember to take their" Truvada.<sup>40</sup> And he may be correct. However, a person on a "bender" for three days might not remember to use condoms, be of sound mind to communicate with a partner, or be in a position to consent to sex at all. More important, the analogy is meant to energize negative feelings about the respectability of those using PrEP, not engender productive deliberation about its utility.

Weinstein's is a loud and prominent voice, but his positions have little backing from cognate organizations that conduct HIV/AIDS outreach. Some, such as *Bay Area Reporter* columnist Race Barron, call the AHF "the climate change deniers of HIV prevention."<sup>41</sup> Scientific consensus about PrEP's effectiveness in blocking HIV transmission has manifested quickly, making opposition to its distribution bewildering. The *Advo-*

*cate* reports that more than 100 AIDS advocacy and LGBT groups have endorsed PrEP, including the Foundation for AIDS Research, the Gay Men's Health Crisis, and the National Minority AIDS Council.<sup>42</sup> Even the Human Rights Campaign, an organization that often draws the ire of progressive LGBT groups, has called for widespread adoption of PrEP and lobbied pharmaceutical manufacturer Gilead to lower the price of Truvada to ensure access for economically disadvantaged people at risk for HIV.

The politics of respectability hampering efforts to disseminate PrEP is unconscionable in an era when infection rates are skyrocketing. PrEP is an invaluable preventive tool for those most at risk for HIV infection, offering an additional form of protection that might help to eradicate AIDS. Equally significant, the politics of respectability outlined here demands personal surveillance and discipline, occluding political questions about corporate alliances, shared understandings of risk, and the varied nature of sexuality. These quandaries need to be addressed not simply as matters of personal choice but also engaged as public affairs deserving of collective deliberation. In the next section, I explore how intimate bonds can gradually eliminate HIV, situating those equipped with PrEP in preventative networks that are at once pleasurable and political.

### Chronic Citizenship and the Shared Ethics of Ending AIDS

Turning away from the dire and paranoid predisposition of a politics of respectability, I now look to the productive capacities of cultural membership fostered by PrEP. Far from a legal apparatus of conferred rights, the idea of chronic citizenship stresses the praxis of belonging and the serial relations of sexual communities.<sup>43</sup> I do not presume that taking a pill is a defining characteristic of identity, though the stigmatization accompanying PrEP hints at a socially precarious positionality. "Truvada whore" and "PrEP warrior" are signs to be rallied around in a collective context. Still, a skeptic might rightfully ask how taking a pill every day is entrée to the responsibilities of citizenship. I contend that the answer is quite simple: making PrEP routine and not salacious diminishes the communicability of HIV, body by body, crafting a network of stopgaps while acknowledging the realities of nonuse of condoms. Pleasure and duty are coconstitutive means *and* effects, accentuating how personal

intimacies can revolutionize public life. In short, the individualistic benefits of the pill have cumulative effects on cultural identity by working to dissipate the panic embedded in sexual imaginaries. And, far from a utopic understanding of technologies and bodies, the denomination “chronic” functions to recognize the temporal nature of eventually expunging both the fear of HIV and the disease itself. If HIV is indeed a chronic condition (i.e., one marked by time), then chronic citizenship projects not the slow death of individual actors but the gradual dissolution of the epidemic through the micropractices enabled by PrEP. This heuristic also combats the ableism frequently imparted by vernacular sexual health narratives that unreflectively centralize the perspectives of seronegative people. The widespread use of PrEP instigates a more robust engagement with desire and pleasure, conceived in broad and multiplicitous forms.

Chronic citizenship is informed, in part, by Nikolas Rose’s writings about “biocitizenship” and the increasingly variant ways medicine and bodies interrelate. Biocitizenship focuses on the uptake of biomedical knowledge in the service of community, often acting as a catalyst for awareness, research, and rights.<sup>44</sup> The concept can also proffer a cautionary warning against exploitation by institutions.<sup>45</sup> In *The Politics of Life Itself*, early AIDS activists are cited as an “exemplar” of biocitizenship and its possibilities.<sup>46</sup> Rose rightfully contends those activists performed myriad functions (disseminating information, advocating civil rights, combating stigma) but mainly captured his attention because of the alliances they forged with health officials to reach populations at risk for HIV infection.<sup>47</sup> Rose’s account of AIDS activism is brief, but it underscores an aspect of citizenship useful for this analysis: biocitizenship in the twenty-first century is not imposed from above; rather, it is active, summoning the identifications and affiliations of people who are invested in the trajectory of individual and collective health.<sup>48</sup> Biocitizenship understands social actors as political, but Rose is not overly prescriptive about how politics might be activated. Seeking out information on the Internet, for example, marks a routine feature of biological citizenship, articulating information from official channels like government organizations and vernacular sources such as PrEP user narratives.

