

# Unrepresentable Blood: Canadian Blood Donation, “Gay Blood” and the Queerness of Blackness

by

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## Abstract

In this dissertation, I explore the Canadian Blood Services blood donation questionnaire and how the blood stories assembled within this document, and in the larger blood system, intersect with and depict blackness, queer (diaspora) sexualities, and Canadian (homo)nation-making.

Narratives on blood produce moments of discipline, regulation, and confinement. Canadian Blood Services argues that its donor questionnaire is designed to effectively screen potential blood donors, with a number of questions focused on preventing an HIV/AIDS outbreak in the general population. The information gathered from these diverse questions constructs a figure of the ideal blood donor, thus creating a distinction between people whose blood gives life and people whose blood brings death. These distinctions result in the ban of particular groups of people, including bisexual and gay men and African people.

Through centring a black queer diasporic analytic and reading practice, I am able to interrogate the ontological problem made of blackness. I contend that queerer modalities of thought are necessary to account for the complicated realities of racialized sexuality lived through black queered bodies and by black queer and trans people (and their blood).

I analyze a diverse set of archives, including the donor questionnaire; websites of social and political organizations involved in the gay-blood debates; and legal, news, and government documents pertaining to the Canadian blood system. I seek to break the public silence on how blood continues to be used to justify the denigration of the lives of black people, both inside and outside of gay spaces, to push against the narrow, normative Eurocentric structures of gay blood. Thus, this reading acts as a decolonial, diasporic, transgressive project of writing blackness. My intervention into these anti-normative, anti-colonial discussions of blood, queerness, and blackness engages in a form of “epistemic disobedience” necessary to think differently about and disrupt both the homonationalist framing of gay blood and, more importantly, how we envision queer communities in our diasporic home-making. It is this that I seek to provoke in this thesis: to bring together the tangible and incoherent realities of our lives in order to articulate and engage in transformative justice.

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In acknowledging the contribution of these individuals and institutions, I do not intend to suggest that they are responsible for or endorse the views expressed in this document. Similarly, while those I have mentioned, along with many others, contributed greatly to my dissertation, I alone must take responsibility for any weaknesses and errors.

*Completing this project is the fulfillment of an assemblage of dreams.*

*Maeferefun Egungun! Ase-O*

*It is axiomatic that if we do not define ourselves for ourselves, we will be defined by others—for their use and to our detriment. (Audre Lorde, Sister Outsider)*

*Not only are black subjects always already queer relative to normative ideals of the person, but black queers also often seem a queer too far for much of queer studies and gay and lesbian popular culture and politics. (Jafari S. Allen, Black/Queer/Diaspora at the Current Conjunction)*

*Rex Matheson: Blood again*

*Gwen Cooper: It's always about blood, why is that... (Torchwood Miracle Day)*

## Black Queer(ed) Incitements and the Unrepresentability of Blood: An Introduction

*Were you born in or have you lived in Africa since 1977?*

*Since 1977, did you receive a blood transfusion or blood product in Africa?*

*Have you had sexual contact with anyone who was born in or lived in Africa since 1977?*

*Have you, in your past or present job, taken care of or handled monkeys or their body fluids?  
(Canadian Blood Services, Donor Questionnaire)*

*Human blood is accruing new symbolic significance globally—and not as a sign for vitality and spiritual energy. It's a sign for the danger of mortal contagion. (Barbara Browning, Infectious Rhythm: Metaphors of Contagion and the Spread of African Culture)*

One evening a few years ago, while checking out my Facebook (FB) timeline, I noticed a status update by a FB friend; in honour of Black History Month, and in response to Canadian Blood Services' announcement that more donations from African-descended Canadians were needed, he had become a registered stem-cell and bone-marrow donor. He then stated that, as a gay man, he one day hopes to also do his part by becoming a blood donor. In one reading, my FB friend articulates a desire in which all of his blood (all of himself) can be used in the gift of healing—an indication that this splitting of blood affects his whole self. In another reading, this is a queer moment, as I am not sure how his black gay blood fits within the gay-blood ban. How does the blackness of blood fit within the configurations of gay blood? How does one make sense of inclusion, exclusion, and participation in these desires for donation? How is blood constitutive in these sense-makings?

In 2002 Kyle Freeman, a white gay man, sent what he thought was (and intended to be) an anonymous letter to Canadian Blood Services (CBS) detailing how, between 1990–2002, he had donated blood on a number of occasions. As a result of this confession, the anonymous email was traced, and Kyle Freeman was sued for making false claims and for putting the donor supply at risk. Freeman countersued Canadian Blood Services, claiming that the donor screening

process violated the *Canadian Charter of Rights and Freedoms* and discriminated against men based on their sexual orientation. In his claim, he cited just one question from the donor questionnaire: “Men have you had sex with another man, even one time since 1977” (Canadian Blood Services).<sup>1</sup>

In September 2010, Justice J. Aitken of the Ontario Superior Court released his decision regarding the legal proceedings between Canadian Blood Services and Kyle Freeman. The court determined that Canadian Blood Services’ ban on “gay blood” did not meet the legal criteria for discrimination based on sexual orientation and, therefore, did not contravene or violate the *Charter of Rights and Freedoms*. Though the Court’s decision ultimately upheld Canadian Blood Services’ indefinite deferral of the blood of men who have sex with men, it nonetheless prompted the blood services agency, and Health Canada, to rethink this one question.

Narratives about blood are replete with meaning and the production of knowledge. Blood narratives breach the public/private divide, bringing together constructions of sex, sexuality, race, kinships, societies, and nations; these narratives are associated with a number of mystical, social, and scientific justifications. The material of blood has been used to define and categorize bodies and construct identities, and in turn, bodies have impacted and informed how blood animates these very categorizations. In other words, blood, bodies, and identities collectively rely on these conjunctural moments for articulation. Therefore, blood can be considered a complex system that is learned and utilized in varying degrees to communicate information. Blood is a form of language, with its own signs and symbols. The ways in which blood is uttered produces a discursive practice—one that is citational of historical and culturally specific precepts of organizing and producing knowledge. Therefore, blood is a text that requires continued analysis (Bennett, 2009; Bobel, 2010; Browning, 1998; Cantwell, 1993; Eng, 2010; Lawrence, 2004; Miles, 2006;).<sup>2</sup>

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<sup>1</sup> The donor questionnaire was modified in July 2013; changes to Question 19 limit the deferral period to five years. In this thesis, all questions cited are from the pre-July 2013 donor questionnaire. See Appendix.

<sup>2</sup> In addition, see these texts for further conversations on blood, blood purity, blood knowledge, and blood axioms: Susan Sontag (1989), *AIDS and its Metaphors*; James J. Jones (1993), *Bad Blood: The Tuskegee Syphilis Experiment*; Ann Laura Stoler (1995), *Race and the Education of Desire: Foucault’s History of Sexuality and The Colonial Order of Things*; Siobhan Somerville (2000), *Queering the Color Line: Race and the Invention of Homosexuality in American Culture*; and Harriet A. Washington (2008) *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*.



# 1 Historically and culturally specific blood rules

The study of blood and blood donation can follow many trajectories. The explorations of public health and safety through the descriptions of blood, contagion, and outbreak narratives are a common trajectory of study. The externalization of blood to mark race-specific bodies is captured in the narratives of sex, miscegenation, kinship, and sexual citizenship. In fact, the discourses surrounding blood inform the colonial dilemmas (the simultaneous moments of inclusion and exclusion) that shape the production of bodies and communities.

Beginning its operation in 1998, Canadian Blood Services was charged with the responsibility of repairing the damaged blood system—damage the system sustained not only through the tainted-blood crisis but also through the poor management of this crisis by the Canadian Red Cross Society, the organization responsible for the blood system at that time.<sup>3</sup> The tainted-blood crisis, considered the worst-ever preventable public health disaster in Canadian history, was a perfect storm created through the newly presenting disease HIV/AIDS,<sup>4</sup> in conjunction with homophobic and racist scientific, social, and political framings (Cantwell, 1988; Feldman & Bayer, 1999; Shilts, 2007) of sexually transmitted infections (STIs). Careful examination of the HIV/AIDS epidemic demonstrates how homophobic, racist, and sexist narratives have negatively impacted (and restricted) scientific, medical, and pharmaceutical intervention (Patton, 1993; Treichler, 1999; Wald, 2008). HIV/AIDS is an epidemic on multiple simultaneous levels: it is an epidemic of a transmissible lethal disease as well as an epidemic of meanings or significations (Treichler, 1999). HIV/AIDS and the tainted-blood crisis brought blood and blood donation under scientific, medical, and legal review. However, careful examination of the language and culture of blood and blood donation must also occur, as ideas and definitions of belonging have been, and continue to be, produced within this realm.

Within the discourse and text of blood, the spectacle of the tainted-blood crisis spurred moral panics about HIV/AIDS, homosexuality, and fears of deviant sexual behaviours and defilement. Connections were made between appropriate sexual relations, racial degeneracy, morality, the spreading of contagion, and national security. As part of the response to public outcry for greater protections to donor recipients and the general public, the standardized blood-donor

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<sup>3</sup> See Krever Commission Final Report.

<sup>4</sup> This also included Hepatitis C.

questionnaire was created. The panic regarding HIV/AIDS is conflated with the panic regarding homosexuality and the continuing colonial panic of miscegenation; this is evident in the tainted-blood scandal. Thus, this matter of blood makes necessary an intervention that is simultaneously queer and diasporic—something currently occluded in the normative discussions of blood donation and gay blood. Blood is an enunciative site, wherein identity can be strategically manipulated in the service of nation building (Bhabha, 1990). Thus, the ways in which blackness (and black blood) are engaged is of considerable import. These conditions of inclusion facilitate the un/belonging of blackness, specifically through its visibility and invisibility (McKittrick, 2007). But what of this un/belonging?

Blood safety is used to facilitate the nationalist boundaries formed through the imagination of a political community. These historical and contemporary blood theories and practices depend upon a physical legibility of identity and on the surveillance of these bodies to ensure that othered bodies—those considered impure, “bad,” foreign, and dangerous (in other words, gay and African)—remain readily identifiable as “other” and, therefore, perpetually out of place in both the nation and the national blood supply.

## 2 Blood donation questionnaire

Canadian Blood Services’ slogan, “It’s in you to give,” stands alongside a detailed and in-depth donor questionnaire that operates to weed out bodies deemed to be already diseased and, ultimately, a threat to the system. However, among a group of questions that perpetually bar the blood of certain and specific bodies connected with discourses of HIV/AIDS, it is primarily Question 19<sup>5</sup> that is held as egregiously discriminatory towards bisexual and gay men. Identifying this question as the primary and only question that frames homosexual sexual identity facilitates the construction of gay blood that perpetuates an “epidemic of meaning,” in which bisexual and gay male bodies are already understood as diseased HIV/AIDS bodies. The signification of HIV/AIDS (Treichler, 2004) involves the “stickiness” (Ahmed, 2004) of the systems of homophobia, racism, and unknown blood-borne disease. This stickiness, which Ahmed defines as “a form of relationality” (2004, p. 91) is necessary to note, as it remains evident in a number of questions within the donor questionnaire (see Appendix). A thread of this

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<sup>5</sup> Though this question has been in use since the inception of Canadian Blood Services in 1998, I am specifically working with the 2010 questionnaire.

intricate tapestry of exceptions is Question 30, which reads, in part, “Were you born in or have you lived in Africa since 1977? Have you had sexual contact with anyone who was born in or lived in Africa since 1977?” Each of these questions locates the “problem” of HIV/AIDS inside specific bodies, and each also probes a sexual practice considered to be troubling, not simply to the blood supply, but also within the nation.

The apparent lack of knowledge regarding Question 30 can be expected since, as a nation, Canada has difficulty understanding the place, space, and locations of blackness within its midst. The black body remains a site of spectacle (Hall, 1997) *within* the Canadian nation—a body constituted through a variety of images and narratives that attempt to cement black people within a time of “there and then” and in spaces and places outside of Canada. This spectacle of blackness is framed through the slave institutional, colonial, and Eurocentric narratives of black bodies (both in Canadian nation-making and in gay neo-liberal social, political, and legal activism)—narratives that animate dystopic “truths” about black people and black lives. As Sexton (2011) states, “Blackness has been associated with a certain sense of decay” (p. 13). And it is this decay, it is argued, that must be prevented from tainting the blood system.

Question 30 signals how blackness is thought of as a non-Western non-Canadian other. Black bodies are also framed as bodies in transition from the past into progress, from irrationality into rational thought; or as Jasbir Puar states, they are framed as bodies in “the temporality of always-becoming (... *becoming without being*) (Puar, 2007, p. xxiv; emphasis in original). To make the subjugated genealogical blood realities that impact the lives of black queer and trans people visible, this project pushes against the narrow and normative Eurocentric structures of gay blood by acknowledging diaspora and by reading for blackness. Reading for blackness in Canada is an important liberatory project for disruption. Produced within contradiction, “black subjects . . . come into being through . . . a series of multivalent and intersected historical and cultural formations that [are] identified as the African diaspora” (Wright, 2004, p. 4) To discuss Question 30 as an articulation of blackness is to remember that shared “black idiom is not necessarily synonymous with a shared black identity” (Wright, 2004, p. 5), as “black theories of subjectivity both differ and remain the same across the African diaspora” (Wright, 2004, p. 4). Wright (2004) also states,

“Blackness” is a social category produced in relation to both gender and sex categories. In line with this critique, it is only when we see Black subjectivities produced through, rather than in exclusion to, these categories do we arrive at theories of the Black subject that successfully negotiate the ideal and material formations that must predicate Black subject formation. (p. 7)

Thus, this reading is not simply an addition of overlooked black bodies in order to place them into a larger national (and continuing colonial) project; it is, instead a decolonial, diasporic, transgressive project of writing blood and writing blackness. I do this by taking up the experiences of the “damned” as represented in the donor questionnaire, and reading for a conjunctural (disruptive and potential) present. I compile a list of questions, excluded in the discussion on gay blood, yet connected to the significations of HIV/AIDS and, therefore, relational to black queered diasporic bodies and lives whose realities are constructed out of these proximal moments.

Question 4d: In the last six months, have you had a tattoo, ear or skin piercing, acupuncture or electrolysis? (CBS, n.d.a.)

Question 4e: In the last six months have you had an injury from a needle or come in contact with someone else’s blood? (CBS, n.d.a.)

Question 12: Have you ever had an AIDS (HIV) test other than for donating blood? (CBS, n.d.a.)

Question 18: At any time since 1977, have you taken money or drugs for sex? (CBS, n.d.a.)

Question 22: Female donors: In the last 12 months, have you had sex with a man who had sex even one time since 1977 with another man? (CBS, n.d.a.)

Question 24: At any time in the last 12 months, have you paid money or drugs for sex? (CBS, n.d.a.)

Question 25: At any time in the last 12 months, have you had sex with anyone who has taken money or drugs for sex? (CBS, n.d.a.)

Question 29: In the past 6 months, have you had sex with someone whose sexual background you don’t know? (CBS, n.d.a.)

This collection of questions (including Questions 19 and 30)<sup>6</sup> facilitates the identification and surveillance of people (and their blood) and results in a contemporary practice of the codification of bodies. These questions identify the practices considered undesirable and frightening, as well as the measure of a diminished quality of life. As such, I posit that they signal a type of dystopia. The bodies captured with these practices become the sites of potential disaster and danger. This practice of identifying the odd, the unusual, and the questionable is, I believe, a practice of making “the queer.” In this sense, the people captured by these questions are queered, and it is this process of othering that is necessary in the thematics of blood safety and the construction of heteronormative citizenship.

My intervention into these narratives of blood and contagion engages in a form of “epistemic disobedience” that is necessary in order to disrupt and think differently about the homonationalist framing of gay blood (Mignolo, 2011, pp. 122–123). Gay blood is a narrative that stands within larger conversations and interactions with racialized sexuality, including black queered diasporic sexuality.

### 3 The (un)representability of gay blood

Reducing gay blood to an issue that can be encapsulated by or understood through a single question facilitates a form of racial purging that marginalizes and erases black queer and trans people, and their blood. Relying on a dominant mode of power/knowledge that identifies only a single logic of gayness reduces and obscures sexually diverse lives. The work to recognize that gay people are authentic Canadian subjects who possess life-giving, donatable blood involves a shift in prevailing HIV/AIDS contagion narratives. This shift, to have bisexual and gay men vacated from this HIV/AIDS contagion categorization, is dependent upon the demarcation of too queered<sup>7</sup>, racially marked, disposable others. These others, already out of place in the nation, remain out of place in the legal and political challenges brought against Canadian Blood Services.

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<sup>6</sup> I completed the writing of this project in May 2015. In July 2015, Canadian Blood Services modified the donor questionnaire. The changes include the removal of Question 29, adding “sex trade worker” to Question 24, and Question 30 amended to read “Togo or Cameroon.”

<sup>7</sup> The distinction between a “just gay” body and one that is too queer/ed A body that has been “queered” is not a “just gay” body, nor is it simply identified and located in a single place, space and time. This distinction is to also disrupt a homo-cohesive identify with a more present incoherent experience of sexual and gender identities. In this project I argue that there is an attempt to imagine gay and bisexual blood life giving blood and in doing so, pathologize queer/ed blood as tainted.

In this dissertation project, I explore how gay blood, black/African blood, and queer identifications intersect with nation-state definitions of *clean* or *untainted* blood. I explore how narrative deployments of blood are used to define and signify belonging and unbelonging to both nation and community. Sara Ahmed (2000) posits that a person “felt to belong and not to belong contribute[s] to an important way of shaping social space” (p. 26). Katherine McKittrick (2006) argues that “the active production of black spaces in Canada is necessarily bound up with a contradiction: black Canada is simultaneously invisible and visibly non-Canadian” (p. 99). Reading for blackness in Canada is an active and ongoing scholarship,<sup>8</sup> and it is a reading project that must also occur within the discussions of gay blood; of formations of gay, lesbian, and queer; and of trans community building (imagined political gay and lesbian community making). I am interested in how black queer diasporic bodies are shaped through the narratives and metaphors of blood and blood donation.

It is necessary, therefore, to exercise a method of analysis that reflects, takes up, and grapples with the complex unruliness and assemblage of black queer diasporic bodies and blood. Blood is a technique that shapes behaviours, and blood donation uses this technique to convey how we are to regulate our thoughts, our conduct, our interactions, and our bodies.<sup>9</sup> I examine the above-mentioned questions and look specifically at how blood is archived alongside race, sexuality, and location. Looking to primary sources—such as Canadian Blood Services, the Canadian Blood Services’ donor questionnaire (specifically those questions connected with HIV/AIDS narratives), Egale Canada, and the court case of Canadian Blood Services v Kyle Freeman—has allowed me to analyze the ways in which race and sexuality converge to, in some ways, anticipate “pure” or “untainted” citizens. I conjoin and weave this archival research with online documents (webpages, web articles, web images), print text (newspaper articles, relevant pamphlets, posters, and handouts), archival documents on blood laws, the Krever Commission and Health Canada’s response to the tainted-blood crisis. Exploring this dystopic collection of illness, death, contagion and danger, I wonder, what does the future hold?

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<sup>8</sup> For example, Katherine McKittrick (2006), *Demonic Grounds: Black Women and the Cartographies of Struggle*; Dionne Brand (2012), *A Map to the Door of No Return: Notes to Belonging*; Afua Cooper (2006), *The Hanging of Angélique: The Untold Story of Canadian Slavery and the Burning of Old Montréal*; George Elliot Clarke, Rinaldo Walcott (2009), *Black Like Who: Writing Black Canada*.

<sup>9</sup> I draw here from Michel Foucault’s work, *The History of Sexuality, Volume 3: The Care of the Self*.

This archival data is theorized through black, queer, and feminist analytics—all of which historicize and contextualize larger blood narratives that already exist (ranging from the tainted-blood scandal and blood-quantum histories to blood-protection laws and the one-drop rule). This analytic allows for an exploration of different roots and routes of queer diasporic blood and bodies in Canada with questions of purity and marginalization (Ferguson, 2004; Gopinath, 2005a; Lorde, 1984; Walcott, 2007a). This project approaches blood and black queer diasporic identity constructions through a humanities research framework, and through an interpretation of blood that involves the engagement with connected genealogies. Taking up historical and cultural narratives of blood allows for connections to be made, meanings to be explored and knowledge to be uncovered. Because this is a layered reading of blackness and blood, it is necessary to interrogate seemingly unconnected documents to facilitate a more complicated and nuanced reading of gay-blood political and legal activism and the queerness of blackness.

As I demonstrate in this project, reading for the complexity of the queerness of blackness—by taking up Question 30 and other questions—facilitates a disruption not only of the narratives put forth through the questionnaire by Canadian Blood Services, but also of the limited and skewed framing of “gay blood.” Taking up these stories again, as part of a black queer diasporic present, is a means to thinking a new future into existence—one that does not shy away from the difficult conversations of racism, and homophobia, and racialized homophobia that continue to exist here in Canada. This work is also decolonial/anti-colonial as it disrupts the anti-black colonial fantasies of purity of blood and the delimited nature of the symbolics of blood safety. This work engages the incoherent realities of complex blood narratives, not to seek a definitive answer, but to make evident the “tangible unknown” (Sium, Desai, & Ritskes, p. *i*, 2012). Though there is practice of blood being made to represent specific bodies and construct particular identities, what I demonstrate in this project is the conjunctural incoherence of blood—its unrepresentability. As such, this disruption of the current blood economy reveals that it is a system still broken.

Blood, and the donation of blood, is a disciplinary regime and apparatus that is put into operation in the fabrication and creation of the body and its continued maintenance. The body’s management is imperative: this management is expressed at the institutional level and points to appropriate ways in which individuals are encouraged and expected to conduct their day-to-day lives. Blood donation, much like blood itself, brings bodies, kinship, race, nations, time, and affects into confluence. It is a process that is overflowing with contradictory, messy genealogies.

I am interested in exploring how this reading for blackness can be put to use in the Canadian blood system, the deconstruction of gay blood desires, and the broader political and social study of sexuality in Canada. In other words, what kind of political, transgressive, and decolonial queer/ed community can be imagined? I propose that blood, as a creatively productive discourse of knowledge, can also put together diverse narratives in order to “undo” what is already known and facilitate what else can be imagined. For, it is in this undoing (othered-doing), I argue, that a transgressive political practice can occur—exceeding limits and restrictions, contesting the “truth” and logic of bodies, and acting as a practice of unlearning. This shift in understanding can facilitate imagining different and new ways of grouping together, (re)surgings against anti-black colonial nation-making and homo-(colonial)-normative sexual citizenship.

