Article

Converting, Monitoring, and Policing PrEP Citizenship: Biosexual Citizenship and the PrEP Surveillance Regime

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Abstract

Pre-exposure prophylaxis (PrEP) is a revolutionary public health strategy to prevent HIV infection but comes with a significant personal and structural surveillance regime. Using interview data with gay, bi, and queer men on PrEP, field notes, and document analysis, we discuss the individual and institutional practices that produce what we call PrEP citizenship. Drawing on the concept of biosexual citizenship, we show how PrEP citizenship involves surveillance for compliance with use and behavioral guidelines, expanding the PrEP population, and allocating community resources to PrEP users over non-PrEP users. On the individual level, users surveil themselves and others for proper use and sexual behavior, identify nonusers and evangelize PrEP use to them, and stigmatize non-PrEP users as irresponsible, immoral, and potentially infectious. Similarly, on the institutional level, public health, medical authorities, and sexual community infrastructure work to ensure PrEP users remain adherent, increase the user base, and grant material and symbolic resources to PrEP users. PrEP citizenship has implications for the role of the co-production of surveillance in conceptions of biosexual citizenship.

Introduction

Pre-exposure prophylaxis (PrEP) is a revolutionary HIV prevention strategy where HIV-negative individuals take medication to prevent HIV infection. As currently approved, the PrEP regimen involves an HIV-negative individual taking one dose daily of Truvada (an Emtricitabine/Tenofovir combination). Other formulations are currently in clinical trials. When taken daily, PrEP provides protection against HIV superior to condom use (CDC 2014a; 2014b). Given the dominance of condoms as *the* safe sex strategy for gay, bisexual, and queer men, PrEP has represented a rupture in queer community understandings of moral sexuality. As Kane Race (2016) argues, PrEP is a *reluctant object*, representing sexuality and morality in queer community discussions of this medication as a wider public health strategy. Since these early considerations published shortly after PrEP's availability in the US (see also Dean 2015), while not universally used and subject to significant racial, gender, and class based disparities (Arnold et al. 2017; Bauermeister et al. 2013; Cahill et al. 2017; Eaton et al. 2014; Golub et al. 2013), PrEP's acceptance has risen considerably as public health and queer men position it as the superior way to prevent HIV infection (Mustanski et al. 2018; Pawson and Grov 2018), as part of an overall strategy to inoculate queer men against infection. As PrEP users and public health officials simultaneously work to prevent HIV at the individual and population levels, we see PrEP as an excellent analytical case (Zussman 2004) to examine the co-production of surveillance within biosexual citizenship (Epstein 2018).

This paper examines gay, bisexual, and queer¹ men's surveillance experiences on PrEP, from themselves, others, and structural systems from formal institutions. We theorize the concept of PrEP citizenship, arguing that PrEP is a site of biosexual citizenship. Queer men on PrEP must be biomedically monitored, presumably until their death since there are seldom suggestions to stop taking the medication (Nunn et al. 2017). They also experience a significant surveillance regime before and during PrEP use to ensure proper use, encourage nonusers to begin taking the medication, and distribute material and symbolic resources to PrEP users. While most research on PrEP focuses on the necessity of such medical access, education, and adherence surveillance programs to make the most of PrEP's potential (see Nunn et al. 2017), this paper examines PrEP's sociological impact (Auerbach and Hoppe 2015) as it fits within competing and complimentary calls from queer communities for sexual freedom (e.g., Orne 2017; Race 2016) and state desires to stop the HIV epidemic.

At this axis, we find PrEP citizenship to be a fruitful concept to consider how PrEP users are embedded within a surveillance regime that prescribes and monitors biosexual citizenship as a responsible, moral, and healthy HIV-negative individual that indefinitely continues PrEP as a public good. As both authors have taken PrEP themselves, we want to emphasize PrEP's overall benefits as an individual treatment and public health intervention. PrEP is a treatment we support. However, as our discussion of PrEP citizenship progresses, we argue PrEP is implicated in biopower and comes with significant strings attached, including converting, monitoring, and policing for proper use. In this paper, we first begin by discussing biosexual citizenship and surveillance to argue PrEP is an interesting analytical case (Zussman 2004) of this process. We then sketch the overall project's methods. To discuss PrEP citizenship, we focus on the individual and structural co-production of three practices of PrEP citizenship: converting, monitoring, and policing.

Biosexual Citizenship and Surveillance

To explore PrEP citizenship, we situate our analysis within Michel Foucault's conception of biopolitics and the resulting concept of biocitizenship. We consider this technique of power and its implications for surveillance as a phenomenon to intervene at the population level. Foucault (1978: 145) explains biopolitics as a political technology of life which:

was applied to the regulation of populations, through all the far-reaching effects of its activity... giving rise to infinitesimal surveillances, permanent controls, extremely meticulous orderings of space, indeterminate medical or psychological examinations, to an entire micro-power concerned with the body.

PrEP as a treatment entails medical surveillance (Nunn et al. 2017), as well as from the individuals themselves. This surveillance shares similarities with the medical management of HIV patients, who similarly are monitored for adherence to their medications, viral load, side effects, and overall health. For instance, the Treatment as Prevention paradigm similarly seeks to capture and surveil HIV-positive individuals:

The seek and treat program represents a wide net being cast to reach gay and other MSM and pull them into the medical and public health surveillance web. Through testing, these men are labelled either at risk or already infected, and their data are collected for future epidemiological analysis that may further stigmatize their practices. The infected are entered into a public health database and linked with medical care providers to initiate ART [antiretroviral therapy]. (Guta et al. 2016: 169)

Recent research, for instance, shows that public health reporting requirements are creating de facto criminalization structures for people living with HIV who cannot afford access to care (Molldrem 2019). Of

¹ We use queer as an umbrella term to encompass the variety of various identities these men claimed.

course, surveillance of medical conditions and the medical and social panopticon of health these systems create are not new.

We add to the understanding of surveillance studies, especially those studying HIV and medicine, by arguing that PrEP citizenship coordinates individual and institutional practices to surveil PrEP users for compliance and to increase the user base by identifying and surveilling nonusers to convert them. PrEP is not a required medication nor a treatment. Yet, PrEP citizenship creates new opportunities for individual and institutional surveillance. Similarly, the need to conform to proper use and sexual behavior provides a basis for the allocation of resources across individual and institutional structures. Steven Epstein's (2018) biosexual citizenship can be applied to PrEP to show how individual and governmental interests in sexual health create a common experience of PrEP users to define sexual rights and responsibilities through risks associated with sexuality. These implications for biosexual citizenship shape individual experiences of sexual health through overt displays of surveillance as well as less obvious forms. This is significant because it introduces regulatory mechanisms as a function to be installed around "a population of living beings so as to optimize a state of life" (Foucault 2003: 246).