On the one hand, Rose warns that the moral economy in which biocitizenship is situated has the potential to inspire anxiety, fear, and dread

about one’s future because overcontemplation inevitably breeds doubt. On the other hand, he notes that resignation and misgivings about the future are frequently countered by discourses of expectation and anticipation, a trust of institutional innovation that will eventually save us. This oscillation between apprehension and faith subtly envelops discussions of Truvada, conjuring the past failures of scientific intervention, the promise of future developments, and both unease and hope about new sexual freedoms. The latitude to have sex with scant worry about AIDS can be overwhelming, even if welcome. Plenty of men on the PrEP Facebook page relay the psychological apprehensions they have confronted after adopting the pill. Even if one accepts the promise of possibilities lurking on PrEP’s horizon, Rose cautions that the discourse of hope animating biocitizenship raises ethical questions about the relationship between identity, technology, and practice.<sup>49</sup> Truvada provides optimism, but to what extent should queers put their faith in a pharmaceutical corporation that rakes in billions of dollars in profits annually? If Watney was concerned with a politics of respectability that was cultural in its orientation, Rose suggests a weariness about the intermingling of corporations and citizens and the adoption of scripts that work in the service of consumerism, often over the interests of wider prevention efforts.

Even if we wish to resist the all-consuming heuristic of neoliberalism, technologies such as PrEP compel questions about access, affordability, and the individualistic focus given to pharmaceutical use. The CDC speculates that 1.2 million Americans, less than half of whom are gay men, could benefit from Truvada.<sup>50</sup> As of December 2015, Truvada costs between \$13,000 and \$17,000 annually (depending on the source) without insurance, placing it out of reach for countless people, though many insurers and some state Medicaid programs cover the drug. Gilead has been lobbied heavily to lower Truvada’s price and be more generous with co-payment options. Counting on the benevolence of multinational corporations would be naive, especially in light of the fact that Gilead was investigated for price gouging hepatitis C drugs at a cost of \$84,000 a year for treatment (about \$1,000 per pill).<sup>51</sup> Despite this lackluster outlook, several municipalities are making efforts to expand the availability of PrEP. Los Angeles County and San Francisco are now distributing PrEP, and Fulton County, Georgia, home to Atlanta, is attempting to

make PrEP widely accessible. PrEP Facebook members (especially those with insurance) often report paying nothing for the drug when pharmaceutical co-pays are applied, though an equal number continue to report barriers to care.

The tension between individual consumerism and communal responsibility is a stubbornly consistent facet of HIV's history, and resisting the profit-driven tendencies of multibillion-dollar corporations remains vital to eliminating AIDS. Still, there is little denying that this drug could save countless lives. Embracing technologies that prevent HIV need not be separate from the quest to obtain drugs for marginalized populations, produce generics, and distribute them globally. Marketers, Rose tells us, do not take advantage of passive audiences so much as they tap into the desires of those they are appealing to most.<sup>52</sup> And while we should be deliberate about who "they" may be among Truvada's clientele, medicine's sweeping reach has nonetheless "made us what we are" and will continue to shape subjectivities and cultural norms.<sup>53</sup> Like Rose, I believe we "relate to ourselves and others, individually and collectively, through an ethic and in a form of life that is inextricably associated with medicine in all its incarnations."<sup>54</sup> This ethic is ongoing, chronic in the sense that the road is long and the battle hard fought.

