

Errors in Judgement? Lessons on Slipping-up, Solidarity and Technology from MSM Pre-Exposure Prophylaxis (PrEP) Users and Non-Users in Ontario

Adam Christianson
M.A. in Sociology at
Carleton University

Condom use is synonymous with safety. Known colloquially as a sheath, protection or simply ‘safe,’ not using a condom is to forgo one’s own well being and engage in ‘unprotected’ sex. Willingly or unwillingly, not practicing the barrier method is understood to be an error in judgment. Safer-sex, however, is not limited to condom use, nor do condoms always live up to their promise of near total protection. Recent developments in highly active antiviral treatment has given rise to the possibility of pre-exposure HIV-prophylaxis as a complement to condom use. This project contrasts interpretations of the one-a-day pre-exposure prophylaxis (PrEP) pill, between user and non-users. I discuss how PrEP challenges taken-for-granted norms in HIV prevention and sexual negotiations. I examine the accounts of men who have sex with men (MSM), PrEP users and non-users, as they grapple with how HIV-risk, safer sex and condom use are shifting due to PrEP. In particular how “slipping-up” and prophylactic preference can help outline diverging notions of responsibility, intimacy and contagion brought about by PrEP.

Truvada (PrEP) is a group of HIV prophylactics that interfere with the chemical reproduction of HIV. Initially an HIV treatment, Truvada was quickly conceived as an alternative prophylactic for groups at high risk of transmitting HIV. Though Truvada is well known and highly effective as an HIV treatment¹ as a prophylactic, it has been met with a

¹AS Fauci et al., “Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents,” in *Annals of Internal Medicine*, ed. Department of Health and Human Services (Panel on Clinical Practices for Treatment of HIV Infection, 2002), f-15; World Health Organization, “19th Who Model List of Essential Medicines (April 2015). Apr 2015,” (2016), 12-3.

considerable resistance from both medical practitioners and members of ‘at risk’ communities. The main barrier to a widespread introduction to PrEP has been its interference with the norms within stakeholder groups and, more specifically, how being fear free of HIV when having sex bears on how we understand HIV-risk.²

The focus of this project, however, is how PrEP impacts evaluations of safety. In particular, how notions of what is perceived of as unsafe sex, often framed as a mistake or ‘slipping-up,’ is diverging as a result of a novel prophylactic. Those who take PrEP do indeed experience a sense of relief with respect to guilt, fear and anxiety around HIV.³ But how does that appear to those who do not, or cannot access PrEP? Kane Race noted that PrEP appears as a “reluctant object” –an object that offers “tangible difference to people’s lives, but whose promise is so threatening or confronting to enduring habits of getting by in this world that it provokes aversion, avoidance — even condemnation and moralism.”⁴ He argues primarily for its association with unbridled sexuality. Arguments that PrEP is not a prevention option but a sexual enhancement drug, have led to the epithet “Truvada whore,”⁵ and is noted as the reasoning behind reluctance from policy makers to approve PrEP for widespread use.⁶ Further, PrEP may also be the subject of avoidance because it is defined as being for those “high risk,”⁷ thus implying the user is contradictorily both taking the necessary “responsible” precautions yet are irresponsible for emulating

²Maarten Paul Maria Jansen, Noor Tromp, and Rob Baltussen, “Prep: Why We Are Waiting,” *The Lancet HIV* 3, no. 1 (2016).

³Kimberly Koester et al., “Risk, Safety and Sex among Male Prep Users: Time for a New Understanding,” *Culture, Health & Sexuality* (2017): 5-6.

⁴Kane Race, “Reluctant Objects: Sexual Pleasure as a Problem for Hiv Biomedical Prevention,” *GLQ: A Journal of Lesbian and Gay Studies* 22, no. 1 (2016): 17.

⁵Andrew Spieldenner, “Prep Whores and Hiv Prevention: The Queer Communication of Hiv Pre-Exposure Prophylaxis (Prep),” *Journal of Homosexuality* 63, no. 12 (2016): 1690-1. Sarah K. Calabrese and Kristen. Underhill, “How Stigma Surrounding the Use of Hiv Preexposure Prophylaxis Undermines Prevention and Pleasure: A Call to Destigmatize “Truvada Whores”,” *American Journal of Public Health* 105, no. 10 (2015): 1960.; Julia Belluz, “The Truvada Wars,” *British Medical Journal* 348 (2014): 348:g3811.