PrEP is used as an extension of public health and health promotion activities emerging from the state. Deborah Lupton (1995: 48) posits that these activities are "directed at the level of the population, they constitute individuals and groups as 'problems' and domains of governance needing the assistance of health promotion 'experts'." Public health officials' intervention and surveillance express a condition of ill health tied directly to a group as a social entity. These interventions are used such that: "to deal with the complexity of disease causation in modern societies and the need to maintain continuing surveillance of all members of the population, health promotion has engendered a 'vast network of observation and caution' (Armstrong 1993) throughout society" (Lupton 1995: 51–52).

Surveillance is intensified in the case of PrEP as a biomedical intervention to prevent disease. This public health intervention requires users to adhere to a surveillance regime. They must commit to taking the pill every day and to visit their health provider every three months for screenings before they can receive more medication. This surveillance regime is explained in more detail below. These practices continue to bring sexuality and health under state governance under the guise of sexual health. These methods of governance over populations and individual bodies have implications for biopower.

State actors deploy competing epistemologies through "the conjuring of 'good' and 'bad' identities among a population whose governance was seen as a problem, and strategically deploying trust and shame as techniques of governance" (Knopp, Brown, and McKeithen 2018: 404–05). These forms of governance impact queer men, creating a division between users and nonusers of PrEP (see also Race 2016), causing surveilling techniques employed to judge the identity of the self and other. This type of lateral surveillance is identified by Mark Andrejevic (2005: 488) "as the use of surveillance tools by individuals, rather than by agents of institutions public or private, to keep track of one another." PrEP users employ lateral surveillance to monitor each other for proper use and stigmatize *irresponsible* behavior. Methods of surveillance also include a drive to self-monitoring through the belief that one is under constant scrutiny through Foucault's panopticon (Wood 2003). On the institutional level, formal surveillance techniques deploy panoptic power to discipline what is seen as the *good* biosexual citizen. Foucault renders vision as a subjecting or subjectifying technology of power that contributes to the rise of surveillance societies through public health promotion activities. The dynamics of visibility, of seeing and being seen, are used as a normalizing technology (Yar 2003). But the visibility of taking the pill is not necessary for surveilling of these individuals. The individuals who take the medication and broader institutions create the *good* PrEP citizen through multiple coordinated levels of surveillance. By requiring compliance with the surveillance regimes, PrEP citizenship is produced to allocate resources to users and deny them to nonusers, producing a unique form of biosexual citizenship.

Biocitizenship is seen as a mode of biopolitical governance, a form of health advocacy, and a normative cast as something we ought to be (Happe, Johnson, and Levina 2018). Drawing upon these conceptions of

biocitizenship, we argue that queer men must negotiate their way through these terms of biosexual citizenship—or else find themselves positioned as standing *against health* (Metzl and Kirkland 2010). As Epstein (2018: 26) explains, biosexual citizenship “calls attention to how embodied pleasures and risks associated with sexuality figure in the worlds of biomedicine and public health, as well as how public health officials, in engagement with others, participate in defining sexual rights and responsibilities.” First, biocitizenship can be seen as an extension of biopower over citizens, as a “grounds for social membership and the basis for staking citizenship claims” (Petryna 2002: 261). Biocitizenship instrumentalizes biopower, legitimating certain subjects to the state through institutional and structural actors such as biomedical professionals, public health agencies, and sexual community infrastructures. Sexual community infrastructures are “spaces of erotic potential ... connected to network[s] of sexual kinship” (Orne 2017), such as sexual partner “hook-up” applications like Grindr or Scruff, particular bars, clubs, bathhouses, and so on. These infrastructures have structural power over sex and desire through policies and their organization. Second, citizens advocate for resource distribution from government and biomedical agencies creating new forms of sociality. Nikolas Rose and Carlos Novas (2005: 442) identify “biosocial groupings—collectivities formed around a biological conception of a shared identity” to secure resources. Apparent through advocacy groups that help secure resources, biocitizenship is a collectivizing force organizing individuals under a common biological identity. Third, the normative cast promotes proper healthy citizens as something they ought to be as an individual with specific biological markers. Biocitizenship understood this way tends to coalesce around particular issues in individual health or civic responsibility underwritten by pharmaceutical and biotechnology industries (Pollock 2012).

These three forms of biocitizenship come together in Epstein’s biosexual citizenship, where biocitizenship regulates sexual behavior. Epstein (2018: 23) defines biosexual citizenship as: “differentiated modes of incorporation of individuals or groups fully or partially into polity through articulating the notions of rights, in cases where biological and health-related processes are brought into some relation with sexual meanings or identities.” PrEP citizenship participates in defining sexual rights and responsibilities through embodied pleasures and risks associated with sexuality demonstrated through co-production. These biological and health-related forms of citizenship act upon individuals in two ways. The state through public health campaigns and health centers implements PrEP use among queer men to reduce HIV risk, an example of a “top down” approach. In this context sexual health is conceived by the state to promote health, not only to treat disease, where “notions of ‘sexual responsibility’ and health promotion have been made central to conceptions of the good citizen” (27). The “bottom up” approach is carried out by individuals trying to spread awareness and access to PrEP through social movements and activist groups, for example LGBTQ advocacy organizations focusing specifically on rights to medical care and sexual freedom. As a normative cast, the state and biomedical establishments co-opt queer practices of nonnormative sexual experimentation (Orne 2017), with the purpose to create a more *responsible* sexual citizen to be looked up to, who is working toward health at all times. The Centers for Disease Control exemplified this by building a “holistic coalition” of organizations that emphasized the need to find common ground and reach consensus of what sexual health means.

These three forms of PrEP citizenship demonstrate Sheila Jasanoff’s (2004) concept of co-production identifying the way scientific ideas, and associated technological artifacts, evolve together with representations, identities, discourses, and institutions that give practical effect to these ideas. Individuals’ lateral surveillance and public health surveillance show an example of the co-production of PrEP as a biomedical technology. We argue these coordinated levels of surveillance impact queer men, creating PrEP citizenship. PrEP citizenship contributes to biosexual citizenship and biocitizenship by showing an analytical case of the vivid co-production that forms society’s epistemic and normative understandings. Individual actors surveil themselves and others, producing concepts of a moral PrEP user, while at the institutional level public health activities surveil users while projecting a normative cast of what constitutes proper PrEP use. PrEP citizenship is a prime example to identify the co-production of the institutional “top down” conception of biosexual citizenship and individual actor’s “bottom up” approach that creates this complex surveillance regime.

