

A New Era of Queer Politics? PrEP, Foucauldian Sexual Liberation, and the Overcoming of Homonormativity¹

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English abstract: Gay men have been severely affected by the AIDS crisis, and gay subjectivity, sexual ethics, and politics continue to be deeply influenced by HIV to this day. PrEP (Pre-Exposure Prophylaxis) is a new, drug-based HIV prevention technique, that allows disentangling gay sex from its widespread, 40 yearlong association with illness and death. This article explores PrEP's fundamental impact on gay subjectivity, sexual ethics, and politics. It traces the genealogy of gay politics regarding homophobia and HIV stigma, suggesting a new biopolitical and body political framework that accounts for the agency of activists as well as pharma power, and proposing that PrEP is an example of democratic biopolitics. Highlighting the entanglement of medical technology, sexual ethics, and politics, the article shows how conservative and homonormative gay politics developed as a reaction to HIV stigma and how, by overcoming this stigma, PrEP enables a new era of intersectional queer politics and solidarities. It thereby develops a Foucauldian account of sexual liberation beyond the repression hypothesis that accounts for the ambivalence of sexual subjectification and the political potential of sexuality.

Gay men have been severely affected by the AIDS crisis over the years, and gay subjectivity, sexual ethics, and politics continue to be deeply influenced by HIV to this day. PrEP (Pre-Exposure Prophylaxis) is a relatively new means to medically prevent HIV infections. HIV-negative people take antiviral drugs which inhibit exposure to the virus from leading to infection. PrEP challenges the 40 yearlong association of gay sex with illness and death. It, therefore, has a fundamental effect on gay subjectivity, sexual ethics, and politics. This article explores this impact through a biopolitical and body political analysis that traces the genealogy of gay politics with regard to homophobia and HIV stigma. The article thereby argues for three theses: Historically (I), it shows how conservative homonormative gay identity politics developed as a reaction to HIV stigma and how PrEP, by overcoming that stigma, makes a new era of radical queer identity politics possible. This might enable new intersectional attention within gay politics and solidarities between queer gay politics and other social movements, such as feminism, antiracist projects, and critiques of capitalism.

Through analyzing the case of PrEP and gay politics, the article con-

1 I wish to thank the anonymous reviewers of *Body Politics*, whose comments helped me enormously to refine the argumentation of the present article.

tributes to biopolitical theory (II): It suggests a new vocabulary to conceptualize the relation between biopolitics, body politics, and democracy. Against common conceptions of biopolitics as top-down subjugating power, I show that bottom-up gay activist body politics play a major role in the development of HIV prevention and the implementation of PrEP. I propose to call these complex negotiations “democratic biopolitics”, suggesting that biopolitical analysis, in general, should pay more scrutiny to the agency of actors who aim to influence biopolitics, especially activists, instead of reifying biopolitics as a solely subjugating power structure.

Furthermore, the article contributes to a Foucauldian theory of sex (III), more specifically: a Foucauldian approach towards a constructivist understanding of sexual liberation beyond the “repression hypothesis” (Foucault 1978). Sexual behavior is a result of subjectification, the process through which social norms form subjects and their desires. As the analysis of the debates around PrEP’s implementation shows, contemporary gay sexual liberation is a matter of transforming sexual subjectification by reducing stigma and homonormativity through democratic biopolitics. The article makes this argument by developing the concept of “sexual-somatic ethics” that shows that sexual subjectification, medical technology, social stigma, ethical lifestyles, and political strategies are fundamentally interconnected. In short: There is no “natural” sexuality, but sexuality is a cultural practice that cannot be disconnected from medical technology and its political regulation. The article highlights the impact of medical technology on sexual-somatic ethics: First, PrEP is liberating *negatively*, as it disentangles gay sex from the stigma of illness, shame, and restrictive sexual norms that are the product of HIV-related guilt and homophobia. Second, it thereby makes the *ethical* creation of sexual cultures beyond such repressive norms possible. However, such sexual liberation is deeply ambivalent, as new sexual cultures come with new norms and new regimes of sexual subjectification that pressure individuals. Therefore, critically reflecting and negotiating such ambivalences and exerting control over sexual norms and the medical technologies that mediate them, in other words, *democratic* biopolitics, is an important third element of sexual liberation. Fourth, showing how such sexual liberation might make a new era of queer politics possible by reducing the homonormative stigma that inhibited queer solidarities and fostering norm-critical attitudes, the article draws a new Foucauldian connection between sexuality and broader *political* emancipation that is independent of Freudo-Marxian grand narratives.

These three theses on the history of HIV and homonormativity, democratic biopolitics, and sexual liberation, will be developed in the following steps: To set the scene, I explain the medical and pharma capitalist

aspects of PrEP (1). After problematizing subjugating power in biopolitical theory and arguing for “democratic biopolitics” as a twofold approach that takes into account body political activism (2), I reconstruct the history of HIV/AIDS with regard to gay body politics, homophobia, and HIV stigma from 1970 until 2012 (3). I show how gay body politics transformed from a radical strategy of queer sexual liberation to a homonormative and conservative strategy of merely demanding equal inclusion into the bourgeois society, leading to the stigmatization of unsafe sex. I then introduce the biopolitical approaches of molecularization and biological citizenship (4) as a refined framework for capturing the shift to pharmaceutical prevention through PrEP and accounting for the democratic biopolitics of PrEP. On this basis, I map the biopolitical and body political debates and contestations of PrEP’s implementation from 2012 until 2019, highlighting how deeply entangled it is with HIV stigma and how it can lead to sexual liberation (5). In the concluding section (6) I point out how the biopolitics of PrEP should be further democratized and how PrEP may help to make new radical queer politics more prevalent. I systematize the Foucauldian account of sexual liberation and explain why such liberation is urgently required in light of the conservative attacks on queer rights in recent years.

Preliminary notes on the key terms gay, MSM, homonormativity, queer, and intersectionality are important: While public health discourse tries to avoid identity categories due to their well-documented exclusionary and repressive functions, I mostly use the term “gay” or “gay men” and not “men who have sex with men” (MSM), for two reasons. First, because “homosexual” PrEP users mostly identify as gay, since a self-perception of being vulnerable to HIV, which is connected to gay identity, is a key motivation for taking it. I understand gay subjectivity, culture, and identity as trans-inclusive concepts that do not presuppose cis-male gender identity. While parts of gay culture are transphobic, such transphobia is at odds with the queer politics that can be fostered through PrEP. Second, I use the term gay because the debate around PrEP is in part a political negotiation of gay identity; that is, it is a negotiation of what it means to be gay and what “good” gay sexual ethics entail. The concept “homonormativity”, coined by Lisa Duggan (2002), aims at analyzing and criticizing such normativity of “good” ways to be gay, specifically the conservative normativity of mainstream White cis lesbian and gay politics that focuses on monogamous couplehood, marriage, and domestic consumerism. Homonormativity, as distinct from queer critique, does not contest and rather stabilizes heteronormativity, that is, the belief that heterosexuality is a natural norm, and the (implicit) support of disciplinary regimes such as marriage, sexism, transphobia, and patriarchy

(Butler 1999, 2011). This bourgeois, White, and straight-imitating conception of the good gay life is constituted in explicit distinction from gay and queer lifestyles and politics: Homonormative gay men want to be “normal”, do not identify with gay subculture, do not wish to be perceived as belonging to such gay subculture, and reject queer and intersectional politics. Through this distinction, homonormativity constitutes a difference between “good” and “bad” gays and thereby leads to new forms of (internalized) homophobia.² Furthermore, the self-interested agenda of homonormative politics is complicit in preserving systems of racial and economic oppression (Puar 2007). Queer, in contrast, is the radical critique of heteronormativity and homonormativity following an intersectional perspective, allowing for a wider critique of systems of social oppressions and making social criticism and solidarity intrinsic to queer politics (Muñoz 2009; Weiner and Young 2011; Das 2020). Queer entails the affirmation of diverse non-heteronormative and non-homonormative identities, and as such, it is a form of intersectional identity politics. While the normative perspective of the present article is aimed at fostering queer gay identity politics and intersectional solidarity through PrEP, and while strengthening an intersectional perspective is crucial for democratizing the biopolitics of PrEP, a focus on the mainstream gay debate in the global north is necessary in order to analyze the relationship between HIV, PrEP, and homonormativity, as homonormativity is produced through this debate. The body politics analyzed in what follows are therefore effectively dominated by White perspectives.³

PrEP – The Medicalization of HIV Prevention

Pre-Exposure Prophylaxis (PrEP) is a medical HIV prevention procedure.

2 See Duggan (2002), Murphy et al. (2008) and Halperin (2012, p. 450–452); Weil (2020); Trott (2016).

3 Complex intersectionalities regarding gayness, or ‘homosexual’ sexual activity, and race structure the HIV epidemic especially in the U.S. 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 are beyond the scope of this article (Villarosa 2017).