## 4 Chapter outlines

Envisioning black futures from afro-diasporic experiences in blood requires a revisiting, revising, and re-examining of historical and contemporary events. Chapter 1 begins with my recounting my own personal blood stories. This auto-ethnographic turn connects with the larger cultural, social/political, and theoretical discussions of belonging and unbelonging, racialized sexuality, and dystopic and conjunctural narrations of blood discussed in this project. In attending to my own complicated blood realities, I introduce the need for an analytic that reads for competing and unruly blood narratives. The black queer diasporic analytic that I map in this chapter has the ability to grapple with multiple and contradictory blood narratives and interpretations. I map my use of black queer diaspora through the foundational work of black feminist thought and theory, queer diaspora, and queer-of-colour critique. I engage debates of decolonization, Canadian nation-making, significations of HIV/AIDS, sexuality studies, and black Canadian thought.

The black queer diasporic analytic I employ in this project sets aside a fight for inclusion. The future for black queer folks cannot be found through inclusionary projects. Political equality does not provide a future that combats the realities of systemic oppressions actively deployed in and through the community/nation. Discourses of inclusion, and therefore exclusions, within communities and nations (and I mean all nation formations) are, by definition, actions that participate in contemporary anti-black colonialist realities.



The state surveillance of blood—through citizenship, identity, marriage, birth, home, and land—has externalized the image of the ideal community and created a sense of steadfastness when it comes to nations and concomitant borders. There are blood narratives and accompanying legal, social, and political practices that are in service to nation making and border formations. Blood protection laws, blood quantum and miscegenation are examples of historical and culturally specific blood rules. The currency of these national blood narratives continue to affect and impact queer and trans lives. Chapter 2 engages in a close reading of Canadian Blood Services’ website and YouTube channel by examining the languaging of blood, safety, and the production of knowledge within the blood system. I explore the technologies of Canadian nationalism that influence and regulate the blood system and, therefore, the construction of the blood body/subject. This chapter ruminates on the fictions of blood through an examination of significant, contemporary moments in blood narratives and practices, and discursive practices that link blood, disease, the other, and safety/threats—all of which are present within national and community formations of belonging and unbelonging. Blood narratives produce moments of discipline, regulation, and confinement. Blood narratives are fractured and spread out in many and varied directions in and through the body, in and through communities, and in and through the nation.

Chapter 2 interrogates how Canadian Blood Services imagines clean and tainted blood, blood donation, and blood safety. The tainted-blood crisis is considered to be Canada’s most devastating public health disaster, with HIV/AIDS and Hepatitis C contaminating the blood supply with disastrous results. This contamination signalled a significant breach of the boundary between the general public/population (innocent and unsuspecting), and the contaminated other (immoral, dangerous, and devious). However, as Keith Wailoo (1997) cautions in *Drawing Blood: Technology and Disease Identity in Twentieth-Century America*, “Power speaks through blood, this fluid has continued to be mysterious and potent, containing for doctor and patient alike a wealth of vital yet hidden information about disease, the body, and society” (p. 7).

Canadian Blood Services, as a national agency responsible for the safety of the blood supply, has experience with the vital yet hidden information about blood, disease, the body, and society. Canadian Blood Services utilizes these narratives in its construction of the ideal blood-donor body/subject.

Bisexual and gay male bodies have been constructed as both manufacturing and disseminating HIV/AIDS, thus these bodies are positioned as threats to the nation and society. Therefore, it is not a surprise, within a discourse of human and civil rights, that lesbian and gay political and legal activists have taken issue with the “indefinite deferral” of men who have sex with men from the blood-donation process. In Chapter 3, I focus on Egale Canada—the national lesbian, gay, bisexual, and trans human-rights organization. Egale Canada was a participating party in the articulation and construction of *gay blood*. As such, it is important to explore Egale’s work and its larger conversations and interactions with racialized sexuality. A close reading of Egale Canada is necessary, as the gay-blood work is made visible through the larger exploration of blood, blackness, and be/longing. My appraisal of this work reads for racialized sexuality, and the dis/appearance (invisibility and thus visibility) of blackness. I focus on commissive and declarative voices of the organization that are captured in events, reports, legal interventions, and education campaigns and that directly focus on racialized sexuality and deployments of blackness.

In Chapter 4, I examine the boundaries and limits of representability of blood through the legal case of Kyle Freeman and Canadian Blood Services. This examination includes an interrogation of the activism surrounding the gay ban, specifically the work of Canadian Federation of Students and the legal intervention made by Egale Canada. Through the examination of factum, activist-educational material, and articles in *Xtra!* (a gay Canadian weekly newspaper and internet magazine),<sup>10</sup> I interrogate how the technologies of nationalism work together to maintain and sustain normative narratives of blood, blood safety, and citizenship. What type of gay-blood body is constructed in and through these legal and activist narratives of blood donation? And significantly, what is made visible when employing a black queer diasporic reading practice? This activism has employed the tenets of homonationalism, including claims of sexual exceptionalism, regulation of gay identity, and discourses of racial neutrality and colour-blindness. The legal mechanisms that have dictated the categorization of bodies through blood (such as blood protection, anti-miscegenation, and blood-quantum laws) structure the ways in which we continue to speak about race. I am particularly interested in the arguments made to shift the framing of gay bodies from bodies that “bring death” to those that “give life.” The continued erasure of Question 30 and its impact on black queer lives begs the question, “Do

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<sup>10</sup> *Xtra!*, a publication that describes itself as Canada’s Gay and Lesbian news source, published a number of stories between 2007 and 2011 regarding Canadian Blood Services’ gay-blood bans.

black lives matter in Canadian lesbian, gay, queer politics?” Given the common refrain of the late 80s and early 90s that “Silence=death,” the homonormative response to the gay-blood ban has a negative and punitive effect on those who are a “queer too far.”

In the final chapter, I return to my opening query and consider the queerness of blackness and blood through an exploration and interrogation of the donor questionnaire. As stated earlier, Canadian Blood Services argues that its required donor questionnaire is specifically designed to produce and compel “the truth” about the body and blood, specifically in relation to a donor’s HIV/AIDS status, thus competently screening for appropriate blood donors.

This chapter focuses on the dystopic questions both as a whole and in their conjunctural positions. Specifically, gender, sexuality, and race are placed into the service of a politics of social relations (Walcott, 2007a, p. 36)—a liberatory project, reaching beyond the normative stabilizing of gay and lesbian identities. I deliberate on what it means for normative gay organizations to remain silent on these questions and on what it means to construct an imaginary boundary between types of donated blood that denies the porous and leaky realities of the body. Bodies and blood are mobile subjects—necessary networks and connections that circulate. By taking up this politic of belonging, this project attempts to make visible differing and simultaneously occurring realities and experiences, as these questions are part of a larger, vibrant discursive conversation that indicates the messy, complicated, and, at times, incoherent realities of blood narratives.

Operating within limited and restricted parameters of (homo)sexuality, specifically in relation to identity and belonging, however, cannot and does not provide an accurate or effective engagement with queered bodies in Canada. Black queer diasporic studies and the process of decolonization insist upon engaging numerous subjugated moments that set aside a fight for inclusion; instead, these studies challenge the colonial project of the (homo)nation and seek something different. They move beyond the narrow perspective of normatively situated inquiries.

## 5 Queered incitements

The blood vessels of the human body are intricate, complicated, contained, and unruly. The fascinating image depicted in Figure 1 came across my twitter timeline (most recently on April 10, 2015). I am interested in the blood vessels that seem to escape their confinement, that look

like unruly strands of hair, for even these boundaries can be breached, even when it doesn't seem possible. It is through my interrogation of blood narratives that I seek to distill the "meaning making" of truths that have been used to construct knowledge of blood, gay blood, and black queer bodies. The narration of the blood, captured in these vessels, is in need of interrogation.

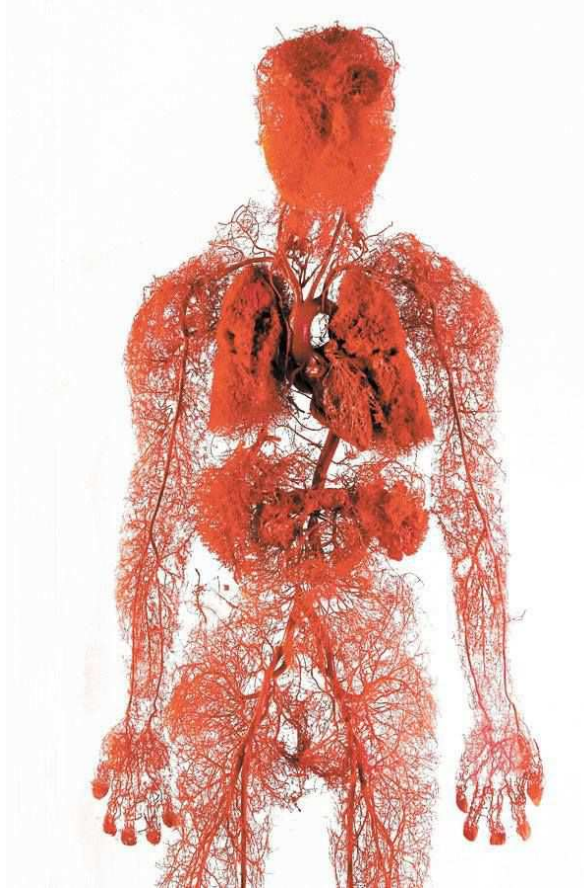


Figure 1. Blood Veins in the Human Body

As a person living with Crohn's Ileo-Colitis (Crohn's disease) I, like others, am impacted and regulated by the bio-medical narratives of blood. I carry with me the echoes of my mother's voice, from long ago, asking "is the blood safe?" Blood transfusions are a significant aspect in management of this disease. This donated blood flowing into my veins breaches the parameters and tenuous boundaries of my body. It is often argued that the transfusion of blood is simply good medicine. However, it is important to note, as Treichler (1999) and Patton (1990) have articulated, that the knowledge surrounding and constructing the facts about blood and its uses are also shaped through social and political commodities. As bodies and blood leak into one

another, the exploration of blood encounters is simultaneously intriguing and necessary (Bennett, 2009; Bobel, 2010; Byrd, 2011; Rosewarne, 2012; Washington, 2008).

This project seeks to think critically about how blood can facilitate a diasporic and decolonial reading of black queer and trans lives in Canada. To participate in political actions for inclusion ultimately requires giving up on the possibilities for radical transformation. The limited focus on gay-blood inclusion obscures the clear and present danger to black lives. Instead of viewing black lives as dangerous, black queer and trans bodies must also take up diverse blood narratives that read for a different trajectory through the politics of respectability and representability (Holland, 2012). Articulations of blackness are often deployed to provide structure in the composition of “proper” bodies, objects, and matter, including blood. Most notably, though, is the necessity to notice that blood is unrepresentable. Blood falls, flows and floods into, onto, and out of bodies, communities, and nations. These unruly sprays of blood require an artful and layered reading practice. The unrepresentability of blood must be accounted for. The genealogic roots and routes of blood construct images upon which we have become dependent for understanding our individual, group, and national identity (Mohanram, 1999).

The deployment of blood is a tool of racialization, empire, and the colonial project. As such, its narratives continue to coerce, persuade, and transform bodies and desires—desires manifest in the wish and urge to perform the nation through donation of one’s blood. Following the direction of Jacqui Alexander and Chandra Mohanty (1997), the decolonization of blood and blood donation requires that we think ourselves out of these delimited spaces of domination and into something outer-national.

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# CHAPTER 1: Blood, Blackness and “Queerer Modalities of Thought<sup>11</sup>”

## **Blood Axiom #1—Blood Sisters: of kinship and relatedness**

*One summer, Kathy Davis and I decided to become blood sisters. We were eight. With a pair of sewing scissors, or perhaps a kitchen knife, we made small cuts in the palms of our hands. And as the blood began to flow, we clasped our hands together certain in the knowledge that our blood was mixing together, mine into hers, hers into mine. Satisfied the results would transform us into authentic, indisputable, bona fide (blood) sisters!*

## **Blood Axiom #2—Bloodstains: the violence of racialization**

*Growing up in London, Ontario, my blackness was often met with violence, notably in those moments I was unable to outrun my white classmates. In one of these attacks, I was repeatedly hit in the head with knapsacks and punched with fists, only to have the beatings suspended when blood was drawn—when my red, red blood began to flow. What precipitated that reprieve? Was it their surprise and/or dismay with the crimson presence of my blood?*

## **Blood Axiom #3—Blood Claat: gendering of sex, sexing of gender**

*In my early teens, my mother pulled me into the bathroom, produced a pad and exclaimed, “You’re a woman now.” I burst into tears (was I devastated, ashamed, and/or embarrassed with this news) and begged her not to tell anyone—especially my father.*

*In my twenties, I compiled a list of the many different ways to reference one’s period and what I thought of them. The list included, “Aunt Flo has come for a visit” (boring), “that time of the month” (so obvious), “womb flow” (uggghhhh) “ras clot/claat, bloodclot/claat, pussy clot/claat” (ok, so these are expletives, but still...), “being on the rag” (hate this), “the curse” (hate), “my period” (yep), “I’m late!” (really hate this one).*

*In my thirties, my relationship with my period continues to shift. Now, I’m using my menstrual blood in different ways, including as an additive when watering my plants and a component in spiritual rituals. I shift how I manage my period through the increasing use of fabric reusable pads; I’ve also given Diva Cups a try. I find that I’m increasingly disheartened by my friends who feel they are dirty (sinful, cursed) when menstruating. Lastly (and joyfully), I find that the utterance of “I’m on my period,” from me or my lover (her, him, them), does not mean sex is out of the question.*

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<sup>11</sup> Puar 2005, 121



My childhood friend Kathy and I felt a strong connection and closeness to one another, as indicated by our determination to become blood sisters. Our emotional bond to one another implied a relationship that ‘simply’ being friends could not capture, we felt like sisters. Thinking back on this experience, I wonder how we came into the knowledge that a blood ritual would help us fulfill our desires. How did we know that sharing our blood would animate and give life to a relationship we were already living?

Our relationship was already under surveillance. It was neither encouraged nor discouraged. We were met with frequent suggestions for making new friends and spending time with other classmates. Yet our bond remained. Perhaps through this blood play, Kathy (a little white girl) and I (a little black girl) were seeking to affect a relationship often unthinkable by some of the adults in our life and consequently discouraged. The social and political practices incited by the racialized cataloguing of bodies—worthy/unworthy, innocent/corrupt—were attempting to limit and minimize our relationship to one another. However, we enjoyed our friendship and our commitment to one another was important enough that we decided to share and mix our blood. This is just one of my early memories in which my blood leaked into another body, in which another’s blood leaked into my body. Distinctions between bodies—respectable/non-respectable, pure/impure, in time/out of time, clean/dirty—are at the foundation of national and community boundaries that are realized through space, place, and time.

Narratives of blood are an assemblage of diverse, complicated and competing realities, which is manifest culturally. These narratives are productive in creating blood knowledge, that assigns meanings, and provokes emotions in and through bodies. Narratives on blood produce moments of discipline, regulation, and confinement. A generative product in a variety of systems, the narratives surrounding blood are as deeply personal as they are legal and political. The symbolics of blood, through expression and meaning, are animated in spoken and written word and in formal and informal styles of speaking and writing, including cultural, scientific, and artistic modes of communication. Expressions of blood are evident in daily interactions whether as metaphor, image or analogy. Of particular interest to me are expressions used to convey irrational emotionality and conflict, for example, the difficulty of a task (*getting blood from a stone*); responsibility for violent acts that cause injury or death (*having blood on one’s hands*); or intense feelings of loathing between people (*bad blood*). Blood also animates phrases that speak to the residue or blemish created by the material of blood (*bloodstain*); the indication of sex

panic, defect, infection, shame, and impurity (*tainted blood*); and, fairly recent, an imbedded peculiarity and unique affliction (*gay blood*). In addition, the word *blood* has been used to illustrate and articulate kinship (*bloodlines*); to denote flawless and unblemished ancestry (*pure blood*); to symbolize alliances (*blood oath*); and to indicate levels of health, morality, reliability, and cleanliness (*safe blood*).

This language of blood has its own collection of signs and symbols. Blood discourses inform the formations of sex, sexuality, race, gender, family, community, and nation, facilitating meanings that are context-bound. However, these compositions are not isolated experiences.

Configurations are coterminous, where context and meaning are boundless. Thus, my becoming, in and through narratives and experiences of blood, occurs both in my experiences with my blood-sister Kathy, and beyond. Narratives of blood overflow with meaning that produces compatible, conflicting and also incoherent knowledge. Far from being neat and tidy, blood—as material, matter and meaning—is fluid and scattered, therefore its encounters are messy and thus unruly. Blood is a text that requires continued analysis.

A recommendation of the Royal Commission of Inquiry on the Blood System in Canada (also known as the Krever Commission), the Canadian Blood Services was created with the primary mission to manage the blood system in Canada. Canadian Blood Services argues that its required donor questionnaire is specifically designed to effectively screen potential blood donors; thus, the screening process categorizes bodies between donors who have blood that gives life and donors who have blood that brings death. The questionnaire asks potential donors a number of questions regarding travel history, medical background, drug use, and sexual encounters. Also included are questions regarding geographic locations, ostensibly to determine where one is from, where one has been (and for how long), and also to facilitate the determination of the range and scope of sexual contact potentially engaged whilst there. The donor questionnaire is designed to facilitate the identification of potential blood-borne diseases, but in practice the questions have been most closely directed at preventing a reoccurrence of the HIV/AIDS outbreak in the “general” population, thus justifying the targeting and identification of particular and specific “dangerous” body types.

In order to fully interrogate the donor questionnaire, it is important to understand the presence of “proximal moments.” Jafari S. Allen (2012) argues that when proximal moments occur, through

their simultaneous and connected (in)visibility, ““new” ideas and practices emerge and [therefore] take on added significance precisely because of this articulation” (p. 214). Blood, blood donation, and the racialized sexuality of blackness are interconnected sites in need of this type of understanding. Blood is a complex text and as such any interrogations into blood require “queerer modalities of thought” (Puar, 2005, p. 121), specifically as interlocking systems of oppression are taken into consideration.<sup>12</sup> The production of places (Canada), spaces (blood supply), and bodies (black/African/gay/queer) is bound up with contradiction. The conditions of inclusion render blackness, and in this case black blood, as not-belonging both through its visibility and invisibility (McKittrick, 2007).

In this chapter, I elucidate and clarify how I come to understand the analytic of black queer diaspora, why it is important and necessary within a “Canadian” setting and why it is imperative in the interrogation of blood, the queerness of blackness, “gay blood,” and blood donation. However, to understand the significant importance of the use of this analytic, it is important to reveal, through personal stories and national narratives, how racialized sexuality is framed within and by blood. In order to explore the complicated and messy narratives folded into blood, the queerness of blackness and blood donation, it is crucial to engage an analytic that takes up racialized sexuality and crisscrosses many boundaries. A black queer diasporic analytic facilitates such an exploration as it allows for diverse readings that take into account simultaneous and multiple narratives. Thus it is important to use black queer diasporic analytic when exploring narratives within this contested region known as Canada; this analytic draws on an already present lineage of black queer studies, which insist upon potential possibilities for imagining transgressive futures. Black queer diaspora exposes the impossibilities of settlement, revealing its continuing and persistent displacement. It identifies a “perpetual unsettlement.” Therefore, it is imperative to consider different approaches and trajectories of belonging that offer greater possibilities for transgressive transformations.

In this chapter, I offer a reflection of my personal experiences with blood. I write these blood stories to connect these experiences to the larger discussions occurring within the donor questionnaire. I also write about my blood encounters, because storytelling is a practice of theorizing. As Judith Butler states,

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<sup>12</sup> Here I’m thinking of the work asked of us by the Combahee River Collective, Audre Lorde, Barbara Smith; their work includes contributions to important anthologies like *This Bridge Called My Back* (1981) and *But Some Of Us Are Brave* (1982)—historical texts that engage these conversations of racialized sexuality.

“Theory tells us a story—in non-ordinary language (which jolts us out of our complacency and into attention)—of how things are and helps us to discover the possibilities in how things might be. The intersections among theory and everyday language are crucial to our ability to tell and re-imagine not only what we can say, but also who we can be” (Butler, 1997, p. 144)

Though written sequentially, my stories are neither separate nor unconnected moments. Their conjunctural nature informs my realities of blackness in queer communities, the diaspora and in Canada.

I then move to black queer diasporic thought and its usefulness as an analytic method in this project. Political equality does not provide a future that combats the realities of systemic oppressions actively deployed in and through the community/nation. Discourses of inclusion, and therefore exclusions, within communities and nations (and I mean all nation formations) are, by definition, actions that participate in contemporary anti-black colonialist realities. In the black queer diasporic analytic I employ in this project, through the foundational work of black feminist thought, queer diaspora and queer of colour critique, I set aside a fight for inclusion. The future for black queer and trans folks cannot be found through inclusionary projects.

## 1 Blood stories, blood narratives, blood axioms

The above epigraphs, “Blood Sisters,” “Bloodstains,” and “Blood Claat,” explore the axioms of covenant, kinship, and relatedness; the context of racialization and anti-black racist violence; and the significations of gender and sex. They also detail technologies of blood narratives that are used to constitute my black queer woman self. My personal blood experiences informed the process of my becoming and my being. Blood is much more than a naturally occurring biological substance; it is also a fabrication whose narratives are used to tell a story about the “real.”

### 1.1 Blood sisters

For Kathy and me, the presence of blood marked a loving and living touch, where we attempted to find solace within and through one another. Kathy and I are no longer in touch, and I wonder after so many years we if are still bound to one another. Does the blood bond continue to prevail and is it stronger than the emotional one? Perhaps in “doing” this blood sharing Kathy and I have enacted a practice of kinship (Schneider, 1984)—a queer, non-heterosexualized kinship animated

through our blood sharing. If this is so, what of *each* other did we desire and consume through this act?

## 1.2 Blood stains

Boundaries of “race” are believed to be rendered not only on the skin but also *in* the blood.<sup>13</sup> Blood, as a border, simultaneously acts as a biological marker of race, of the inferiority of blackness, and of white superiority.

I was raised in, and attended public school in, London, Ontario; while a public school student, I was, on a number of occasions, the target of racially motivated violence. My body, marked as strange, was already recognized as out of place and not belonging (Ahmed, 2000). On those occasions when I was unable to outrun my classmates, I would be beaten—punched, kicked, and repeatedly hit in the head, at times with various objects including school knapsacks. Sometimes it was exhaustion (theirs) that ended the beatings, at other times it was the presence of blood (mine). In this instance the presence of blood marked a different type of touch—that of disgust and violence, of the marking of a boundary. Perhaps there was surprise that my blood, which looked like theirs, had failed to provide confirmation of my strangeness and definitive unbelonging. Or perhaps the redness of my blood failed to provide a satisfactory visual representation of their own “bad feelings,” which they were externalizing into and onto my blackness (Fanon, 1967). The redness of blood suggested an impossible thought—that there may exist a connection between us; that the blood that marks the boundary between us also marks our relationship to one another.