Methods

This paper's data come from a qualitative in-depth interview project on the social consequences of PrEP use within urban queer men's communities, as opposed to a study of the biomedical efficacy or adherence within the larger category of men who have sex with men (MSM) as is typical in public health studies of PrEP. Lasting between sixty and ninety minutes, the interviews were semi-structured, focusing on community narratives of PrEP, adherence practices, discussion about PrEP and HIV within their social networks, PrEP use within their communities, and discussion of sexual attitudes and behavior before and since using PrEP. Participants drew social network maps (data not shown here, but the fictitious example shown participants can be found at Figure 1) and responded to various public health and activist campaign imagery about PrEP. After identifying these themes within the interviews inductively, we followed up by examining sexual community infrastructure such as local bars and online applications known for finding sexual partners, taking field notes on the structural components identified by participants. Finally, we examined policy recommendations produced by institutional actors, such as HIV prevention plans produced by local, state, and national actors. These were analyzed and coded for themes as they related to the themes produced inductively in the interviews through analysis. This was not a formal policy analysis, but triangulating participant claims with formal documents.

Figure 1: Social network exercise example

We recruited participants using a respondent-driven sampling (RDS) scheme (see Johnson et al. 2010). Traditional snowball convenience samples overly privilege the networks of a few active participants motivated to influence the study aims by allowing unlimited referrals from whomever wants to join the study and offering no incentive to recruit. RDS generates diverse robust samples that resemble the target population for hard-to-reach populations (Johnson et al. 2010) by incentivizing participants to recruit a maximum of two participants each. Only two waves of participants are allowed from each initial seed. Seeds were recruited by flyers and social media posts at locations identified by participants, especially participants

of color. Each participant was paid \$25 for their interview and \$25 for each recruit, for a maximum of \$75, reflecting roughly five hours of work total. The resulting sample of interviews comes from gay, bisexual, and queer identified cisgender men in Philadelphia, PA, USA, between June 2017 and October 2018 who had been on PrEP for at least three months. All names are pseudonyms.

This recruitment strategy resulted in a sample of twenty-two participants. Although the initial sampling frame sought parity along racial and class characteristics, the final sample has thirty-three percent Black men, forty-two percent White men, and twenty-three percent other people of color, primarily Latino. As it became evident that there were different experiences for groups within the interview sample, we theoretically sampled for additional White men of different classes in order to delineate the boundaries of different phenomena (Charmaz 2006; Orne and Bell 2015). The resulting class breakdown between low-income (three hundred percent of poverty rate) and middle/high income, however, was roughly equal. This paper focuses on the experiences of PrEP citizenship that are common across the participants, not the differences in mechanisms that lead to other differences in their PrEP experiences, of which analysis and data collection are ongoing and not presented.

We analyzed the interview data following the model of multilogical qualitative methods (Orne and Bell 2015) and using the coding and memoing tools of constructivist grounded theory (Charmaz 2006). Among other principles, multilogical methods emphasize that the researchers' experiences, such as ours with PrEP, also shape the interpretation of their data, a positive bias (Orne and Bell 2015), and also "translation" of participants' sometimes taken-for-granted assumptions (Devault 1990) that can be triangulated in future interviews. As two queer men who have been on PrEP, we open coded a subset of the interviews for themes, triangulated our understandings with additional interviews until we reached theoretical saturation, and focus coded the corpus of interviews in NVivo 12 (QSR International). The component practices of PrEP citizenship emerged as themes inductively in the interviews and were put into conversation with the conceptual framework of biosexual citizenship during the process of analytical memos. We also trace the practices over the same participants in the presentation of the data, to demonstrate the cohesiveness of these practices, but PrEP citizenship appeared throughout our data.

PrEP Citizenship

The PrEP protocol *prescribes* responsible sexual citizenship to PrEP users, not just the medication. PrEP citizenship is accomplished through a complicated surveillance regime extending across individual and structural scales. As we have noted, these surveillance systems share features with other medical surveillance of conditions, including HIV. However, as a preventative medication rather than a treatment, PrEP's surveillance regime differs in significant ways that result from its supposedly voluntary nature. While users take PrEP to prevent HIV transmission to themselves, they become involved in the production of PrEP citizenship from the moment that they become interested in PrEP. The following participant's story of acquiring PrEP for the first time is illustrative. Tom had been talking with the second author about the numerous issues he had encountered in accessing PrEP:

Tom: Yeah, I had to go to a number of different pharmacies, CVS wouldn't let me take it from like the very convenient CVS pharmacy because it's an HIV med and they only do that through their mail order and then my insurance wouldn't cover the mail order, but none of these pieces were like communicating and I was in school at the time, it was really stressful trying to figure it out.

Interviewer: Yeah, did they make you jump through hoops a little bit it seems?

Tom: The first doctor that I brought it up with; I had a really bad experience at that doctor's office. She didn't know what PrEP was. I didn't go back to her. Then it took me months later to find a new doctor. Then you have to get tests and go back. Then the whole pharmacy thing. I've run into a couple hiccups over the last year and a half with

doing the three-month testing. Getting my next refill in time has been tricky, like getting into the doctor. So, whenever I get it, I feel very accomplished! Like, I did it.

As Tom explains here, PrEP is a hard-won accomplishment. In addition to finding doctors, PrEP users must navigate multiple health care and pharmacy systems. Some, like Tom's doctor, are uninformed about PrEP. Others, like Bryan's, express homophobic views that make their patients unlikely to seek PrEP from them:

Interviewer: And did you have any trouble finding someone to prescribe it?

Bryan: My primary care physician at the time was somebody that I didn't even discuss it with, because I was uncomfortable talking about it when, a while ago I had told him I was gay. He had said certain things and let me believe, he's a man in his late 60s in [Philadelphia Neighborhood] that's really, really [ethnic group] and really [religious group], and there's "religious symbols" all over his office. Um, he's not a typical science-based physician. I didn't feel comfortable going to him.

PrEP users must navigate a health care system where many doctors are uninformed, misinformed, or hostile to PrEP use because of homophobia, heterosexism, and normative conceptions of sexuality. However, finding a provider to get a prescription is only the beginning.