It refers to anti-retroviral (ARV) drugs taken by HIV-negative individuals to avoid infection in case they come in contact with the virus.⁴ 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).⁵ This is a higher 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 does not necessarily offer a complete alternative to behavioral prevention methods, such as condom use or serosorting⁶, but – especially when it was first introduced – was often used alongside these methods as an additional means of prevention. Currently, the only drug which is certified for PrEP-use in Europe is “Truvada” and its generics, while a new drug, “Descovy”, received FDA approval in October 2019 in the U.S. (Gilead 2020). Both drugs are produced by the big pharma cooperation Gilead. Drugs in other forms, such as vaginal gel, are currently being tested in studies. Truvada has also been tested in an “on-demand” scheme, which involves taking the drug shortly before and after a risk of infection, and has shown lower rates of protection than the daily regime (Molina et al. 2015; Cousins 2017).

The infection of a person exposed to HIV is caused by the virus’s RNA being copied into the DNA of the infected cell through the activity of the enzyme reverse transcriptase. As a result, the infected host cell produces new viruses. Truvada consists of Tenofovir and Emtricitabine, which are reverse transcriptase inhibitors (RTI) that prevent this reproduction process by altering the enzymes required to copy the RNA into the DNA of the host cell. Truvada thus stops the reproduction of the HI virus in the cells.

PrEP can be located within a broader trend towards the medicalization of HIV prevention and sexuality (Cacchioni and Tiefer 2012). Classical prevention was behavioral; it consisted of advertising the use of condoms, refraining from certain sex practices, from certain partners, or 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 as Prevention (TasP) and Post-Exposure Prophylaxis (PEP) (Cohen et al. 2013; Forsyth and Valdiserri 2012; Cohen et al. 2012;

4 Parts of the material of this section and of sections 4 and 5 have been previously published in Schubert (2019).

5 The protection efficacy refers to the difference of the risk of HIV transmission per sex act between using no protection at all and the respective protection technology, for example PrEP, condom, or serosorting.

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

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 to be efficient and, contrary to PrEP, is accompanied by significant side effects, due to its different composition of drugs. The crucial distinction between behavioral and medical prevention is the timing of the preventative act. Behavioral prevention requires making a preventative decision while engaging in sexual activity, whilst in medical prevention, the conscious act of prevention (taking a pill) is decoupled from the sexual act.

Truvada was first approved for the use as PrEP by the FDA in the U.S. in 2012 and was made widely available for risk groups through private health insurance programs, which made access easy for people with privileged economic and citizenship status, and difficult for those lacking sufficient health care plans. In Europe, public and private health insurance plans were slower to cover PrEP. The costs of about 900 EUR per month posed a crucial obstacle for many until the patent of Truvada ran out in most European countries in July 2017 (Medical Express 2018; Boulet 2018). In the United States, the patent on Truvada was protected until Sept. 30, 2020, making affordable generics available only recently. Countries of the global south, especially India, have been producing generics of Truvada and other HIV drugs for many years, engaging in legal battles over patents, to fight HIV epidemics in their territories. 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 for risk groups by health care systems in all West-European countries excepting Austria and Switzerland towards the end of the 2010s, with Germany and Spain as the last countries to cover it in 2019. In the U.S., Gilead's vicious biocapitalist practices around PrEP have become a large-scale political scandal, including a congress hearing about the company's profit of 3 billion dollars from PrEP, which was developed with state-financed research (House Committee on Oversight and Reform 2019).

Since Gilead's biocapitalism is solely directed at maximizing revenue and actively exposing those who are not profitable to the company to risks of illness and death, it can be called "pathopolitics" (Atuk 2020). Another product of these biocapitalist pathopolitics is the practice of offshoring; conducting risky trials in poor countries of the global south to develop drugs for the treatment of patients in the global north. This was done in Uganda and Kenya conducting the PrEP 'Partners-Trial' (Baeten

et al. 2012). A further concern regarding 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 (Patton and Kim 2012). First PrEP studies in Cameroon and Cambodia in the early 2000s were discontinued due to violations of ethical standards that put participants at risk of infection after Act Up Paris protested against the trials (Singh and Mills 2005). However, despite such occasional protests, the postcolonial exploitation and biocapitalist context of HIV drug production has not received significant attention within mainstream Western gay activism that is dominated by homonormativity.

From Biopolitics to Body Politics

The concept of “democratic biopolitics” that I develop through the discussion of PrEP entails a shift of perspective in biopolitical theory towards the agency of a multiplicity of actors involved in biopolitical processes. This shift is best explained by highlighting the difference between the closely related concepts “biopolitics” and “body politics”. Both refer to research perspectives that take the body as a central category and locus of the political, but each employs a different understanding of the relation between the body and the political (Schmincke 2019, S. 25). Following these different understandings, they focus on distinctive phenomena, which are themselves called “biopolitics” or “body politics”. The terms thus denote distinct perspectives and different phenomena within the same broader field.

Biopolitics, following Foucault, refers to modes of power and government that use or influence individual bodies for the political regulation of the life of “the population”. This is mostly described as a top-down process, and the research perspective of biopolitics typically focuses on the analysis of these power structures and how they normalize and subjugate individuals. Therefore, in this classic understanding, “democratic biopolitics” is an oxymoron. Body politics, on the other hand, denotes a bottom-up politicization of bodies and the contestation of their social and political regulation, especially by feminist, queer, and gay activists, as well as the internal contentions between different activist strategies (Schmincke 2019).⁷ The perspective of body politics focuses on the potentially resistant and emancipatory practices in light of biopolitical

7 Feminism is an ongoing body political fight for, among others, bodily self-determination of women against the patriarchal control of women’s bodies. See the enormously influential feminist body political handbook of the Boston Women’s Health Book Collective (2011).

normalization. The difference between biopolitics and body politics is in focus and emphasis, rather than stemming from different paradigms: After all, biopolitics was coined by Foucault, and the Foucauldian concept of productive power highlights that power does not spread top-down, but as a complex network and through the involvement of subjects in technologies of the self and practices of resistance and freedom (Foucault 1978). Nevertheless, typical biopolitical analyses focus on the repressive or subjugating side of productive power.⁸

Michel Foucault develops the concept of “biopolitics” in *The History of Sexuality I* (Foucault 1978) and the *Governmentality Lectures* (Foucault 2007, 2010). Here, Foucault argues 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 knowledge, such as demography and statistics. The concept of biopolitics, through which these two levels of power are interlinked, has proved to be enormously productive, spurring the development of whole fields of research.⁹ The most common use of biopolitics is as an evaluative concept of social critique, especially in the governmentality studies tradition. Governmentality studies follow up on Foucault’s analysis and examine different aspects of neoliberal governmentality in order to expose the repressive sides of neoliberal governmentality and the subjectifications it produces (Bröckling et al. 2011a, 2011b; Burchell et al. 1991; Dean 1999; Lemke 2008; Nilsson 2013).

Biopolitically, PrEP has been mainly analyzed from such a top-down perspective of subjugating biopolitics. The focus in such analyses lies on PrEP as a new technology within the governmentality of health that individualizes responsibility, surveils gay bodies, rationalizes gay sex culture, and functions as a tool for government interference into gay subjectivity. From this perspective, the body political aspect of PrEP’s devel-

8 The term “repressive power” is problematic, as Foucault posits his analysis to criticize accounts of juridical power that focus on repression as insufficient to account for the complexity of productive power. However, the relation between productivity, repression, critique, and freedom is far from clear in Foucault’s texts, and this stimulated widespread debates. I argued elsewhere (2020a) that a more careful differentiation between power as repression and power as freedom is needed within these debates. This allows to name the repressive or subjugating side of power within a Foucauldian approach, as I do in the present article; doing so, I do not systematically differentiate between subjugation and repression. Using the wording “repressive power” is therefore not meant to break with Foucault’s theory of power, but to highlight the repressive modes of power within Foucault’s constructivist account of productive power.

9 For a general overview see Lemke (2011), Mills (2018), and Laufenberg (2014).

opment, based on the agency of gays and activists in relation to healthcare governmentality, is lost.¹⁰ In my analysis, I aim to recover it by contextualizing PrEP within the history of gay activism and body political contestations of sexual ethics within the context of homophobia, HIV/AIDS, and homonormativity (1970-2012), as well as by analyzing the body political and biopolitical debates around PrEP during its recent implementation (2012-2019). The case of PrEP shows that contemporary biopolitics consist of both top-down power and subjectification (the classic foci of biopolitical analysis), as well as body political activism and ethics. To highlight this double constellation of power and agency, I propose the term “democratic biopolitics”.¹¹ In the following section, I reconstruct the biopolitical history of the governmentality of HIV/AIDS as intertwined with gay activist body politics. This shows how deeply embedded in stigma the discourse on gay sex is and how the current homonormative gay politics, into which PrEP intervenes, developed.

The History of HIV/AIDS as Biopolitical and Body Political Contestations

The complexity of the history of HIV/AIDS politics and activism can only be captured by accounting for both the broader biopolitical developments and technologies of power (top-down) and the body political activism and negotiations within the gay community (bottom-up), as well as their interconnections. Gay sex has been problematized, normalized, and re-created before HIV/AIDS and throughout the different phases of the pandemic as a result of homophobia, heteronormativity and tradi-

10 The most prominent biopolitical analysis is Dean (2015a), that I criticized in detail in Schubert (2019), another example is Orne and Gall (2019).

