



**Beyond Biological Citizenship: HIV/AIDS, Health, and
Activism in Europe Reconsidered**

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4 **Reconsidered**
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10 This special section reflects on the challenges and achievements of HIV/AIDS activism in the
11 historico-political context of the European region. While there is substantial literature on
12 activist-driven policy shifts in the different and, particularly, the early stages of the epidemic,
13 much of this has studied Western Europe (see e.g. Berridge, 1996; Klöppel, 2016).
14 Considerably less attention has been given to the broader European region and its constituent
15 countries, especially those along its economic, social and political peripheries. Against this
16 background, through a series of case-studies from differing disciplinary perspectives, this
17 collection offers insights into the evolving conceptions of state-citizenship relations in the
18 complex and entangled histories of HIV/AIDS in Europe.
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26 Although the global-health claim to bring ‘an end to AIDS’ with the promise of
27 biopharmaceutical solutions¹ can be traced to the achievements of early HIV/AIDS activism,
28 the latter’s innovative contribution has become overshadowed, in many ways, by what some
29 have argued is an overly ‘biomedicalized approach’ (Aggleton & Parker, 2015, Vance, 1991,
30 880f.). The identification of AIDS (acquired immune deficiency syndrome) in the early 1980s
31 amongst young gay men, wrongfully deduced by epidemiological summations as ‘Gay-Related
32 Immune Disease’ (GRID), provoked vast networks of community care and contestations in
33 response to neglect or enhanced policing and violence (Watney, 2000). Communities already
34 attuned to the pathologizing of their sexuality not only refuted the conflation of identity with
35 disease, they took the lead on how HIV transmission could be prevented and successfully
36 campaigned to enlist scientific investment in possible treatments. As a result, a new kind of
37 relationship emerged between community activism, scientific research and public health policy
38 (Epstein, 1998). However, unlike the gay social movements, the involvement and activities of
39 other social groupings disproportionately impacted by the virus in Europe, such as prisoners,
40 sex workers, persons who use drugs, and migrants, have until now been much neglected in
41 accounts of the evolving history of HIV.
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55 The demonstrated efficacy of antiretroviral drugs in 1996 marked a watershed moment in
56 predominant accounts of HIV/AIDS and its history. Decoupled from AIDS, HIV has since
57 become regarded as a ‘chronic’ rather than fatal infection. It is now scientifically established
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3 that pharmaceutical interventions can prevent the onset of AIDS and transmission of the virus
4 (The Lancet HIV, 2017). However, while forging a major difference in the trajectory of the
5 infection, biopharmaceutical interventions have not always been accompanied by a radical and
6 substantive rethinking of the stigmatization of transmission through sex and, also, injecting
7 drug-use in epidemiological renderings of the epidemic. Nor has the reformulating of HIV as
8 a biomedical problem been without unwanted consequences. Without rehearsing various
9 debates on what is intended by the critics of a ‘biomedicalized epidemic’ (Flowers and Davis,
10 2013), it is not difficult to observe that early modes of patient and community activism for
11 treatments and vaccines (as yet unrealised) have, paradoxically, supported a prioritizing of the
12 biological over the social dimensions of the epidemic (Kippax and Race, 2003; Young et al.,
13 2016).

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23 By consequence, a complex nexus of situated factors now tends to be elided in policy enlisted
24 to bolster the up-take of biopharmaceutical interventions (Rosengarten and Murphy, 2019).
25 Yet, as Kippax and Stephenson have argued, biomedical interventions to treat or prevent HIV
26 transmission do not act alone: To be effective, they ‘must engage with the everyday lives of
27 people and be integrated into their social relations and practices’ (Kippax and Stephenson,
28 2012: 789). Indeed, despite the numerous gains achieved over the past 40 years that include the
29 introduction of antiretroviral drugs, alarming rates of HIV transmission and inequities continue.
30 We might thus pause to wonder about the adequacy of the catch phrase of an ‘end to AIDS’
31 premised on biomedical solutions.. A close examination of the epidemic in Europe, ranked
32 second in new infections across the globe by the World Health Organisation,² reveals that rates
33 vary significantly across sub-regions and key affected populations. These internal disparities
34 reflect a shifting and increasingly divided political landscape, comprising of what we focus on
35 here as distinct and entangled yet, often, highly contested conceptions of citizenship.