PrEP users are surveilled by themselves, others, and the health care system for proper use. The protocol itself requires at least an in-person doctor's visit every three months to renew, including at least an HIV test to confirm they have not been infected because of fears of a resistant strain to the component drugs in Truvada that are also present in other common HIV treatments. Other tests might be required, including bone density, kidney function, liver screenings, and other STI testing (CDC 2014b). They then must navigate the insurance, public health, and pharmacy systems to procure the drug. Existing health disparities in access and insurance combined with histories of medical mistrust have meant that these systems also have created significant racial and class-based disparities in PrEP access, adherence, and efficacy (Cahill et al. 2017; Eaton et al. 2014). For instance, many participants in Trisha Arnold et al.'s (2017) Black-dominated sample from Mississippi indicated that structural factors such as cost, assistance with medical visits, and medication payments affected their experiences taking PrEP. The effect of these layers is constant interaction with biomedical professionals but also other PrEP users to learn best practices for navigating the system.

As a result, PrEP becomes a complicated process that must be monitored and maintained. PrEP citizenship goes beyond typical biomedical surveillance for complications, proper use, and side effects. Below we will demonstrate that PrEP users must surveil PrEP use in themselves and others to determine who is a PrEP user, ensure proper adherence, and distribute the resources of PrEP citizenship. PrEP citizenship involves finding nonusers and converting new PrEP citizens by advocating for PrEP use. PrEP citizenship also involves monitoring of one's adherence and sexual behavior including condom use, number of sexual partners, and normative sexual practices. Then, the boundaries of PrEP citizenship must be policed by distributing resources to PrEP users, disciplining improper use and behavior, and sanctioning nonusers. We refer to these processes as converting, monitoring, and policing, respectively.

PrEP citizenship shows us how biopower and citizenship become intertwined with emerging sexual cultures. The rights of individuals to engage in queer sexual cultures and practices that eschew dominant heteronormative morality (for example, multiple partners, casual sex, condomless sex) become framed within risks associated with public health and biomedicine in ways that require adhering to the responsibilities of PrEP citizenship. Through PrEP citizenship, one gains access to the rewards of health and sexuality, but only as long as one submits to the totality of the behavioral and surveillance requirements. Furthermore, because of other barriers to access, insurance, and patterns of racial and class disparities, PrEP citizenship is unequally distributed along class and racial lines.

In particular, in the following sections, we draw attention to the co-production of PrEP citizenship across individual and structural scales. Individuals, through themselves or together with peer groups, networks,

and communities, engage in these practices, reflecting the personal nature of biopower and biosexual citizenship as “bottom up” into common biosocial collectives. These practices though are also embedded within structural and institutional powers, policies, and infrastructures and the people that act on behalf of them—a “top down” approach—including biomedical professionals, public health clinics, LGBTQ centers, and sexual community infrastructure. PrEP citizenship involves converting, monitoring, and policing at both levels.

Converting

One becomes a PrEP citizen through a process of being identified as a nonuser and converted to PrEP. Obviously, people have to be aware of PrEP as a possibility to begin to take the medication, but awareness is not the only prerequisite. Nor are PrEP users weighing the risks and benefits of PrEP from afar but are targeted, pursued, and pressured by structural actors and individuals for conversion to PrEP. All queer men are considered ripe targets for PrEP.

At the individual level, participants are called to convert others to PrEP:

Larry: We're sitting across from each other at a bar and I'm like researching it, like pulling it up, and we're like, “Well, this should be something that is, you know, kinda given to everybody,” you know what I'm saying? Like, all Black MSM to kinda stop the epidemic.

Larry's quote shows multiple parts of conversion. First, his story begins with him sitting in a bar—a form of sexual infrastructure—discussing PrEP with a friend that is already on PrEP. His friend, mentioned earlier in the interview, has encouraged him to find out more information about PrEP to confirm his friend's assertion that he should take PrEP. He pulls up information about the medicine. He decides, in tandem with his friend on PrEP who may have already had this position, that “everyone should get on PrEP.” He ends with a reiteration of his own call to continue to convert all Black MSM to PrEP, something he has continued to do. As Larry shows, PrEP involves getting more people, including oneself, on the protocol, and to do so is to support one's community. As Tom argues, PrEP is similar to other forms of biomedical intervention that are thought to be primarily for others: “like getting vaccinated, it's for the public good.”

PrEP also connects to a history of queer people having to take health into their own hands because of the lack of government HIV/AIDS intervention, such as movements like ACT UP (see Gould 2009). Bobby here describes his ongoing efforts to convert others to PrEP.

Bobby: You can't rely on the government or city services or county services or health insurance, you gotta network and get together and print that information out and pass it along. Any information I get off the internet, I print it out, make copies, and just pass them out to everybody.

This example shows how PrEP evangelizing continues in the lineage of queer activism. Other cases of biocitizenship typically focus on how users demand biomedical redress from the government for resources (see Happe et al. 2018). Queer HIV/AIDS organizing of the '80s and '90s focused on getting governmental acknowledgment and resources to fight the epidemic is a classic example of biocitizenship. However, as we explain in the next section, the surveillance regime that these men are converting others to comes with strings attached.

To convert others, PrEP users must identify nonusers who are not on PrEP and then have conversations with them that convince them to join the regimen. During the interview, participants are led through a social network mapping exercise (see Figure 1 for the example we created to show participants). For each person identified, the interviewer gathers information about them and their connections with others in the group, along with HIV status and PrEP status if known. Tom is representative in that participants often claim to know the HIV and PrEP status of others because they've had conversations about PrEP and HIV with their friends: “I mean we've talked about it with every one of them.” In-depth probing reveals they use heuristics

to determine nonusers, such as sexual activity or relationship status: “And I’m assuming, [Aaron]. I mean he never he’s never said anything, but I assuming because he’s in a committed relationship and totally monogamous.” However, even if someone is monogamous that does not mean that they should not be on PrEP. Participants mention even when identified as a nonuser, they will maintain conversations with the person to attempt to convert them and monitor them for use.

Conversion to PrEP citizenship is also a practice of institutional actors. For instance, there are many public health campaigns across US cities. In Figure 2 from Chicago, nonusers are urged to “transmit love” by getting on PrEP, using the language of conversion through HIV transmission. Instead of infecting your partner with HIV, it argues, PrEP transmutes the sexual act from risk into love.

Figure 2: PrEP public health campaign in Chicago

Structural conditions also conspire to convert people to PrEP through sexual infrastructure. For example, Kyle talks about Scruff, a geo-aware application connecting men to each other for sex: “And I’m very open about it. I have it on my profile on Scruff that it says, ya know, what PrEP is and you should talk to your doctor about getting on PrEP.” He is very proud to be on PrEP, converting others through visibility and uses

the application's options to display it. As Orne (2013) has discussed elsewhere, because of LGBTQ social movement discourses around the politics of visibility, affirmative openness is often seen by queer men as a way to let others know that it is OK to do something, believing they are always being watched by hostile others capable of being educated and tentative newbies that need the boost of a visible ally.