11 The interest in conceptualizing “democratic biopolitics” is shared with other authors. Prozorov (2019) aims at developing such a concept in his monograph, starting from the problem that biopolitics and democracy are seen as contradicting terms because biopolitics, as a general mode of modern government, undermines democracy. He proposes to solve this problem by turning to political theory, reframing biopolitics as a contradiction between particular government and universal sovereignty, while arguing for a plurality of lifeforms. Prozorov’s framing risks losing the specificity of biopolitics by its translation into the general democratic problem of the relation between particularism and universalism. While my analysis of the democratic biopolitics of PrEP shares a commitment to plurality, I do not start from the problem that biopolitics and democracy are fundamentally incompatible. In contrast to Prozorov, my use of the concept “biopolitics” refers to such modes of government that address individual bodies and people, and not to modern politics as a whole. Thus, my theoretical problem is not a fundamental incompatibility between democracy and biopolitics but the more specific question of the role of actors, activists, counter-movements, and ethics in the analysis of biopolitical processes.

tional models of sex, the development of medical technology, public health strategies, as well as gay and queer activism, identity politics, and sexual subjectification. I will focus on Germany and the U.S., as they represent two different models of public health responses that nevertheless lead to the same constellation of individual responsibility and shame in which I locate the contemporary contestations of PrEP. Four phases can be distinguished:

1. Pre-AIDS and sexual liberation (1970s);
2. Early AIDS crisis with gays as a risk group and sex panic (approx. 1980-85);
3. HIV/AIDS and risk management through condoms (approx. 1986-1995);
4. Homonormativity, gay rights advancement, and development of antiretroviral therapy (ART) (approx. 1996-2012).

(1) Pre-AIDS and sexual liberation. The 1970s were a time of political emancipation and sexual liberation for gay men in Western states. These developments took place within the context of the broader cultural revolution of '68 and the general sexual liberation that came with it. New gay identity politics emerged, and wholly new forms of gay culture and politics prospered with it in urban centers, especially bars and night clubs, as well as sex clubs that concentrated in 'gay' districts.¹² Gay emancipation was body political, as it developed new sex cultures and new regimes of sexual subjectification,¹³ and it was fundamental, as it brought about new forms of gay subjectivity (Halperin 2012, p. 433–437). It was “queer world-making” (Berlant and Warner 1998, p. 558) *avant la lettre*, centering on the utopian and transformative potential of new sexual ethics (Muñoz 2009a). Both in Europe and the United States reflections about the active development of gay lifestyles and ethics as separate from straight society intensified, and “coming out” as gay became a central step in gay subjectification (for these processes in Germany see Beljan 2014,

12 Certainly, gay activism and subculture existed long before the 70s, but was differently coded, for example in the German “homophiles movement”. See Dannecker (2010) and Wolfert (2010) for the conflictual development of the homophiles movement to the “gay movement” (Schwulenbewegung), and the other contributions in Pretzel and Weiß (2010) for the situation of gay men in Germany after the war. However, these earlier phases are not essential for analyzing the body political contestations of PrEP.

13 For example, the practice of fisting or fist fucking did not exist prior to the 70s and anal sex was uncommon (Dannecker 1991, p. 24; Beljan 2014, p. 191, 228). This underscores that there is no “natural” sex, rather it is always a result of sexual subjectification that is conditioned by a complex array of cultural, political, economic, and technological factors.

p. 83–122). In Germany, for example, the former pejorative term “schwul” was appropriated as an affirmative and proud form of identity.¹⁴ While gays and lesbians visibly protested for their rights in pride parades, their politics were not broadly discussed in mainstream media and politics. The 70s were the starting point of ongoing strategy struggles, within gay politics, between an integrationist strategy that demands inclusion into equal citizenship, and a radical strategy of critique that had a shocking effect on bourgeois consciousness. These strategies developed into what today is termed “homonormative adaptation” vs. “queer critique of heteronormativity”.¹⁵

(2) Early AIDS-crisis with gays as a risk group and sex panic (approx. 1980–85). The early years of the pandemic are characterized by uncertainty, the attribution of AIDS to gay men as a primary risk group, a homophobic sex-panic, and more generally a panic about any contact with gay men. The U.S. CDC had diagnosed matching symptoms among gay men in 1981, and the disease was called “GRID” (Gay-related immune deficiency) or “gay cancer” before the CDC introduced the name Acquired Immune Deficiency Syndrome (AIDS) in 1982. Along with gay men, IV drug users were considered a second risk group.¹⁶ The public discourse around AIDS was dominated by an othering of the disease (Bänziger 2014, p. 188; Epstein 1998): HIV was discussed as a problem of social outcasts, in particular as a gay disease, not as a general health crisis. Accordingly, the medical and public health response was very slow. Moralistic, homophobic, and sex-negative rhetoric of blaming and shaming constructed gays as responsible for AIDS, portraying them as a homogeneous group characterized by immoral and promiscuous sex practices (Beljan 2014, p. 178–192; Watney 1997). Gay sex was constructed as inherently dangerous and morally bad, in opposition to heteronormative, healthy, good sex (Beljan 2014, p. 209). Media discourse around AIDS “has made the oppression of gay men seem like a moral imperative” (Bersani 1987, p. 204), and conservative AIDS policies included forced testing, the shutting down of gay businesses, and criminalization of sex (Halperin and Hoppe 2017, p. 347–408). Foundational writings in queer theory, that developed partly in response to the new sexual repression, perceive gay genocidal tendencies in the U.S. society (Bersani 1987, p. 198–204;

14 Cf. Dobler (2012). Surprisingly from the contemporary perspective, the term “schwul” was used mostly for lesbians until the 70s.

15 For the detailed reports and analysis about these strategic discussion between gay activists in Germany in the 70s see Dannecker (2012), Gammerl (2012), Griffiths (2012), Haunss (2012), Holy (2012), Kraushaar (2012), l’Amour laLove (2012), Pretzel et al. (2012), and Woltersdorff (2012).

16 HIV had spread as early as the late 70s among Manhattan’s IV drug users, who fell out of the healthcare system, cf. Des Jarlais (1989).

Sedgwick 1990, p. 38) and describe intense sex wars during the 1980s, aimed at the repression of (non-heteronormative) sexuality (Rubin 2011). Sex and promiscuity as explanations for the spread of AIDS created an opportunity for the rehabilitation of conservative movements that pushed back against the sexual liberation of the 70s (Bänziger 2014, p. 190–196). While gay activists problematized the pushback against sexual liberation based on AIDS and developed safer sex techniques in defense of gay pleasure (Berkowitz 2003), the emphasis on saving sexual liberation was contested and lost traction, as gay activism focused increasingly on AIDS prevention (Haunss 2012, p. 209). The stigma around gay sex exists to this day and can be traced in the contested body politics of PrEP.¹⁷

(3) HIV/AIDS and risk management through condoms (approx. 1986–1995). With the completed identification of the HI-Virus as the cause of AIDS in 1985, a new paradigm of prevention was developed both by public health institutions and gay activists. New medical knowledge made it possible to differentiate sexual practices according to the risk of infection. While gay men were still viewed as a primary risk group of HIV/AIDS, the main prevention paradigm shifted from risk group to risk practice (Bänziger 2014, p. 196–201). This shift resulted, *inter alia*, from the bidirectional HIV/AIDS activism, that on the one hand mounted political pressure for the employment of differentiated and effective public health policies instead of conservative and homophobic ones, and on the other hand, developed and implemented safer sex strategies within the gay communities. While Germany swiftly adopted liberal and community-based prevention politics by massive funding of gay community-run HIV/AIDS organizations, the “AIDS-Hilfen”; state-sponsored prevention programs in the U.S. benefited from fewer resources, and their development was therefore significantly slower, leading to state-independent groups like ACT-UP becoming core actors.¹⁸ Lesbians and straight wom-

17 See Brier (2009) and Patton (1985) for a history of early HIV/AIDS politics and activism in the U.S., and Reichert (2018) for a history of HIV/AIDS in Germany that is based on interviews with gay men of different generations, including those who survived the AIDS crisis, grew up with AIDS/HIV, and use contemporary prevention techniques such as PrEP. Bochow (2013b) critically discusses the thesis that HIV/AIDS led to wider acceptance of gay lives through raising public attention.