⁶Jansen, Tromp, and Baltussen, “Prep: Why We Are Waiting,” e11; Unknown, “Prep: Why Are We Waiting?,” *The Lancet HIV* 2, no. 10 (2015): e401.

⁷Gilead Sciences Canada, “Product Monograph Truvada,” ed. Gilead Sciences Canada (Mississauga, ON: Gilead Sciences Canada, Inc, 2017), 4.

unsanctioned sexual conduct.⁸ As a result, it appears that PrEP is highly desired but under accessed as would-be users cannot adequately negotiate the fine line between too responsible and too irresponsible. By further examining how and why PrEP is resisted, this project hopes to understand the preexisting and emergent ways MSM have responded to HIV.

The controversy around PrEP offers a window into how HIV is imagined and sexuality is negotiated, in part, through how prophylactic technologies are used or (perhaps more importantly) not used. PrEP is employed in what Masha Rosengarten and Mike Michael call a “prophylactic assemblage,”⁹ a dynamic system of open and interrelated parts, the ontological status of which is neither static nor permanent and where the specific arrangement of actors and actants in space and time gives rise to an event.¹⁰ Race notes that ignoring these relations misses the constellations of actors and actants that make HIV transmission possible, resulting in HIV interventions that make HIV-positive persons exclusively responsible for transmission.¹¹ This conception largely misunderstands the negotiations, both interpersonal and between humans and non-humans that make HIV-transmission possible.¹² PrEP is therefore interesting as a case study in error, as it brings attention to these silent actors as they conflict with commonly held understandings and practices in HIV-transmission and prevention. PrEP offers an especially interesting window into how the socio-technological relationship can offer insight into broader social processes and ultimately help explain social change. Specifically, this novel medical technology demonstrates how something as small and seemingly inconsequential as a pill can drastically impact how people relate to one another. In this case, notions of health and healthy behaviour, and conversely health risks, are brought into conflict by a

⁸Martin Holt, “Configuring the Users of New Hiv-Prevention Technologies: The Case of Hiv Pre-Exposure Prophylaxis,” *Culture, health & sexuality* 17, no. 4 (2015): 8-10.

⁹Marsha Rosengarten and Mike Micheal, “Hiv Pre-Exposure Prophylaxis (Prep) and the Complexities of Biomedical Prevention: Ontological Openness and the Prevention Assemblage,” in *Hiv Treatment and Prevention Technologies in International Perspective*, ed. M. Davis and C. Squire (New York: Palgrave Macmillan, 2010), 167-80.

¹⁰Couze Venn, “A Note on Assemblage,” *Theory, Culture & Society* 23, no. 2-3 (2006).

¹¹Kane Race, “Framing Responsibility: Hiv, Biomedical Prevention, and the Performativity of the Law,” *Journal of Bioethical Inquiry* 9, no. 3 (2012): 333-6.

¹²Barry D. Adam et al., “Silence, Assent and Hiv Risk,” *Culture, Health & Sexuality* 10, no. 8 (2008): 769-71.

new prophylactic. These notions are often framed as discreet phenomena where ambiguity around those concepts are seen as an obstacle to be overcome.¹³ At both the level of policy and in everyday life, these risks are assumed to be stable, concrete and relatively unchanging. The controversy around PrEP demonstrates how variable notions of healthy behaviour are within communities of MSM. Though these groups of men are themselves largely framed as a discreet group of “men who have sex with men,” how and why these groups of men implement or choose not to implement PrEP is multiple and may at times conflict. This project calls attention to how our current understandings of health and HIV risk, often framed in terms of either a lack of education or a lack of adequate care for the self and/or for others ignores the dynamic nature of these social and technologically constituted assemblages and must be addressed both symmetrically and with an eye to the potential futures enabled by those relationships.¹⁴

I engage with the argument that medical conditions, and therefore health provision and healthy behaviour, are values made flesh”¹⁵ Values about what constitutes sanctioned ‘safer’ sex, HIV risk and how a sexual encounter ought to occur are codified in clinical trials to be taken up, resisted, used or misused by those at the ‘highest risk’ of HIV transmission. These norms, built into the artefact and reinforced by HIV-prevention discourse, are normative and coercive. Together they imply that certain behaviours are unhealthy and therefore should be understood as an error, either in judgment or in socialization.