As guided by other studies of these applications (e.g., Conner 2019) and the structural presentation of information on the internet (Nakamura 2002), we also examined these applications for how they presented PrEP. For instance, Scruff (see Figure 3) has three options one can select to describe "safety practices": condoms, PrEP, and treatment as prevention (TASP, the practice of viral suppression in positive individuals to prevent HIV transmission). While one can select multiple practices, not engaging in any of these safety practices leaves a noticeable omission on one's profile. Selecting TASP outs oneself as being HIV positive. Selecting condoms but not PrEP identifies oneself as a non-PrEP user, with consequences described below in the section on policing. While it is possible that leaving it blank is an invitation to be asked and an attempt to resist surveillance, these practices do not negate one's participation in a system of surveillance. For instance, identity management and self-monitoring for visibility of one's sexuality often involves strategic absences of information (Orne 2013).

Figure 3: SCRUFF safety practices

Whether at the individual or structural level, users are converted to PrEP. Education campaigns, by well-meaning current PrEP users, public health agencies, and LGBTQ clinics present PrEP as a community good, necessary for one's own health and moral well-being and also the health of entire communities. Nonusers are monitored, and participants acknowledge that they keep track of their friends' PrEP status. Sexual community infrastructure can also be leveraged to keep monitoring others' PrEP status. These conversion practices lay the foundation for PrEP use and surveillance, once they've begun PrEP.

Monitoring

As we have argued, PrEP involves more than the biomedical surveillance PrEP citizens must engage in to continue their access to the medication. In addition to tests for potential side effects, they must get an HIV test every three months. This can create problems for some, like Tom discussed earlier. These rules are unevenly applied, sometimes putting the surveillance in the hands of the users themselves instead of their doctors:

Pete: So the things you have to do to stay on PrEP include getting an HIV test every three months. I do know some doctors, my doctor for whatever reason, he knows that I'm gonna go out and do that every three months and lets me do that on my own. For me, it would be a problem having to go my doctor to get an HIV test every three months. Like some doctors I'm sure are very strict about, "you have to come here every three months before you get your next supply."

Indeed, some doctors are very strict. This leads some users, in the ethos of community monitoring and PrEP as a public good, to make sure that others get to their appointments:

Larry: it's you know, a community thing. You know, getting people to actually go to these appointments on a quarterly basis when they have other things going on in their personal lives that this takes a back seat to.

In addition to basic access, PrEP's biomedical efficacy requires strict adherence. Taking fewer than five pills in a week leads to a precipitous drop in effectiveness, from nearly ninety-eight percent to around forty percent (CDC 2014b). Therefore, some programs to get PrEP, especially public health programs targeting racial minorities and lower income people, have adherence checks that ramp up the surveillance requirements of PrEP. In the following quote from Bobby, he discusses why he knows he takes all of his pills and doesn't miss any doses:

Bobby: because when you take the bottle back to them there and like, they, "Well, OK, why is there?"- They do the count thing. "Why is this still? You know, you didn't take it." Yeah, see, that's why I said, I never missed a day. I might have been late taking it, but I always do take it.

As reported by participants, these checks involve bringing in your pills to be counted by a nurse or social worker. While it would be quite easy to simply discard unused pills, participants did not discuss doing so. Indeed, merely having the check and thinking about not having leftover pills could be enough incentive to encourage compliance. These adherence checks are on top of the many self-surveillance adherence measures that these professionals suggest to men when they get on PrEP. Participants mention many of the adherence suggestions discussed in the literature (see McDonald, Garg, and Haynes 2002), including being given pill capsule keychains to carry it with them, alarms, motivational therapy, and other triggers. As Figure 4 shows, from a New York City campaign, PrEP should be routine, something one compulsively checks for along with a phone, wallet, or keys when leaving the house.

Therefore, while they are constantly monitored for adherence, PrEP users are also taught by structural actors to surveil themselves. People have triggers that indicate that they need to take the pill. Continuing with Larry, he describes his pattern:

Interviewer: People take it differently. Could you walk me through how you take it?

Larry: I just take it daily. Um, sporadically I work from home. Um, so between eleven and one, I know like *The View* comes on at one, so around that time, you know, like if I'm not in the midst of something or I just get up from whatever I'm doing, I take it within "*The View* and the Chew."

Larry self-monitors to ensure he is taking his pill properly. PrEP users also monitor each other in lateral surveillance to make sure they are keeping adherent and therefore proper PrEP citizens worthy of the symbolic and material resources discussed next. Lateral surveillance by PrEP citizens includes both identifying nonusers who are targets for conversion and also monitoring current PrEP users. PrEP users check up on each other to remind them to take the medicine. Mark makes jokes with his friends, consistent with ways queer men use camp and insulting jokes to build rapport while also enforcing community norms (Barrett 2017):

Interviewer: Can you walk me through your process for how you take PrEP?

Mark: Every morning. And here's a funny anecdotal story, I say too- (chuckling)-

Interviewer: Those are the best.

Mark: -Well, I say to my husband- and he loves it, too. I take it and then I said, "Here, don't forget to take your whore medication." (laughing) We say that every morning. But, it's funny because it makes it, you know, it gets you to remember to take and it's just a little funny joke that we play with each other. And I actually say that among my other friends too that are on PrEP.

While Mark is *joking* with his husband and friends to take their medication, it is only the most visible kind of monitoring. He may not be counting the pills left in his friends' bottles, but he is aware of their PrEP use, surveilling their adherence, and reminding them to continue to take it.

Figure 4: New York City campaign poster

Michael similarly monitors his friends for their adherence to the medication:

Michael: I think the moments that stand out to me is if I know a friend who's like isn't taking it consistently, um, more of like talking to them about why, and how like that's not like safe or smart, especially, in terms of like sex-related decisions to like not be consistently on top of that.

These triggers are more than adherence checks for the pill. They also serve as reminders to follow community sexual norms. Larry continued later in his interview:

Larry: I'm still cautious when it comes to sex. Um, yeah, again, like I said, for me, it's a daily reminder as a reason why I should be using condoms.

As he discusses, taking the pill is a reminder to continue following community norms about condom use. Consistent with our emphasis on co-production, you can see these norms also reflected in public health advertisements. In Figure 5 from nearby New Jersey, a Black man in a hat points to the viewer in an image reminiscent of J.M. Flagg's Uncle Sam recruitment poster for the US Army. Instead of inspiring the viewer to join the military in fulfillment of patriotic US citizenship like the earlier iconography (Capozzola 2008), the viewer is supposed to be called to continue using condoms while using PrEP in fulfillment of their PrEP citizenship.