18 See Telge (2013) for the shifts of German gay activism from radical leftist anti-parliamentarism to the state funded HIV/AIDS activist infrastructure (“AIDS-Hilfen”) and Bochow (2013a) for the history of these “AIDS-Hilfen” until the contemporary queer paradigm. Schaffar (2020) interprets the AIDS-Hilfen as practicing democratic-solidary biopolitics especially in the early phase of the pandemic, and then changing towards neoliberal approaches of individual risk management, a process which was completed with the introduction of PrEP. In opposition to this interpretation, I argue that the negotiations of PrEP, as well, are democratic biopolitics.

en became actively involved in ACT-UP, making it a place of new queer alliances of solidarity (Cvetkovich 2003; VICE 2015). Safer sex was understood as a complex array of behavioral modifications and prevention practices, with condom use as the central technique. It is remarkable how quickly the gay community adapted and developed new ways of having sex – and promiscuity (Crimp 1987) – during the epidemic (Dannecker 1991). Within the context of the emergence of neoliberal governmentality and new public health (Bänziger 2014, p. 196–199; Lengwiler 2010), the differentiation of risk practices led to the individualization of responsibility that altered the moralistic shaming practices.¹⁹ Condom use was equated with responsible and rational behavior and morally demanded not only to save oneself but also for the protection of others. Stigma and shaming in this paradigm shifted away from gays as a homogeneous group towards those who did not want to or failed to adhere to safer sex, and the infection with HIV was understood as resulting from individual irresponsibility. Specific practices like sex without a condom, cruising, and places like tearooms and backrooms were stigmatized (Beljan 2014, p. 214). The moral difference of good heteronormative sex vs. bad gay sex was supplemented by the distinction between good, safer gay sex and bad, risky gay sex. The possible, permissible, and responsible ways of having safer sex became the subject of heated debates within the gay community (Beljan 2014, p. 193–203). Proponents of stricter safer sex approaches, as Larry Kramer (2011) in the U.S. and Rosa von Praunheim in Germany, urged gays to act responsibly, not without attacking the value of promiscuous gay sex culture. Such discourse was criticized by, among others, early queer theorists (for example Crimp 1987) in the U.S. and Martin Dannecker (1991) in Germany for the moralization of health and the conservative stigma it produced. They problematized the rationalization of sex through safer sex paradigms as a normative undoing of gay sexual liberation and urged gays to keep their queer sexual ethics despite the temporarily necessary changes in sexual behavior (Beljan 2014, p. 224–231). These attempts were, however, unsuccessful, as gay subcultures were already under pressure due to increasing homonormativity.

(4) Homonormativity, gay rights advancement, and the development of antiretroviral therapy (ART) (approx. 1995–2012). The condom had become the gold standard of sexual health prevention, promoted by gay HIV/AIDS organizations and public health agencies. Hardly contested and fully normalized, it was central in the sexual subjectification of gays who experienced the dramatic first phase of the epidemic and those who

19 For a social-philosophical and genealogical critique of responsibility, independent of gay ethics, see Vogelmann (2014).

grew up with the images of the infected homosexuals. Along with this normalization of the condom and the stigmatization of those who failed to use it, the homonormative (Duggan 2002) distinction between good gays and bad gays was consolidated. Symptoms of this consolidation are the development of practices that deliberately transgressed the boundaries of safer sex, such as bareback (condomless sex) or even “bug chasing” (seeking to become HIV positive) (Dean 2009), and their scandalization in the media, which reinforced HIV-related stigma. Effective antiretroviral therapies (ART) significantly decreased the death rate of HIV from 1996 on. The continuous medical progress over the years – today’s ARTs have only slight side-effects and hardly affect life expectancy – led to a gradual transformation of the perception of HIV from a quasi-death sentence to a manageable condition. Since ARTs achieved the suppression of the viral loads of patients to undetectable levels, they served, additionally, as the first phase of medical prevention: Treatment as Prevention. Condomless sex between an HIV-positive partner with AR-therapy and zero viral load and a negative partner was now safe from the danger of HIV infection. Such modifications in the medical framework of safer sex were continuously debated within gay communities and gay HIV/AIDS organizations, but less disputed than safer sex strategies in the early epidemic and the introduction of PrEP in the late 2010s. During this phase, the gay rights movement continued to achieve legal progress as well, and today most legal discrimination in Western states is abolished. However, medical success and achievements in the battle for gay rights did not lead to a reduction of HIV and condom-related stigma, despite the increasing focus of gay HIV/AIDS and public health organizations on anti-stigma work. The reason is homonormativity, that is, a normative ranking of differences between good and bad gays and gay lifestyles. Homonormativity has not been targeted by the gay rights movement but rather produced and reinforced.²⁰ The gay rights movement focused on legal equality and full gay inclusion into bourgeois heteronormative society, especially into the military, marriage, adoption, and the workspace. The demand for inclusion was underscored by performances of heteronormative lifestyles, and gays who were too provocative and queer, that is, too different, threatened the political message “we are just like you” that was deemed necessary by gay rights activists for achieving legal equality

20 See Haunss (2012) regarding the link between HIV and normalization in German gay activism; Woltersdorff (2017) for the intrinsic connection between neoliberalism and homonormativity; Andersson (2019) for an analysis of homonormative aesthetics. See Puar (2007) for the connection between homonormativity, nationalism, and racism that she calls “homonationalism”, and that is part of a wider “sexual exceptionalism” (Dietze 2019). Regarding the connection between homonormativity and biopolitics see Laufenberg (2016).

(Halperin 2012, p. 443). The stigma and homophobia that accompanied the AIDS crisis led to shame and the reinforcement of the gay desire to be included in mainstream society and thereby laid the groundwork for the gay rights movement's strategy of adaptation (Gould 2009). Proponents of radical gay world-making similar to the pre-AIDS era – the attempts to develop specifically gay ethics and lifestyles that do not follow heteronormativity, but attempt to realize sexual liberation – were a minority and did not fit into homonormativity. With the progress in legal equality, a homonormative gay life became increasingly possible and livable, and with more gays choosing it, homonormativity further expanded, due to the decrease of radical gay subjectification in gay cultures. The decrease of gay subjectification resulted, as well, from the disappearance of many urban gay cultural spaces, such as bars and clubs, in the context of the AIDS crisis, and further fueled by neoliberal gentrification and the rise of online dating (Halperin 2012, p. 437–442). Homonormativity was and is so widespread that it dominated the mainstream gay media representation, fostering “normal” and straight, White, clean-cut, and healthy bodies, styles, and lifestyles (Halkitis 2000; Kagan 2018). This domination, moreover, explains the creation of new subversive queer counter cultures and styles, such as the gay hipster in the 2000s (Rehberg 2018). Queer theory developed as an intellectual and political counter-movement to homonormative politics and can be interpreted as reviving part of the counter-normative radical spirit of the 70s.²¹ In opposition to the previous generation's 70s gay activism, queer theory and politics are intersectional and tackle racism (Tas and Nidel 2013; Crenshaw 2008; Muñoz 2009b), sexism, and other forms of discrimination, and focus increasingly on trans politics (Halberstam 2018).²² In effect, homonormativity led many gay men to adapt to the older homophobic sanctioning of promiscuity and stigmatization of HIV. Therefore, the condom continued to play a central role in the gay imaginary and was intrinsically connected with individual responsibility and guilt. This situation is radically changed by PrEP, not without significant body political contestation.

21 With the crucial difference that it relied on poststructuralist accounts, see especially Foucault (1978) and Schubert (2020b). For a critique of queer politics from a homonormative perspective see Feddersen (2013). The existence of concurring homonormative and queer pride marches in some German cities shows that strategic discussion between homonormative and queer politics is still widespread, see Tietz (2012).

22 Nidel (2012, 2013) further argues, that queer theory needs to be supported by theories of hegemony for a realist conception of politics and the state.

Body Politics in Times of Molecularization

PrEP begins a new phase of pharmaceutical prevention. To analyze its impact on the biopolitical and body political negotiations of gay sexuality, sociality, homophobia, and homonormativity, I introduce Nikolas Rose's and Paul Rabinow's account of molecular biopolitics, biopolitical citizenship, and biosociality (Rose and Rabinow 2016; Rose 2007a; Rabinow 1999, 2005). They highlight a shift away from biopolitics at a molar level of bodies and peoples: "It is at this molecular scale that our contemporary biopolitics operates: 'molecular biopolitics' now concerns all the ways in which these molecular elements of life – from drug molecules to oocytes and stem cells – can or should be mobilized, controlled, combined and accorded properties that previously did not exist" (Rose 2007). This shift to molecular biopolitics in the field of HIV prevention is materialized in the transition from the condom to PrEP.

Rose's and Rabinow's concepts of biosociality and biopolitical citizenship highlight the connection between top-down biopolitics and bottom-up body politics that I call "democratic biopolitics". Biopolitical citizenship entails the capability of "biological citizens" to make ethical-political decisions on biopolitical questions (Rose 2007b, p. 259; Fassin 2009). According to Rose, biomedical innovation neither leads to a utopian future nor overwhelmingly repressive pharmacopower, as "classic" top-down biopolitical analyses of subjugating biopower tend to argue. Rather, it brings about a multitude of small-scale adaptations that significantly alter the way we understand our bodies and lives, and that are 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 political deliberation about the worth of different forms of life (Rose 2007b, p. 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, p. 254). This approach is particularly suited to analyze the body political contestations of PrEP because it acknowledges the agency of biopolitical citizens.

Somatic ethics, for Rose, is closely linked to biocapital. Biomedical intervention is prone to capitalization through pharmaceutical companies, which require ethical approval by professional bioethical experts, often philosophers, who are dependent on grants and research money. At the same time, biopolitical struggles require 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, p. 257).²³

HIV/AIDS activism is an example of such biological citizenship, illustrating what Rose terms “biosociality”. AIDS patients and activists came together in communities, performing numerous undertakings 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, p. 144; Epstein 1998). The activists and the traditional medical community, who started as antagonists, soon allied: This enabled medical professionals to reach their target community of gay men, and in turn, the activists became decisive actors in the advancement of medical expertise and safer-sex advice.