I also engage with the notion that chemicals, like PrEP, can be major vectors for identity. Following the arguments of Nancy Tuana and Mel Chen, I argue that the chemicals we ingest become us. It is common to understand the body and our self as discreet ‘natural’ beings and build our politics on who ought to be empowered in the face of attack on that being.¹⁶ However, chemicals we ingest, either willingly

¹³Monica Greco, “Thinking Beyond Polemics: Approaching the Health Society through Foucault,” *Österreichische Zeitschrift für Soziologie* 34, no. 2 (2009): 18-20.

¹⁴Monica Greco, “Afterword: Thinking with Outrageous Propositions,” in *Speculative Research: The Lure of Possible Futures*, ed. Martin Savransky Alex Wilkie, Marsha Rosengarten, (New York: Routledge, 2017), 219-25.

¹⁵A Mol, *The Body Multiple: Ontology in Medical Practice* (Durham, NC: Duke University Press, 2002), 82-5.

¹⁶Greco, “Thinking Beyond Polemics: Approaching the Health Society through Foucault.”

such as medications,¹⁷ chemicals absorbed unwillingly from the environment¹⁸ or as a side effect of another medical treatment,¹⁹ change the composition of our bodies, minds and inform our identities. Chemicals change who and what we are and therefore inform our politics far beyond the medical sphere.²⁰ Our behaviours and understandings of the world are intertwined with the material world, the possibilities they offer as well as the inequalities contained within them. Thus, any understanding of the ethics of a health intervention must attend to how that intervention extends into the broader constellation of social phenomena, beyond 'outcomes' and beyond the dichotomous understanding of healthy/unhealthy and of use/misuse.

This project attends to how users and non-users are co-constituted by PrEP. The behavioural label 'MSM' is often used to describe same gender sex acts as a homogeneous risk group; they are in-fact heterogeneous.²¹ By paying attention to the varying interpretations of a technology, it is possible to uncover the differing goals and needs of the subcultures that vie for the use of a technology that best fits their needs.²² Trevor J. Pinch and Wiebe E. Bijker make the point that seemingly homogeneous groups such as "bike riders" can be, as Elizabeth Siegel Watkins notes, "a heterogeneous assemblage of homogenous subsets."²³ By following the negotiations of these subsets, Pinch and Bijker were able to further understand the negotiations that forced the evolution of the bicycle.

¹⁷Johanne Collin, "On Social Plasticity: The Transformative Power of Pharmaceuticals on Health, Nature and Identity," *Sociology of Health & Illness* 38, no. 1 (2016), 73-89.

¹⁸Nancy Tuana, "Viscous Porosity: Witnessing Katrina," in *Material Feminisms* ed. S. Alaimo and S. Hekman (Indiana: Indiana University Press., 2008), 190-8.

¹⁹Mel Y Chen, *Animacies: Biopolitics, Racial Mattering, and Queer Affect* (Durham, NC: Duke University Press, 2012), 159-225.

²⁰Tuana, "Viscous Porosity: Witnessing Katrina," 198-200.; Collin, "On Social Plasticity: The Transformative Power of Pharmaceuticals on Health, Nature and Identity," 78-84.

²¹Rebecca M. Young and Ilan H. Meyer, "The Trouble with "Msm" and "Wsw": Erasure of the Sexual-Minority Person in Public Health Discourse," *American Journal of Public Health* 95, no. 7 (2005): 1144-9.

²²Trevor J. Pinch and Wiebe E. Bijker, "The Social Construction of Facts and Artefacts: Or How the Sociology of Science and the Sociology of Technology Might Benefit Each Other," *Social Studies of Science* 14, no. 3 (1984): 409-19.

²³Elizabeth Siegel Watkins, "The Construction of a Contraceptive Technology: An Investigation of the Meanings of Norplant," *Science, Technology, & Human Values* 36, no. 1 (2011): 35.