Figure 5: New Jersey campaign poster

The image is particularly powerful due to the extreme burden of HIV in Black communities and sexually racist assumptions from providers that Black men are too high-risk and sexually active to take PrEP properly (Calabrese et al. 2014). This suggests to potential Black viewers that they too can be mainstream respectable gay men—not high-risk—if they follow these rules of PrEP citizenship.

Finding out about one's PrEP status stands in for conversation about the sexual norms of others, beyond only condom use. PrEP becomes a reluctant object for the user's own sexual narratives about PrEP (Race 2016), which allows them to infer information from other's PrEP status. Gall asked Kyle:

Interviewer: And so what's important for you at this point to discuss with new partners?

Kyle: Um, I guess, I don't... Really isn't a discussion, people are just having sex.

...

Interviewer: People don't really bring that up typically or?

Kyle: No actually, I don't really think that they do, because I think that in PrEP ... so you don't have to worry about if people have [taken it]. So, you don't have to talk about it because you know you're covered. It's not like with a condom, a condom breaks, I mean you don't have to worry.

There are several key insights to gain from these exchanges as an interesting disconfirming case (Charmaz 2006) in the case of sexual negotiation. Although structural and lateral surveillance make PrEP visible and monitored by others, users require little proof of it from each other. Peter, for instance, discusses how he used to require proof of status, but does not do so anymore on PrEP:

Peter: Um, so the difference prior to was testing and seeing proof of testing if someone is a negative. [Then I would be] always using condoms otherwise, you know. Whereas it's a little bit more freewheeling now with it all, with most of these guys on PrEP. It's, you know, not something you have to necessarily, you know, ask for proof that they're HIV negative. That's kind of gone by the wayside, so.

PrEP status, perhaps because of the constant surveillance it requires to prove continuing HIV-negative status, stands in for HIV status. "People are just having sex," as Kyle says, but this shouldn't be taken at face value. Similar to other participants, Kyle monitors his PrEP use and only has sex when he can be sure. In another section, he reiterates, "onus lies on the people who are taking the PrEP," to make sure that they are allowed to have sex in that moment, defined always as the minimization of HIV risk. Instead, he knows because of his self-monitoring that he can have sex. In addition, because of the practices discussed that enable him to infer or witness the PrEP status of others, he knows that they too are "safe" to have sex with, similar to Peter saying that he doesn't require continued proof of PrEP, unlike perhaps how he earlier required proof of negative status.

As we explain in the next section, these practices of surveillance have consequences for policing the boundaries of PrEP citizenship. PrEP is not only about reducing one's own HIV risk, but also policing the boundaries of proper sex partners, respectable and moral PrEP citizens, or those otherwise in biomedical surveillance structures.

Policing

Like national citizenship, concepts of bio- and sexual citizenship emphasize that citizenship has stakes. Material and symbolic resources are granted to citizens, denied to non-citizens, and stripped from those that violate the state's rules. Indeed, biopower and governmentality seek to make citizens self-governable to the hegemony of the state, rather than needing the state's constant coercive punishment. PrEP citizenship is also about the material and symbolic resources that PrEP gives users. Users in "bottom up" style of biosexual citizenship may be petitioning for these resources from the state and other institutional actors, and they might in "top down" fashion be subject to policies, procedures, and symbolic categories that regulate their lives.

Perhaps most materially, and literally, for biocitizenship, PrEP users get "life itself" (Rose 2009). The resource of health is demanded by biosocial collectives and regulated by structural actors. PrEP users receive the reduction of HIV risk and also a profound reduction in fear and stress:

Andre: PrEP is like a license to go in that direction ... not live in this little garden where you're covered in latex and your entire sex life is based on fear.

John: PrEP helps alleviate the fears that you'll have ... It opened a lot of doors. I was free from that anxiety. I can just explore my sexuality and be myself that was really an empowering thing behind PrEP.

In both cases, Andre and John mention that not only does PrEP grant them health in the form of HIV reduction but also gives the resource of mental health, peace of mind in the form of a reduction of the fear in their lives.

These individual cases correspond as well with wider social movements that have pushed for PrEP use. Certainly, there has been backlash from members of the queer community. Most famously, Michael Weinstein of the AIDS Healthcare Foundation, one of the largest HIV/AIDS organizations, called PrEP a “party drug.” At times, both providers and queer communities have raised concerns that PrEP will increase the spread of STIs through increased condomless sex (see Auerback and Hoppe 2015 for a review). These early positions argued that PrEP did not represent responsible sexual citizenship. However, on the whole, more recent movements have focused on getting PrEP offered, paid for by insurance, and acknowledged as a revolutionary community intervention. As discussed above in “converting,” international, national, state, and local plans call for increased PrEP uptake and adherence by HIV-vulnerable populations. These represent the structural side of biosexual citizenship in that these movements have petitioned the state and biomedical communities to get involved in PrEP provision. The state has complied.

Once granted, resources can be taken away. Both lateral and structural surveillance monitor users to determine if they are deserving of the rewards of PrEP citizenship. Certainly, if people fail to take the pill, they lose the health benefits of PrEP. Similarly, users could experience other health care barriers like loss of insurance and thereby lose access to the medication. For this paper though, we want to emphasize that noncompliance with structural surveillance means loss of these resources. As participants have already discussed, they can lose access to the pill through not getting a new prescription. Andre, though, demonstrates another aspect in which health care is a resource granted and subsequently taken away from PrEP users. Although he has been able to get his doctor remotely to give him the prescription for PrEP itself, his noncompliance with the regular visits has meant that he cannot access the other health care resources granted to PrEP users, in his case easy treatment for other STIs.

Andre: the doctor was like, “well, I can’t prescribe anything because we haven’t tested you. For chlamydia, it’s oral, but you still have to test for it before I can prescribe it.” So, I just felt like, getting those four pills of antibiotics was like trying to get into Fort Knox (laughter). And it took like, literally like, four days and three different institutions for me to get those four pills, like they’re like precious gold.

Interviewer: What was your experience down there at the Public Health Clinic?

Andre: Oh my god, it was horrible. They made me feel like a criminal. At one point, they called a number that was after mine, so I just went up, and I’m like, “Uh, have you called my number? Because I didn’t hear you call it.” And the woman who was calling the number, she’s like, “I didn’t call it.” And I’m like, “Well, has this number been called?” And she’s like, “I don’t know.” And I’m like, “Well, how would I find out if it was?” And she’s like, “Well, you have to ask the other- go to the other door.” It was like being in a Kafka play.

Noncompliance with the surveillance regime meant that Andre could not access the other health care resources—such as convenient, easy, and quick STI testing—that he had come to rely on through PrEP. Instead, he was sent down to the public health clinic. Because he was not receiving PrEP through one of their programs, they required him to be tested in the usual manner, which he described as involving significant hoops and making him “feel like a criminal.”