Michel Foucault persuasively suggested that in constituting agentic subjects who can always be more in control of their bodies, institutional and vernacular voices alike produce burdensome, if sometimes contradictory and always partial, narratives about disease. If he was correct that excess is read socially as an expression of deviancy, producing an exigency that obligates people to manage their desires, then people using Truvada are not simply captive to opaque disciplinary power structures.<sup>55</sup> Rather, they are confronted with crafting and performing moral and ethical identities as they engage in "self-forming activities."<sup>56</sup> Chronic citizenship acknowledges that queer sex is already imagined as excessive and deviant (and sometimes it is), often requiring resistance to heterosexual imaginaries and at other times reveling in the innovative prospects of a benign variant of sexuality. Such a disposition resists a politics of respectability that situates bodies positioned at the margins of culture, including people who are HIV-positive, as the moralizing fiction of normative kinship. These nonnormative practices, however, hold the very promise for reimagining identities. Sex and intimacy act as sites

of invention to move us, in Judith Butler's words, "beyond patrilineality, compulsory heterosexuality, and the symbolic overdetermination of biology."<sup>57</sup>

In this way, PrEP might refashion not simply technologies of the self but also encounters with the other. Even as "stranger relationality" has enjoyed a renaissance in the humanities, the image of the stranger in public health rhetoric remains a source of apprehension and variability. PrEP has the potential to break through these discursive imaginaries, inspiring more inclusive attitudes about the sundry methods of safer sex. More than simply individual considerations of health and safety or biopolitical projections of collectives, the serial relations among partners can resituate practices stubbornly articulated to unease, shame, and suspicion into affinities of pleasure out of HIV's treacherous reach. In this sense, chronic citizenship functions on a capillary scale similar to Foucault's notion of resistance, recognizing the unusual ways individual rituals can produce cultural enclaves and eventually reshape social landscapes. It reimagines safer sex as more than just condom use to celebrate already existing sexual customs free of the suffocating politics of respectability.

### Risk, Rhetoric, and Narrative Reminders

Resistance to Truvada stems in part from the (sometimes hyperbolic) fear of HIV infection among people who are seronegative. These anxieties frequently erect psychological and physical barriers to embracing PrEP and the physical intimacy it seemingly authorizes. PrEP parlance tends to privilege the standpoint of seronegative men, and the apprehension evident in their narratives illustrates the ways the pill is still being negotiated as a viable technology for everyday use. PrEP's potential to refigure relations among sex partners was captured by a respondent to Andrew Sullivan's blog the *Daily Dish*, which addressed Truvada at length. The reader reflected:

Taking a Truvada pill means, for some, the taking of an HIV pill. And being HIV-negative is sometimes defined as not having to take an HIV pill. So taking Truvada as a preventative means, for some, crossing the HIV divide, when they have spent an entire adult life-time keeping their

distance from HIV culture. This makes no logical sense—taking Truvada as well as using safer sex helps you stay free of HIV more effectively than any other method. . . . But it does make psychological sense for the countless who remain traumatized by the memory of the plague.<sup>58</sup>

Technologies like Truvada create liminal positions that are not easily reconcilable among many seronegative people. Permissibility to engage in condomless sex and keep HIV at bay generates both jubilation and melancholic distress. Sullivan's respondent draws attention to the genuine anxiety many people have about HIV exposure, even though condoms have a lower success rate than PrEP. It is curious to see "HIV culture" so easily isolated in this man's response, as though the history of queer publics is not coterminous with the history of HIV. Clearly, seropositive men are a part of queer sexual cultures, and the sentiment (though meant to be instructive in this case) illuminates the fictive ways sexual identities are sometimes imagined. What happens when the "constitutive outside" of safe sex—in this case seropositive men—is depleted, demanding equitable undertakings among sex partners?

John Erni's work investigating the internal contradictions of "curing AIDS" is instructive when contemplating the challenges of a reimagined subjectivity less beholden to the hesitation perpetuated by enduring HIV narratives. Erni explores the long-standing tension in scientific discourse that simultaneously trumpets medicine's innovative potential and gives emphasis to the limitations of science.<sup>59</sup> There is no narrative closure about HIV in scientific discourses, and conversations about PrEP occasionally further ambiguities instead of reconciling them. The "bridging" effect outlined by the blog reader quoted earlier creates more connections and possibilities across bodies, and until Truvada is proved effective over long periods of time, some fears will be insurmountable. Put another way, Truvada consistently alludes to an eventual end to HIV, but without the narrative fidelity of closure.