While paying attention to the role of these differing subsets of users illuminates how technology co-constitutes a community, non-use, particularly in the case of HIV-prevention, can be especially important. How PrEP is resisted and re-interpreted by MSM can tell us a great deal about the values inherent to specific communities of MSM, offering greater detail as to how HIV-risk and pleasure are negotiated. Resistance to a drug can explain why otherwise effective medical technologies fail to live up to expectations.²⁴ Though PrEP, as it is currently imagined, is a highly effective HIV-prevention technology, how it is resisted, used and re-interpreted speaks as much to the relations that constitute HIV-prevention as it does about the communities that use or ‘fail’ to use it.

Though both users and non-users share a sense of being at risk and are concerned at the prospect of misusing condoms or ‘slipping-up,’ they see PrEP as a way to mitigate that risk. Therefore, perspectives on HIV-risk, sexual responsibility and desirability, where notions of what constitutes a mistake or dangerous sexual act, appear to be diverging. In the following sections, I examine how condom-use is understood by users and non-users, as well as how HIV risk appears to shift as a result of PrEP use. Though users do express using PrEP as a replacement for condoms, the reasons for doing so appear to be more complex than some form of repressed hedonism. Rather, PrEP appears to allow users to imagine their partners in a different light, making new forms of intimacy and solidarity possible.

Method

I interviewed two groups of PrEP non-users and sent questionnaires to PrEP users detailing their experience of taking the drug.^{*} In total, I facilitated 2 focus groups with a total of 9 non-users and received questionnaires from 5 users for a total of 14 participants. The questionnaires discuss two key aspects of PrEP usership: becoming a user and negotiating sexuality while using PrEP. Users outlined how

²⁴Watkins, “The Construction of a Contraceptive Technology: An Investigation of the Meanings of Norplant,” 42-48.

^{*}As a result of different data gathering strategies, users and non-users are accorded differing levels of anonymity. Users were allowed to choose their own name; non-users were assigned a number. This method was approved by the Carleton University ethics board in July, 2016.

they learned about PrEP, how they managed to acquire a prescription and then explained how PrEP has changed their sex lives and their relationships more generally. I asked participants to discuss their view on condomless sex, or 'barebacking,' and whether or not their view has changed since taking PrEP. Participants were encouraged to write at least one paragraph in response to each question; paying attention to the timing of the event, the actors involved, the progression of events and to reflect on their affective experience of that event.

Non-user participants were given a fifteen-minute presentation on PrEP. This presentation outlined PrEP, its mechanism of action, how it is used and the process one would have to undergo should they choose to start taking PrEP. Following this presentation, participants were asked about their perceptions of PrEP. Participants were prompted to outline exactly what excites and concerns them about PrEP. Lastly, participants were introduced to three hypothetical scenarios and asked to imagine how they would act in scenarios involving a PrEP user.

Responses were analyzed using an adapted "listening guide:"²⁵ Responses were first transcribed into n-vivo, re-transcribed to develop a coherent narrative and coded according to 4 different 'readings,' each time focusing on the story, subjects and interpersonal, structural aspects of the narrative. This analysis strategy compensates for small sample size by providing a 'multi-layered' approach to the different dimensions of an event experienced by a respondent that can be gleaned by their response. These narratives construct a particular social world reflective of, though not necessarily constituted by, respondent 'expertise' and experiences.²⁶ By attending to not only what is said, but how it is said this guide attends to the ontological, public, conceptual and metanarratives that frame the existence of respondents. Further, this strategy foregrounds both the affective experiences, as well as the social and material relationships that lead to the crystallization of a particular technology.

²⁵Andrea Doucet and Natasha S. Mauthner, "What Can Be Known and How? Narrated Subjects and the Listening Guide," *Qualitative Research* 8, no. 3 (2008), 399-409

²⁶Bent Flyvbjerg, *Making Social Science Matter: Why Social Inquiry Fails and How It Can Succeed Again* (Cambridge, UK: Cambridge university press, 2001), 66-87.