The concepts of “biocapital”, “biosociality”, “biological citizenship”, and “somatic ethics” offer a useful toolbox for the reconstruction of the contemporary contestations of PrEP as following from the body politics of HIV/AIDS. The concept “biocapital” denotes the capitalist logic of Big Pharma and the politics behind pricing and patents, which antagonize the interests of patient communities and public health providers. The concept “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.²⁴ “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 the initial stages of PrEP’s development, its biosociality did not just stem from biological traits or illness (as in classical patient activism), or the risk connected to the high prevalence of HIV/AIDS in the gay community (as in classical HIV activism), but from a specific sub-group of gays who engaged in “high-risk” sex practices often conceptualized as an ethical choice.

The Latest History of Gay Body Politics: PrEP’s Implementation

The development and implementation of PrEP from 2012 until 2019

23 See for patient activism Epstein (2016) and Novas (2016).

24 The big initial PrEP studies were financed by public health institutions and not by pharma companies, see fn. 33.

consists of a new historical phase of the biopolitics and gay body politics of HIV/AIDS. The contestations of PrEP expand the tension outlined earlier between gay sexual liberation and radical queer critique on the one hand, and homonormative values and rights-based integrationist strategies on the other hand. This tension is crystallized in the alternative between PrEP and the condom.

To show how molecular biopolitics and ethical body politics interact and lead to new sexual subjectification and new possibilities for gay ethics and politics, I will analyze this historical phase in greater detail, by mapping the debate on PrEP and distinguishing four positions: (1) gay pro-PrEP, (2) gay anti-PrEP, (3) professional pro-PrEP, and (4) professional anti-PrEP. These four positions appear simultaneously during this period and therefore do not imply a historical order. On the one hand, the gay perspective and the debates within the gay community between pro-PrEP and anti-PrEP camps demonstrate the meaning of PrEP for gay body politics and its ambiguous potential for sexual liberation. By discussing them, I differentiate three aspects of sexual liberation (negative, ethical, democratic), discussing the fourth aspect in the concluding section (political emancipation). On the other hand, the analysis of the non-gay perspective of medical professionals, with pro-PrEP and anti-PrEP positions, is key for understanding the framework of the democratic biopolitics of PrEP. As in the reconstruction of the history of HIV/AIDS and gay activism, I focus on Germany and the U.S. As opposed to the early, quick, and liberal German response to the epidemic in the 80s, PrEP implementation was significantly slower in Germany than in the U.S., while the debate about PrEP can be equally mapped through the four positions in both contexts.²⁵ The method of mapping follows Foucault's analysis of discourse and power, focusing on the reconstruction of the struggles about norms of sexuality, sexual subjectivation and subjectivity, and homophobia (Foucault 1971, 1978). In line with this method and according to the proposed categories, my sources include a variety of materials, such as medical research, queer theoretical research, activist statements, media sources, and social media posts and messages.

(1) Two main positions may be distinguished within the pro-PrEP gay perspective. On 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.²⁶ On the other hand, there is a

25 For a detailed account of PrEP in the context of the history of the German AIDS-Hilfen see Bochow (2019).

26 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

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, which falls into Rose's category of somatic ethics, first. 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 (bareback) is simply more pleasurable than sex with condoms. However, even the utterance of this banality is dangerous in a climate of moralized sexuality, the history of which I reconstructed above. Bareback sex is viewed as bad, shameful, and dangerous (Ashford 2015; Dean 2009), even though this view is already diminishing with the implementation of PrEP. The most extreme form of such a position, taken by Act-Up Paris, promoted the condom as the only means of safer sex despite the availability of medical prevention (Davis 2015). *Prima facie*, the affirmation of bareback does not operate in the realm of reason and responsibility, but "merely" in the realm of desire and pleasure (Dannecker 2019b, see also the other contributions in Dannecker 2019a). The immediate reaction to bareback 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 judgment is reinforced when considering the supposed higher risk of infecting others with STIs when engaging in condomless sex. Desire and pleasure are not strong arguments in this discourse on responsibility, reason, and guilt. Prevention politics, within this paradigm, exclusively means informing people about certain risks, assuming that this will lead them to make "rational" choices during sex (i.e. use a condom).²⁷

This resistance against the wish to enjoy condomless sex shows something more deeply problematic in the current state of gay sexuality and subjectification. It results from the homophobic stigmatization of gay sex and the homonormative stigmatization of wrong ways of gay sex – and PrEP is seen by many gays as an answer to this more fundamental problem. Blatant and open homophobia, reinforced in the last couple of years in the West due to the rise of right-wing movements, is evidently a major issue. Homophobic hate speech has been presented by these movements as a legitimate position in public discourse.²⁸ However, even within di-

out of the gay community's HIV activism.

27 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).

28 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, p. 51), and the rise of homophobic hate crimes (Beiker 2017), that many actors interpret as a causation (LSVD 2017). A social and political

iversity-affirmative liberalism, where homophobia seems to be absent and gays are happily married, homophobia deeply structures gay subjectivity and sexuality, as the reconstruction of the history of HIV/AIDS as contested body politics has shown. Being gay is now acceptable, but only if you are a “good gay”. If one lives a normalized, bourgeois, and successful life, a life of homonormativity that follows heteronormative rules, gayness is not an issue. This acceptance of bourgeois gayness is a success of the gay rights movement of the 90s which was achieved by disidentifying from the stereotypes of hypersexualized and effeminate gays, through adopting “normal”, masculine, and desexualized behavior. Respectable gays present their sexual orientation as an accidental, non-essential, property of their personality; they do not take it to determine who they are. With gay marriage, the journey towards normalization has reached its destination, and many gays simply behave 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 barred from this homonormativity (Flores 2017). Recently, such exclusion is done with the help of another concept: identity politics. As soon as queer people voice their specific perspective that contrasts hetero/homonormativity, they are criticized for fostering a particularist identity political agenda against the common good.²⁹

While the gay pride of the “good gays” constitutes the facade of contemporary liberalism, the gay shame of the “bad gays” is its flipside (Halperin and Traub 2009). This continues the long-lasting constellation of shame and guilt surrounding gay sex (Hequembourg and Dearing 2013). The history of the body politics of HIV renders intelligible the fact that the AIDS and post-AIDS generations grew up with a deep fear of gay sex (Cain 2017; P. 2015). Not only was it viewed as shameful, but

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”, in order to reject Muslims, Islam, and people of color as homophobic and uncivilized. It is 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).

29 Recent evidence was provided by the outrage against “identity politics” in German media that followed gay activists’ critique of a homophobic panel discussion of the social democratic party, c.f. Blech (2021).

also as 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 expels gays from the framework of liberal acceptance of homosexuality. While guilt no longer automatically accompanied being homosexual, it became more often coupled with engaging in non-normative and “irresponsible” sex. Therefore, gay sex was constituted around an economics of guilt that stems from the liberal and homonormative refinement of homophobia, of which condoms are an essential part.³⁰ Adherence to condom usage is a perfect guilt instigator, and many gays report psychic self-tortures after having forgotten to use them, not only because they feared an infection, but because of the stigma related to the supposed irresponsible behavior, to which 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 internalized homophobia and finally helps to disentangle gay sex from its 40 yearlong intertwining with illness and death (Collins et al. 2016; Koester et al. 2017; Grace et al. 2018; Gilbert 2018; Riley 2020).³¹

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

31 Exemplary for this liberating function of PrEP for gays in relation to guilt and condoms is this public Facebook-post, which was widely shared, and which is worth citing: “PrEP-Post: Es sind diese Regeln, die wir so sehr internalisiert haben, dass wir sie selbst dann befolgen, wenn sie durch eine grundlegend veränderte Situation überflüssig geworden sind. [...] Meine Generation (Ich bin 30) ist die Generation an Homos, die nach der Aids-Krise aufgewachsen sind. Für uns galt immer “SEX OHNE KONDOM = TOD”, und das haben wir internalisiert. [...] Für Leute, die seitdem [ca. 2004, K.S.] in Therapie sind, lässt sich der Virusspiegel soweit senken, dass er sich nicht mehr auf die Gesundheit auswirkt, und Positive unter der Nachweisgrenze sind NICHT MEHR ANSTECKEND. Sex mit ihnen = ungefährlich. Das ist seit 2011 bekannt. Wie lange hat das gebraucht, bis das bei dir ankam? Bei vielen hat es lange gedauert. Vielleicht, weil die Leute das nicht wahrhaben wollten. Weil Positive als Unberührbare galten, als Gefahr für die öffentliche Gesundheit. Und das auch noch selbstverschuldet. Quasi das Gegenteil von Kriegsveteranen, weil sie ihr Schicksal nicht ehrenvoll auf dem Schlachtfeld, sondern auf eine perverse Weise in Darkrooms und in Klappen besiegelt haben. Diese Angst sitzt immer noch tief. Kondome waren nie der Heilsbringer, niemand wollte das Kondom an sich, aber sie waren halt die einzige halbwegs sichere Methode, sich und seine Partner vor einem recht unangenehmen Tod zu schützen. Denke mal kurz nach, ob du Bareback-Sex mit Begriffen wie Verantwortungslosigkeit, Unmoral, Lustbesessenheit etc. assoziiert. (Das habe ich auch.) Diese Vorurteile sitzen tief, weil sie mal begründet waren. Jetzt kommt die PrEP. Heutzutage ist die Situation grundlegend anders. Menschen funktionieren so, dass sie, anstatt unbegründete Vorurteile zu überdenken, sich lieber neue Rechtfertigungen für diese suchen. Wenn ich mit Leuten über die PrEP rede, wenn ich sage, dass ich jetzt auch ohne Kondom safen Sex haben kann, stecken mich manche sofort in die Schmutzdecke. Bringen Argumente wie: ‘Es gibt resistente HIV-Stämme’, ‘Was ist mit Syphilis & Tripper’, ‘hat die PrEP nicht krasse Nebenwirkungen’. Das etablierte Denkschema dahinter: Kondom = Verantwortung -> Kein Kondom = Gefahr. [...] Natürlich gibt’s Leute, die die PrEP als Freifahrtsschein zum Rumbumsen sehen. Für mich ist sie aber ein Teil