This type of bullying is important to note, specifically as its practice sought a sense of superiority over my body, which was already understood to be inferior. It seems that my bullies operated collectively within the knowledge that it was important to punish the evil or bad character made evident by my blackness (Fanon, 1967). Thus, while my attackers were beating me, they were

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<sup>13</sup> The following are a sample of key texts that discuss the boundaries of race through discourses of blood: Elazar Barkan (1996), *The Retreat of Scientific Racism: Changing Concepts of Race in Britain and the United States Between the World Wars*; Andrew S. Curran (2011), *The Anatomy of Blackness: Science & Slavery in an Age of Enlightenment*; John P. Jackson, Jr. and Nadine M. Weidman (2004), *Race, Racism and Science: Social Impact and Interaction*; Ladelle McWhorter (2009), *Racism and Sexual Oppression in Anglo-America: A Genealogy*. Nancy Ordover (2003), *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism*; Siobhan Somerville (2000), *Queering the Color Line: Race and the Invention of Homosexuality in American Culture*; Ann Laura Stoler (1995), *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things*.

reinforcing their own form, coming to know and embrace themselves through what they were not, which had been located within my blackness.

This attempt to expel me and my blackness from the space—school, community, city, Canada—signifies the bullies’ own feelings of otherness and their desire to claim community by identifying a body that was even more in need of expulsion. This abjection made it impossible to understand that blood could not capture the truth of otherness. Instead, the visual presence of my blood marked the relationships among us. How were they, themselves, becoming in these violently bloody acts of othering and erasure? The organizing structures of our lives occur within these devastating practices of racialization and it does not go unnoticed.

The beating from my classmates violently (and desperately) reinforced (and recreated) their own forms in whiteness, whilst casting the strangeness, out of place-ness, and unbelonging of my othered form into blackness. These were profound dystopic realities where I was schooled in the limits of belonging and the potentials of unbelonging. The sign of my blackness became (and becomes) the truth of my (tainted) blood text.<sup>14</sup> My black body was marked as strange, was deemed out of place and was framed (violently) as an ontological problem that must not belong. If it was through blackness they sought (desperately) to reinforce their own white form, it was the redness of my blood that gave them pause—perhaps surprise, perhaps dismay. Sometimes the drawing of my blood would spur them on more, perhaps with the belief that the truth of my blackness remained present within blood even if it was not visibly discernable. Though disgusted, their touch was necessary in their attempts of simultaneous erasure and affirmation.

### 1.3 Blood claat

The discourses surrounding menstrual blood also include narratives of blood that operate as a disciplinary technology in the feminization of my body. Menses identifies a particular regulatory moment that shapes my body and constructs my identity, along side the contexts of kinship and racialization.

I started my period at the age of twelve and almost immediately found that my most important relationships were impacted and shifted in tangible and noticeable ways. Menstruation is understood as only occurring in female-sexed bodies and is an occurrence that marks a threshold.

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<sup>14</sup> Here I am thinking of the work of Sara Ahmed (2000), Frantz Fanon (1963, 1967), and Achille Mbembe (2003)

Thus, the presence of menstrual blood is as much a cultural and political event as it is a biological one. Considered a normal and natural bodily function, the onset of menses and its accompanying narratives signals the process of becoming for a specific type of sexed (female) and gendered (woman) body. Menses marks a threshold, a site of transition, in which a normatively conceived female body moves from girlhood to womanhood; from purity to uncleanliness; from the virgin to the inevitable whore. And though these are contested positions of femininity, this articulation of the body is decidedly heterosexualizing.

My own experiences grappling with the imposed transition from girlhood to womanhood and my continuing exploration of my sexuality involved various discursive interpretations of blood and its attendant truths. The start of my period changed how I moved in the world (physically and psychically).

When my period began, my mother informed me of new codes of conduct and modes of behaviour that we would jointly regulate. These newly applied, hetero-institutionally framed regulations dictated through (and by) my mother were shocking. It is here I began my training in the “correct” ways to manage my period. My movements (and the company I kept) were examined and placed under increased surveillance, both inside and outside the home, fundamentally disturbing my relationships with my father, brother, aunts, uncles, male and female cousins, and friends. Most notably, while it was known within my family that I now had a menstruating body, I was required to keep all evidence of my period out of sight and hidden away. I was expected to control my newly unpredictable, leaking, blood body. There was to be no evidence of this blood on or in the toilet. In addition, pads and tampons (unused and used) were to be “appropriately” stored and quickly discarded. Failure at these tasks was immediately brought my attention (often harshly) by my mother. I had mixed emotions in relation to my period. Menstrual blood governance manages the conduct of all those impacted (socially, politically, and psychically)—both menstrual bleeders and non-bleeders. My relationships with my self, my family, communities, spaces, and places were transformed and altered. Punitive and restrictive responses were imposed when the presence of blood was exposed—a practice I found unsettling and confusing. New codes of conduct and modes of behaviour were now expected of me, including the expectation that I would actively participate in my own surveillance. This heterosexualized dissemination of menses occludes the already present complicated and incoherent realities of woman-ness.

The narratives regarding the blood of menstruation is considerably different from the narratives that generally describe the blood from a cut finger. Rather, menstrual blood is understood to be similar to feces, another type of waste produced by the body and therefore dirty (as distinguished from tainted) and unhygienic. The blood from a cut finger is not understood as dirty, however a question may be raised as to whether or not it is tainted. While menstrual blood is perceived as dirty, composed of detritus (pieces of the uterine lining), blood from a cut is not; rather it is a sample of the life-blood running through one's veins, even though both may be tainted. The blood of menstruation considered to be similar to feces is without purpose. In other words, menstrual blood is not "normal" blood.

And though I am (self) framed within this technology of menses, I simultaneously take up and reject the knowledge these narratives produce. My limited exploration in this field of menses and menstrual blood<sup>15</sup> has both expanded and has complicated my continued development in blood musings. For example, there continues to be the belief that only those considered to be biologically female would and could menstruate. I have also encountered assumptions and beliefs (rooted in misogyny and lesbophobia) that hold that, since lesbians do not generally engage in procreative sex, they are not truly female, are not necessarily women, and they do not have—and, indeed, are not able to have—their periods.

Yet, I continue to examine my own and others menstrual practices in order to help me to unthank and rethink my own limitations with how I conceptualize menstrual blood. This practice facilitates a shift in gaze away from menstruation as a normal experience of female-sexed, women-gendered bodies, towards an understanding that he/she/they may or may not have periods and that these diversity of possibilities must be discussed (out loud) in and around sexual intimacy. The disciplinary narratives of menstrual blood frame my resistance and my menstrual activism. What is made visible when a shift in perception regarding menstruation occurs?

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<sup>15</sup> I received an email from a friend that outlined a ritual in which we could use our menstrual blood. We had been in conversation about the negative press our menstrual cycles, and we as women, receive. We had vowed to break our own internal shame regarding our menstrual blood by finding something empowering to do with it. So my friend sent me a description of a simple yet fun ritual for us to discuss. The ritual called for us to soak our tampons in a container of water, and we realized that blood and water are mirrors of one another: They both are nurturing, life giving, fecund, enriching, and pure. They are both aspects of the Divine Goddess. We would then take this blood/water and pour it onto a plant or in our garden and call on the universe to accept our offering and continue to empower us with its power and, ultimately, connect us to the cycles of the earth, sun, and moon. We are excited to try this ritual.



A significant aspect of this resistance includes the re-languaging/un-languaging of menstrual experiences. Shifting the language in order to facilitate the production of new knowledge. Not all bodies that bleed are female or women. Not all bodies cast as female or women bleed. Nor do people with menstrually bleeding bodies experience this bleeding in the same way. Entertaining realities of menses that can speak to a non-gendered, non-sexed blood practices, and feminist and queer interrogation of blood could allow for a disruption of the closed nature of menstrual “truths” and, perhaps, provide better analysis of this experience.

What shifts if menstrual blood is thought of as a resource?<sup>16</sup> What becomes possible if we disrupt and refuse the equation of menstruation with womanhood?<sup>17</sup> These experiences through blood are instrumental in identity formation.

As stated earlier, these blood experiences work conjuncturally in my becoming, each dependent on the other for a more nuanced construction of my blood-body identity and my (still in process) sense of self. To engage these stories of blood is to transit through the diverse (un)representable narratives that inform our matter. In the interrogation of “when, where, and how I am” (Parmar & Min-ha, 1990, p. 72) and, specifically, the queerness (being queer and being read as queer) of my blackness, my documentation of the flow of blood, in and through my life, assesses the knowledge produced through these various blood veins. As the opening epigraphs demonstrate, blood forms differing and simultaneous forms of regulatory moments shaping the body, constructing identity, and determining belonging. My black queer woman body (be)comes into being through these blood experiences of kinship, racialization and anti-black violence and the process of gendering and sexualization.

These stories indicate, through narratives of blood, how my body and my person is positioned “beyond the limit” of the “proper”—proper object, proper subject, proper matter, proper body and even, proper blood. Lee & Sasser-Coen (1996) posit, “Blood is a process that positions subjects and produces their ‘experiences’” (p. 7), as such, the discursive formations of blood

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<sup>16</sup> Menstrual blood is a very nutritious substance so can be used to help plants thrive - roses are well documented as thriving on menstrual blood. Some plants can't cope with it directly so best to water-down the blood before using it on your plants, or The Centre for Alternative technology in Wales confirms this is a safe and effective way of activating compost. This would make an interesting Earth Day campaign. Perhaps, “*Retain, Reuse, Recycle*”

<sup>17</sup> In a larger framework, what could it mean if menstrual blood could be donated? Could there be menstrual blood donation banks? Could something of this nature not only be set up (procedures, bricks and mortar physical locations) and would people use the bank? Does our uneasiness with menstrual blood prevent us from thinking something new regarding its usefulness? What new knowledge would be produced through this process of donation?

impact and condition individual and group identities. There are many stories about blood that encompass personal experiences with skinned knees, lost teeth, childbirth, miscarriage, and abortion; national experiences about war, colonialism, and imperialism—the birth, rise, death, and obliteration of nations; and social experiences with drug use and needle play, as well as vaginal and anal sexual intercourse.

This brief recounting of interactions with blood demonstrate the types and forms of regulatory moments that shape bodies and construct identities. However, these stories do not stand outside of national narratives of blood used in the determination of citizenship and belonging and in the building of nation (discussed in the Chapter 2). The discursive practice of blood also operates in the management of the population through the creation and categorization of multiple types of bodies, including those that are of the nation, those that are outside of the nation and those considered out of place—both inside and outside of the nation. A complex relationship between power and knowledge exists within and also impacts blood and its corresponding interpretations.

The body and its genealogy of blood experiences are extrapolated onto social relationships and processes of (un)belonging. In this project that explores blood donation and the construction of gay blood, it is important to interrogate how the framing of “gay blood” suggests that these above experiences are either extraneous to, or exist outside of what is relevant and applicable in its imagining. However, gay blood, like gay bodies, is more than a delimited single logics of “just gay.” As, Cathy Cohen (1997) argues, “the narrowness of queer conceptions” (p. 448) manifests when a normative, single logic of distinctiveness, such as gay blood, is advanced. The narratives of blood, in all of its invocations require complicated (and queerer) modes of thought and meditation. The exploration into complicated and messy blood and blood donation narratives requires an analytic that has the ability to read for the “histories, memories, desires, *free associations*, disappointments, pleasures and investments” (Walcott, 2003, p. 118; emphasis added) that are brought to any text and are brought, in particular, to this project through blood texts.

## 2 Queerer modalities of thought: A black queer diasporic analytic

*Attempts to place blackness outside the boundaries of what is imaginatively Canadian, is dangerous. Such attempts do not accord with the lived realities of black people across the*

*country, who insistently make Canada home even with all of its difficulties. (Walcott, 2003, p. 113)*

I believe that blood discourses can inspire us to go beyond limited frameworks and identifications. Including going beyond the current “colour-blind” gay blood donation struggle, which only serves to maintain and reinforce, delimiting boundaries. The apparent unknowing that African people (and those in sexual contact with them) are also barred from donating blood speaks to the ways in which blackness, in Canada, is “absorbed into the landscape of anonymity” (Holland, 2000, p. 27). Drawing upon Sharon Holland’s work, the anonymity of blackness in Canada exists within a “dreamscape of the unconscious” (p. 27).

Blackness extends into and is of Canada, however, one locality of blackness is not meant to stand in for all. Contrary to the dystopian suggestions that Africa, black people and black blood are always already diseased and dying; Africa, black people and black blood are about life with attending futures. To think of blackness in Canada is to understand its positionality of the strange, queered and fraught dis/connections with hyper(hetero)sexuality. My entrance into the discussions of blood and blood donation through black blood is meant to disrupt the homonormatively regulated positionality of black death, where black bodies are located outside of and beyond the limits of who is grieve-able. This *othered* reading is not conducted to embrace the current “faulty premise of black [queered] pathology” (Sexton, 2011) but, instead, to see what future awaits us through (rather than in spite of) this queer diasporic blackness and to incite something transgressive.

Varying analytics of racialized sexuality understand that positing a simplified and coherent narrative regarding sexual identity severely narrows and distorts the existence of also-present “othered,” yet also, politically viable queer subjectivities. It is important to engage an analytic that allows for diverse readings of the body and that takes into account the simultaneous and multiple narratives that inform the body’s realities. Black queer diaspora, as an analytic, seeks to engage the “layers of history and future creations captured in wider senses of language, thought and experience” (Williams, 2005, p. 16); as such, blood (and its cultural, social, political and legal discourses) is not outside of this endeavour. The use of black queer diasporic analysis understands and utilizes the need to employ a genealogy of the present that takes into account how the body/subject is constructed differently and divergently through time, space and place. It

is an analytic that is multidirectional and multidimensional, and allows for a shift in gaze that challenges stabilized meanings and fixed binaries. Stuart Hall (1990) posits that this shift in gaze “show[s] how meaning is never finished or completed, but keeps on moving to encompass other, additional, or supplementary meanings” (p. 229). Engaging with this destabilizing practice is necessary in order to unsettle and disrupt the default of gay whiteness (white gayness) in Canadian sexuality studies, and the scholarship that argues for and insists upon various levels of inclusion and belonging within and to the colonial nation.<sup>18</sup> Although Canada’s national identity and the geographical space/place in which it exists remains contested terrain, a scholarship that seeks a normative minority identity as structured within a neo-liberal discourse of Canadian multiculturalism is a problem in need of rupture. These normative narratives convey a form of settled-ness and developed-ness in some spaces and places while maintaining the perpetual development and evolution of bodies in other spaces and places. This analytic heightens the attention to how blackness, queerness, and diasporas complicate and disrupt normative narratives that posit a “fixed identity [of sexuality] and properly belonging to a group of authorized citizen-subjects” (Eng, 2011, p. 195).

Canada’s colonial practices, and the narratives that work to occlude these realities, inform community social and political development and national formation. The founding narratives of the nation offer little room for imagining the very real presence of blackness as an important determinant within the nation’s founding (see Chapter 2). Though the presence of blackness continues to be treated as “unexpected” (and consequently erased from/out of Canada), there is a longstanding, complicated, and layered presence of blackness in Canada; thus, black queer diasporic analysis facilitates a recognition of this blackness that connects the temporality of *there* with *here* and, as a result, requires that blackness’ queer(ful)ness be taken up.

Black queer diaspora allows for a decolonial practice in order to consider the ways in which meaning is grappled within the challenging and competing discursive blood regimes. A decolonial practice that urges us to set aside the desires to claim blood purity and instead to recognize such a state cannot exist. Rinaldo Walcott (2007b) describes the analytics of black queer diaspora as “an intervention that cuts across numerous boundaries. It allows for multiple

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<sup>18</sup> See Maureen FitzGerald and Scott Rayter, Eds., 2012, *Queerly Canadian: An Introductory Reader in Sexuality Studies*; Terry Goldie, 2001. *In a Queer Country: Gay and Lesbian Studies in the Canadian Context*; Peter Knegt, 2011, *About Canada: Queer Rights*; Miriam Smith, 1999, *Lesbian and Gay Rights in Canada: Social Movements and Equality-Seeking, 1971–1995*

and conflicting identifications based upon a shared sense of sexual practice and the ongoing machinations of racialization, especially anti-black racism” (p. 234), thus, this is an analytic that provides a disruption of the regime of truth that permeates Canadian Blood Services and the blood-donor questionnaire.

Black queer diaspora does not exist within this conversation alone. It is connected with and shares a genealogy with queer-of-colour critique, queer diaspora, and analytics of decolonization, in addition to modes of inquiry cultivated and foregrounded in the work of black feminist scholars.<sup>19</sup> It is a nuanced analytic, which allows for a “claiming of intellectual kin where we find them; speaking to, with, and through discourses appropriate to the conversation rather than those merely expected by convention, while reaching back to foundational works and projecting our imaginations forward” (Allen, 2012, p. 215).

Roderick Ferguson, in his text, *Aberrations in Black: Toward a Queer of Color Critique* (2004) posits an interrogation that takes into account how bodies are multiply determined, regulated, and constructed through narratives of race, class, sexuality, and gender. Ferguson (2004) defines queer-of-colour analysis as follows:

[It] interrogates social formations as the intersections of race, gender, sexuality, and class, with particular interest in how those formations correspond with and diverge from nationalist ideals and practices. Queer of color analysis is a heterogeneous enterprise made up of women of color feminism, materialist analysis, poststructuralist theory, and queer critique. (p.149n1)

Understanding that racism is an integral tool of gender and sexual regulation, and that gender and sex/uality inform racial formations and groupings, Ferguson goes on to posit that queer theory has limited its scope through a narrow interrogation with and of sexuality that occludes other already present narratives.

In conversation with Ferguson, Gayatri Gopinath (2005b) suggests that racialized sexuality is better studied through a more nuanced and complicated analytic. Gopinath argues that queerness

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<sup>19</sup> Here I am referencing the work of Audre Lorde, Cathy Cohen, Jacqui Alexander, Barbara Smith and the groundbreaking and innovative collections such as *This Bridge Called my Back*, *Home Girls: A Black Feminist Anthology*; *But Some of Us are Brave: All the Women are White, All the Blacks are Men: Black Women's Studies*; *Scratching the Surface: Canadian Anti-Racist Feminist Thought*; *Miscegenation Blues: Voices of mixed Race Women*; and *Piece of my Heart: A Lesbian of Colour Anthology*.

and diaspora simultaneously “need” one another in order to make queerness more amenable to questions of race, colonialism, migration, and globalization. Further, Gopinath notes that these considerations facilitate a dislocating of the reliance on nationalistic interests. A queer diasporic analysis, as Gopinath posits, works to contradict the colonial narratives of sexual development that are at the heart of nation making; instead, this analysis provides direction towards alternative forms of community, belonging, and solidarity.

Queer-of-colour critique and queer diasporic analytics offer ways of sketching fuller formations of racialized, gendered, and sexualized bodily realities (Gopinath 2005b, p. 160). Through these renderings, the gaze shifts to view something previously othered and unthought within the normative conditions of sexuality (and gayness). I believe that my exploration with and through blood narratives offers a way to forego the stifling limits of gay respectability,, to move beyond the typical tropes of shame, pride, the closet, and the continued bifurcation of sexuality from conditions of racialization and colonialism (Allen, 2012). I bring to this conversation a much-needed interrogation into the persistent problem/ontological problem of blackness and black blood in a homonormative Canada.

Borrowing from E. Patrick Johnson (2005) these meditations can be described as “quare.” Quare is a way of knowing that is viewed, as Johnson argues, “both as discursively mediated and as historically situated and materially conditioned” (p. 127). Reading against the homonormative grain not only fills in the space of what is chillingly absent but also fills out these insufficient narratives. Diasporic reading practice allows for connections to be made across and beyond the specific nation-state we occupy (Walcott, 2003, p.118) and, thus, participates in the larger project of “radically rethinking” what human life, and black/queered human life, might mean (Walcott, 2011, p. 347). This opportunity to take up these “new” realities significantly disrupts normative desires of inclusion and belonging and perhaps creates something else, something outer-(other-) national—inclusion that continues to flow, to be in movement—something that decolonizes and intervenes in the spaces in which gayness in Canada (Canadian gayness) is produced.

Black queer diaspora is an effective analytic tool with which to explore the coercive state power evident in the technologies of blood donation. Foundations upon which rules of belonging and citizenship are based, especially for those who are othered and made strange, black queer diaspora is a disruptive analytic which is both national and “outer-national” in its construction,

drawing knowledge and identifications diasporically, transnationally and locally. As Sara Ahmed (2000) states,

the recognisability of strangers is determinate in the social demarcation of spaces of belonging: the stranger is “known again” as that which has already contaminated such spaces as a threat to both property and person: “many residents are concerned about the strangers with whom they must share the public space, including wandering homeless people, aggressive beggars, muggers, anonymous black youths, and drug addicts (Anderson 1990: 238).” (p. 22)

Strangers are already understood as strange and as un/belonging. Coding diverse groups of bodies as “black” facilitates its categorization of being a body “out of place.” Use of the term *blackness* allows for an acknowledgment of the impacts and effects of colonization while simultaneously exploring the diasporic nature of black bodies. As Michelle Wright (2004) argues, black subjects are produced within and through formations of gender and sexuality and ... come into being through ... a series of multivalent and intersected historical and cultural formations that [are] identified as the African diaspora” (p. 4). Wright also reminds us that blackness is a concept that is beyond national, cultural, and linguistic borders (pp. 4–5).

How is the ontology of blackness brought into the decolonial and anti-homonormative disruption of the Canadian nation? My use of the term blackness in this project supports the work of Walcott (2003), who states that the use of blackness is

to signal it as a sign, one that carries with it particular histories of resistance and domination. [B]lackness is also a sign which is never closed and always under contestation ... allow[ing] for a certain kind of malleability and open-endedness which means that questions of blackness far exceed the categories of the biological and the ethnic. (p. 27)

By centring a rupture of conventional nationalist imaginaries, and acknowledging dystopic realities, whilst also creating vibrant liberation futures. This is particularly important as many black people who reside in(out)side of Canada call this space, place and land home.

In this work on and of narratives of blood, black queer diasporic analysis pushes at the boundaries of “common” knowledge to engage with the instability of these very narratives.

Black queer diasporic analysis engages with the discursive practices and “angry boundary[ies]” (Holland, 2012, p. 69) found in the technologies of nationalism—nation, race, sexuality, colonialism, and the significations of tainted blood—deterring and deferring meaning long enough, I posit, that something may be un/thought so that something else may disappear. It becomes a radical questioning of (homo)nationalist norms. In order to imagine a transgressive and contemporary Canadian queer study of sexuality, the narratives and discourses of racialized sexuality<sup>20</sup>, colonization, and homonationalism must be engaged, but so must diaspora, the dystopic and the conjunctural. As Mohanty (2003) argues, “Thus cultures of dissent must work to create pedagogies of dissent rather than pedagogies of accommodation” (p. 216). Such a turn would release (and perhaps liberate) blood narratives from their bio-narrative and socio-legal ties. The use of this analytic allows for an exploration of different roots and routes of black queer diasporic bodies in Canada.