Findings Resistance: Condom use, PrEP use and divergent conceptions of safer-sex

Though PrEP has proven to decrease HIV transmission in MSM communities,²⁷ policy makers are reluctant to make PrEP fully available without completely understanding how PrEP will impact “normative aspects” such as regular condom use.²⁸ The concerns of PrEP interfering with the patterns of normal sexuality make PrEP a resistant object. Resistant objects are otherwise useful objects which are either underutilized or fall out of use completely because they interfere with the taken for granted norms and habits in one’s day-to-day life.²⁹ PrEP interferes with traditionally ‘safer’ sex practices and is therefore a substantive impact on the lives of gay men, appearing as if the person is acting in error. Indeed, non-user participants were aware of how useful PrEP would be in their lives, yet they also expressed concerns about how PrEP interfered with rituals they used to engage in safe sex, in particular the failure to utilize condoms. Because PrEP interfered with these rituals, particularly when and how condoms were employed, PrEP users were often discussed as untrustworthy, unaware or outright dangerous. For Example, 001 noted that though intentionally not using condoms must be a result of, “not understanding exactly how risky it is, or not caring because of a lack of education or care for themselves.” Though many non-users admitted they did not always use condoms themselves, the thought of intentionally engaging in condomless sex was highly undesirable.

Non-users routinely expressed that PrEP users are untrustworthy or worse, assaulting their partners, by not wearing a condom. Participant 008 explained that a proposal not to use condoms seemed “creepy” to him, even from a PrEP user. 002 noted that if a person were to inform him that they did not want to use a condom, he would reply “okay cool,

²⁷Robert Grant et al., “Preexposure Chemoprophylaxis for Hiv Prevention in Men Who Have Sex with Men,” *New England Journal of Medicine* 363, no. 27 (2010), 2587-99; Koester et al., “Risk, Safety and Sex among Male Prep Users: Time for a New Understanding.”; Junjun Jiang et al., “Pre-Exposure Prophylaxis for the Prevention of Hiv Infection in High Risk Populations: A Meta-Analysis of Randomized Controlled Trials,” *PLoS One* 9, no. 2 (2014), 1-7.

²⁸Jansen, Tromp, and Baltussen, “Prep: Why We Are Waiting,” e401

²⁹Race, “Reluctant Objects: Sexual Pleasure as a Problem for Hiv Biomedical Prevention,” 17.

then we are not having sex.” Regardless of protections against HIV, 002 explained that there are still other STIs that he wants to avoid. Even though he knows that STIs are a normal “every day thing,” they are stigmatized and thus to be avoided. Building on 002’s point, 004 said that “if someone tells me they aren’t going to have sex with me if we don’t use a condom, if they are pressuring me in that way then I’m going to say, ‘fuck you’ and ‘no.’” They continued to suggest that if someone says they are not going to have sex unless it is without a condom it simply does not seem “very consensual” to them, explaining that the PrEP user does not seem of good character. The above comments point to how PrEP disrupts the negotiations typical of asexual encounter. Though one can be pragmatic about these negotiations—a point made by non-user 003, the loss of control felt by the rest of the group of non-users underscore significant challenges to PrEP’s implementation. Though I never specified any details about this hypothetical PrEP user, simply the implication of not wearing a condom was enough to make 004 so uncomfortable as to begin constructing a sexual assault scenario. These divergences in acceptable sexuality point to emergent technological frames around condom and PrEP use.³⁰ Condoms have been a trusted form of safer sex since the discovery of HIV and have been argued to offer a “mode of ordinariness in a situation of unendurable and ongoing crisis.”³¹ That is to say, current safer sex practices allow those at risk to forget the impending threat of HIV. Unfortunately, this mode of thinking seems to contribute to a heightened sense of anxiety when condoms were not used.

Slipping-up: Sexuality and risk

For non-users PrEP was best suited as added protection should they ‘slip-up’ and not use a condom. For this group of non-users, PrEP was to be used within existing safer sex strategies, rather than as a replacement. While both users and non-users were optimistic about PrEP’s role in reducing risk in their sexual lives and stigma in the broader community, PrEP non-users continued to resist the use of PrEP for unprotected sex and attributed moral failings to PrEP users for

³⁰Wiebe E. Bijker, “How Is Technology Made?—That Is the Question!,” *Cambridge Journal of Economics* 34, no. 1 (2010): 69–70.