The liberating aspects of PrEP do not concern homophobia and social stigma alone. It also eases the dynamics of gay sexuality: PrEP reduces the need for constant negotiation of illness during gay sex. Gays have to be constantly aware of risks and negotiate them in order to act responsibly and to deflect guilt in the sexual paradigm of condoms, fear, and guilt.³² They have to make assumptions about how “dangerous” the partner is and whether they can trust them. The bottom (the receptive partner in anal intercourse), especially, has hardly any control over the use of condoms and has to check manually sometimes during the intercourse if the condom is still in place (Danan 2018). Thus, sex equals 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 to adhering to the drug regime, away from the often-uncontrollable dynamics of sex. In this nuanced assessment of the shifts of responsibility, the difference between the focus of classic biopolitical critique of top-down repressive power and the body political perspective becomes clear: Dean (2015a), who criticizes the biopolitical side effect of PrEP, does not interpret this shift of responsibility as liberating, but as an intensification of the rationalization and disciplining of sexuality, since for the first time, responsibility can be objectively measured through drug levels in the blood (Dean 2015a, p. 233).

The discussion shows that 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 may be called “sexual-somatic ethics”. The concept reflects the development of community norms, sexual subjectification, sexual cultures, political positions, personal choices, desires, and pleasures in relation to medical technologies. Sexual-somatic ethics are crucial for a constructivist account of sexual liberation following Foucault. While PrEP does not liberate sex from social power and does not recover any natural essence of sex, it does lead to a situation in which the ethical norms of sex can be further developed and improved. Liberation here means two things: First, as negative liberation, the overcoming of repressive norms of

von einem verantwortungsbewussten Umgang mit meiner Sexualität. Ich kann mich dazu entscheiden, safe ohne Kondom zu ficken, wenn ich das möchte, und das ist eine große Befreiung. In Situationen, wo ich mehr Sicherheit will – etwa in Darkrooms – oder wenn mein Partner danach fragt, kann ich jederzeit ‘nen Gummi drüberziehen. Die gibt’s ja trotzdem noch” (Hartmann 2017). It is remarkable that the author returns to framing responsibility and differentiates responsible and irresponsible PrEP users after having criticized this rational throughout the post. This could be seen as indication for how severe the connection between gay sex and responsibility discourse is.

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

homonormativity that bring stigma and shame into gay lives. Second, as ethical liberation, the creative aspect of the development of new sexual cultures and pleasures in the new situation of medical and technological infrastructure, for which I present evidence below. Both aspects of such constructivist sexual liberation are Foucauldian: the first one relates to subjectification as being constituted and normed by power, and the second to subjectification as communal ethics that aim at the active creation of new desires, pleasures, and ways of being (Foucault 1997a).

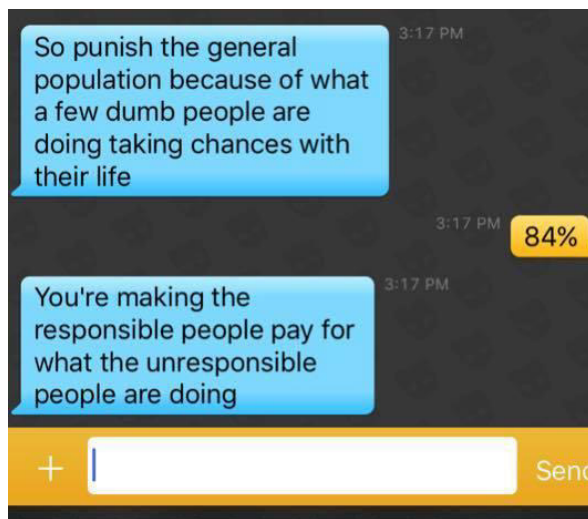
(2) The anti-PrEP gay perspective, as well, comprises medical arguments on the one hand, and arguments that address subjectivity, sexual norms, and politics that fall under the rubric of sexual-somatic ethics on the other. As above, I will only reconstruct the ethical arguments here, discussing the medical arguments which are used by gays alongside 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. Sex cannot be essentially designated as natural, rather it is always mediated through norms and technology. Before PrEP, condom usage was the 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 them (Dean 2011; Halperin 2007, p. 11–37). The possibility for HIV-risk-free condomless sex changes this sexual subjectification. The condom is thrown into question and becomes the object of a battle of sexual ethics, where many desire condomless sex, and others defend the condom as the only means for safer sex, especially taking into account other STIs such as tripper, syphilis, and hepatitis C. The sexual subjectification towards condomless sex is seen by many as a pressure to take PrEP as well, even if they do not wish to. PrEP might become the new norm, and in some places already became the new norm, to which one has to adhere in order to participate in the transformed sexual culture. This is particularly a problem for sex workers, both male and female, who are faced with increasing pressure to engage in sex without condoms. In contexts of transphobia, insufficient healthcare, and social welfare, trans persons, especially trans women, often choose sex work due to the absence of other options to earn money. This makes trans persons specifically affected by PrEP politics. Thus, sexual liberation is intrinsically contested, especially in the era of molecular biopolitics. This is why the constructivist account

of sexual liberation needs a third, *democratic* element in addition to the negative critique of repressive power and the ethical creation of new sexual cultures: the deliberation of the power-effects of such new sexual cultures and the sexual subjectification they entail in the scope of democratic biopolitics.

Anti-PrEP gay arguments can also be understood in terms of the bio- and body political vocabulary. 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, that is, 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 to produce new markets and exploit PrEP-users economically by changing sexual subjectification. Certainly, the pharmaceutical industry, specifically Gilead, 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 the spearheading of the development of PrEP by a collaboration between the gay community/activists 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, p. 2). The initial MSM-PrEP studies were not financed by Gilead, who only donated the drugs and placebos, but by government-sponsored research institutes.³³

33 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 largely 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 compares 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.

Alongside concerns regarding the change of sexual-somatic ethics and the exploitation of gays by Big Pharma through PrEP, there is also a straightforwardly hateful homophobic stigmatization of PrEP users within the gay community (Calabrese and Underhill 2015; Grace et al. 2018; Calabrese 2020).³⁴ 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 of this PrEP-shaming is the slur “Truvada Whores”, which was used as hate speech against gays on PrEP, referring in an abjecting way to their supposed promiscuous sexuality (Duran 2012; Møller and Ledin 2020). 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 networks. 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 (Content warning: Hate speech and explicit language). The insults are often constructed in terminology related to 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 the “good” side, a desire which is sadly often enacted through stigmatizing others for their sexuality and their (well informed) prevention choices:³⁵

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

34 Stigma has a particularly high impact on young Black MSM as well as Black and Latina trans women in the U.S., cf. Quinn et al. (2019); Brooks et al. (2019).