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47 The seminal work on ‘biological citizenship’ by Petryna (2002) and Rose and Novas (2005),
48 has provided a valuable theoretical and empirical focus on how increasing biomedical
49 knowledges of the body give shape to new identity formations and, also, new forms of
50 collectivization. In particular, the work of early HIV/AIDS activists is noted to have provided
51 a type of ‘template’ for what Rose and Novas (2005) refer to as ‘biosocial activism’: a practice
52 that melds a problematic distinction between the biological and social. Taking the increasingly
53 mobilized notion of ‘biological citizenship’ as a point of departure, the articles in this
54 collection, all emerging out of a research project, ‘Disentangling European HIV/AIDS Policies:
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3 Activism, Citizenship and Health' (EUROPACH),³ aim to critically engage with this term, and
4 to further strengthen a transdisciplinary understanding of European state-citizen figurations in
5 relation to health. By developing a historico-political focus on past and current HIV-related
6 policy and activist developments, an array of new conceptual and empirical dimensions is
7 introduced to enable notions of state-citizenship to be rethought. Building on varied forms of
8 HIV patient and community activism, each article takes up the question of who qualifies as a
9 citizen worthy of health provision? More specifically, how do activist struggles for rights and
10 recognition challenge state-citizen figurations? And, further, what may be learnt from the
11 heterogeneity of HIV/AIDS policy worlds across Europe and the co-affecting historico-cultural
12 and political differences in regional and country specific contexts? Not least for this purpose,
13 many of the oral history interviews informing each article are available for viewing through
14 the newly produced European HIV/AIDS Archive.⁴
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25 In 'The Temporal Regimes of HIV/AIDS Activism in Europe', Dziuban and Sekuler use states
26 of exception to reveal how different temporalities are at play in determinations of citizenship
27 in relation to HIV/AIDS across Europe. A detailed study of European HIV networks and
28 carefully elicited oral accounts invite readers to contemplate how various temporal regimes co-
29 exist in crosscutting ways, such that we may begin to rethink dominant chronological narratives
30 of biomedical progress. By orienting inquiry to the plurality of lived experiences, it is evident
31 that the privileging in policy of any singular chronological narrative of HIV/AIDS risks
32 reducing the scope for a new biopolitical imaginary and, consequently, new modes of activism
33 and policy formation. Building on this insightful contribution to the complex ways in which
34 HIV activism partakes in European policy developments, the subsequent articles focus on the
35 inheritances of a dynamic political terrain in the countries of Germany, Poland and Turkey,
36 especially for groups of persons at the margins of narrations about the epidemic in Europe.
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47 In 'The Prisoner Citizen', Faust examines the difficult fight for harm reduction in German
48 prisons since the early 1990s and illuminates how the shift in activism from the violation of
49 legal regulations to the judicial mobilisation of rights and laws has come to reconfigure the
50 prisoner as citizen. One of the most blatant inconsistencies in HIV prevention was – and in
51 many places still is – the refusal to appreciate the need for prisoners to have access to clean
52 needles and syringes or opioid substitution as well as condoms. A punitive mode of governance
53 resulted in what Faust refers to as 'medical disobedience' and 'resistance', whereby activism
54 was required to take expression in a form of smuggling health necessities while, also, engaging
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3 in radical critique of the law. However, changes in the law and the consequent adoption of legal
4 idiom and judicial instruments by those seeking prison reform has enabled the prison-citizen
5 to become a formal subject of rights and duties. Utilising the prevailing biomedical discourse
6 on ‘drug addiction’ in judicial action has, Faust shows, depoliticized drug dependency in the
7 context of biomedical therapies. This has enabled prisoners to acquire a new kind of citizen-
8 status as *deserving patients*. However, as Faust also observes, this shift is not without its
9 challenges or, more aptly, it could be viewed to forsake challenges to other social norms that
10 may have participated in one’s initial incarceration.
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13 In ‘Citizenship and Pleasure’, Struzik tackles the problematics of ‘harm reduction’ by drawing
14 on a growing body of literature inclusive of the notion of pleasure. When posing the question
15 of how pleasure is or might be embraced to respond to the needs of people who use drugs, gay
16 self-identified men, and other men who have sex with men in post-state socialist Poland,
17 Struzik reveals how the hard-won gains and losses experienced against HIV cannot be
18 separated from what she describes as a ‘heteronormative, moralized, social order’. A vision of
19 the ‘good citizen’ has led to intense criticism of the achievements of activists. By coining the
20 phrase ‘drugged pleasures’, Struzik reflects on how the category of pleasure can be folded into
21 the notion of citizenship underpinned by conceptions of subjects’ rights and responsibilities.
22 This reframes understandings of ‘addiction’, usually cast as a behavioural deficiency and
23 separate from pleasure (Dennis & Farrugia, 2017; Race, 2009). Although notions of citizenship
24 are rarely, if ever, approached with an appreciation of *feeling*, Struzik leaves her reader with
25 the suggestion that feelings of happiness and enjoyment or, indeed, the embodiment of pleasure
26 might be central in the struggle for harm reduction.
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29 The final article takes us beyond the current borders of the European Union (EU), but still
30 within the European region as defined by WHO. In the piece by Bänziger and Çetin, ‘Biological
31 Citizenship and Geopolitical Power Play’, the political shift to an increasingly authoritarian
32 government and its handling of refugees in negotiation with a EU closing and fortifying its
33 borders is shown to negatively impact the health condition of Syrian refugees living with HIV.
34 Despite a shared legal ‘right’ to health by Turkish citizens and refugees, restrictions on
35 movement and residence, together with a multitude of other factors, affect what this means in
36 practice. They make access to health services difficult, in some cases near impossible. In
37 response, health activists find they must combine advocacy for refugees along with civil-rights
38 claims. Here we learn of a dimension of citizenship where the kinds of knowledge that inform
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Rose and Novas' (2005) concept do not abound. On the contrary, contemporary transnational practices of human rights gloss the hidden everyday realities and precariousness of life. Indeed, it seems that if the concept of 'biological citizenship' has any currency in this situation, it requires rethinking in relation to the deal struck by the EU that requires Turkey to contain Syrian immigration in return for financial support, the continuation of EU accession talks and visa-free EU-entry for its citizens. Paradoxically, the assurances for refugee health rights operate in a manner that also functions to prevent their realisation.

¹ See Eisinger, Robert Walter, and Anthony S. Fauci. 2018. 'Ending the HIV/AIDS Pandemic¹'. *Emerging Infectious Diseases* 24 (3): 413–16.

² See <https://apps.who.int/gho/data/node.main.HIVINCIDENCE?lang=en> [accessed 30 October 2020]

³ EUROPACH was funded by the Humanities in the European Area (HERA) 2016 – 2019 (HERA.15.093).

⁴ <http://europach.phils.uj.edu.pl/> [accessed September 2020]

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