³¹Race, “Reluctant Objects: Sexual Pleasure as a Problem for Hiv Biomedical Prevention,” 21.

doing so. Users also discussed slipping-up but were far more upfront about their interest in using PrEP to engage in condomless sex and expressed how PrEP helped eliminate that anxiety.

Users Mark and Vince, for example, both expressed they were highly anxious with respect to condomless sex prior to starting PrEP. Vince explains that all sex made him uncomfortable, writing,

Even though I loved bareback sex and porn, I was terrified to do it and even resented people who engaged in the bareback lifestyle. I judged them for being irresponsible and spreading HIV, but I was also curious and envious. I only had bareback sex with long-term partners and I avoided anal sex altogether with most casual partners.

Now that he takes PrEP, Vince feels a “weight” taken off his shoulders. PrEP eliminated what was a great source of anxiety. Similarly, Mark writes that he had a change of heart and is “simply no longer afraid of barebacking.” In fact, all STIs appear to take on a different meaning. Mark explains how, “other STIs are curable or can be tolerated,” writing, “My partner also doesn’t really care any longer.” Indeed, PrEP users in this study expressed a great sense of relief after taking PrEP, while noting no notable increased risk taking. As Eric explained, PrEP helps balance risk and pleasure, likening the experience to walking the tightrope:

The acrobat isn’t supposed to fall when doing tricks in the air, but sometimes they do, and the net is there to make sure that in the off-chance this happens, they don’t fall to their death...

Users routinely expressed coming to terms with their inconsistent condom use and found PrEP to be a solution. Rather than actively search for access to excess, PrEP users used PrEP to mitigate their risk, should they eventually miscalculate whilst ‘doing a trick.’

Users often wrote that ‘slipping-up’ gave way to the realization that condomless sex was their preferred sex. Many noted that though engaging in condomless sex felt like a mistake, they did it far too often for it to be a mistake. When trying to reconcile their desire to be responsible with their interest in not using condoms, PrEP users often mentioned an “animal need” to explain their desire to go without condoms. How users expressed this desire speaks to how PrEP diverges

from condoms and thus creates new possibilities for how prophylaxis is engaged with in relationships. Eric is a regular condom user and has no intent to stop using them, however, he sees a place for condomless sex in his life. He described his experience of engaging in condomless sex as “uninhibited, naked and utterly logically pointless, at least for anything beyond pleasure and bonding.” He went on to say:

So how does a condom fit into such conduct? It doesn't. I think the best sex involves shedding these layers (latex or otherwise) of logic and responsibility and enjoying our full animal selves along with another person we desire or better yet even admire and care for.

Eric's narrative points to how PrEP enables fuller access to partner(s) in situations where closer emotional connection is desired but are not necessarily recognizably romantic.³² Condoms are responsible but illogical in that they do not meet the purpose of the interaction. He notes that for some sexual encounters, condoms are fine; but when he wants to enjoy the “full animal selves” of his partner, he cannot use a condom, as it defeats the purpose of the encounter.

These comments further clarify how PrEP challenges commonly held beliefs about HIV. HIV infection is commonly understood as occurring only once the virus “breaches our defenses.” Condoms contribute to this sense in that they create a barrier between you and your partner and thus requires one to perceive the body of one's partner as potentially harmful. Understanding intimate encounters as necessarily defensive, however, is problematic as it requires prioritizing HIV over any bonding enacted through sex. By interacting with HIV at the molecular level, however, PrEP engenders a different logic than condoms. PrEP allows one to conceive of the body as non-threatening and thus allows one to experience closeness not afforded by condoms. Thus, PrEP is not just a useful HIV-prevention method, it redefines how bodies are perceived to be contaminated. By removing the universality of the threat, PrEP-use appears to allow for safer demonstrations of intimacy.

³²Staci Newmahr, *Playing on the Edge: Sadoomasochism, Risk, and Intimacy*. (Bloomington, IN. : Indiana University Press. , 2011), 168-72.