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

“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”

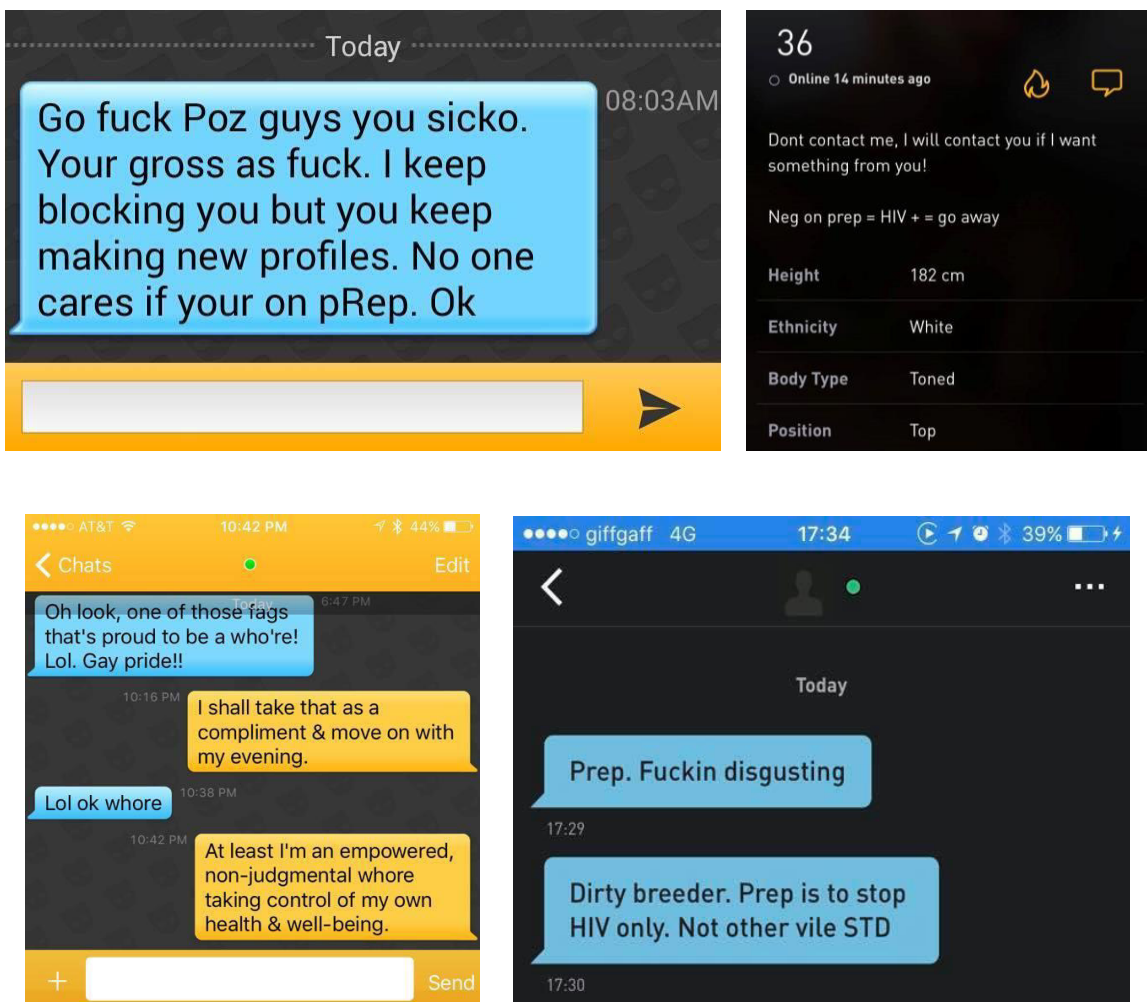
“Go fuck Poz guys you sicko. Your gross as fuck. I keep blocking you but you keep making new profiles. No one cares if your on pRep. Ok”

“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 the heavy HIV and PrEP stigma, and the hate speech feeding off the stigma, there is also some good news: The increased use of PrEP has already led to measurably less HIV and PrEP related stigma in gay online dating (Golub et al. 2018) and attitudes (Hammack et al. 2019). That

PrEP increasingly becomes an object of cultural representation is a sign of its continuous normalization in gay culture (Weil and Ledin 2019).³⁶ Spurred by the advances of antiretroviral therapy and PrEP, as well as the novel digital infrastructures on hook-up apps, new sexually-liberated gay subcultures have developed in Western urban environments, such as the “pig” culture, along with sexual-somatic ethics and sexual subjectification that significantly reduce stigma and lead to a new sense of gay community and gay world-making (Florêncio 2020; Hakim 2018; Hakim and Race 2020; Møller 2020; Race 2017; Shield 2019; Strong 2020).³⁷

(3) 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 the strategy to finally end the battle against HIV/AIDS. As the efficiency of PrEP is unquestioned today, I will 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 advocates against this concern is that first, condoms do not work well in preventing 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 schemes spend a lot of energy on motivating 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 visit doctors to get tested of their free choice 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).

36 These findings of the deep entanglement of subjectivity, culture, politics, and technology could also be analyzed drawing on the French Science and Technology Studies (STS) tradition (Latour 2007), as Race (2017, 2015a, 2015b) proposes.

37 For the liberating impact of PrEP on sexual-somatic ethics see also Gonzalez (2019) and the other contributions in Varghese (2019). For the development towards condomless sex in gay porn and its cultural impact see Mercer (2017), Lee (2014), and Garcia (2013).

The major concern of pro-PrEP public health professionals nowadays is the unequal distribution of PrEP among vulnerable communities, and the stigma that is limiting PrEP use and adherence. While PrEP is increasingly 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). Intersectionality amplifies this problem, for example in regarding Black trans women in the United States. This is due to structural systems of social and economic repression, such as racism, transphobia, and the lack of efficient social welfare and public healthcare system. Furthermore, it is in part because sex education programs are framed upon rationality, risk management, and individual responsibility and therefore remain unapproachable to vulnerable communities (van Doorn 2013). A related problem is that 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 identification is even more challenging. A further problem is the still enormous costs of 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 studies that enabled the development of PrEP were financed by public research institutes (Summers 2018).

(4) The anti-PrEP medical and general public perspective invokes PrEP criticism, described above, that is tackled by arguments and studies from the pro-PrEP camp. Four further arguments are made against PrEP, yet their significance in the debate has increasingly declined: 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, and fourth the homophobic argument that the general public should not pay for the pleasure of gays. Some 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 that affects kidney, liver, and potentially bone integrity. What is more, Truvada may have 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 the possibility that Truvada-resistant HIV strains might develop is discussed and regularly checked in studies, to date, 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 and Descovy are also effective on low adherence rates, so that adherence levels are generally high enough to enable prevention (Haberer 2016; Closson et al. 2018). Nevertheless, adherence remains a crucial factor and must be tackled by PrEP programs. Fourth, 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 populists in Europe and the United States.³⁸ PrEP is perceived as related to a choice of a risky and promiscuous sexuality, which is imagined as immoral, and, it is argued, should therefore not be sponsored by the general public.³⁹



³⁸ See fn. 28.

³⁹ 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) and Queer.de (2018). A recent study, on the other hand, shows strong public support in the U.K. for government-provisioned PrEP, cf. Hildebrandt et al. (2020), while another study shows increasingly homophobic and stigmatizing PrEP discourse in the U.K. media between 2012 to 2016, cf. Mowlabocus (2020).

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, it is adequate to move beyond individual responsibility and turn to redress past injustice by providing effective prevention programs in the present.

While the anti-PrEP positions are still voiced in 2020, they are no longer influential in the gay community, among healthcare professionals, or within the general public. The pro-PrEP position thus succeeded in becoming hegemonic. Along with the further implementation and mainstreaming of PrEP, gay sex is increasingly disentangled from HIV, death, and illness, and the related HIV stigma is slowly reduced. These processes diminish the predominance of the homonormative differentiation between respectable and shameful gay sex that has been a driving force for homonormative politics. These transformations have allowed for a new phase of gay sexual-somatic ethics and queer world-making through urban sexual cultures, that can be viewed as a contemporary queer extension of the 70s sexual liberation project.

A New Era of Queerness?

The biopolitics of PrEP entered a new phase in 2019 when Germany and Spain began covering PrEP through public health care systems. They were the last countries of Western Europe to do so, except for Austria and Switzerland. This can be seen as an endpoint of the contested implementation of PrEP in the global north: The new hegemonic HIV prevention paradigm is to include PrEP as the third component of prevention, in addition to condoms and treatment as prevention. As in the early phase of HIV prevention, when the condom and the first HIV drugs were implemented, this mainstreaming of PrEP was not a top-down process of repressive biopolitics, but rather a complex negotiation of sexual-somatic ethics concerning healthcare and prevention policies, between gay PrEP activists, researchers in universities and the pharma industry, and public health officials. Calling these negotiations and contestations of PrEP “democratic biopolitics” highlights that they are complex relations between top-down biopolitics and bottom-up body politics.⁴⁰ This

40 Elsewhere (2019, p. 142f.) I analyzed five elements of the democratic biopolitics of PrEP. They can be called democratic, as 1) questions of representation, power, and interest are at stake and negotiated, 2) different sexual-somatic ethics can conflict,

use of the term democratic biopolitics is both descriptive and normative, as it not only points at the agency of a variety of actors, especially gay activists, but also allows for criticism that demands further democratization.