What knowledge is produced through blood narratives and discourses, and what do these narratives convey about the social constructions of bodies and belonging? As this analysis will indicate, simultaneous narratives of race and sexuality produce knowledge of the relations of living and dying, health and illness, good and bad. An accounting of the system and structure—not only of the Canadian blood system, but also of the system and structure of “gay blood,”—is needed, as these systems and structures are multiply implicated. Placing into conversation seemingly unconnected, disconnected “over there” moments will facilitate both better understanding and a shift in gaze from “right here” moments.

### 3 Queered black Canada and narratives of blood

The black queer diasporic analytic of gay blood, and blood donation that occurs in this project facilitates a furthered necessary reading into what David L. Eng (2011) terms “racial purity,” “moral rectitude,” “good citizenship,” and “social belonging” (p. 195). It is also very much a decolonizing project as it seeks to imagine and articulate differently the knowledge produced by blood narratives. It pushes back against the normative narratives of national blood and belonging. We all have our individual and personal ways of blood knowing. And it is important

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<sup>20</sup> The use of black queer diasporic analysis in this project takes up the work outlined by the Combahee River Collective (1983), who state, We are actively committed to struggling against racial, sexual, heterosexual, and class oppression and see as our particular task the development of integrated analysis and practice based upon the fact that the major systems of oppression are interlocking. The synthesis of these oppressions creates the conditions of our lives (p. 272).



to note that the narratives of blood considered to be of sound judgment make *no* sense. And it is this fissure, this unrepresentability, that opens the door for different blood possibilities.

The dystopic collection of questions on the donor questionnaire that capture the continued signification of HIV/AIDS blood narratives frames the compelling inquiries of this research. By placing the donor questions and blood narratives conjuncturally, this methodology facilitates a deliberate intervention within homonormative boundaries of geographies, nations, episteme, and identity (Alexander, 2005, p. 6). Black queer diasporic analysis turns toward a future that embraces the continued psychic survival of the wretched, the subaltern, and the queered. It creates spaces in which we insist on our continued emergence and our lives.

Queering black Canada reframes narratives of blood our journey for new imaginings. And rethinking narratives of blood informs how we think of black queer and trans lives. Narratives of blood and categorizing of bodies rely upon the other in their articulations. Each are simultaneously defined through the others process of definition. The deployment of blood becomes complicit in the identification of relationships, where social forces bring into being the social-bio-legal-political-quality in need of control—elements such as health and illness, kinship and (un)belonging.

Narratives of blood remain a definitive and authoritative consideration in the determination and regulation of bodies; it is used to authenticate one's kinship status, ethno-racial origin, and gender and sex designations. Blood, however, is a porous border, where definitions of us/them, insider/outsider, here/there, and citizen/other are forged, though these continue to be fluid positions that, therefore, leak into one another. As such, the narratives produced by and through blood require constant and diligent attention (Foucault, 1990; Lawrence, 2004; Miles, 2006; Somerville, 2000).

Discursive practices of blood facilitate a signifying practice and animate technologies of the state that determine and influence the conduct of people and their ways of being. Perceptions of blood/body reveal historical and contemporary realities that impact and inform nation building, community development and social structures. As Dorothy Nelkin (1999) states, "How people think about blood reflects their views about the competence of their institutions, the integrity of their leaders, and the meaning of their social world" (p. 289).

Calling attention to the deployments of blackness and how the experiences of black queer and trans people are structured through narratives of blood, this analytic demonstrates the voices of an *other* also-present social reality, occluded and unrepresented in homonationalist narratives of gay blood. Blood is the site through which this analytic—black queer diaspora—provides a reading for un/mapping and un/learning in order to learn and gain new insights (incites) and to dream into existence our futures. It is through narratives of blood, and the deployment of a black queer diasporic analytic, that I attempt a reconfiguration of boundaries and a shift in historical consciousness (de Lauretis, 1988, pp. 138–139).

## CHAPTER 2: Canadian Blood Services and the Colonial Signification of Blood

### **Blood Protection Laws**

*Moved by the understanding that purity of the German Blood is the essential condition for the continued existence of the German people, and inspired by the inflexible determination to ensure the existence of the German Nation for all time, the Reichstag has unanimously adopted the following Law, which is promulgated herewith. (Jewish Virtual Library)*

### **Blood Quantum**

*Every aspect of the Indian Act relating to Indian blood begins with the notion that Indian status is equivalent to “pure-bloodedness,” and that the contorted fragmentation of identity with Indian Act categories actually reflects an individual’s real blood quantum. However, for over a century, the “Indian” in the Indian Act has primarily been a creation of the act itself and of Victorian notions that judged a person’s heritage only by their descent along the male line. (Bonita Lawrence)*

### **Miscegenation: Racial Epithets, Racialized Sexuality, and Just One-Drop**

*Black person: “negro,” “coloured,” “mulatto” (half black and half-white), “quadroon” (one-quarter black, three-quarters white), “octoroon” (one-eighth black, seven-eighths white)*

Narratives of blood often mark the intimacy between sexuality and racialization used in the processes of nation building, which allow the nation to include and exclude bodies at will. The state surveillance of blood—through colonization and citizenship, access to marriage, and governed procreation—dictates the image of the ideal, imagined community; thus, blood, through its narration, has come to be understood as a barometer of life, death, sexuality, racialization, group belonging, and the limits of citizenship. National blood narratives, as captured in the above epigraphs, have affected (and continue to affect) our lives in noticeable and unnoticeable ways.

Canadian Blood Services (CBS) is also a national blood story. As a disciplinary institution, it is reliant upon blood narratives (in noticeable and unnoticeable ways) that help to produce knowledge about blood donation and blood safety. Science, both now and then, has become commissioned in the search for blood “truths.” Although past scientific claims may be easy to dismiss as poor and/or outdated scientific practice, the blood narratives used and produced by scientific intervention have become the constitutive framing of the contemporary blood system in Canada.

Nations have laid claim to the spaces and places they occupy through the performativity of blood. In this discursive practice, the language of purity and lineage inform nationhood, national identity, and the body politic. The use of “blood performativity” gestures to the verbal and non-verbal forms of expression and action used to make and implement the nation. As a practice, narratives of blood have been used to detail the terms and conditions of community and national belonging. Nation-based blood narratives play a constitutive role in legalizing norms of behaviour; these norms, which attempt to govern and regulate both the private and public social spheres, entail, implied yet distinctly apparent, racial hierarchies.

Blood narratives are neither simple nor coherent. It is important to engage the messy complicated narratives folded into blood matter and blood donation. Blood, blood donation, and blood safety are, thusly, imagined not only as an articulation of individual character, but also as an articulation of nationalism and an articulation of the nation’s character. In other words, blood and its constitutive language produces the boundaries and the limits of “the” national community (Balibar, 1991). As a result, blood, and its corresponding iterations (for example, the national community), must be protected from any and all threats—potential and real. The desire of safe

blood, then, is in fact the desire for a safe (strong and productive) nation. In other words, if the safety of blood is compromised so too is the nation. Canadian Blood Services is the primary tool in the fulfillment of this desire. As a result, certain groups—certain types of bodies—are already understood as deviant and a danger to the nation and, therefore, as threats to blood safety and national security. As Wald (2008) states, “Disease and national belonging shapes the experiences of both; disease assumes a political significance, while national belonging becomes nothing less than a matter of health” (p. 67).

Blood safety is inextricably linked with significations of HIV/AIDS—significations framed through discourses of homophobia, racism, and sexual conservatism. In her work, Treichler acknowledges how the language and connected narratives deployed during the initial process of identifying HIV/AIDS is significant in the realities of this serious pandemic. Treichler (1999) states,

AIDS is no different in this respect from other linguistic constructions, which, in the commonsense view of language, are thought to transmit preexisting ideas and represent real-world entities and yet, in fact, do neither. . . . the very nature of AIDS is constructed through language and in particular through the discourses of medicine and science; this construction is “true” or “real” only in certain specific ways—for example, insofar as it successfully guides research or facilitates clinical control over the illness. (p. 11)

Hence, my use here of the signification (the use of signs and language that produce meaning) of blood for the discussion of Canadian blood donation and the blood system in Canada.

In this chapter, I begin my application of a black queer diasporic analysis with an interrogation of national blood stories. I explore the effects of colonialism, anti-blackness, and the processes of racialization on the articulations of clean and tainted blood. I believe that this is an important intervention, as it will facilitate a deeper understanding of the languaging of “gay blood.” The analysis of black queer diaspora can be understood to repudiate the hail of the nation’s normative discursive practices by instead providing tools with which to make available othered historical archives. After a brief review of blood protection laws, blood quantum and miscegenation, I explore the genealogical accounting of Canadian Blood Services. I pay particular attention to the Canadian Red Cross Society and the Royal Commission of Inquiry on the Blood System in Canada. Through a close reading of Canadian Blood Services’ website and YouTube channel, I

consider the “linguaging” of blood. How do the technologies of Canadian colonial nationalism influence and regulate the blood system, and the construction of the blood-body-subject? This exploration of the linguaging and narration of blood advanced by Canadian Blood Services is a meditation on how individuals are ingenerated into this blood subjectivity.

## 1 Colonial signification of blood

I posit that the national blood narratives found within blood quantum, blood protection laws, and hypodescent practices are important in that they reveal the types of considered (and unconsidered) assumptions upon which Canadian Blood Services now rests. Canadian narratives of tolerance effectively obscure and distort the already convoluted and dystopic blood encounters found in the genealogies of conquest and genocide—key elements in the founding of Canada, as a nation. Grewal and Kaplan (2001a) affirm this point: “Subjects are produced by the writing of history itself and thus may always be marked by a belated recognition or identification that is always already in the terms of the present” (p. 671).

Forged in blood, the connected and intricate binaries of “us/them,” “insider/outsider,” “here/there,” and “citizen/foreigner” work to obscure the realities that people migrate. Forcibly or by choice, bodies have and will continue to move through space, place and time, and while doing so create new kinship connections.

National narratives provide information on the signification of blood, indicating how colonial and slave societies, like Canada, influence the production of blood use and blood meanings. Canada was not the only nation to rely upon blood to produce knowledge about bodies, so too has the United States (blood quantum and one drop theory) and Germany (blood protection laws), to name a significant few. These historical and contemporary blood practices depend not only upon the physical legibility of identity, but also on the surveillance of bodies, which ensures that othered bodies—those considered foreign to the nation and therefore a likely threat—remain readily identifiable and perpetually out of place. And it is the narration of blood and its corresponding scientific discourses that are commissioned to prove the bodily “truths” of the foreign/othered intruder.

## 1.1 Blood protection laws

The desire to find definitive truths of blood purity and a “master race” facilitated the devastating realities of the Holocaust. The narratives of blood purity held that those determined to be pure of blood would be folded into the life of the nation, while those determined to have impure blood were already marked for death.

The ideologies of racism, anti-Semitism, homophobia and misogyny instructed the study of racial purity of blood and the construction of *The Law for the Protection of German Blood and German Honour* (1935–1943). The German state was then able to operationalize the parameters of the “master race” and those whose being would become deviant—“Gypsies,” “Negroes,” “Homosexuals,” and “Jews.”

Many of Germany’s leading scientific and medical community members relied on the principles of scientific racism, racial hygiene and eugenics in the quest for protecting the nation and managing the population, by exporting the truths of blood onto the surface of particular groups of people ultimately impacted family and community structures. Embedded in this are the “roots of heteronormativity” (Cohen, 1997, p. 453) that are found in Eurocentric and white-supremacist ideologies.

What is evident in the Blood Protection Law is that social and political racism, anti-Semitism, and homophobia infuse meaning onto and into blood. Racial defilement was externalized on the body and these identities documented by the state<sup>21</sup> in their commitment to identify who was ideally “fit” for citizenship (Cohen, 1997). The dehumanization of this “tainted” other was systemic and far-reaching, as evidenced by Canada’s refusal to offer asylum to Jewish refugees. Citational practices of blood purity discourses, in this case, lead to the rejection of their pleas for sanctuary.

## 1.2 Blood quantum

Blood protection laws and blood quantum are two narratives in which blood is used to construct white bodies, to delineate the limits of nation-state citizenship, and to map the borders of nations,

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<sup>21</sup> To facilitate the protection of the “master race” various regulations were employed to make visible “Jewish” blood: males and females were required to take the names of Israel or Sara, restrictions on were placed on types of employment, passports were required to use the signifier *J*, and yellow stars were required to be affixed and displayed on clothing, homes, and businesses.

through the racialization (and othering) of specific bodies. These bodies, perpetually excluded, are tethered to the nation and, thus, necessary for the nation's construction. Canada's colonial nation-building project continues to be dependent upon the psychic erasure of Indigenous populations from the minds of settlers, and on the continued regulation of "Indian" identity, as articulated in The Indian Act.

First Nations people and communities are numerous, diverse, sovereign, self-governing, and self-defining. In 1850, the enactment of An Act for the Better Protection of Lands and Property of Indians in Lower Canada constructed a blood-based definition of the newly constructed racial category of "Indian"; in doing so, the act imposed a singular, "just Indian" identity upon diverse peoples. Within this legal definition, treaty and citizenship rights were formed.

This blood-based definition of the newly constructed racial category of "Indian" is a significant and foundational tool in the Canadian nation-building project. The implementation of blood quantum narratives and regulations in the United States influenced Canadian law; as a result Canada imposed devastating regulations upon Native people, which disrupted already-present kinship formations and community lines of relationships—though these were considered of negligible importance in the pursuit of the creation of "Indians/Indian-ness" and the Canadian nation.

The violent genocide engaged to secure space, create place, and construct belonging is a historical and contemporary racialized and gendered project. The erasure of Indigeneity occurs, physically and psychically, with the erasure of bodies and, subsequently, the erasure of the realities of these bodies from the minds of settlers (and from themselves). The marginalization, silence, and absented presence of Native communities instruct and inform the imagining of the nation and the regulation of identity. By placing the presence of Indian-ness into the blood of Indigenous bodies, the colonial government could then determine how land was allocated. The results of this blood quantum system are still evident today: The continuing, repressive legislation embodied in The Indian Act continues to uphold a legal form of racial segregation and apartheid systems in Canada (Dickason, 1992; Lawrence, 2004; Palmater, 2011).

Scott Morgensen (2011) posits that Native and non-Native peoples live in relation to one another, within the context of settler colonialism. Regardless, Indigenous peoples retain their claims to sovereignty. Even though non-native people move, in their day-to-day lives, as if First



Nations lands, spaces, places, societies, and communities are simply there to utilize and control, non-native people continue to live in relation to Native peoples. Native peoples exist whether non-native settlers acknowledge, identify, or understand them (Morgensen, 2011), and this, for many reasons, indicates a shift in gaze. Queer Indigeneity speaks of a subject that, through colonization, is othered—in effect, queer—within their home, time, space, and place (Morgensen, 2011; Smith, 2005, 2010, 2012). This analytic is significant in that it speaks beyond a discourse of “simple” inclusion and belonging within a nation, specifically as that nation continues to colonize and occupy lands, home, and identities, ultimately taking up multiple and diverse narratives simultaneously. The systems of blood quantum continue to have deleterious effects. The effects of blood quantum permeate through the various versions of the Indian Act. *Indian-ness*—as word, as a feared contaminant, and as a racial classification—remains an indication of the continuing manifestation of empire and of the Canadian colonial project.

This newly created legal definition was part of a larger, concentrated effort of racialization and the dystopic realities of genocide, which worked to dispossess people from themselves and their surroundings and instead placed them in the service of colonial nation building. The outcome of this Act meant that existing kinship and community lines of relatedness were disrupted and redrawn. The introduction of blood as a signifier of “Indian-ness,” in effect, marked many for death.

Further, while this formation impacts and informs both Native and non-native bodies, its examination seems to be missing in contemporary sexuality studies. As Morgensen (2010) states, “The sexual terror of colonial discipline that conditioned Native people and settler subjects within a settler society remains an absented history within ... queer modernities” (p. 125). One last example of a national blood narrative that deployed sexual terror, panic and sought the “perpetual exclusion” racialized bodies and blood is the “one-drop” rule or miscegenation.<sup>22</sup>

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<sup>22</sup> Not only was it important for the Canadian state to reduce the number of people considered to be “status Indians,” blood quantum also became a tool within and among various Native communities, in which blackness was thought to also rob one of one’s ancestry, such as the eviction of Cherokee Freedmen (Byrd, 2011; Holland, 2000; Miles, 2006). Miscegenation also impacted whether one was considered authentically Native, as in the case of Cherokee Freedmen (Byrd, 2011; Holland, 2000; Miles, 2006; Miles & Holland 2006).

### 1.3 Hypodescent: One-drop rule

Hypodescent, one-drop rule, and miscegenation, are at the core of a blood narrative that is directly constitutive of white and not-white bodies. An outcome of 17<sup>th</sup> century slave codes and a remnant of slave societies, these narratives posit that just a single drop of black or not-white blood can contaminate the purity of the white population, resulting in one's eviction from whiteness and white raciality. Slavery in Canada lasted for over 200 years; however, because Canada's slave institution was much smaller in scope than the slave institutions in the United States, Latin America, and the Caribbean, it is often deemed "too small to warrant intellectual or political consideration" (McKittrick, 2006, p. 97). However, to dismiss slavery in Canada is to dismiss the historical, and therefore the contemporary, presence of black people<sup>23</sup> in Canada. And it also serves to occlude the ways in which these blood narratives were used to catalogue the queered (odd, and suspicious) presence of black people.

As such, various anti-miscegenation laws were implemented in the United States that banned marriage between "the races." These laws included the metric for how racial identities were determined. This legal fractionalization understood bodies broken into halves, quarters, and eighths. As long as a body had one-half, or one-quarter, or one-eighth black blood, they were legally categorized as "Negro."<sup>24</sup> These laws conceived of black ancestry and black blood as a contaminant (perhaps like present-day HIV/AIDS) that overwhelms white racial purity. And, while primarily focusing on the ancestry and blood of black bodies, hypodescent laws also specifically referenced the blood of others, including Native people, Asian people and Filipino people, or simply referenced all non-white bodies (Thompson, 2008). The claims of "race defilement" and "race protection" (language prevalent in Germany's blood protection laws) were again supported through medicalization and scientific discourse. A declaration of white racial identity was, in fact, a disclosure of the racial purity of one's blood and ancestral lineage, thus denying any involvement sexual racial transgressions. The need to make the human body a

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<sup>23</sup> A diverse group of people, rendered and understood as "black," arrived in Canada through a variety of means and over an extended period of time: as slaves (in both Canada and First Nations), as fugitives (in both Canada and First Nations), as ex-slaves, and as migrants. However, attempts to disrupt the fictitious narrative assumptions that black people are new to the Canadian nation are often met with dissent, as it is aggressively and importantly noted that the first *recorded* black person (not enslaved) arrived in Canada sometime between 1603 and 1608 (Winks, 1997)

<sup>24</sup> Mulatto (half black and half-white), Quadroon (one-quarter black, three-quarters white) and Octoroon (one-eighth black, seven-eighths white) were not, in the eyes of the law, the equivalent of white racial identity (Thompson, 2008, p. 17).

legible, lucid, coherent and readable text means that blackness must be visible; especially in the moments when it seemed invisible.

“*Monogeny*,” an 18<sup>th</sup> century racial discourse that dominated in Europe and North America, held that human beings were made up of *different* races, even though they belonged to the *same* species. Those who were deemed “Caucasian” were declared the original and authentic form of human being, with all other racial manifestations considered a corrupted version of the original. These racial derivatives, it was posited, were the result of geographical and environmental distinctions (Somerville, 1994).

Beginning in the early 19<sup>th</sup> century, *polygeny*—an approach that emanated, largely, from the American scientific school of thought—presumed that different races signalled different species. Here we see the collapsing of the meanings of “race” and “species,” with one now interchangeable with the other. The race/species of a body defined its biological and geographical origins (Somerville, 1994, p. 256). The increasing adoption of this school of thought informed the discursive practices of genocide, slavery, and colonialism (Somerville, 1994). It was understood that all not-white “races” were permanently and significantly inferior to those human bodies classified as Caucasian (Somerville, 1994) and therefore, were already marked for death.

Both the monogeny and polygeny schools facilitated the regulation and supremacy of white bodies and the discourse of whiteness and, in doing so, developed and affixed a relationship between race and aptitude, intelligence, and behaviour. Studying the social constructions of race does not diminish the effects and realities of racism; instead, exposing the fictions of race assists with disrupting national narratives that rely upon these dangerous very fictions.

The fear of inter-racial breeding significantly impacted national regulations regarding sex and sexual practices. Miscegenation came to be seen as a threat to the nation and, therefore, an unacceptable risk to take. “Primitive” needed to be kept from infecting the “civilized,” as Goldberg (2000) asserts:

Primitive societies were theorized in binary differentiation from a civilized order: nomadic rather than settled; sexually promiscuous, polygamous, and communal in family and property relations rather than monogamous, nuclear, and committed to

private property; illogical in mentality and practicing magic rather than rational and scientific. In popular terms, nonwhite primitives have come to be conceived as childlike, intuitive, and spontaneous; they require the iron fist of “European” governance and paternalistic guidance to control inherent physical violence and sexual drives. (p. 160)

In an attempt to govern and regulate both the private sphere and public political-social settings, nation-based blood stories play a constitutive role in legalizing norms of behaviour that entail tacit, but clear, racialized and sexualized hierarchies.

These blood theories of racialization depend not only on the physical legibility of identity, but also on surveillance ensure that those bodies deemed suspicious and dangerous are readily identifiable. As Cohen (1997) posits, “Marginal group members, lacking power and privilege although engaged in heterosexual behavior, have often found themselves defined as outside the norms and values of dominant society” (p. 454). Conferring disease and impurity upon these othered bodies facilitates their exclusion—a position supported by the institutions of slavery, death camps, reservations, segregation, and ghettos. And while effective, they also failed. Many of us are still here. However the blood codes have become effective in the articulations of the abject. Yet, of course, these blood codes continue to be transgressed; sex, sexual pleasure, and procreation continue to occur and as a result breach these codes.

As Foucault (1990) states,

The thematics of blood was sometimes called on to lend its entire historical weight toward revitalizing the type of political power that was exercised through the devices of sexuality. Racism took shape at this point (racism in its modern, “biologizing” statist form): it was then that a whole politics of settlement (*peuplement*), family, marriage, education, social hierarchization, and property, accompanied by a long series of permanent interventions at the level of *the body, conduct, health*, and everyday life, received their color and their justification from the mythical concern with protecting the *purity of the blood* and ensuring the *triumph of the race*. (p. 149; emphasis added)

The “fictions of racial identity” comes with the “policing of sexual mobility.” Regulating (racial and sexual) hygiene and health is interwoven with the regulation of sexual, sexuality, sexual

practice and procreation. However the use of binary logistics remains within the constructions of race and sexuality. For example, to have the (white heterosexual) citizen, there must be a “coloured” (heterosexual) stranger and a (white) homosexual stranger who *each* threaten the safety and security of the nation. This bifurcation prevents the imagining of a “coloured”-homosexual-strange being. These are some of the technologies of nationalism.