Living in Error: Contamination, solidarity and optimism for PrEP

As I have noted above, the majority of resistance to PrEP stems from its capacity to allow the user unbridled access to sexual pleasure.³³ The narratives above, however point to a more nuanced interpretation of how PrEP should be used and speaks to the historical context in which HIV risk and ‘slipping-up’ is understood. As technological responses to HIV are developed, virus-related risk assessments shift as a result.³⁴ How HIV-risk is understood today has roots in the conflicting understandings of HIV-risk that emerged in the 1980s. In the early years of the outbreak, all gay men were expected to consider themselves at least potentially infected. The discovery of the virus and the development of the HIV-test further shifted this frame as HIV-risk was now relegated to *certain* gay men.³⁵ Meanwhile, debates about the veracity of the HIV-AIDS connection raged on until the mid-1990s.³⁶ Until then, AIDS was at least partially conceived as immune overload, a result of the lifestyles of HIV-endemic groups.³⁷ In the midst of this debate Canadian Blood services was formed, in large to protect the Canadian blood supply from HIV/AIDS.³⁸ Over time these policies come to reflect these streams of thought, culminating in the highly controversial universal ‘ban’ on donations from MSM.

Tuana writes that the flesh of our bodies and the “flesh” of the world is porous.³⁹ Inequalities materialize, both in performance and in the concrete composition of our bodies. In this sense, ‘slipping-up’ and

³³Belluz, “The Truvada Wars,” 348:g3811; Calabrese and Underhill, “How Stigma Surrounding the Use of Hiv Preexposure Prophylaxis Undermines Prevention and Pleasure: A Call to Destigmatize ‘Truvada Whores,’” 1960-2; Race, “Reluctant Objects: Sexual Pleasure as a Problem for Hiv Biomedical Prevention,” 12; Marsha Rosengarten and Mike Micheal, “Rethinking the Bioethical Enactment of Medically Drugged Bodies: Paradoxes of Using Anti-Hiv Drug Therapy as a Technology for Prevention,” *Science as Culture* 18, no. 2 (2009): 184-7.

³⁴Paul Flowers, “Gay Men and Hiv/Aids Risk Management,” *Health* 5, no. 1 (2001): 51.

³⁵Flowers, “Gay Men and Hiv/Aids Risk Management,” 56.

³⁶Steven Epstein, *Impure Science: Aids, Activism, and the Politics of Knowledge* (London: University of California Press, 1996), 143-78.

³⁷Epstein, *Impure Science: Aids, Activism, and the Politics of Knowledge*, 45-9.

³⁸Horace Krever, “Commission of Inquiry on the Blood System in Canada,” (Ottawa: Public Works and Government Services Canada, 1997), 1053.

³⁹Tuana, “Viscous Porosity: Witnessing Katrina,” 198-203.

PrEP's mixed reception is intertwined with the historical emergence of HIV as a disease of indulgence.⁴⁰ While both non-users and users identified themselves as high risk and ideal PrEP users, their definitions of 'high risk' appear to vary greatly. Despite identifying a number of sexual practices, with varying levels of associated risk, users and non-users alike framed their sexuality alone as an HIV-risk. For example, Vince explained that he:

had tried sex with girls with and without condoms, and preferred without condoms. The worry with them was pregnancy. But once I came out as gay, I only had sex with men, and HIV became the new worry.

Vince is not alone in expressing his sexuality as the main referent of his HIV-risk. Common to both users and non-users was the simultaneous transition from identifying as 'straight' and at risk for pregnancy to 'gay' and at risk for HIV. This theme indexes a sense that HIV risk is a problem associated more so with same-gender sexual practices than actual 'risky' behaviour. A conflation that was not lost on my participants who routinely discussed their HIV risk in the same breath as the act of 'coming-out.'

Thus, PrEP was understood as an intervention that disrupted not just HIV risk, but the bedrock upon which sexual orientation stood. In discussing his hopes with respect to PrEP, 003 expressed his excitement to give blood. Surprised, I delved into the issue for clarity. He explained:

I give blood. I don't give blood. I have blood tests very frequently, but I can't give blood because of my HIV risk. So, I guess in my life, I guess-- like my father, it was really hard coming out to him and I dealt with a lot of his ignorance about HIV for the first couple years and it was really hard for me to talk to him about my sexuality. Like, he grew up during the HIV/AIDS epidemic so he has a certain idea of the type of people that get AIDS (003).