Three points are central to the further democratization of the biopolitics of PrEP: First, the acknowledgment that desire is not given, but results from 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 to further the deliberation of the biopolitical and body political side effects of different sexual-somatic ethics and their influence on sexual culture and subjectification. Second, the analysis showed that PrEP is not the result of top-down biopolitics, but of the complex involvement of a variety of actors, yet although (potential) PrEP users are the most important stakeholders in its implementation and regulation, their position is weak. The voices of the gay community should be strengthened in the biopolitical and body political implementation processes of medical technology in gay sexual-somatic ethics. This necessitates an intersectional and queer approach that is attentive to the internal homonormative exclusions of gay politics and strengthens the representation of marginalized gays, such as poor, migrant, or trans gays. Strengthening the representation of marginalized and vulnerable groups, of course, is also important for other communities with regard to PrEP implementation. The groups that could profit from PrEP and whose sexual-somatic ethics would be influenced by PrEP include trans*persons, Blacks and especially Black MSM in the United States, and often other racialized minorities in many countries as well as migrants, sex workers of all genders, people who are living in countries with generally high HIV rates, as well as heterosexual women and men who are exposed to HIV in low-incidence countries. Finally, democratization would entail the renegotiation and minimization of costs and profits in the health sector, which are backed up by international patent law, to create globally affordable access to PrEP for those who need it. Today, only an estimated 2.2 million of the estimated 38 million people who live with HIV globally are living in Western Europe and North America, and HIV disproportionately affects poor and marginal-

so there is an element of agonism typical for democracy, 3) the boundaries of the legitimate discourse, such as the hate speech analyzed above, are negotiated within that discourse, 4) how PrEP and sexual-somatic ethics are negotiated is a matter of institutions, such as sexual education in schools, discussions in community organizations, or representation in health politics, 5) the biopolitics of PrEP confirm democratic theories that do not limit legitimate arguments to a narrow concept of reason, but show how important affect and desire are.

ized populations worldwide, having limited access to antiretroviral therapy (UN AIDS 2020).

The mainstream gay civil rights activism is for the most part ignorant of the global biocapitalist exploitation and of the enforcement of pathopolitics through the global patent law, that limits access to healthcare and HIV treatment and prevention of many vulnerable people (Atuk 2020). This ignorance is aligned with the general homonormative orientation of gay politics, and the lack of queer radical critique and politics of solidarity that go beyond narrow homonormative interests, such as gay marriage and the right to adoption. Through the historical analysis, I traced the genealogy of homonormativity and showed how it is linked with HIV-related stigma, among other factors.⁴¹ The radical queer project of gay world-making through the sexual liberation ethics of the 70s lost its appeal because of the homophobic HIV stigma that reinforced the desire of many gays to be included in equal bourgeois citizenship and to set themselves apart from queer gays. Homonormative, that is, conservative, gay politics are reinforced through HIV stigma and the difference between healthy and respectable sex and risky and shameful sex.

If PrEP, as shown, can work towards dismantling this stigma and the connected homonormative differentiation between respectable and shameful sex, there is hope that it is opening possibilities for a renewal of a radical queer project of gay world-making. Such queer politics do not aim to adapt to the given bourgeois lifestyle but to criticize hetero- and homonormativity and systems of sexual, racial, and economic oppression that come along with them. The new sexual liberation through PrEP can thus lead to the development of new queer solidarities that go beyond the narrow scope of gay interest politics, thereby potentially tackling the injustices of the current biopolitics of PrEP: for example, solidaristic politics that demand the dismantling of the current biocapitalist structures of patent law and pharma profit. Thus, sexual-somatic ethics is of major importance for gay identity politics and the queer solidarities it can foster.

To be sure, the argument is not that this strategic shift from homonormative politics back to radical queer politics takes place automatically because of the introduction of PrEP.⁴² This would be an overly simplistic technological determinism. The point of the introduction of the term sexual-somatic ethics is rather to highlight how sexual subjectification, medical

41 Central are austerity politics and gentrification, online-dating, and the progress of gay rights.

42 "Back" to queer politics, because despite tremendous differences in politics and theories, the radicality of current queer projects can be seen as continuing the 70s radical gay liberation project.

technology, social stigma, ethical lifestyles, and political strategies are fundamentally interconnected, without positioning any single one of these elements as fundamental. This means that there is no “natural” sex, but that sex is always-already mediated through culture, politics, and technology. In this framework, the argument for the possibility of a renewal of queer politics through PrEP is a negative one: By changing sexual subjectification and ethics, PrEP removes a key driver of homonormative politics, that is, a key obstacle for critical and queer politics. This alone does not guarantee the renewal of queer radical gay politics of social criticism and solidarity.⁴³ On the contrary, homonormativity could shift to accommodate pharmaceutical sexual-somatic ethics and the digitally mediated urban sexual cultures, independently of its continuous commitment to otherwise conservative politics. This would be a narrow version of individual and private sexual liberation as the mere negative removal of stigma, disregarding aspirations to queer world-making. Thus, a new era of queerness will not come about from sex alone but would be constructed upon the existing resources and traditions of critical queer politics and theories. The potential for removing the barriers for emancipative politics is thus a fourth dimension of sexual liberation, next to its negative, ethical, and democratic dimensions that I introduced above. This fourth, *political* dimension of sexual liberation might also be supported by the democratic dimension: a critical awareness of social power and how it structures norms and subjectivities could be fostered by further politicizing sexual-somatic ethics through the deliberation of sexual subjectification. Such critical reflection might help to reconnect sexuality with queer solidarity through new queer identity politics. Given the deep historical and socio-psychological entanglement of gay politics with HIV, the impact of the implementation of PrEP for gay identity politics is likely to be fundamental, but how it will influence the strategic debate between homonormativity and queer critique remains to be seen.

Following Foucault’s infamous critique of the Freudo-Marxist theories of sexual liberation and their “repression hypothesis” (Foucault 1978), which were *en vogue* in the 1970s, readers of Foucault tend to believe that sexual liberation, especially as a means to broader political emancipation, is dead and fundamentally incompatible with Foucauldian thinking.⁴⁴ The bio- and body politics of PrEP as reconstructed in this article

43 Such politics would be based on what I called “critical subjectification” elsewhere, cf. Schubert (2020a, 2018).

44 Presenting early versions of this paper, I received such “Foucauldian” critique. There is no Foucauldian account of sexual liberation so far, even though Foucault’s interest in ethics and the 1970s gay sex culture can be read as such, see Halperin (1995). For

should convince them that a Foucauldian analysis of sexuality allows for sexual liberation. The case of PrEP confirms Foucault's constructivist and ethical approach to sexuality as a practice and his concept of subjectification, showing that it matters how we design sexual cultures. While there is no essence of sex beneath power that could be uncovered and liberated, different sexual-somatic ethics lead to diverse subjectivities and pleasures. They can either follow unquestioned and repressive norms or constitute an active creation of body political agency in sexual subcultures. Sexual liberation in this constructivist paradigm is the queer creation of non-normative sexual counter cultures, just like the gay sexual culture of the 1970s and the renewed contemporary urban gay sex culture that relies on medical technology such as PrEP. Of course, such an understanding of sexual liberation starts from the premise that sex is a matter of power, normalization, government, and biopolitics, and therefore points out that sexual liberation is not about not being governed, but rather about being governed in a specific way (Foucault 1997b): ethically and through democratic biopolitics. Such sexual liberation does affect politics beyond sexuality, as the connection between sexual stigma, homonormativity, and conservative politics on the one hand, and the potential connection between sexual liberation, queer sexual-somatic ethics, and critical queer solidarity on the other hand shows.

In light of Foucault's *History of Sexuality*, which traces how the Christian hyper-attention to sexuality played a major role in the constitution of modern subjectivity, governmentality, and law, it is hardly surprising that sexual-somatic ethics fundamentally frame broader political struggles, however unrelated they seem to sexuality at first sight (Foucault 1978, 2021). The gay democratic biopolitics of PrEP serves as a burning glass for this relation between sexual liberation, social critique and solidarity. As stigma and repressive norms govern sexuality beyond gayness, it can be assumed that this connection holds for Christian-influenced societies in general. Thus, independent of outdated Freudo-Marxist theories and relying on a Foucauldian constructivist approach to sexuality, there is reason to conceptualize sexual liberation in relation to broader political emancipation. To sum up, the proposed concept of sexual liberation has four components: Negatively, the liberation from repressive norms and stigma; ethically, the development of new sexual cultures and pleasures; democratically, the active, critical, and conscious deliberation of the ambivalent power effects of sexual-somatic ethics; and politically, the potential development of broader social critique and solidarity.

an earlier critique of such rejection of sexual liberation by Foucault and his readers, defending Marcuse, see Horowitz (1987).

Such sexual liberation and regeneration of queer identity politics is urgently required today: our present political situation is marked by new global contestations of gender and queer rights. Right-wing and conservative forces aim to dismantle the progress that has been made in the last 30 years and to aggressively reinforce repressive heteronormativity. This conservative restoration is a real danger to the lives of queer people. The social basis for this homophobia has not been successfully combated by the assimilationist homonormative strategies, which does not come as a surprise from the perspective of queer critique. Beneath the surface of legal progress for privileged gays and lesbians, a “war on sex” (Halperin and Hoppe 2017) that targets all non-normative forms of sexuality took place even before the rise to power of Trump and AfD. The current Coronavirus crisis comprises an additional force of re-traditionalization: Due to lockdown measures, the spaces of gay and queer life, such as bars, clubs, community organizations, and sex spaces, are forced to close and face severe financial burdens. The Coronavirus might have similar negative impacts on gay urban infrastructure to those suffered following the HIV/AIDS crisis. While homonormative politics is not particularly interested in defending subcultural spaces, for example by demanding considerable public funding for their support, a queer strategy deems such spaces and the subjectifications they enable necessary for gay and queer life (Ludigs 2020a, 2020b; Trott 2020). Whether conservative anti-genderism can be defied in the future will depend not least upon whether gay identity politics, in fact, shift towards a queer strategy, a possibility that has become more likely thanks to PrEP.

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