The blood system in Canada is a contemporary technology of nation-building, where to know oneself as an active participant within the blood system is to entertain and engage in the anti-black colonialist productions of citizenship. Blood performativity, as discussed in the preceding narratives, gestures to verbal and non-verbal forms of expression that are taken up legally, politically, and socially and used to imagine, manufacture, and realize the nation. These national blood narratives are also transnational, as they transcend boundaries and indicate a greater interdependence and interconnectedness between and among people, their bodies and their blood. These national blood stories are necessarily present, necessary “proximal moments” of note. They flow within and through the current blood system in Canada. It is my commitment to operate within a black queer diasporic analytic which requires I engage in a critical race/decolonial practice that takes these complicated, fractious, and messy narratives and places them in proximity to blood donation, gay blood and the queerness of blackness.

## 2 The blood system in Canada: Canadian Blood Services, Canadian Red Cross and the Krever Commission

Canadian Blood Services is a not-for-profit, charitable organization. Created in 1998, it became the blood-donor system that replaced the Canadian Red Cross Society’s blood program. In addition to managing the blood supply in Canada,<sup>25</sup> Canadian Blood Services also assumes the responsibilities of blood-donor recruitment, blood-donation management, quality-control-standards administration, health-risk management; educational-programs creation, and surveillance (Health Canada, 1997). Regulated by Health Canada and funded by the provinces and territories, Canadian Blood Services was created to distance the blood system in Canada from the deadly failures of the Canadian Red Cross Society’s blood program and to reframe the blood system as one that is trustworthy and safe (and therefore untainted).

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<sup>25</sup> Though considered a national organization, Canadian (sic) Blood Services does not operate in the province of Québec. Herma Quebec administers the blood system in Quebec. This, of course, raises interesting questions regarding how “Canadian” *is* Canadian Blood Services.

The above-mentioned national blood moments collectively impact the sexualized regulation of bodies evident in the blood system today. Following the analytic and reading practice outlined in the previous chapter, these national blood moments are considered in my exploration of the languaging of Canada's blood system and of the Canadian Red Cross Society, its implication in the tainted-blood crisis, the Krever Commission, and the creation of Canadian Blood Services.

## 2.1 Canadian Red Cross Society

The blood business in Canada is intimately connected to the production of the nation and the process of nationalism. Incorporated in 1909, The Canadian Red Cross Society (CRCS) was an auxiliary to the government's military medical services in wartime<sup>26</sup> and held its first public, non-military blood-donor clinic in 1940.<sup>27</sup> With the slogan, "Make a Date with a Wounded Soldier" (Picard, 1995), Canadians were urged to donate blood with all donations reserved for use exclusively within the military. Figures 2 and 3 illustrate the militarization of blood donation in Canada.

As a new national service, the visual culture of the posters provided important information on the relationship between the donor and recipient, the ideal blood donor and the nation. The formation of voluntary blood donation during, and in response to, World War II effectively configured the practice of donation as one of nation-making and the construction of the authentic blood-donor citizen/subject. By recruiting citizens to identify with Canadian soldiers, their potential donation of blood further consolidated the nation and the nation's national narratives.

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<sup>26</sup> Blood collected for donation was not made available for use in the general public until 1947, when the first peacetime blood-donor clinic occurred (Picard, 1995).

<sup>27</sup> In October 1940 the first permanent, free-standing, blood-donor clinic was opened. All materials used in the donation process—tubes, bottles, and needles—were reused. The needles were sharpened on a regular basis and the tubes and bottles were washed and sterilized regularly. It was also here that the tradition of offering juice and cookies began (Picard, 1995).

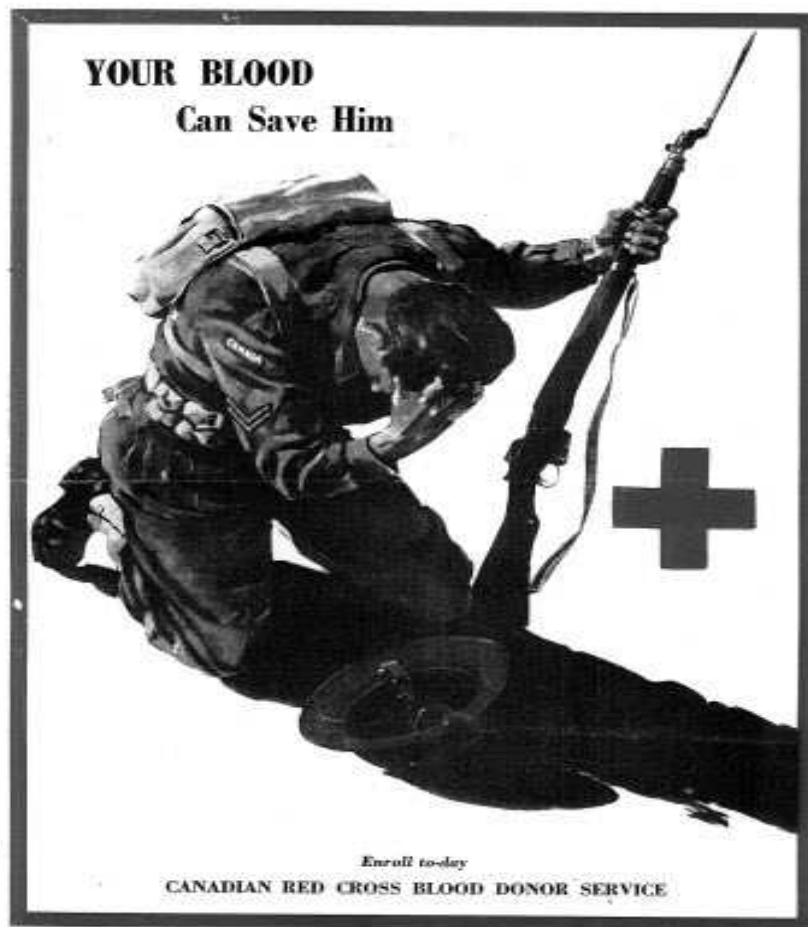


Figure 2. Canadian Red Cross Poster, 1940s.  
(o.canada.com)



Library and Archives Canada / Bibliothèque et Archives Canada  
www.collectionscanada.gc.ca

Figure 3. Canadian Red Cross Society advertisement for giving blood.  
(MIKAN 2999925, Library and Archives Canada).



Iris Marion Young, (2003) in her article, “The Logic of Masculinist Protection: Reflections on the Current Security State,” argues that mapping these logics of protection provides specific knowledge about the relationship between the nation-state and the citizen-subject. Young states that this relationship occurs successfully through the mobilization of fear (p. 7). The single image of the struggling soldier in Figure 2, suggests an intent to generate feelings of concern for the soldier’s life. In this image, a white soldier is depicted on his knees; with his right hand holding his head while his left hand holds his rifle—asking the viewer to “read” his pain. Returning to Young, she posits “The ‘good’ man is one who keeps vigilant watch over the safety of his family and readily risks himself in the face of threats from the outside in order to protect the subordinate members of his household” (p. 4). She goes on to state, “Good men can only appear in their goodness if we assume that lurking outside the warm familial [national] walls are aggressors who wish to attack them” (p. 4). The image suggests that it is important to care for the soldier, “a good Canadian man,” as he, though struggling, continues to care for the nation, the imagined political family. Not only is he a good man, but his image is used to also depict and represent every Canadian man. The text of the poster, “YOUR BLOOD Can Save Him,” serves as a call to duty to good non-military citizens, to help the soldier in his struggle, which is also the struggle of the nation during World War II.

In Figure 3, there is another depiction of both the struggle and the plea for help. In the foreground is a white woman, wearing a Red Cross nurse’s uniform, with her hands outstretched. While in the first image the observer is to look upon the lone figure, in this image the observer and the primary figure are “face to face.” In the background are three additional figures, a soldier wearing his helmet, a wounded soldier with his head wrapped in bandages, and a woman (perhaps a mother or grandmother) praying. Unlike the previous image, which is rendered in colours of black, grey and white, this image uses a greater spectrum of vibrant colours. The Canadian Red Cross nurse is in full colour, specifically pink, white, orange, blue, and red. The background images are provided in shades of grey and cream. This background image seems to convey the stages of war. Initially the soldier is doing his job of protecting the nation while his mother or grandmother prays for his safety and for victory. The subsequent stage depicts the soldier as wounded and his mother or grandmother as praying for his quick recovery. The nurse offers the help she can, but her figure is also a plea for additional help—help from Canadian citizens through the donation of their blood. The casualty of soldiers facilitated the sense-making

of blood donation. The added text and the cross, all in bright red, crystallized the message, “GIVE/DONNONS.”

Both posters participate in the social process of creating language, producing knowledge and the narration of blood donation. As such, not only did the practice of donating one’s blood become the “Canadian” thing to do, it also became as archetypically and emblematically “Canadian” as Mounties, the national anthem, and ice hockey.<sup>28</sup> Though these slogans, “make a date with a soldier,” “GIVE/DONNONS” and “YOUR BLOOD Can Save Him,” are simply stated, coupled with the images, they become deeply gendered, racialized, and I posit, queered. These images, scenarios, historical events, and national symbols (Mackey, 2002, p. 2) accelerate the construction of Canadian Blood Services as a national blood story, and, as Stuart Hall (1992) argues, “stand for, or represent, the shared experiences, sorrows, and triumphs and disasters which give meaning to the nation” (p. 293).

The first blood transfusion recipients were white American and British soldiers; following the direction of the American Red Cross Society, the procedures for ensuring “safe” blood included categorizing donated blood based upon the ethno-racial origin of the donor. Specifically, all blood collected in Canada was racially catalogued with the purpose of ensuring that white soldiers did not receive blood from not-white bodies, as it was believed that “not-white” blood was inferior to “white” blood and, therefore, unfit. In addition, between 1940 and 1942, women,<sup>29</sup> who largely ran the clinics, were not allowed to donate blood as it was suggested that women would not be able to handle the physical process of donation. The inception of these blood-donor clinics relied upon normative social-political, and scientific narratives of blood to weave together and enmesh race, sex, and gender with cultural, social, and bio-contagions.

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<sup>28</sup> On March 1, 2010, Maple Leaf Sports & Entertainment (MLSE) and Canadian Blood Services hosted what they hoped would be the largest ever blood-donor clinic in Toronto at the Air Canada Centre. Members from the Toronto Maple Leafs, Raptors, and Marlies were on hand at “The Big Save” to meet with blood donors throughout the day.

<sup>29</sup> Picard speaks of “men” and “women” in his recounting of the early days of the Canadian Red Cross Society; however he does not clarify their ethno-racial origin. I assume that the bodies accepted for blood donation were largely white bodies, and the bodies working in the clinic were white women and men. However, it is evident that the Canadian Red Cross Society also racially segregated blood donations to ensure that negative reactions did not occur between white recipients of black donated blood or black recipients of white donated blood. It is difficult at this stage, however, to find documentation that details the extent of the racial segregation of blood. I am inclined to believe that it was extended to include Native bodies, Asian bodies, Jewish bodies (which, at the time, were not yet thought of as white), and perhaps also bodies from southern Europe.

These blood narratives of racial segregation and gendered exclusion, understood to fall within the parameters of “safe” blood, framed the early practices of blood donation in Canada; they constitute the social determinants of blood, the “project of belonging” (Holland, 2012, p.3), and the necessary “others” (Mackey, 2002, p. 26) that continue to construct and inform the blood system in Canada today.

## 2.2 Tainted blood

The blood system in Canada, as deployed through the Canadian Red Cross Society (CRCS) and Canadian Blood Services purports to provide a “safe” blood supply to the nation. The CRCS tested blood for syphilis and, in 1958, began to reject donors who had ever had jaundice; it was, according to Picard, “the first time in its history that it had excluded a particular social group (aside from women) from donation” (p. 34). During its tenure of creating, administering, and managing the blood system in Canada, the CRCS had numerous challenges with contamination of the blood supply. In 1962, hepatitis infections had increased drastically and blood-donor clinics were shut down as a result. Ten years later, hepatitis was also cited as the reason for ending the practice of collecting blood from prisoners, as hepatitis infection rates were documented as higher within prison population than in the “general public” (Picard, 1995, p. 35). It is noteworthy that such exclusions did not stop the hepatitis outbreak. Though infections and contagions (hepatitis, syphilis) within the blood supply were recognized as impossible to prevent, they were (it is argued) important to manage. Yet the tools of management were inadequate and wrong-focused; this was due not to inadequate testing mechanisms, but to an inability to take into consideration the complicated and multilayered fields of movement that exist within the complex social meanings placed on the body and into the blood.

Since the inception of blood donation, it has been expected that a certain portion of recipients would have adverse reactions to the donations, either through an infection in the donated blood or through the assimilation of blood. However, working towards the goal of blood safety, the CRCS also placed limits how donated blood was used (e.g., segregating blood into racialized categories, as previously noted) and “bans” on those otherwise allowed to donate blood.<sup>30</sup> These

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<sup>30</sup> As Picard (1997) documents, the practice of “banning” specific and particular individuals (including women) in the effort to keep the blood supply clean and safe has proven an effective method of regulation. In the 1980s, the CRCS, under increasing pressure from the Center for Disease Control (and without public consultation), issued a pamphlet asking persons considered at “high risk” of getting HIV/AIDS (“Homosexuals,” Haitian people, heroin drug users, and hemophiliacs—the 4 Hs) to refrain from donating blood; this action was met with outrage. Further,

various bans conflated “risk” with “cause” and “tainted” with “bodies.” As Goldberg (2000) argues, “knowledge is socially managed, regulated by the general concerns of social authority, and self-imposed by the specific interests and concerns of the disciplinary specialist” (p. 156). Positioning gayness and blackness as the tacit carriers of HIV/AIDS facilitated a sharp response<sup>31</sup> to the tainted-blood crisis, specifically as HIV/AIDS found its way into the “general public” and “innocent” communities.

The HIV/AIDS tainted-blood tragedy (a confluence of an unknown disease, homophobia, racism, and science) is considered to be the worst, preventable public-health disaster in Canada’s history. The cause of this disaster is firmly attributed to the Canadian Red Cross Society’s failure to exclude those at “risk” (and, therefore, the cause) of HIV/AIDS. The CRCS’s reputation, according to the Krever Commission’s report, had, itself, become too tainted to retain the responsibility for maintaining the nation’s blood system. These blood infections are commonly and collectively known as the “tainted” blood tragedy and scandal.

In 1993, in response to recipients and family members who were infected with HIV/Hepatitis C-infected blood, the federal government established the Royal Commission of Inquiry on the Blood System in Canada in response to recipients and family members who were infected with HIV/hepatitis C-infected blood donations. It was presided over by Justice Krever and, thus, the inquiry became more commonly referred to as the Krever Commission. Focusing on HIV/AIDS and how this virus became present within the national blood supply the Krever Commission examined and investigated the blood system in Canada. The Krever Commission’s final report (which included recommendations<sup>32</sup>) was tabled in the House of Commons in 1997. The report

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to ban gay men and Haitian people would not have decreased the spread of HIV. However, it is also important to note that prior to this decision, CRCS did not believe that HIV could be transmitted through the process of blood donation. These cultural beliefs directly impacted how blood “safety” was imagined and how this notion persists in contemporary practices of donation.

<sup>31</sup> According to Miriam Smith (1999) and André Picard (1995), in 1987 the Social Credit government of British Columbia proposed quarantine for people with AIDS and sexually active gay men. It was thought that previous leper colonies, in British Columbia and Nova Scotia, would be used as the site for the quarantine. Canada’s colonial history of quarantining, and isolating “undesirable” bodies from the “general public,” in addition to the leper colonies, includes: Japanese internment camps, reservations, and psychiatric asylums, to name a few.

<sup>32</sup> What were the main recommendations of the Krever Inquiry vis-à-vis making the blood system safer?

- Donated blood is a public resource—Canadian Blood Services must act as a trustee of this public resource for the benefit of all persons in Canada;
- Safety of the blood supply system is paramount—the principle of safety must transcend other principles and policies;
- The blood supply system should be operated in an open and accessible manner;

concluded that, although the blood contamination crisis was inevitable, its size and severity were exacerbated by the CRCS's lack of interventions; the commission also held that both the CRCS and Health Canada were responsible for this crisis.<sup>33</sup> Additionally, the Krever Commission stated that the CRCS had been negligent not only in accepting and distributing the donated blood from high-risk populations (homosexuals, Haitians, heroin users, and hemophiliacs), but also in inadequately screening donated blood (Norris, 2008).

The Krever Commission facilitated a conception of the nation where “the general public”—through the deployments of homophobia, ableism, racism, and misogyny—excludes the categorization of the 4Hs. This articulation cast members of “the general public” as the sole and authentic victims of HIV/AIDS tragedies, including the tainted-blood crisis. The Krever Commission—now framed as *the* official record of not only of HIV/AIDS, but also of the tainted-blood crisis—provided an “agreed upon” interpretation of the tainted-blood scandal/spectacle (Paterson, 1999). This commission also added to the narratives of innocent Canadian victims and of dangerous, immoral others—those who may hold citizenship but are, nonetheless, outsiders to the nation. The tainted-blood crisis is considered Canada’s greatest public health disaster. HIV/AIDS and Hepatitis C had contaminated the blood supply with devastating results; this contamination signalled a significant breach of boundaries between the “general public/population” and the infected, tainted “other.” In this case, the other was represented by gay bodies and Haitian bodies.

As a new narrative connected with the blood stories mentioned earlier—blood protection laws, hypodescent, and blood quantum—this newly named virus/disease (HIV) also attached itself to people positioned as different. These specifically identified people not only embodied the virus/disease, but they also were the cause of the virus/disease. In other words, they were “conceived as ...[the] condition of organic abnormalcy” (Titchkosky, 2003, p. 522).

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- The operator of the blood supply system should be independent and able to make decisions solely in the best interests of the system;
  - The provincial and territorial Ministers of Health should be the members of the corporation;
  - The members of Canadian Blood Services should appoint an independent board of directors to supervise the management of Canadian Blood Services and the members of the board shall carry out their duties at arm’s length from government; and
  - The operation of Canadian Blood Services should be managed by both administrative and medical personnel (blood.ca)

<sup>33</sup> When there was reasonable evidence that serious infectious diseases could be transmitted by blood, “the principal actors in the blood supply system in Canada refrained from taking essential preventive measures until causation had been proved with scientific certainty. The result was a national public health disaster” (Krever Commission Final Report, Vol. 3, 1997, p. 989).

The formation of HIV/AIDS knowledge occurred early on in the identification and regulation of the disease. Science, medicine, and biology became the expert voices in detailing the truths about HIV/AIDS and how this new disease would impact the population. The political commitments of science, medicine, and biology ensured a framework in which these specific, discursive practices were considered free from bias. In fact science, medicine, and biology became the sole experts and were collectively afforded the deciding, authoritative voice on issues regarding HIV/AIDS—a voice that rendered all others as unqualified, highly biased, and easily dismissed. In order to make sense of “the AIDS epidemic,” it was important to frame this new phenomenon “within familiar narratives, at once investing it with meaning and suggesting the potential for its control” (Treichler, 2004, p. 5). However, these narratives were structured through homophobic, racist and sex phobic/panic discourses. The effective, explanatory narrative of the single logics of science, medicine, and biology left little room for the acknowledgement of the competing narratives already present within HIV/AIDS—both as a dis-ease and as a political practice. Narrow, bodily identifications of HIV/AIDS have continued to delay important discoveries and necessary safety practices.

However, it is important to also consider the early, yet seminal work of Treichler (2004), Patton (1990), and Sontag (1988), as each of these authors speaks to the cultural study of HIV/AIDS. I engage with their work as it informs my own cultural study of the narratives of blood and blood donation and signals a re/turn to the significance of language in the interpretation of illness and in the construction of (national) community. In the words of Treichler,

The AIDS epidemic is simultaneously an epidemic of a transmissible lethal disease and an epidemic of meanings or signification. Both epidemics are equally crucial for us to understand, for, try as we may to treat AIDS as “an infectious disease” and nothing more, meanings continue to multiply wildly and at an extraordinary rate. (1999, p. 12)

I concur that the purpose and effect of these “meanings” is as important as the realities of the epidemic. What is accomplished through the meanings attached to AIDS? The language of AIDS is the regulatory system that continues the process of “making” AIDS. In her article, “Cultural Perspectives on Blood.” Dorothy Nelkin (1999) states

Blood is more than a biological substance; it is also a cultural entity with complex social meanings that vary in different cultures and change over time. The social meanings placed on the body and on body parts often relate to the structure and strains of social relationships. (pp. 274–275)

Narratives of blood sketch expressions of national, political, and social relationships onto the body. Perceptions, discourses, and theories of blood/body reveal historical and contemporary realities, which impact and inform political community developments, social structures, and nation building. To theorize blood narratives is to engage with thinking about how it becomes a critical and necessary site of nation, race, sexuality, and citizenship. Blood narratives frame how bodies, identities, community, and nation are imagined, producing abject beings (Coloma, 2012) and dystopic identities. Revisiting these earlier studies in HIV/AIDS is an important step in understanding how contemporary blood systems construct and understand the exclusion of bodies as a measure towards blood safety. The construction of the 4Hs were as exaggerated as the construction of “normalcy,” “innocence,” and “health.”<sup>34</sup>

A mirror of these bloody imaginings can be located in scientific discourse. Science, a technology of power, has been put into the service of dictating “appropriate” behaviours and connecting these behaviours to our “true” nature as human beings—both individually and as members of a population (nation). Cindy Patton, in her book *Inventing AIDS* (1990), states,

The dominance of science as the logical paradigm rationalizes systems of social control which predate the HIV epidemic, especially systems which silence or distort the speech and culture of “minority communities” by constructing them as lacking in the forms of discourse which enable people to “make sense.” (p. 57)

The single logic of science, medicine, and biology overrode other possible constructions of HIV/AIDS and became the authoritative voice upon which activist, political, policy, and state actions were based. In the 1980s and 1990s, HIV/AIDS was scientifically, medically, and biologically concerned with and focused on particular bodies/subjects (gays, African/Haitians, sex workers, drug addicts, prisoners) as opposed to specific bodily acts (unprotected sex acts,

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<sup>34</sup> The measure of health is generally through the absence of illness or disease. However, many bodies can be considered healthy even in the presence of disease. What is foreclosed when this limited employment of “health,” “illness,” and “disease” are performed.

sharing needles, blood transfusions, and breast feeding). Blood can simultaneously create life and cause death. Blood narratives become an enunciative site, where identity can be manipulated in a range of strategic ways in the service of nation building (Bhabha, 1990). The Canadian Red Cross Society, the Royal Commission of Inquiry on the Blood System in Canada and Canadian Blood Services are such sites.

The tainted-blood scandal is the shared story of real and true Canadians. HIV/AIDS becomes only a shared story of gays and Africans—out of place from the nation and continually unbelonging. The 4Hs are thus epistemically ejected from the categories of human, citizen, and donor. To locate HIV/AIDS outside of the nation is to also locate the 4Hs as outside of the nation and, indeed, outside of the community. The Krever commission continues with the narration of the nation. The homophobia and racism of this disease found its way into the very structure of this report, constituting the inquiry and the report as tools of Canadian nationalism. Adding yet another level of fixity through the spectacle of tainted blood and truths of HIV/AIDS, new bodies/citizens are now produced.