This narrative remainder highlights a second characteristic confronting proponents of Truvada: evolving understandings of risk. The contours of risk as a rhetorical category are not fixed; rather, as J. Blake Scott reminds us, they are contingent and contextual, requiring not simply assessment tools but cultural associations and norms that can be adopted by an array of people.<sup>60</sup> The lingering memories of the origins of

AIDS among some publics often marginalize nuanced considerations of PrEP and regularly reanimate the ghosts of HIV's past. The internalization of public transcripts of shame, impurity, and infection is powerful and continues to haunt everything from formal prevention efforts to casual hookup dialogue. Paula Treichler has outlined the power of HIV/AIDS to produce rhetorics that might be unscientific but still hold great sway over audiences.<sup>61</sup> Exchanges about Truvada produce consistent reminders about degrees of risk, even if such fears appear overblown.<sup>62</sup> For instance, longtime AIDS researcher Robert Grant fielded a question on his blog about the risk of HIV transmission while on PrEP. Even as a staunch defender of Truvada, he responded, "PrEP is highly effective when used, although there is no guarantee that PrEP will work all the time. We do not make guarantees in medicine, and after 30 years working in HIV research and clinical care, I have learned to 'never say never.'"<sup>63</sup> Likewise, Dr. Shed Boren told the *Miami Herald*, "If AIDS taught us anything, it's that there are some scary dragons around the corner. I remember coming of age and reading that little thing about GRID in the newspaper. Who knows what tomorrow's headline will be? God knows what else is around the corner."<sup>64</sup> It is the inability to *completely* assuage fears about sex and STIs that has produced some of the most cumbersome obstacles for PrEP advocates. There are always exceptions to the rule, especially in medicine. Couple this with the fact that cultural norms change at a glacial pace, and the case to be made for PrEP is periodically daunting. Even when people are convinced of PrEP's effectiveness, nightmarish ailments are presented to reinvolve the risks associated with sexual intimacy.

If chronic citizenship aims its attention at the shared responsibilities of eradicating HIV gradually, it must also consider the multimodal nature of risk, especially when contemplating the ways stranger relationality is situated in conversations about PrEP. Although the notion of stranger relationality has taken on an air of hopefulness in recent years thanks to the work of scholars such as Danielle Allen, the image of the unknown queer man who will infect others endures and is a recurrent boogeyman in anti-PrEP rhetoric. It is certainly true that intimacy sometimes invites risk, and sexual contact will inevitably produce evidence of disease transmission. Current PrEP technologies cannot prevent all STIs including gonorrhea, chlamydia, and syphilis. Yet those risks may pale



in comparison to life without PrEP. Nervousness and opposition to PrEP often lead to hypothetical and specious claims about its link to rising STI rates. One of the most frequently conjured risks is the oft-reported strain of untreatable gonorrhea that will infect gay men if they do not use condoms. Such narratives fit within the economy of what Priscilla Wald calls “the conventional melodramatic tale of venereal disease.”<sup>65</sup> Irremediable gonorrhea has been diagnosed only among heterosexuals as of this writing.<sup>66</sup> Despite no reported cases in queer communities, the contagion metaphor holds. The specter of an antibiotic-resistant form of gonorrhea is so common, especially in online comment sections, that it has become a trope in exchanges about Truvada. Everyone from Dan Savage to NBC News has mentioned it.<sup>67</sup> Such narratives are not easily combated, especially since STIs such as syphilis can be spread even with the use of a condom. This consternation can have a disproportionate impact on health narratives, potentially confounding efforts to make PrEP more acceptable.

Lack of evidence linking PrEP to rising STI rates has not stopped critics from insisting on a connection between the two. The continued insinuation that queer men are being given free rein to mindlessly fuck misses the point that condom use is already low and STI rates have never been conclusively linked to PrEP. As *The Body* relayed, there were 1.4 million cases of chlamydia in 2014 and 350,000 cases of gonorrhea, yet only 17,000 people using PrEP. There’s no possible way to link PrEP to this distribution of STIs.<sup>68</sup> Will STI rates sometimes ebb and flow? Absolutely. Sex comes with risks, as does citizenship. One of the most profound challenges facing proponents of Truvada is confronting this panicked rhetoric, and the fears it enables, and situating it accordingly.