His ideas about HIV, medical care, risk and his relationship with his father as a gay man are all wrapped up in his blood. For him, all these notions were related to PrEP. Though PrEP has been argued to

⁴⁰Paula A Treichler, "Aids, Homophobia and Biomedical Discourse: An Epidemic of Signification," *Cultural studies* 1, no. 3 (1987): 44-54.

untether queer men from their obligation to their community,⁴¹ for 003 PrEP represented inclusion in Canadian society more broadly. He gives blood frequently, for a number of other reasons, yet is unable to overcome a barrier that is his very blood and participate in what he understands as a social responsibility to donate blood.

These statements unwrapped a network of relationships between blood, toxicity and HIV-risk. What is particularly interesting, however, is that they transgressed personal, inter-group and national boundaries. Participants expressed a future where the boundaries of queer inclusion were not determined by HIV. Elaborating, 001 noted the role of blood in the recent massacre in Orlando:

After the whole [Pulse nightclub] shooting they were calling for blood donation from people in the Orlando area...Half of the people actually affected by the shooting could not give blood to, like, their loved ones and stuff— I don't know, it's cruel to be kept out of like helping other people especially other people who are being harmed for the same reason that we aren't allowed to help them.

Participants 003 and 001 illuminated how blood and the presumption of contamination enabled this social death in this instance, but also translated into loss of life in another. 001's comments complement 003's, which clarify the relationship between blood, HIV risk and the emancipatory potential of PrEP. Due to the presumption that queer blood is presumed to be contaminated, actual lives were lost. Responding to 001's point, 003 further expanded this point connecting medical care, tragedy, intimacy and PrEP through his discussion of barriers:

Say ten or twenty years ago, you entered a relationship with someone who was HIV-positive but you weren't able to be intimate with them for fear of contracting HIV... I just think that situations like that are unfair and seeing PrEP as a potential way to avoid situations like that... I'm fully supportive of it.

⁴¹Joshua Pocius, "Of Bodies, Borders, and Barebacking: The Geocorpographies of Hiv," in *In security, Race, Biopower* ed. Holly Randell-Moon and Ryan Tippet (London: Palgrave Macmillan UK, 2016), 37-8.

In light of these comments concerning my participants' discussion of condoms, intimacy, blood and self-image, the decision to use PrEP is indeed more significant than simply unbridled access to pleasure. What is brought to light is how multifaceted PrEP's impact on how safer sex is understood. PrEP is fascinating in this regard because it conflicts, and indeed appears to, mutate conceptions of bodies, virus and sexuality that formed in the wake of the HIV epidemic. This offers an increased sense of security for users than when engaged with condoms alone; however, how PrEP is accessed is uneven and thus makes emergent two distinct social groups with irreconcilable perspectives on safer-sex.

Conclusions

This paper aims to underscore the importance of the material world in social and political theory. As I have outlined, the desire for PrEP and the result of its use seem to span far beyond the narrow confines of HIV prevention. Though PrEP is useful in the event one might 'slip-up,' how and why my participants imagined slipping-up, how condom use and the controversy around HIV may inform those notions and how PrEP might mitigate that risk points to far more pervasive problem in HIV prevention. Not only could PrEP interfere with condom use and the paradoxical risks that come with that newfound sense of immunity; PrEP appears to spread its tendrils far past personal risk into the national and international political domains of contemporary life for MSM. Overall, this discussion points to how something as innocuous as technological use is a political choice with political consequences. How PrEP is resisted and taken-up, reinterested and mutated by use is tied to a political future that extends beyond the narrow confines of epidemiology and HIV-prevention. This paper is therefore a call to continue looking to the "missing masses" of social and political life.⁴² The role of technology in social and political theory, at a time of increasingly polarized politics, can help us further understand how a person's lived experience, through the products they use and the way they interpret these technologies informs the dissolution of social solidarity without presuming one group is in error.

⁴²Bruno Latour, "Where Are the Missing Masses? The Sociology of a Few Mundane Artefacts.," in *Shaping Technology/Building Society: Studies in Sociotechnical Change*, ed. Weibe Bijker and John Law (Cambridge, MA: MIT Press, 1992), 227.

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