The Krever Commission, concerned with the bio-political well-being of the body politic/population, required HIV/AIDS to be controlled and prevented, especially in relation to the blood supply. The Commission assessed that there was a breakdown in disciplinary technology embodied in the very fabric of the Canadian Red Cross Society. Thus, the safety of the blood supply became the work of Canadian Blood Services. CBS does this work in a variety of ways, including the functional use of a donor questionnaire. Sontag (1988) adds to this discussion when she states,

Indeed, to get AIDS is precisely to be revealed, in the majority of cases so far, as a member of a certain “risk group,” a community of pariahs. The illness flushes out an identity that might have remained hidden from neighbors, jobmates, family, friends. . . . The sexual transmission of this illness, considered by most people as a calamity one brings on oneself, is judged more harshly than other means—especially since AIDS is understood as a disease not only of sexual excess but of perversity. (pp. 24–26)

The Krever commission is an indication of the interconnections between and among nationalist agendas, biomedical institutions, scientific discourse, “and the varied sexual subjects, cultures,



and practices that become visible and targeted in new ways” (Grewal & Kaplan, 2001b, p. 674). In 1998, with growing calls from Canadians for the opportunity (right) to bank their own blood, the Federal Government created Canadian Blood Services.

## 2.3 Canadian Blood Services

Canadian Blood Services was formed with a mandate that included restoring the public’s confidence in the blood system. Canadian Blood Services is a not-for-profit, charitable organization responsible for the regulatory frameworks related to donors, the blood supply, blood safety, and the distribution of blood products. In addition, CBS is also responsible for the surveillance and monitoring of all aspects of the blood system/supply. As such, it is argued, CBS is able to respond quickly if another blood-borne disease should ever threaten the general public (CBS, n.d.b.). In response to a recommendation from the Krever Commission (and to fulfill its commitment in providing a clean and healthy blood supply), Canadian Blood Services instituted the use of a donor questionnaire as part of the larger screening process that also included the Record of Donation. The donor questionnaire is used to differentiate useful donors from unusable, well-intended individuals. The production of the donor is a purposeful endeavour in the continuing affirmation of national subjectivity.

The tainted-blood crisis now informs the national desires for a safe blood supply. In fact safety of blood is where the discourse begins—blood’s health and wellness is the norm through which the narrative begins. Health and cleanliness are understood as the common base of measurement—the site from which measurement begins. Yet, this language is in itself *tainted*. Racist and homophobic science is considered non-objective, yet it is racism and homophobia that continues to drive the narratives of safety in the blood system.

Through their website and the videos on their YouTube channel, Canadian Blood Services makes a number of statements which I believe constitutively and politically constructs an anti-black, colonial blood-donor subject. I focus on the following four statements:

- Canada’s blood system is founded on the principle of *gratuity* (CBS, n.d.b.; emphasis added)
- CBS is committed to maintaining the *Canadian tradition* of unpaid and volunteer donations for both whole blood and plasma. In fact, research shows that Canadians

donate blood because *they want to help their fellow Canadians* in need (CBS, n.d.b.; emphasis added)

- The result of ... screening process is that many *well intended individuals* cannot give blood (CBS, n.d.b.; emphasis added)
- [We are] finding more and more communities coming to us and asking us how they can be a difference in their community. *How they can be Canadian*. And we are telling them, you know what, *to really be Canadian is about giving blood* (CBS, 2009; Video File)

I consider these statements collectively, cumulatively, and conjuncturally. In order to assess how these statements produce knowledge about the parameters and limits of the blood safety and the donor subject, I examine this artifact to analyze and interrogate the discursive practices utilized by Canadian Blood Services. CBS uses seemingly explicit and inactive (fixed, stable, and coherent) language in the attempts to produce particular and distinct types of knowledge, through deliberate and specific erasures and necessary others.

I am curious about the words and phrases emphasized in the above statements. Since “no language is neutral” (Brand, 1998), the above identified words and phrases codify and signify particular meanings. As Alexander (2005) offers,

Discourses, which on the surface appear benign, become quite aggressive in the context of an ideological struggle to transform the relations of representation, for the institution would want its definitions to stand as the only legitimate claims relating to the subjects of who diversity is ostensibly about. (p. 133)

The language of blood is put into the service of producing Canadians, Canadian blood, and national community (Balibar, 1991). Canadian Blood Services, through their website, YouTube channel, twitter account, and Facebook page, are engaged in this languaging. Their words and phrases—such as “gratuity,” “Canadian tradition,” “help their fellow Canadians,” “well intended individuals,” “how they can be Canadian,” and “to really be Canadian is about giving blood”—must all be considered in the context of the above-mentioned national narratives of blood, belonging, nation, and citizenship. There is a linguistic blood culture, evident through these words and phrases, and this codification of language transmits ideas, values, beliefs, and

attitudes. In reference to Foucault, blood becomes “an ensemble of rules [or procedures] for the production of truth” about the body (Foucault, 1990, p. 16). The limits of Canadianness are evident in the ways in which social and political regulations of inclusion are implemented; these patterns are often framed through the lens of gratuity and good intentions. If participating in the blood system in Canada is also a road towards “being Canadian,” it is important to consider this practice through the lens of its history: the inception of blood donations at a time of war, the limits of who could and could not donate blood (necessary others), and the manner in which blood was categorized and segregated (abject beings).

The above-identified words are also put into the service of regulating the unruly, the ruined, and the tainted, in perpetuation of the committed fictions of blood safety. We come to understand these words as a mechanism for keeping the unruly in their place, outside of the blood system. What does “gratuity” mean and how is it being deployed? What exactly is the “Canadian tradition” that is being referenced? What is understood as “help”—who is offering, who is receiving, and who are the “fellow Canadians”? What of these “well-intended individuals”? Are they not Canadian, ideally Canadian? The words chosen here have meaning. Who is it that needs to learn *how* to be “Canadian”? And if to *really* be Canadian is to give blood, what does it mean if one is barred from doing so?

“Gratuity” carries with it a number of meanings, including that of giving a gift without expectation of a reward or giving something free of demand. However, “gratuity” is also the practice of granting bonuses to war veterans and military personnel, thus reminding us of the beginning of blood-donation practices during World War II, when blood was collected for the exclusive use of military personnel. Gratuity continues to be tied to the nation and its protection. Perhaps this type of military protectionism is what is meant by “Canadian tradition.” What other statements, beliefs, legends, customs, and information are being passed along: the “Canadian tradition” of unpaid volunteers whose work supported soldiers; the tradition that required that black blood not be shared with white soldiers; or the tradition that women were allowed to staff the clinics but not to donate blood? The traditions of sexism, anti-black racism, colonialism, and scientific racism are caught up in these practices. “Canadian tradition” is fraught with the practices of slavery, racism, and homophobia.

So, what type of help is being offered, who exactly is helping, and how are “their fellow Canadians”<sup>35</sup> determined? “Help” is used to connote rescuing, saving, giving aid, or rendering assistance; when placed into conversation with “fellow,” we have a fuller explanation. “Fellow” indicates a companion, comrade, or associate, as well as a peer—someone of similar or equal rank. This notion of “fellow” is juxtaposed with the “well intended individual.” The “well intended” is someone who may have good intentions and may take action based on these good intentions; however, they may also be tactless and offending in these actions. So the “well intended” who attempt to give blood (gay blood, black blood) are offensive in and through their attempts.

The body is the site of negotiation between blood’s materiality and social and political inscriptions. The body is the site on which the donor is determined—the marginal inclusion and the separation (well intended individual), the healthy (giving life) from the ill (bringing death) and therefore through the body the ability to assign one’s proper place—donor (Canadian), not donor (well-intended other). The deployment of these key words participates in the construction of knowledge of blood and blood donation and facilitates a structure for the maintenance of colonial health in the face of the tainted “other.” These words are “doing” something. They are not simply words, as they contain within them the presence of the past and future. Distinctions between respectable and corrupted bodies have long been at the heart of the boundary-drawing process etched within space, place, and time. These words are neither simply written nor simply uttered. They encompass within them a lot of chatter. They are written repeatedly and touched by diverse and multiple meanings. Therefore, what does one learn in “how” to be Canadian, especially if one is unable to give blood? Fixity is a necessary convention and illusion in the discourse of blood safety. These are the types of articulations that come to be present in the biological determinism of blood and blood “safety.” Instead of the socially unacceptable limits evident in blood segregation—black blood not to white bodies—this language aims to create new forms of socially acceptable limits (informed as it is by the “truths” set out in the Krever Commission). As Stoler (1995) argues,

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<sup>35</sup> In answer to the question of whether Canadian Blood Services exports blood to other countries, CBS states, “Canadian Blood Services’ mission is to ensure that all *Canadians* in need have access to blood, blood products and their alternatives. In addition *to people living in Canada*, we regularly send blood to *our* soldiers overseas” (CBS, n.d.b., pp.42–43; emphasis added).

Science and medicine may have fueled the re-emergence of the beliefs in blood, but so did nationalist discourse in which a folk theory of contamination based on cultural contagions, not biological tainting, distinguished true members of the body politic from those who were not. (p. 52)

Blood highlights the relationship between bodies and boundaries—how boundaries are and are not crossed and by whom.

### 3 Bloodstain: A culmination

This cohort of contemporary blood discourses continues to produce discipline, regulation, and confinement in the service of the nation. Blood is a tapestry that shoots off into many and varied directions, though it is brought to bear in narrow and normative ways in the nation. Terms of national belonging (including, I argue, the diasporic region known as Canada), are articulated through blood and contemporary blood donation practices. To know one's self as a blood donor is to also understand and realize the patriotic responsibilities of Canadian citizenship. Current accounts of Canada being a civil nation—a generous, honest, compassionate and tolerant nation—makes it difficult for the nation to imagine, comprehend, and hold the violence with which, and upon which, it was founded.

Canadian Blood Services and its blood donation practices exemplify contemporary nation-building. CBS continues the discursive practice of meanings and truths generated in the social discourse of blood safety and blood donors. To borrow from De Beauvoir, the “truly Canadian” is not born, it is made. Wald (2008) argues,

The use of disease to imagine as well as regulate communities powerfully enacts the most anxious dimensions of national relatedness. The inextricability of disease and national belonging shapes the experiences of both; disease assumes a political significance, while national belonging becomes nothing less than a matter of health. With their powerfully defining ambivalence, those terms mandate the dangerous necessity of the stranger and the representational technologies by which that stranger is brought into the community. (p. 67)

The genealogical presence of blood narratives on kinship, “race,” sexuality, citizenship and nation-building demonstrates that gay blood deferrals are decidedly more complicated and queer.

I offer the above national narratives of blood as examples of place-keeping, definitional and dystopic practices already in operation in the constitutive framing of Canadian blood and blood donation, rather than as simplistic comparative analogies within arguments regarding exclusion and intolerance. As Wald (2008) states, “Science and viruses may well know no boundaries, but national borders reassert themselves in the monitoring and treatment of epidemics and in the political economy of disease” (p. 65). It is necessary to attend to the contextual details of the situation in order to offer effective decolonial futures.

## CHAPTER 3: Egale Canada and its Articulations in Blackness

### **Commissive #1: Homophobia and Racism, 1991**

*A panel, titled Racism, Sexual Orientation and Sex: Making the Connections!!, is organized by Egale to mark the Year of Racial Harmony. This is considered a beginning discussion. (Egale Canada, 1991)*

### **Commissive #2: Racialized Sexuality, 2001**

*EGALE Canada's 2001 commissioned report, "The Intersection of Sexual Orientation & Race: Considering the Experiences of Lesbian, Gay, Bisexual, Transgendered (GLBT) [sic] People of Colour & Two-Spirited People," states, "EGALE Canada strongly supports the explicit recognition in the WCAR [World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance] Declaration and Program of Action that experiences of racism are exacerbated by, and cannot be separated from, discrimination experienced on other grounds, including sexual orientation." (van der Meide, 2001, p. 20)*

### **Declaration: Our Diversity, 2013**

*Egale Canada: "our national lesbian, gay, bisexual, and trans (LGBT) human rights organization: advancing equality, diversity, education and justice" (Egale, n.d.)*

Lesbians and gay men in Canada have canvassed, agitated, and fought to fulfill various desires of belonging and inclusion (with)in the nation. Through a variety of approaches, including the construction of political, social, and cultural visibility, lesbians and gay men in Canada have had varying levels of success in the attainment of these desires. While it is important to note that lesbian and gay political activists in Canada comprise a collection of groups and organizations, as well as people—Black people, Native people, people of colour, people with disabilities, and people of various socio-economic positions, and sexual politics; it is also imperative to acknowledge that there is a simplification of narratives regarding this activism. Shifting *a* lesbian and gay Canadian experience to *the* lesbian and gay Canadian experience creates an often-deployed singular cohesive narrative, which posits lesbian and gay bodies as a containable non-porous “cultural” group that is easily identifiable within a larger Canadian multicultural framework. As such, discussions of colonization and racism became understood to be decidedly external to (though at times, perhaps, slightly connected with) normative studies of lesbian and gay politics (and sexuality) in Canada.<sup>36</sup>

Cathy Cohen (1997), in her seminal text, “Punks, Bulldaggers, and Welfare Queens” reminds us of the importance of an intersectional reading practice:

This analysis of one’s place in the world which focuses on the intersection of systems of oppression is informed by a consciousness that undoubtedly grows from the lived experience of existing within and resisting multiple and connected practices of domination and normalization.... However, beyond a mere recognition of the intersection of oppressions, there must also be an understanding of the ways our multiple identities work to limit the entitlement and status some receive from obeying a heterosexual imperative (p. 441–442)

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<sup>36</sup> In his book, *In a Queer Country: Gay and Lesbian Studies in the Canadian Context*, Terry Goldie (2001) makes a tentative exploration into the “Multicultural queer” (p. 23), tentatively considering the question of *whether* sexuality must be studied within “other” debates about nationality, gender, race, class, and ethnicity. However, similarly detailed intersectional explorations have been made by feminists of colour, anti-racist feminists, and transnational feminists; and the work of queer Indigeneity, queer of colour, queer/migration, queer diaspora and black queer diaspora analytics. Yet there are rich and vibrant demonstrations of and explorations into racialized sexuality through community organizations such as Desh ParDesh, Blocko, Pelau, and Queering Black History Month (by Deviant Productions), Insatiable Sisters, to name only a few.



Operating within limited and restricted parameters of (homo)sex/uality, specifically within relation to identity, cannot and does not provide an accurate engagement with racialized sexuality and black queered bodies in Canada nor in larger relations of belonging. In this chapter, I read for racialized sexuality, specifically the dis/appearance (invisibility and thus visibility) of blackness as an indication for differing and diverse understandings of be/longing (longing for transgressive inclusions) and as an appraisal of the work of Egale Canada.

Egale Canada—formerly Equality for Gays and Lesbians Everywhere (EGALE)<sup>37</sup>—currently describes itself to be “*our* national lesbian, gay, bisexual, and trans (LGBT) human rights organization: advancing equality, diversity, education and justice” (Egale, n.d., n.p.; emphasis added). Their name is also an utterance in the French language (Canada’s second official language) and holds the meaning of equal/equality.

Founded in 1986 as a response to the introduction of the Canadian Charter of Rights and Freedoms (Smith, 1999), Egale’s initial mandate was to secure legal equality for gays and lesbians, and their families, within and across Canada. Incorporated as a federal not-for-profit organization in 1995, Egale also focuses “on education, advocacy, litigation and expert consultation” (Egale, n.d., n.p.)

The focus on Egale in this chapter is significant, as the organization was instrumental in the challenging Canadian Blood Services and the donor questionnaire and, therefore, in drawing the parameters of *how* “gay blood” is understood. This articulation of gay blood, however, stands within Egale’s larger conversations and interactions with racialized sexuality in general and black, queered sexuality in particular. Therefore, in order to more fully appreciate the construction of gay blood, it is important to map its conjunctural framing here.

The chapter begins with a brief engagement with the early work of Egale Canada, in which the organization had undertaken specific excursions into racialized sexuality. After providing summaries of the above epigraphic commissives, the chapter turns to specific sites in which Egale has engaged blackness with its resulting dis/appearance, specifically legal marriage and

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<sup>37</sup> The difference in spelling—uppercase versus lowercase—reflects a change in the organization as it broadened from simply “gay and lesbians” to LGBT people.

queering black history month<sup>38</sup> (with a brief assessment of murder music). As is demonstrated, blackness is put to use in unique ways, and through these deployments larger conversations of belonging and inclusion, membership and citizenship are taking place. Holding these various sites concomitantly, the chapter explores how Egale Canada's deployment of blackness is used in the continuing project of "gay life" and Canadian gay subjectivity. It is this work of Egale that is made visible through the larger exploration of blood, blackness, and be/longing, thus requiring its interrogation in this project. Egale's performative functions of its communications have significant impact on how "gayness" and "gay blood" in Canada is imagined and understood. And, as this chapter demonstrates, these are framed through interactions with blackness.

It is important to note here that the focus on Egale's internet footprint is a deliberate choice in that this space is a viable site of published (made public) information about the organization. The Egale website, in all of its various incarnations, provides important information on how Egale, as an organization, constructs its own identity while formatting larger interpretations of gayness and sexuality in Canada. Not only does the information on the website provide guidance regarding how Egale is constructed and how Egale understands their "own" members, but it also provides direction in terms of how others—the others that are engaged through public panels and in commissioned reports—are also constructed. It is also important to map how Egale's (computer-mediated) communication changes over time, from 1991, to 2001, to 2012<sup>39</sup>, marking the transitions from a community panel through the work on marriage, murder music, black history month, towards gay blood. Reading this work of Egale is to also read for the intent of the organization beyond (perhaps in spite of) the specific individual voice that wrote the text copy. This is a (re)reading and interpretation of the voice(s) of the organization that bring it into existence and continue to provide it with meaning, form, and direction.

## 1 EGALE/Egale Canada

Miriam Smith (1999) in her book, *Lesbian and Gay Rights in Canada: Social Movements and Equality-Seeking, 1971–1995*, argues that Egale came to be and was profoundly shaped of and

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<sup>38</sup> It is important to distinguish this event from the above-mentioned event by Deviant Productions. This event by Egale Canada precedes the work by Deviant Production and these events have some profound differences.

<sup>39</sup> In 2013, Egale Canada launched a new website, leaving an older format for a newer one. As with changes like these, information once available is no longer available or at least becomes more difficult to access. Only if one knows the specific information they seek, will they have more luck in locating it.

by the Charter of Rights and Freedoms and the work of equality-based, neo-liberal political and social engagements. Smith states of Egale,

Its meaning frame drew on formal legal equality rights—that lesbians and gays were similar in important respects to heterosexuals and entitled to the same legal protections, especially with respect to relationship recognition.... Egale sought equality rights as ends in themselves. (p. 78–79)

Smith (1999) takes up a normative neo-liberal, single-axis assessment of Egale that leaves unattended and un-interrogated Canadian whiteness' prominence as a foundational element in this lesbian and gay organization. In fact, Smith's accounting of Egale follows an all too familiar trope of race-less (thus, outside the benefits of whiteness) "just (lesbian and) gay" subjects. This normative single axis of assessment often relies upon the use of racial analogies to strengthen or locate its subject. Smith argues that since lesbian and gay organizations in Canada were neither monolithic nor singular, that the gay liberation movement in Canada was actually "pan-Canadian." She states,

The empirical reality is that the lesbian and gay rights movement in Canada is a fractured network of activists who can best be described as having strategic alliances with each other around specific common interests. . . . The movement itself is a product of diverse political movements and diverse communities. It is very much a networked and provisional subject rather than a unified and coherent actor. (p. 10)

The "diverse political movements" Smith (1999) references include women's movements, labour, lesbian and gay services and AIDS organizing, and "ethnic minority communities" (p. 66). Smith does provide clarification on how the phrase "ethnic minority communities" is to be understood; however, this use indicates a bifurcation of racialization and sexualization, demonstrating a single logic of subjectivity in/through community groupings. Smith's listing of types of organizations said to make up the gay liberation movement in Canada does not stand in for the ways in which racialization and whiteness inform discourses of equality and diversity in this movement. Further, attempts to group diversity and distinct forms of racialization through the simplistic flattening of the term "ethnic minority" articulate the presence of anxiety. In Smith's extensive, though narrow, accounting of Egale, racialized sexuality remains placed outside of Canada and outside of the organization. Smith suggests the work of gay liberation in

Canada is analogous to the civil rights movement in the United States. This framing delineates these movements as separate and distinct, whilst also suggesting that the civil rights movement is a singularly American, and decidedly not-Canadian experience. Therefore, not only is the civil rights movement outside of Canada it is therefore outside of “the” gay rights movement in Canada. It is important to read Smith’s work alongside that of Bérubé’s (2001), where he states,

Familiar situations can make us mistakenly believe that there are such things as gay issues, spaces, culture, and relationships that are not “lived through” race, and that white gay life, so long as it is not named as such, is not about race. (p. 237)

While there may be a number of racially diverse people participating in early lesbian and gay liberation activism in Canada, the ways in which these stories are simplified reflect how whiteness remains a deciding and regulating structure in this work. Writing blackness is difficult and perpetual work (Walcott, 2003, p. 11). In order to read for its queered presence, one must search for its erasure, dis/appearance, and in/visibility.

It is not the intention of this chapter to rewrite a more reflective historical accounting of Smith’s work; instead, this chapter documents Egale’s forays into racialized sexuality. These forays are anxious conversations that provide information on the queerness of blackness and the performative of “our” as indicated in the above epigraph, “Declaration.” The utterance of this word is designed specifically to get things done. Therefore, what does this “our” get done, and how does it get done? The following interrogations into three specific moments between 1991 and 2004 facilitate an understanding into the meaning that this “our” embodies.

## 1.1 Making the connections: EGALE Canada, 1991

In 1991, EGALE Canada was a member of a municipal coalition that recognized “The Year of Racial Harmony.” The coalition organized a panel event titled, “Racism, Sexual Orientation and Sex: Making the Connections!!”<sup>40</sup> According to Egale’s website,

racial minorities that are visible inside the gay and lesbian community often feel a double and triple discrimination. In addition to *discrimination within* the gay and lesbian community, they also face *certain* ethnocultural, historical and religious prejudice from

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<sup>40</sup> This not a typo, the double exclamation mark is part of the original title. And I believe that its usage is to indicate the significant importance of this event.