Finally, there is no denying that for some people the daily habit of taking a pill might emotionally or psychologically interrupt the pleasure of sex. The subjective role of intimacy and desire is not easily charted, and it is still too early to know if people will reject PrEP because they view it as a form of bodily governance that intrudes on their sexual lives. PrEP may eventually prove to be a “medical marvel,” but we are still early in the process of learning how it will, or will not, revolutionize the narrative of HIV prevention.<sup>69</sup>

### Taking the Blue Pill

Chronic citizenship aspires to eliminate HIV by dispersing responsibility for PrEP across a range of bodies, communities, and institutions. HIV and its associated stigma can be diminished with wider circulation of PrEP and its uptake among various publics. Indeed, the panic that has haunted queers for generations might finally be put to rest. This is no short order. Resources must be made widely available, marginalized populations must be empowered, and the science must be engaged. The normalization of PrEP provides an incremental tool for toppling the legacy of HIV, but it cannot be done without first shifting cultural attitudes about medicine, sex, and desire. Subtle evolutions in safer-sex rituals can energize minute changes in narrative, giving presence to the contingent nature of risk and the contextual ways identities and bodies are articulated to discourses of HIV prevention.

The critical heuristic of chronic citizenship also recognizes the manifold biopolitical matters surrounding Truvada, including the simultaneous individualization of risk and the aggregate medicalization of publics, the unfathomable invention of pleasure, and the projection of “risky” bodies lurking in the polis. Important questions remain about the role of collective action and the institutional mechanisms that might facilitate a future free of AIDS. Real disagreements exist about the percentage of budgets dedicated to Truvada, the trade-offs with other prevention methods, and the precarious nature of municipalities defining what constitutes “safe sex.” PrEP must be presented as one form of safer-sex pedagogy among many, including the availability of condoms, access to education, and safer-sex materials. As queer communities diversify and fragment, Halperin intimates, the management of sexual risk in the United States will continue to become decidedly individualized.<sup>70</sup> What works for one person may not work for another, and being flexible with approaches to safer-sex education remains imperative for stifling HIV/AIDS. Broad public health strategies incorporating PrEP need to maintain focus on the variability and plasticity of risk. Narrowed visions that do not fully acknowledge the allure and cultural complications of pleasure will do little to solve public health dilemmas related to HIV.

The decision to ingest Truvada is one balanced between risk and identity: mitigating not only how frequently one may be at risk for infection

but also the degree to which one can acknowledge potentially “risky” behaviors. For some, Truvada is unquestionably a vital option. For others, there remains, in the words of Rich Juzwiak, a “gray area,” where condomless sex may happen, but not regularly and when it does occur it might not pose risks for HIV infection. Although condoms are effective at preventing HIV transmission, studies illustrate repeatedly that people rarely employ them consistently enough to derive “substantial benefit.”<sup>71</sup> Many people, both those who take Truvada and those who do not, already elect not to use condoms. However, we should be careful not to equate Truvada with one form of sex, with preconceived ideas about condom use, or with presumptions about the numbers of sex partners a person might have. At least two studies have found that gay men on PrEP had fewer sex partners and tended to utilize condoms more.<sup>72</sup>

When scientists at the NIH released the results of the initial PrEP study, illustrating the profound ways it might alter the cultural landscape of HIV prevention, they received a call from President Obama congratulating them on the news. Since that time, important figures such as Dr. Anthony Fauci, who has a long and complicated history with AIDS activists, has announced unequivocal support for PrEP. He told *Time*, “We know PrEP works, and we know it doesn’t increase risk behavior. The issue is, can we get PrEP to the people who really need it?”<sup>73</sup> PrEP may yet be one of the great inventions of the twenty-first century, eventually helping to rectify one of the great political failures of the twentieth. Rose warns us against hope, lest we find the biopolitical forces at hand fail citizens by placing profits above people. And yet, the gloomy cloud of AIDS may be dissipating on the horizon, opening up the promise of clear, blue skies.