The process of monitoring through lateral surveillance can also attempt to convert people back to proper use, allocating resources to them to ensure that they can continue to be good PrEP citizens. For instance, earlier we discussed Larry’s view that PrEP is a “community thing.” He said that it was a community responsibility to ensure that people received transportation to their three-month follow-up appointments. Similarly, Michael was discussing monitoring his friends for their daily adherence. In the following segment

immediately after that prior quote, Michael discusses how monitoring can let him allocate resources to those that are not adherent:

Interviewer: Mm-hmm, yeah, that makes sense. You want to keep your friends safe, right?

Michael: Yeah. Yeah, I think it's like, my roommate is gay. And his prescription order got like screwed up in terms of getting it in. And so, he just borrowed mine because I had plenty. And then when his came in, he gave me his, like the pills he borrowed back from his [new prescription.] So, I think it's a very like, I don't know, supportive or casual. It's just like I think a fact of our lives.

Because Michael is aware of his roommate's adherence and monitoring his PrEP use, he was able to give him extra pills to keep him adherent. Their joint membership in PrEP citizenship enables his roommate to access health, through Michael's pills.

There are resources besides health and health care though that PrEP grants. PrEP users are granted symbolic status as responsible community members and sexual citizens who have normative sexual morality. In this exchange, Dez reveals that he was taught to reduce the number of his sexual partners and "wise up" by the PrEP counselor:

Interviewer: When you say that you had to "wise up," now—?

Dez: —They convinced me. They convinced me. It's a new thing they had, it's called PrEP. So, I was interested like, "Ok, ya know. That's how I learn stuff."

Interviewer: Yea, like what kind of stuff did you learn?

Dez: -like safe sex. Because I was really sexually active, and, I had a like a lot of sex without condoms, and I was like, my life is at stake right now. Um. Like I said, I go see the people that I get the PrEP from, and they talked to me about, ya know, I had to go through a whole physical and everything and um. Ya know, they gave me a HIV test, everything came back good, and then they were teaching me about safe sex, ya know, have less partners.

Many other participants reported similar exchanges in which they "learned" from biomedical surveillance officials to have normative sexual behavior and in exchange they would no longer be placed in the high-risk category worthy of intensive HIV surveillance and education measures.

This symbolic resource can be taken away, as referenced above, non-PrEP users must be converted, and PrEP users monitor each other for adherence. Failure to get on PrEP, be properly adherent, or sometimes be properly monitored by others can mean loss of this status. Some participants report that this means that they are going to engage in whatever practices that their PrEP providers say, because they don't want the loss of health and sexual status:

Bobby: Whatever they tell me I have to do, I'm gonna do it ... whether it's being proactive, use protection, cut back on multiple partners, check my partner status ... whatever I need to do to abide by their rules.

Bobby is going to do whatever it takes to remain on PrEP. In his case, from earlier in his interview, this means reducing the number of his sexual partners, not attending bathhouses, and lessening the sex he has with high-risk populations that he has been taught to identify like his trans women partners. PrEP citizenship can therefore also exacerbate and reify other oppressions, such as discrimination against trans people in the sexual field.

Nonusers are also understood as irresponsible and potentially infectious. Continuing with Bobby, he not only polices himself, but also his friends and potential partners. In an earlier, more convoluted story, he explains that for a nonuser, you can't be sure that they don't have HIV or if they are someone who would take their medication properly. He continued:

Bobby: You know, I don't know- whether they afraid or not. You know, they just wanna have a good time. Period. Wanna have a good time, they says, well, hey, you only live life once. Nah, I mean, I can't control somebody else what they do, but the rest of us, though, we wanna keep on livin'. You know, the other three [referencing his social network map] hey, that's on them. You know, I can't live their life for them, I can't tell them what to do. I can steer 'em in the right direction.

People who are not on PrEP are placed in the same symbolic category as people with HIV: stigmatized irresponsible people that "just want to have a good time" and are not responsible community members who take care of others. The authors wish to reiterate that this view is not shared by the authors, nor is this the only symbolic category for which HIV-positive people can be considered.

This results in the interesting case that some participants say that they would only have sex with someone else who was also on PrEP, despite the fact that PrEP was precisely meant to prevent the need for both people to be using a prevention measure. Peter, for instance, requires his partners to also be on PrEP, even though he takes his pills regularly, or to be regularly taking HIV medications:

Peter: Um, if they [HIV-positive people] are on their medications and have a, you know, a suppressed HIV, you know, basically a zero count, then, I have no problem with it then.

Interviewer: Okay. And do you talk to your sexual partners about PrEP? [...] what do those conversations look like?

Peter: I just tell them that I am. And they're, you know, they take it as well. Um, it usually doesn't go anywhere if they're not taking it, period, so.

Interviewer: Okay. So, if someone is not on PrEP, you don't move forward with them?

Peter: I typically don't want to.

PrEP protects people from HIV regardless of the HIV status, viral load, or PrEP use of the other individual. Yet, participants like Peter report that they seldom continue involvement with individuals who are also not on medications, whether PrEP or HIV treatment. Therefore, participants' sexual negotiation requiring others to use PrEP simultaneously is not a rational evaluation of risk. Rather, their requirements demonstrate a social construction of these categories as *good citizens* as opposed to stigmatized irresponsible people who do not use PrEP.

There is also the material and symbolic resource of sex and access to spaces of queer sexual community. Communities and individuals also can withhold or limit access to individuals who are not on PrEP. Delineating the lines for themselves and others who can gain access to some of the privileges of sexual citizenship, such as erotic space and community:

Joshua: recently we had a guy that came to one of our sex parties that, umm, is not on PrEP. I couldn't believe that. Like, why would you go to a sex party if you're not on PrEP? Either you're positive [and on meds] or you're on PrEP.

Someone who is identified as a nonuser, through monitoring practices described above, loses access to the sexual community infrastructure. As we mentioned above, Joshua's comment reveals precisely that it is stigma and policing of non-PrEP users at stake here, because there is no rational risk to his partygoers if

they are on PrEP. Furthermore, we wish to make clear that, as Muñoz (2019) warns in theorizing about HIV negativity, we are not arguing that HIV-positive people deserve such stigma. These community infrastructures and material and symbolic resources should not be withheld from anyone on the basis of HIV status. While many take the segregation and policing of HIV-positive people for granted, non-PrEP users appear to be gaining similar stigmatization.