*their own* racial or ethnocultural or aboriginal community. (Egale, 1991, n.p., emphasis added)

The panel event was organized to address this concern and was part of a larger meeting held in recognition of March 21<sup>st</sup>, the International Day for the Elimination of Racial Discrimination. The aims of the panel event were described as follows,

To begin discussion on these issues and raise awareness of issues affecting gays and lesbians from aboriginal, ethnocultural and racial minority communities. To explore the interaction of homophobia and racism in the context of discrimination and inequality in the larger society. To explore ways in which *each* of the communities could be more inclusive and less discriminatory of the *others*. To unit [*sic*] more effectively, members from the gay and lesbian community and members of aboriginal and racial and ethnocultural minorities and all equality seeking groups in the collective fight against discrimination, especially racial, sexual and anti-gay discrimination and for greater equality. (Egale, 1991, n.p., emphasis added)

Panelists<sup>41</sup> represented community organizations, independent publishers, and academic student clubs, with panelists from Halifax, Kingston, Montreal, Ottawa, and Toronto; the panel was intended to provide a venue in which “national equality seeking groups” could engage these discussions. Though no follow-up report is made available through Egale’s website, how the intentions for the panel are documented requires some attention.

The panel was framed as an “initial” and urgent discussion where the connections between “racism, sexual orientation and sex” would be explored. According to the website, the panel was organized by “EGALE and others” as a demonstration that “the time has come to address and take some leadership on these issues.” This begs a number of questions. What is it about this “time”? Who are these “and others”? Was EGALE really the most appropriate organization to “take some leadership”? Documentation of this event reflects EGALE’s manipulation and

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<sup>41</sup> Panelists included Micada Silvera, [*sic*] Sister Vision Press/Lesbian and Gay Studies, Toronto; Fo Niemi, Centre for Research-Action on Race Relations, Montreal; Claude Charles, The Gathering of the Nations, Toronto; Susan Beaver, Gays and Lesbians of the First Nations, Toronto; Carol Allan, Gay and Lesbian Caucus—Queen’s Law School; Chris Aucoin, Gay and Lesbian Awareness, Nova Scotia; Audrey Wildman, NAC Lesbian Committee/EGALE, Ottawa. Members of this panel are ethno-racially diverse, Native, and identify as lesbian and gay. There is no information available noting whether they also identify as bisexual, trans, gender queer, poor, or working class, and/or disabled.

erasure of the information. Why not specifically mention the “and others” also working on this event? With the only online documentation on this event available through the Egale website, Egale effectively writes a particular historical account of these events and the work of engaging racialized sexuality in Canada.

Though the panel focused on the connections between “racism, sexual orientation and sex,” a single logic of identity seemed to be in place regarding how “each” and “others” were positioned in the justification of the panel. This, alongside the use of “*their own* racial or ethnocultural or aboriginal community” highlights the difficulties of naming racism within the also mentioned “gay and lesbian community.” The documentation demonstrates how EGALE flattened the complicated ways in which discrimination manifest and how inclusion was imagined—thus indicating the difficulty in engaging with these realities. While EGALE named the homophobia “racial minorities” may face “in their own community,” they seemed to hesitate to explicitly name the racism “racial minorities” face inside the above named “gay and lesbian community.” The simple categorization of *discrimination* is much too broad.

Though it’s not possible to determine this definitely, it seems as if, in this work, EGALE sought to provide leadership to racialized gays and lesbians in order to “help” them survive the homophobia they experience in their own communities. It does not seem as if EGALE explored how to better serve racialized gays and lesbians. How could EGALE have better addressed the racism that gays and lesbians are facing from gays and lesbians? This panel event seems to have grappled with how homophobia and racism interconnect within the larger context of discrimination and inequality within the larger society, but what does this mean for how homophobia and racism are deployed through “smaller” communities and organizations, such as the gay and lesbian community offered by EGALE?

## 1.2 Intersection of sexual orientation and race: EGALE Canada, 2001

Ten years later, in 2001, EGALE attended the World Conference Against Racism and also released the commissioned report, researched and written by Wayne van der Meide, titled, “The Intersection of Sexual Orientation & Race: Considering the Experiences of Lesbian, Gay,

Bisexual, Transgendered (“GLBT”)<sup>42</sup> [*sic*] People of Colour & Two Spirited People.” Both of these events mark the beginning of a sustained, yet brief, conversation on racialized sexuality *within* the organization, a notable and noteworthy shift.

The commissioned report was the second stage of a proposed longer process in which EGALE would

learn more about the experiences and perspectives of GLBT people of colour & Two-Spirited people in Canada . . . [and] [i]t is hoped . . . continu[e] to work with GLBT people of colour, Two-Spirited people and the organisations that serve their needs, EGALE will be more effectively able to advance the dignity and equality of all GLBT & Two-Spirited people in Canada. (van der Meide, 2001, p. 2)

The report was divided into seven sections including “The Concept & Reality of Intersectional or Complex Oppression” and “Issues & Themes Raised in Surveys and Interviews.”

In the section “The Concept & Reality of Intersectional or Complex Oppression,” van der Meide provides an astute and compelling argument regarding intersectionality and systems of oppression. Though, relying too heavily on examples from the United States, van der Meide argues for an intervention that would fundamentally shift the tenets of society. Regarding the concept of complex and intersectional oppression, van der Meide says,

Imagine that oppression and relative disadvantage in society is a line. Challenging oppression related to only one identity marker, such as sexual orientation, could then be represented as *an attempt to get to the other side of the line*. However, challenging oppression more generally, along all or several of the axes upon which it operates, would be *represented as an attempt to erase the line altogether*. Thus, any challenge to oppression and relative disadvantage based upon multiple perspectives and related to several identity markers is by necessity, more comprehensive. *This approach is the crux of the concept of intersectional or complex oppression analyses*. (van der Meide, 2001, p. 9; emphasis added)

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<sup>42</sup> I take issue with the inversion of G and L in the acronym. As is evident throughout the report, the title places lesbian first, but for the rest of the report gay comes first. This is important to note because, on closer inspection, the placing of gay first also displaces a potential feminist analytic in the work that may have been occurring. It also does not take up the many years of feminist theoretical work on racialized sexuality framing this as a new, not-yet-had conversation.

This suggestion that “the line must be erased altogether” is significant; it challenges limiting and simplistic ideas of inclusion and suggests something more transgressive and, therefore, transformative. It is connected to the earlier appeal of working in coalition that states,

Essentially, working in coalition should be a process of educating each other and often, re-educating ourselves—*unlearning* oppressive mentalities, unburdening ourselves of the *colonial yoke* that has bound so many of us for so many years as peoples under siege. *These processes, these struggles, are continuous, not finite.* (van der Meide, 2001, p. 2; emphasis added)

Though van der Meide draws heavily upon the work of black queer feminist scholars such as Audre Lorde and Sojourner Truth, I find that the largest section of the report weakens the transgressive message housed in this section.

The section “Issues & Themes Raised in Surveys and Interviews” incorporates six subsections: “Homophobia in Ethnic Communities and Families”; “Living in a White Country”; “Racism and Related Oppression is not only a Problem in the Straight Community”; “Reflections about the Oppression Facing GLBT People of Colour and/or Two-Spirited People in Canada”; “Drawing on Our Strength as GLBT people of colour & Two-Spirited people”; and concluding with “Moving Forward: Challenging the Oppression Facing GLBT People of Colour & Two-spirited People” (van der Meide, 2001). Both the anxiety of racialized sexuality, and the anxieties of writing about racism in Canada are evident throughout this section; yet it is one specific area on which I will focus. In the first subsection, “Homophobia in Ethnic Communities and Families” van der Meide begins with the following statement, which I quote at length:

Within the Canadian context, it is often assumed that non-Western/non-white communities and cultures are more homophobic than the dominant Western/white communities. This assumption is often based upon unexamined and simplistic racist assumptions about the lack of sophistication or the cultural backwardness of non-Western/white cultures. The stereotype is so widespread and hurtful that when questioned about the “general attitudes” of their heritage community, several research subjects expressed suspicion or downright annoyance about and objection to the question. (van der Meide, 2001, p. 10)



This subsection ends by quoting the words of a participant:

Peter Flegel, a Black gay Montrealer, believes that “while progress has been made, it still seems that as a community, Black Canadians tend to be more homophobic than Canadians are in general. In this, the perception that the Black community is more homophobic seems to hold true.” (van der Meide, 2001, p. 11)

While this is the perception of the participant, it is in contradiction with van der Meide’s earlier intervention that racist assumptions of this nature must be challenged and disrupted. What does it mean to provide the initial statement only to discount it through the very sentiment thought to be inappropriate and in need of further interrogation—the endemic homophobia in black communities and communities of colour?

The second subsection, “Living in a White Country,” does not clarify the above dilemma; the subsection, however, does attempt to grapple with the various layers of racism that speak to alienation, fetishization, and limits of inclusion, whilst also arguing for inclusion in an already tainted community/nation. Though interesting and filled with possibilities, this section also is lacking as it fails to take up the colonial founding of the nation or recognize that the colonial project and slave economy continue to function as organizing frameworks in the nation and within LGBT communities.

It is obvious that, in researching this report, the methodology used was not that of black queer diaspora (or queer diasporic analytic). The report does not attempt to work with the “quare” or with conjunctural proximities. Instead, it struggles within a homonormative framework of gayness in Canada—one that struggles with claims of multiculturalism, cultural equality, limits of citizenship, and the narrowness of simplistic inclusion. The report’s final recommendation reads as follows:

EGALE affirms the position adopted by the Sexual Orientation, Multiple Discrimination and Related Intolerance Caucus at the second WCAR PrepCom that “human identity cannot be compartmentalized, and those who experience discrimination based upon multiple oppressions are not fully protected from racism, racial discrimination, xenophobia and related intolerance *until all aspects of their personhood* are explicitly protected from discrimination.” For the reasons outlined in this research report, EGALE

Canada strongly supports the explicit recognition in the WCAR Declaration and Program of Action that *experiences of racism are exacerbated by, and cannot be separated from, discrimination experienced on other grounds, including sexual orientation.* (van der Meide, 2001, p. 20; emphasis added)

I consider both the 1991 panel and the 2001 commissioned report as commissive speech acts (Searle, 1975)—utterances whose purpose is to commit the speaker, in this case EGALE, to some future action. Both of these moments (though ten years apart) are a type of promise—one in which thought and attention will be paid to racialized sexuality and in which Egale is also implicated in discriminating against “their own” community. I believe that these moments have performative functions and, as such, provide interesting and necessary knowledge that will facilitate a fuller understanding of how EGALE Canada deployed blackness for their use. Not only do these utterances have meaning, they also attempt to *do* something. Bakhtin (1986) says of utterances,

Utterances are not indifferent to one another, and are not self-sufficient; they are aware of and mutually reflect one another. . . . Every utterance must be regarded as primarily a response to preceding utterances of the given sphere. . . . Each utterance refutes, affirms, supplements, and relies upon the others, presupposes them to be known, and somehow takes them into account. . . . Therefore, each kind of utterance is filled with various kinds of responsive reactions to other utterances of the given sphere of speech communication. (p. 91)

How has EGALE taken up this promise to “make the connections!!”? How has Egale taken the lead in raising awareness in “how” racism and discrimination affect “gays and lesbians from aboriginal [*sic*], ethnocultural and racial minority communities” in Canada? Does the work of Egale Canada in 2014 reflect and incorporate the commissives made by EGALE Canada in 1991 and 2001? In order to examine this question, it is important to explore the steps taken by EGALE/Egale between 2001–2004, as they grappled with the queer “colour line.”

### 1.3 Building the links: EGALE/Egale Canada

The “intersection of race and sexual orientation” became a strong focus for EGALE, with the 2001 attendance at the WCAR conference and the commissioned report starting a series of

consultations, interventions, and rebranding of the organization. In 2002,<sup>43</sup> EGALE issued a press release revealing that the organization would “continue its work on the intersectionality of race and sexual orientation by consulting with GLBT and two-spirited people who are people of colour<sup>44</sup> and are actively working on issues of race/sexual orientation” (Egale, 2002, n.p.). The purpose of this consultation was to “define, discuss and determine” the issues and clarify the mandate of EGALE that would “best serve LGBT<sup>45</sup> people of colour and two-spirited people” (Egale, 2002, n.p.).

The consultation with “minority queers” occurred in Toronto in February 2002, and the report detailing this consultation was released in 2003. Titled, “Building the Links: The Intersection of Race and Sexual Orientation,” it indicates that the goals of the consultation were fourfold:

1. To give participants from the communities in question a space in which they could share their experiences as LGBT people of colour and two-spirited people, and their strategies for resisting the unique oppression *they* face.
2. To follow-up on the World Conference Against Racism and gather feedback about what position, if any, Egale should take in the future regarding the Canadian government’s role as a member of the international community.
3. To identify issues of priority for LGBT people of colour and two-spirited people in Canada.
4. To identify strategies by which Egale could most appropriately work to address these issues. (Egale, 2003, n.p.; emphasis added)

The report provides interesting statistical information, documenting diversity in ethno-racial origin, Indigeneity, gender, age, class, and levels of ability. The critiques of the earlier seem to be addressed in this community consultation as captured the report. The following two statements are made,

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<sup>43</sup> In 2002, I was an EGALE Board member (Ontario; woman). At this time I also sat on the Board for the Urban Alliance for Race Relations. In both instances, I sought a more complicated read for racialized sexuality—always with some hope for change and something different. It is because of this that I have some knowledge of previous webpage links and the ability to search for specifically named reports and documents.

<sup>44</sup> It is difficult to determine if this is a typo. Later in the same press release, EGALE refers to people of colour *and* two-spirited people. However in this section, EGALE refers to two-spirited people *as* people of colour. Taking into consideration EGALE’s larger discussions of “race,” “racism,” and sexual orientation, it would seem that the complexities of identities and systems of oppression are lost through these flattened, yet interconnected, logics.

<sup>45</sup> The shift in the ordering of the letters reflects the acronyms’ use in EGALE documentation. GLBT and LGBT are often used, perhaps interchangeably. In addition, though Lesbian, Gay, Bisexual and Transgendered [*sic*] may be the order of the words, the letter ordering is often (GLBT). It is impossible to tell if this was done on purpose, or if it was not given much thought at all. If done on purpose, what was the reasoning? Perhaps the ease with which the letters are interchanged speaks to earlier sentiments where it is argued that “human identity cannot be neatly compartmentalized” (van der Meide, 2001.)

We recognised that Egale, as a historically and currently white-dominated organization, would likely lack credibility with queer communities of colour and two-spirited communities. . . . Racism in queer communities was also identified as a challenge, and it was pointed out that it most often takes the form of people of colour being either ignored or fetishized by the white majority. (Egale, 2003, n.p.)

In addition to these statements is the recognition that many others were missing from the conversation including sex workers, those who have been/are incarcerated, and trans people. This and other statements committed to intersectional thought and practice suggest the possibility of transgressive futures not only for the organization but also for political coalition organizing.

The layered, complicated, and difficult coalition work seemed to be present in this consultation. The acknowledgment that so much more was missing that must be voiced in order for the work to be truly transformative felt hopeful—filled with revolutionary possibilities—although it should be noted that there was also skepticism that this community meeting was convened only as a way to “appease white liberal guilt . . . with no guarantee of any change” (Egale, 2003, n.p.). The skepticism was warranted, as it was pointed out that “human rights discourse [used by Egale] often speaks of identity in terms of false single categories that do not adequately reflect reality for those experience intersectional oppression” (Egale, 2003, n.p.).

In an attempt to address the concerns raised and to demonstrate the organization’s commitment to community members and to a more representative organizational practice, Egale adopted the recommendation to set up an intersectional committee. According to the report, the Intersections Committee would

oversee the integration of an intersectional analysis into the work of Egale. Add an intersectional analysis (including gender, race, youth and anti-poverty analysis, for example) to all aspects of Egale’s work, e.g. through participation by members of Intersections Committee in general Committee work. (Egale, 2003, n.p.)

Information about this committee is difficult to find on the Egale website since its 2013 launch of a new brand and new website. No longer are the intersectional committee and their report easily accessible with a few clicks. Has the work of intersectionality become outdated? Has it been replaced by something else? Was it successful and if so, how is this measured?

Although the 2002/2003 Board adopted all of the recommendations from the consultation, Egale also offered that the adoption of the recommendations were met with mixed results, stating, “Many Board members were on a learning curve with respect to this approach and some were simply not committed to an intersectional approach” (Egale, 2003, n.p.) Intersectionality, as defined by and understood by Egale, refers to

the fact that human identity is indivisible and that the struggle against one form of oppression (such as heterosexism/homophobia/lesbophobia/biphobia/transphobia) cannot in practice be separated from the many other struggles that members of our communities are engaged in (such as struggles against sexism, ableism, racism, or economic disadvantage). . . . Thus an intersectional approach for Egale would be one that acknowledges the ways in which other oppressions intersect with heterosexism/homophobia/lesbophobia/biphobia/transphobia in people’s lives and integrates this awareness into the work we do. (Egale, 2003, n.p.)

It is evident that Egale has engaged with racialized sexuality that has ultimately framed the organization and the type of work it engages in. Through attempts to move into the incoherence of identities, to think differently about the type of experiences that “LGBT Canadians” are having, the work of 2001–2004 details the anxieties and struggles with disrupting the boundaries of single issue categories while also remaining committed to the benefits of citizenship and full national belonging.

## 2 Deployments of blackness

Egale’s deployment of blackness facilitates the limited and bifurcated “just gay” meanings now associated with same sex marriage and “gay blood,” along with the narrative of “necessary intervention” associated with the “queering” of Black History Month. The use of blackness in these instances voices the political imaginings of what makes a gay Canadian community. Is the fulfillment of the above commissives achieved through these deployments of blackness? How does the earlier commissive—which dictates that experiences of homophobia are exacerbated by, and cannot be separated from, experiences of racism—fit with Egale’s work on marriage, blood, and the “queering” of Black History Month? What are the connections that are being made? And how do these homo/patriarchal connections facilitate a fuller reading of gay blood?

## 2.1 Marriage

In the report from “Building the Links,” Egale speaks of their work in adding “intersectionality” in marriage:

A third example in our facta on the marriage challenges was a critique of the racist origins of the common-law bar to same-sex marriage established in the *Hyde* decision, an 1866 judgment that cited authority condemning Turkey as an “infidel nation” and describing Turkish marriages as “infidel” marriages. (Egale, 2003, n.p.)

Part of the larger discussion regarding the types of endeavours undertaken by Egale and the struggle with the “queer colour line” is also evident in the “Conceptualizing Multiple Oppressions” subsection of the “Building the Links” report. It states,

Egale’s work so far has mainly benefited white middle-class LGBT people. Working for same-sex relationship recognition/marriage, for example, helps those who have sufficient income to benefit from spousal tax regimes, those who have job offering them benefits they could share with their partners, and those who have sufficient property that they benefit from spousal support and property division provisions under family law. Relationship recognition . . . does not challenge the view that marriage is/should be the foundation of society, which many in our communities do not believe. (Egale, 2003, n.p.)

However, a closer look at Egale’s work within marriage provides some insight into how this “intersectionality” was envisioned and what was actually the practice. And it is here that Egale’s engagement with blackness is made evident.

In her article, “Marrying Citizens! Raced Subjects? Re-Thinking the Terrain of Equal Marriage Discourse,” Suzanne Lenon examines the racial constructions of same-sex marriage in Canada. A significant aspect of this construction is the use of racialized analogies where the experiences of “gayness”—specifically not being able to legally marry—is equated to that of “blackness.” Racial analogy, a neo-liberal technology, was put into service in order to secure this marriage “victory.” The narrative, cast within the legal arguments submitted to the courts for consideration, constructed a similarity between anti-miscegenation laws, segregation practices, and the plight of black people in the pre-1950s United States and the barring of lesbians and gay men entering into legal marriages in Canada. The use of these racial analogies does a few things.

It is a useful “emotive discursive tactic” that facilitates the creation and construction of a specific and particular type of Canadian “just gay” body/subject. It also perpetuates the Canadian narrative of racism as something that occurred not only in the past but also only outside of Canada—in other words, something firmly situated *in* the United States. Through this racial analogy, Egale suggests that the prevention of same-sex marriages in Canada was “just like” the racism, discrimination, and violence black people endured *in the United States*. Lesbians and gay men in Canada, in being legally prevented from marrying, it was argued, are “just like” African-Americans (tautologically heterosexual) in the United States—both “cultural” groupings are then understood to be 2nd-class citizens. By focusing on the experience of racism in the United States, both blackness and the realities of racism are overlooked and effectively placed outside of Canada. In addition, the deployment of this analogy productively constructs sexuality and race as separately occurring conditions where gay bodies then are understood as white and black bodies are understood as heterosexual. Thus, the discrimination targeting lesbian and gay people in Canada should be understood to be as repugnant as racism is in the United States, with lesbian and gay people suffering the same consequences as African-Americans (no mention of gender here) in the United States. To rely on racial analogies from the United States perpetuates a normative Canadian narrative that Canada, though burdened with the nastiness of homophobia (contrary to the narratives of niceness, innocence, and acceptance), is at least free from the social cancer/ills of racism that are rampant within the United States. Notably, placing black bodies into the United States makes absent the realities of blackness in Canada and Canadian racism. This is an interesting development, as this work of constructing the arguments in the legal, social, and public realms, occurred alongside Egale’s earlier consultations on the intersections of race and sexual orientation. In fact, when marriage was secured, spokespersons for the marriage fight were noted for saying “free at last” in their jubilation in this victory.

To construct a lesbian and gay body alongside a black body produces specific and particular knowledge about blackness in Canada. However, in this analogy, Egale was not referencing black bodies already present in Canada; the organization was, in fact, making an analogy to black bodies in the US. Lenon highlights the following excerpt from a factum, which reads,

Without equal marriage, a registered partnership would be a “separate but equal” regime, like the segregated schools that used to exist in the United States. . . . The [US Supreme] Court held that “separate educational facilities are inherently unequal” because to

separate students “from others of similar age and qualifications solely because of their race generates a feeling of inferiority as to their status in the community that may affect their hearts and minds in a way unlikely ever to be undone” (Brown v. Board of Education 347 U.S. 483. 1954). If the Canadian government legislated registered partnerships, it would be using the same strategy as the segregationists states. That strategy did not work then and it will not work now (Egale, 2003, p. 12). (Lenon, 2005, p. 417)

So even though Egale, in 1991, articulated the importance of communities becoming more inclusive and less discriminatory, in this instance they frame homophobia and racism as similarly situated analogous grounds; in doing so, Egale implies that lesbian and gay bodies in Canada are “just gay” bodies, who do not live their lives through racism and race. Here, the cohesive lesbian and gay community in Canada is one free of blackness and (American-born) racism.