#### NOTES

- 1 Lincoln reportedly took the pills to treat “melancholia” and “hypochondriasis.” They had a strong effect on his mood, making him uncharacteristically volatile. Lincoln is said to have recognized the effects of blue mass and stopped taking the pills shortly after his first inauguration. See Robert G. Feldman, Norbert Hirschhorn, and Ian Greaves, “Abraham Lincoln’s Blue Pills: Did Our 16th President Suffer from Mercury Poisoning?,” *Perspectives in Biology and Medicine* 44, no. 3 (2001): 315–32. Special thanks to Mary Stuckey for this citation.
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- 4 Truvada is the only medication available for the regimen of pre-exposure prophylaxis today. As such, I sometimes use Truvada and PrEP interchangeably, recognizing that there may eventually be other forms of medication for PrEP. Conversations in queer communities sometimes employ the term “PrEP,” sometimes “Truvada,” and sometimes “Truvada as PrEP.”
- 5 There was initial confusion about Truvada’s effectiveness at reducing risk because opponents and proponents drew their arguments from the same CDC study. Advocates argued that the study offers strong assurances—pointing out that approximately 99 percent of people who adhere to Truvada remained HIV-negative. Detractors pointed to the same study, arguing an assurance rate of only 42 percent. The difference in the statistics came from adherence, not the drug’s effectiveness.
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- 10 Burke notes that comic correctives enable people “to be observers of themselves, while acting. Its ultimate would not be passiveness, but maximum consciousness.” *Attitudes toward History*, 171.
- 11 Lauren Berlant, *Cruel Optimism* (Durham, NC: Duke University Press, 2011), 95–119.
- 12 Some of the reports analyzed here are found in popular press publications such as *Gawker* and the *Huffington Post*. Other forms of media are aimed mainly at LGBT people, such as the *Advocate*. Still other outlets are composed and directed by queers, such as the PrEP Facebook page.
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- 14 Simon Watney, *Practices of Freedom: Selective Writings on HIV/AIDS* (Durham, NC: Duke University Press, 1994), 8.
- 15 Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham, NC: Duke University Press, 2008), 217.
- 16 Eve Kosofsky Sedgwick, *Touching/Feeling: Affect, Pedagogy, Performativity* (Durham, NC: Duke University Press, 2003).

- 17 "Truthyness and Truvada," *My Carlsberg Years*, August 6, 2014, [www.mycarlsberg-years.com](http://www.mycarlsberg-years.com).
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- 20 Wald, *Contagious*, 56–57.
- 21 Watney, *Practices of Freedom*, 68.
- 22 Tim Dean, *Unlimited Intimacy: Reflections on the Subculture of Barebacking* (Chicago: University of Chicago Press, 2009), 18.
- 23 *Ibid.*, 20.
- 24 *Ibid.*, 32.
- 25 David Halperin, *What Do Gay Men Want? An Essay on Sex, Risk, and Subjectivity* (Ann Arbor: University of Michigan Press, 2007), 20.
- 26 Robert M. Grant, "Does PrEP Work If Condoms Are Not Used?," April 15, 2015, [www.robertmgrant.org](http://www.robertmgrant.org).
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- 30 Lauren Berlant and Michael Warner, "Sex in Public," *Critical Inquiry* 24, no. 2 (1998): 547–66.
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## The Necropolitical Functions of Biocitizenship

### *The Sixth International AIDS Conference and the U.S. Ban on HIV-Positive Immigrants*

KARMA R. CHÁVEZ

Immigration and citizenship scholars have aptly shown how the health or perceived health of migrants' bodies has been one of the central determinants of whether a migrant can enter U.S. borders and/or begin the process toward legal and cultural inclusion into a national body.<sup>1</sup> Furthermore, eugenics and genetics discourses long have relied on biology or heredity to determine fitness for the nation, which has applied to immigrants as well as people born within a nation-state.<sup>2</sup> In this way, modern citizenship and variegated access to it have always been, at least in part, biological considerations. In comparison to the nineteenth century and early twentieth century, the late twentieth-century landscape changed significantly with regard to the ways that biology precluded national belonging; however, due to its deadliness and fears about its spread, the advent of HIV/AIDS compelled new concerns with regard to the healthy or unhealthy bodies of people who traveled around the globe as migrants or tourists. For example, in the late 1980s and early 1990s, some European, Asian, and Latin American countries took moderate approaches in their considerations of how HIV/AIDS should impact their immigration and travel policies, recognizing that HIV was only spread through very specific forms of contact and therefore was not communicable or contagious in a sense that might have necessitated travel bans. Other countries, like the United States and Saudi Arabia, reacted by issuing travel bans and proposing mandatory testing.

HIV/AIDS and its interplay with U.S. immigration policy and politics during the late twentieth century provide an interesting lens with which to understand how what Nikolas Rose and Carlos Novas have called

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