As we have demonstrated, the symbolic and material resources of PrEP include health, responsibility, lack of stigma, health care, access to sexual community, and sex. Through the processes of creating new PrEP users and monitoring current users, PrEP citizenship allocates these resources through individual and structural actors to PrEP users and away from nonusers. Considering that PrEP citizenship is itself unequally available, as all forms of citizenship are, it is especially problematic that non-PrEP users are now denied these material and symbolic resources.

Conclusion

We have argued that PrEP citizenship is an analytical case of biosexual citizenship that demonstrates the co-production of these categories by self, lateral, and structural surveillance. PrEP citizenship participates in defining the sexual rights and responsibilities of queer men by monitoring their use or non-use, converting them, and, if failing that, stigmatizing and withholding community resources from them. Users are embedded within lateral and structural surveillance regimes, seemingly forever, that monitor proper use, adherence, and sexual behavior. While we emphatically want to restate our overall support for PrEP as a tool in preventing HIV, the creation of this new biosexual citizenship form should be understood as having significant strings attached and embedded within existing forms of biopower.

More than just about surveillance *of* queer people, this paper considered how PrEP citizenship is itself a kind of *queer* biosexual citizenship. First, like queerness's ever expanding terms, expansive identity horizon, and capacity for definitionless definition, PrEP citizenship shows how groups and individuals have been forming new biosocialities in a "bottom up" fashion to access PrEP, spread awareness to convert others to the medication, and police the boundaries of proper use. PrEP citizenship status both simultaneously resists and requires boundary making. Everyone should be on PrEP, the structure argues, while also reinforcing out-group boundaries. Similarly, in a classic queernormative contradiction (Orne 2017), PrEP citizenship also advocates for a singular queerness through "top down" fashion, the state and biomedical communities advocating and implementing PrEP use among MSM through complicated biomedical and adherence surveillance to reduce the risk of HIV in this population, but only under the state's terms. How can the state, the enforcer of the normative, create a queer category—that which claims to reject normativity?

PrEP citizenship's normative dimension is also particularly queer. PrEP citizenship has been a way for the state and biomedical establishment to co-opt queer practices of non-normative sexuality to create more normative and responsible sexual citizens. As a strategy for the management of high-risk populations, PrEP citizenship establishes a new form of governmentality. The collectivizing and socializing aspect of biopower is used to regulate the population and discipline "individual bodies that can be kept under surveillance" (Foucault 2003: 242). Nikolas Rose (2009: 21) claims that "health-related aspirations and conduct of individuals is governed 'at a distance,' by shaping the ways they understand and enact their own freedom." If queer sexual freedom can only be understood and embodied through PrEP, then PrEP becomes a technique of power wherein "sexuality represents a bodily behavior that gives rise to normative expectations and is open to measures of surveillance and discipline" (Lemke 2011: 38). Queer sexuality is seen as ungovernable, a problem population that necessitates creating differentiations of good and bad and subjecting citizens to "judgments of worth" in a politics of health and life itself that makes PrEP citizenship significant (Rose 2009: 21). In the name of health, the biomedical establishment and the state reintegrate movements toward normalizing stigmatized queer sexual practices such as condomless sex and multiple partners. One can still be a "good gay," as long as one is properly surveilled.

As we have noted, PrEP citizenship interacts with the significant racial and class disparities in the US health care system from which we sampled participants. The participants in this study all had been on PrEP for at least three months, meaning that they used various strategies to overcome these barriers in the US health care system to access and remain adherent to PrEP, despite medical mistrust, medical and pharmacy insurance disparities, and many other barriers that would prevent use of PrEP (Golub et al. 2014). PrEP citizenship is similarly unequally distributed. Many racial minorities likely do not have access to the benefits and are subject to the discipline that comes from policing. While this study did not examine those who did not have access to PrEP and thus had not overcome these barriers, future research should examine how PrEP citizenship influences those who cannot gain it: racial minorities, low-income people within the US health care system, and those who are medically counter-indicated from taking PrEP. Disparities can also emerge from who *is* targeted for access. Other “high-risk” populations for HIV, such as transgender people, likely experience PrEP citizenship or may come to.

PrEP citizenship has been an analytical case to demonstrate the varied and co-produced nature of surveillance within biosexual citizenships. There are likely many other forms of biosexual citizenship, and biocitizenship in general, that can be informed by this case in which individuals and structures must regulate themselves and be involved in indefinite surveillance or otherwise be positioned “against health” (Metzl and Kirkland 2010). For instance, the surveillance of those with diabetes is lateral by fellow users and nonusers alike, as well as continual through biomedical structures (Lucherini 2016). Once identified as someone with type 2 diabetes, one does not lose the medical status and will have their weight constantly monitored with additional implications for other arenas of their life, similar to our PrEP participants.

It is also worth reminding readers about the US context in which we have analyzed PrEP citizenship. We do not claim generalizability to all experiences of PrEP in other national contexts. In fact, as with national citizenship, it would likely be more precise to say PrEP citizenships, since the concept likely varies considerably even within the US health care context. Researchers in the US south have noted state and local institutions disregarding PrEP and HIV care and prevention broadly (Cahill et al. 2017; Molldrem 2019). Nationalized medical systems (like the UK and Canada) likely create fewer issues with class-based access to PrEP. Yet, these systems also did not approve PrEP until much later than the US. PrEP in other national contexts in which it is not approved or allowed at all, but individuals access it illegally, would have yet other considerations. Additionally, one must consider the role of Gilead Sciences as a for-profit business, their enmeshment with US public health systems and LGBTQ clinics, as well as different potential formulations produced by other businesses as factors influencing the production of PrEP citizenships. We introduce PrEP citizenship in the spirit of “extendability” (Orne and Bell 2015) to consider how converting, monitoring, and policing might vary by one’s individual and the state’s relationship to PrEP. We encourage future studies to explore factors that influence its production, mechanisms, and consequences.

Despite the differences in being a preventative medicine instead of a treatment, the similarities to HIV surveillance structures are also worth exploring further. Similar to PrEP citizenship, recent research argues that undetectable viral load status for people living with HIV is becoming the sole acceptable status (Lloyd 2018). Extensions to a possible “undetectable citizenship” are needed. Furthermore, Stephen Molldrem’s (2019) research on HIV surveillance systems, including the creation of “out of care watchlists” for those found uncompliant, points toward frightening dystopian futures in which the converting and monitoring functions of PrEP citizenship entrench to compel compliance to PrEP. More research is needed on how HIV and PrEP surveillance regimes share features and have built on one another. While PrEP is a needed tool in preventing HIV and meeting a goal of an HIV-free generation, PrEP citizenship reveals that we need to be thoughtful in remembering the biosexual implications that such a goal will entail.

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