Yet the racial analogies against which the “just gay” legal subject is being constructed articulates this subject as white and perpetuates the mythology that the subjects of those racial analogies, if they have a sexuality, are definitely not gay. Racial analogies are very powerful. I turn to the following excerpt, taken from the *Factum of the Applicant Couples 2003*, as cited by Lenon (2005), which states,

Segregation on the basis of sexual orientation . . . functions as a powerful symbol of deemed inferiority . . . The suggestion that there might be “alternatives” or even that what is already available “should be enough,” sends the message that gays and lesbians may ride the bus, provided they sit at the back. (p. 417)

To construct sexual orientation and race as separate and distinct identity movements, which may be parallel but are rarely in contact with one another, “represses and flattens out the messy spaces in between” (Mercer, 1994, p. 191). Lenon draws our attention to how this analogy of the “back of bus” can also be read. To be white is to have a choice of where to sit on that bus—front, middle, and even the back, if freely chosen. Being just-gay, it is argued, is not enough to deny the entitlement enjoyed by other white people—the freedom to choose where to sit when on the bus. What is evident here is the requirement for particular silences specifically in the “unmarked standard of whiteness.” This is what assists in the construction of “an essential, coherent gay and lesbian legal subject” (Lenon, 2005, p. 413). Lenon states, “The articulation of a ‘colourless’



category of sexuality within these submissions...implies that sexual difference is, in effect, *white* sexual difference” (p. 413). I contend that homonormativity privileges a certain coherent sexual identity over other incoherent sexual and gender identities, practices, and configurations.

How can/do Canadian gay and lesbian people understand themselves in the Canadian nation? To construct a lesbian and gay subject alongside a black subject is to produce (and declare) a white, gay subjectivity. This is the type of process that Bérubé (2001) speaks of in his work on “gay whitening practices” (p. 237). To rely on racial analogies from the United States perpetuates the national normative narrative that Canada is free from these unseemly systems of racism whilst confirming the erasure of “Canadian” black people. The ways in which blackness is used in the creation of Canada as a nation, through both colonialism and the institution of slavery, is an integral aspect in the continuing colonial project. And it is important to note that the space and place Canada, according to Katherine McKittrick (2007), “is deeply Eurocentric, exclusionary, and, in this case, bound up with black unfreedoms” (p. 100).

With marriage rights successfully secured, Egale Canada went through some upheaval, which resulted in a leadership change and, perhaps, a change in direction for the organization. One indication of such a shift is Egale’s participation with the “Stop Murder Music Campaign.”<sup>46</sup> This project ran from 2007 to 2008 and it was a very vocal campaign. The cornerstone to this campaign was the frequent refrain, “Jamaica is the most homophobic place in the world,” (alongside the pronouncement that “Canada is the greatest place to live”)—a much too simplistic and narrow interpretation of sexuality and homophobia in any region, including the Caribbean. Egale, as part of a larger coalition, or as leading this call, suggested that the work must focus on the homophobia LGBT people of colour faced in “their own” communities; in doing so, very little reflection was given as to how Egale was facilitating and furthering the racist stereotype of blackness and racialized communities. Not only did the coalition wish to limit the importation of “kill the gays” music and artists, it also wished to provide more support to lesbians and gays in Jamaica who were under attack. Through the occlusion of interlocking systems of oppression, Egale Canada, under the new regime, finds common ground by making homophobia the primary shared experience. While the campaign claimed to target the violence of homophobia in a Jamaican context, it was Egale’s liberationist discourse that became the growing problem.

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<sup>46</sup> Dancehall music that advocates for violence against gays and lesbians is categorized as “murder music.” Stop Murder Music (Canada) campaign for the end to music that calls for violence against and the death of gay people.

What is of note here is how whiteness and Eurocentrism framed the discussions of murder music. Though there were a variety of voices speaking out about murder music, the anti-black racism apparent in this work meant that “the” voice of reason was spoken through white supremacy and Eurocentrism. During the murder music campaign, blackness became framed as inherently violent, and perpetuated the epistemic violent framing that black gays and lesbians were in need of rescue from black heterosexuals. This was a shift from the previous arguments made while advocating same-sex marriage, where blackness was portrayed as the victim of the (American) state. Yet in both interventions, blackness is seen as a condition of elsewhere and only a recent arrival in Canada. The work just five years earlier, in “Building the Links,” was now a distant and unconnected memory.

## 2.2 “Queering” Black History Month

The Queering Black History Month campaign was a project run by Egale between 2009 and 2011. Egale’s tagline “How About Us?” argues that Queering Black History Month is a campaign that makes visible those that have been made *invisible* (for far too long) during Black History Month. Black, African, and Caribbean queers were recognized for their creative dedication and achievements and exemplary contributions to Canadian society (Egale, 2009).

Since the 1950s, Black History Month in Canada has been celebrated, observed, and acknowledged widely for many decades within various communities, schools, and municipalities. Therefore, it is interesting to note that Black History Month was not officially recognized until 1995 (by the Canadian House of Commons) and 2008 (by the Canadian Senate). According to the Citizenship and Immigration Canada website, the government provides the following information on Black History Month. It states,

Despite a presence in Canada that dates back farther than Samuel de Champlain’s first voyage down the St. Lawrence River, people of African descent are often absent from Canadian history books. There is little mention of the fact that slavery once existed in the territory that is now Canada, or that many of the Loyalists who came here after the American Revolution and settled in the Maritimes were Blacks [*sic*]. Few Canadians are aware of the many sacrifices made in wartime by black Canadian soldiers, as far back as the War of 1812. (Citizenship and Immigration Canada, n.d., n.p.)

During Egale’s Queering Black History Month campaign, a number of notable black queer and trans Canadians were honoured by the organization.<sup>47</sup> Egale argues that although Black History Month has been celebrated throughout Canada, honouring a variety of people who were educators, medical professionals, artists, economists, public figures, and human rights advocates, “the voices of Black, African and Caribbean lesbian, gay, bisexual, and trans (LGBT) people have been predominantly ignored” (Egale, 2009, n.p.). Egale argued that this poster campaign was developed to attend to the silences of and about LGBT Black people in Canada. One of the first recipients, Angela Robertson, also attests to its usefulness:

It serves as an affirmation both of the individual and as an historical marker for those who will be coming behind, particularly young people, those who will be coming out in places where there are no critical masses of people who look like them. . . . This is also a recognition of our contribution as racialized people within queer communities. (Rau, 2009, n.p.)

Nik Redman, also a recipient in the inaugural year, agrees that black queer people often get lost. He states,

There’s racism still in the queer community and obviously homophobia and transphobia in the black community. . . . Queer voices and trans voices are basically invisible a lot of the time in the black community. Black people and people of colour are often not visible in the LGBTQ community. It’s not even visibility, often there’s a failure to acknowledge that we even exist there. (Rau, 2009, n.p.)

How can Egale’s campaigning of “Queering” Black History Month be interpreted, not only in relation to the continuing anxieties of racialized sexuality but also in the continuing project of the constructing of a gay-*Canadian* subject? In exploration of this question, I return to the intriguing

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<sup>47</sup> Winners were selected by nominations submitted to Egale. Winners for 2009 were Trey Anthony (Toronto), Alexis Musanganya (Montreal), Angela Robertson (Toronto), Douglas Stewart (Toronto), Monica Forrester (Toronto), Nik Redman (Toronto) (Egale, 2009a). In 2010, winners were Ryan G. Hinds (Toronto) and Sadie Kuehn (Vancouver) (Egale, 2010), and, in 2011, Faith Nolan. An *Xtra!* article announced Faith Nolan (Halifax/Toronto) as the 2011 Queering Black History Month recipient, and carried an interview with Nolan: “When asked about Egale’s leadership award—given to Conservative strategist Jaime Watt in 2009 and TD Bank president Ed Clark in 2010—Nolan says she’s a little embarrassed that she didn’t know more about it before agreeing to be part of the Queering Black History Project. Still, she doesn’t mince words. . . . ‘That’s really unconscionable. I can see the strategy, because then they’re going to give them shitloads of money,’ she says. ‘But it’s problematic, because it takes away from the struggle of people on the frontlines.’ (*Xtra!*, Feb 10, 2011).

tagline of the campaign, “How About Us?” Is this the question that black people are asking of Egale? Asking of the Canadian government? Asking of “the” black community? Or is this *how* Egale hears and makes sense of criticisms brought to bear on their work in the arenas of same-sex marriage and murder music? Perhaps it is some of each. Who is the “us” in the “How About Us?” And how does this “us” connect with Egale’s “our” in the claim of “national organization”?

The spectacle of black people is used in the construction of a civil lesbian and gay Canadian community. “How About Us?” then frames and signals a particular trajectory of belonging expected of black people in the nation and, therefore, in queer community. Black History Month operates as a technology of colonial power used for managing where and how black people belong in and to Canada. Egale’s entrance into this “celebration” extends the discipline and surveillance of black subjectivity. These acknowledgements of blackness are important to note, as they reveal the nation’s continuing anxieties about black people in and of the nation and blackness as Canadian and Canadianness. If, like multiculturalism, we consider Black History Month an ideological state apparatus, it also becomes a device that constructs and ascribes belonging and political subjectivities to some, while denying it to others (Bannerji, 2000). And, as an ideological state apparatus, it directs surveillance, regulation, and normalization of bodies, this signalling parameters of belonging—specifically bodies that belong, bodies that do not belong, and bodies that are out of place—both inside and outside of this belonging.

Through this particular framing of the campaign, an intervention is attempted to disrupt the homophobia black queers face from black people. This focus is also very much in keeping with the 1991 panel, which noted that it is important to root out anti-gay discrimination in all areas. This work has an external focus, and does not interrogate how black queers are impacted by racism within queer communities, nor does it facilitate a disruption of systems of oppression that operate negatively on the bodies and lives of black queers. How are black, queered bodies understood in relation to Canadian subjectivity?

As with murder music, it is a particular form of blackness that is already understood as problematic—a blackness that is hyper-heterosexual and, therefore, hyper-aggressive/violent. And it is this predisposition of blackness that is implicated in the oppression of gays and lesbians, not only in Jamaica but also within black communities in Canada. Some of this is supported in the van der Meide report commissioned by Egale, yet it is also challenged, both in

that same report and during the “Building the Links” consultation. Nonetheless, the belief of blackness as violent remains.

Jamaica and black communities in Canada become “essentialized” and fixed. Fixating on the homophobia of blackness comes at the expense of exploring other systems of oppression and forms of relations that also exist—that are already present. This fixation is complicit in keeping blackness firmly in the past and, thus, perpetually in development but never quite reaching the modern. As a result, it is the condition of blackness that becomes the barrier to full liberation for black queer bodies.

Hope of inclusion does not ultimately disrupt practices of homophobia, racism, and transphobia. Nor has securing legal and civil rights shifted these practices. Therefore, I ask what else can be imagined beyond these neo-liberal imaginings of inclusion? What is left unconsidered by only focusing on the inclusion of black gay and lesbian folks into a federally, provincially, and municipally recognized Black History Month program and celebration? What other area is held outside of this space and, thus, beyond the practice of review and self-reflection? Perhaps something more transgressive could occur if the work was about re-thinking “homo-nation-space-place.”

### 3 Egale Canada and the anxieties of blackness

This chapter demonstrates that, in each of these sites, blackness is put to use in unique ways, specifically that of racial analogy, embodied violence, and developing black bodies in need of rescue. The texts from Egale guide the considerations of membership—who is included and who has been missing and othered and is, thus, in *need* of inclusion. Evident throughout this process and in the work of in the arenas of same-sex marriage, murder music, and Queering Black History Month is that EGALE/Egale Canada, much like Canada as a nation, has difficulty understanding the presence of blackness and racialization, (as) being within its midst.

It is important to re/visit Egale’s clarifications of purpose.<sup>48</sup> No longer is Egale known as “EGALE Canada: Equality for Gays and Lesbians Everywhere.” Instead, through the branding of

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<sup>48</sup> Egale Canada’s partner organization, Egale Canada Human Rights Trust (ECHRT), was founded in 1995 as a charity dedicated to advancing LGBT human rights through education, research, and community engagement, thus signalling its rootedness in a neo-liberal framework of charity and commerce—a normative business model. In addition, Egale also contributes to international equality initiatives such as the UN Conference on Human Rights,

“Egale Canada, *our* national lesbian, gay, bisexual, and trans (LGBT) human rights organization: advancing equality, *diversity*, education and justice” (Egale, n.d., .n.p.; emphasis added). This utterance of “our” and the deployment of “diversity” is important to note.

The use of diversity is a strategy that serves to manage normativity, harmony, and civility but, ultimately, does not facilitate a disruption of systems of oppressions (Ahmed, 2012; Mohanram, 1999; Mohanty, 2003). The baseline in the work of diversity is maintaining the status quo. Diversity work produces a culture of silence (Alexander, 2005; Mohanty, 2003) and, in effect, attempts to gesture to more diversity than actually exists. It would seem that the initial hiring of a diversity coordinator, in 2003, actually signalled the loss of the potential of a more critical edge. The work of “our” and “diversity,” in tandem to one another, “manufactures cohesion” when, in fact, cohesion does not exist and should not exist. Thus, the focus on connected systems of oppression have now receded from view. The potential of transgressive and radical transformation has been replaced with continuing attempts to include ethno-racialized bodies and Indigenous bodies within a colonial system of community and nationhood.

Over ten years ago the question was asked, what is the next queer war? (Fab Magazine, 2001) And while there has been some critique of the work of Egale, there has not been an in-depth examination of the organization or their work. Egale and discussions of racism must be taken up and this is what this chapter engages. The desire to be recognized is quite powerful and leads to the types of hegemonic bargains that continue to support the very system in need of change and disruption.

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the UN World Conference on Women, the International Year of the Family Conference, and the International Foreign Ministers Meeting at the Council for Global Equality (egale.ca). Recognizing Egale’s reputation in the area of LGBT human rights, senior officials at the US Department of Defense consulted with Egale when deciding the future of the “Don’t Ask, Don’t Tell” policy (egale.ca). This is particularly important to note as it does not intervene in militarization of bodies, but instead operates to have gay bodies also included in these acts of imperialism and militarization, thus fulfilling a particular understanding of Canadianness (see Razak, Dark Threats, White Knights).

## CHAPTER 4: “The Problem of The Color-Line”: Gay Blood and (Homo)Nationalist Desires

### Epigraph #1

*In the blood donor context, the stigma faced by MSM is unique.... There is a stereotypical association between gay and bisexual men and HIV that is compounded and reinforced by the CBS's refusal to accept any blood from MSM, and effectively, from gay and bisexual men. There is also a unique history of HIV stigma that stems from a period where gay men were “blamed” for spreading the disease to innocent victims. No other group faces similar issues. (Egale Canada Factum, p. 39n132)*

### Epigraph #2



Figure 4. It's in you to give.

### Epigraph #3

*The absence of any acknowledgement of histories of racialization in these studies, however, is startling when placed within a context of the history of scientific racism. Urgent questions remain about how current efforts to rebiologize sexual orientation might reflect or influence existing cultural anxieties and discourses about racialized bodies. (Siobhan Somerville, 2000, p. 167)*

Canadian Blood Services posits, “Becoming an blood donor is easy”; however the donor questionnaire process demonstrates that the process is not quite that easy. As stated earlier, Question 19 of the donor questionnaire reads, “Male donors: Have you had sex with a man even one time since 1977?” in effect excluding men who have sex with men and bisexual and gay men from donating blood regardless of their sexual practices. Blood is a site through which political power and action occur. How then is gay blood imagined and employed?

Through a variety of approaches, including the construction of political, social, and cultural visibility, lesbians and gay men in Canada have had varying levels of success in attaining normative citizenship (to be fully/just Canadian) and thus fulfilling desires of belonging and inclusion. These successes are often measured through removals and additions to provincial and federal laws: the removal of laws criminalizing homosexuality from the criminal code; the inclusion of sexual orientation as a protected status in human rights codes and the Charter of Rights and Freedoms; the removal, in the Immigration Act, of the embargo against homosexual immigrants; the inclusion and recognition of same-sex couples into the pool of couples afforded the legal right to marry and/or adopt children; and the desire for inclusion (even limited inclusion) of some gay blood donations in the national blood system. Shifting these particular moments of lesbian and gay Canadian experience to *the* definitive moments of lesbian and gay Canadian experience creates an often-deployed singular cohesive narrative, which posits lesbian and gay bodies as a containable nonporous “cultural” group that is easily identifiable within a larger Canadian multicultural framework. In this chapter, I explore how the political and legal activism to have gay blood included in the national blood supply employs the tenets of homonationalism, including the claims of sexual exceptionalism, regulation of gay identity, and the discourses of racial neutrality and colour-blindness. The legal mechanisms that have dictated the categorization of bodies through blood narratives, (blood protection and anti-miscegenation laws, blood quantum, and the one-drop theory) structure the ways in which we continue to speak about race.

This liberal inclusion of some lesbian and gay subjects is as much the consequence of homonormativity—a dominant form of sexual politics oriented towards privacy and domesticity—as it is of an animation of nationalism (Bacchetta & Haritaworn, 2011; Eng, 2010). A concept made popular by Lisa Duggan (2002), homonormativity sustains dominant



heteronormative assumptions of and about social life while fostering a gay sexual politic solidly anchored in the aspirations and dreams of what Laurent Berlant (2011) terms “the good life” fantasy, that is, normative kinship structures, self-realization, domesticity, and in this case, blood donation. The opportunity to donate blood becomes an experience that demonstrates one’s belonging. The drive to be recognized and recognizable within prevailing norms of authenticity, “requires that we subscribe to a practice that delegitimizes those sexual lives structured outside of the bonds of marriage and the presumptions of monogamy” (Butler, 2004, p. 115).

In September 2010, the Ontario Superior Court made a decision regarding the case between Canadian Blood Services and Kyle Freeman. In 2002 Kyle Freeman, a white gay man, sent an “anonymous” letter to Canadian Blood Services confessing that between 1990–2002 he had donated blood on a number of occasions. CBS was able to determine the sender of the “anonymous” email, and so sued Kyle Freeman for making false claims and putting the donor supply at risk. Kyle Freeman countersued Canadian Blood Services, claiming that the donor-screening process violated the Canadian Charter of Rights and Freedoms and discriminated against men based on their sexual orientation.

In her decision, Justice Catherine Aitken ruled that the CBS ban on donation was not based on discrimination against sexual orientation, but on health and safety considerations. The Court determined that Kyle Freeman was negligent in his misrepresentation and that he did not have a Charter defense to claim. Kyle Freeman was held liable to Canadian Blood Services for damages of \$10,000 (Aitken, 2010).

If the donation of blood is understood as a civilizing act and as part of a larger nation-building and citizenship project, it is then untenable to have “good” Canadian gay subjects—homonormative citizens—prevented from donating blood. Egale Canada, the Canadian Federation of Students, and editorials in Xtra! question whether the logic surrounding the narratives of blood safety and blood donation are justified in light of the legalization of same-sex marriages.

## 1 It’s in (hey) you (there!) to give

When you click on the “Donor” section of the Canadian Blood Services website, you are met with a picture of a white man, with his right arm outstretched, as if he is about to roll up his sleeve, preparing to donate blood (see Figure 4). The text begins with the statement, “Donors are

the heart of our blood supply system...” and closes with gratitude and a seemingly tender and gentle command, “If you are already a donor, thank you; if not, *‘it’s in you to give.’* Please book an appointment today.”

The statement “It’s in you to give” not only beckons donors but also hails national subjects, specifically those who participate in the safeguarding of the nation, in this case through the gifting of their life-giving blood. Drawing from Althusser (1970), and his discussion of the police officer who calls out “hey you there,” the Canadian Blood Services tagline seems to hail prospective donors individually, as though they have been personally been called. However, not all people who respond are actually the object of the hail. While one may feel that the call “it’s in (hey) you (there) to give” is just for them and excitedly begin the process of assessment, the subject position of donor may prove elusive. Participating in the assessment process, by completing the donor questionnaire, may however produce surprising results, in which the one who responded to the call is, instead, assigned a different, othered, subject position.

The Canadian Red Cross Society first developed the public’s interest in becoming blood donors with a campaign urging individuals to “make a date with a soldier,” “YOUR BLOOD Can Save Him,” and “GIVE/DONNONS.” After the tainted-blood scandal, this desire was renewed through Canadian Blood Services hail—“it’s in you to give,” which called on Canadians to live up to a presumed image of citizens who were gracious, generous, reliable, and selfless in their desire to help their fellow Canadians.

With a tainted community now imagined and defined, Canadian Blood Services has borders and regulations firmly in place that confirm and confine the relationship between “the donor” (self) and the “perpetually estranged” other (not self). As a tool of Canadian nationalism, Canadian Blood Services must ensure that the narratives of the nation are not only diligently adhered to, but also protected and secured. However, “good” gay citizen-subjects, who are now married and engage in practices of child rearing and kinship relation building, believe not only in the nation and in actively supporting the nation, but also in the *purity* of their blood and their *right* to donate. Kyle Freeman took what he felt to be necessary measures in order to pass the donor questionnaire and fulfill his desire to be a blood donor. Freeman heeded the call “it’s in you to give” and felt it was his civic and patriotic duty to answer this call.

## 2 Encoding “just-gay” blood knowledge

Xtra!, a publication that describes itself as Canada’s gay and lesbian newspaper, published a number of stories between 2007 and 2011 regarding Canadian Blood Services’ gay-blood ban. It is important to interrogate how messages about gay blood are encoded through these stories. Stuart Hall (1992) discusses how encoded messages are produced in the form of meaningful discourse, thus allowing for messages to be deployed widely and producing the parameters in which blood donation and delimited gay subjectivity are discussed.

Krishna Rau’s May 23, 2007 article, “24 years on, banks won’t take gay blood,” sets the parameters of how gay blood was and will be thought of. In this article, Rau reports on then Ontario Health Minister George Smitherman’s musing about blood donation. Smitherman, a white gay man, is quoted as stating, “On a personal basis, I’m a gay man who would like the opportunity of giving the gift of life. So I do feel that progress ought to be possible, and we should be working towards those things” (Rau, 2007a, n.p.). This article identifies that not only are bisexual and gay men permanently banned from donating blood but also that Health Canada is reluctant to discuss possibilities for change. Rau draws on a number of events in this article, including the tainted-blood scandal, HIV/AIDS narratives, and statistical information on infection rates.

In this early article, two instances of the racialized narratives of HIV/AIDS are discussed. Rau (2007a) draws attention to the Canadian Red Cross Society’s ban of Haitian people donating blood in 1983. He states, “That policy sparked charges of racism, and led to heated demonstrations.... That ban was lifted around 1990, when the US also lifted a ban on Haitian donors” (n.p.). Rau also makes use of an interview by Winston Husbands, “the co-chair of the African And Caribbean Council on HIV/AIDS in Ontario and the AIDS Committee of Toronto’s director of research and program development” (n.p.). Husbands provides statistical information on infection rates throughout Africa and the Caribbean region.

What is remarkable about the statistics Husbands provides is that they are drawn from an interview given a year *before* Rau’s (2007a) article was published. This information serves multiple functions. Most directly, it provides information on how Haitian people, and later African people, were targeted by the blood system. However, while the article offers a critique of the continuing exclusion of gay men, it does not offer a similar critique of the exclusion of

African people. By relying on an interview conducted the previous year, the reasons for this ban of African blood are read as legitimate and justified. What would Winston Husbands have offered if Rau had interviewed him specifically for this article? Would a more nuanced assessment of the blood bans have been offered? Instead, this information becomes a placeholder for a static and rigid reading for the ban of Haitian and African blood—a confined and contained ban that is decidedly separate and distinct from the gay-blood ban.

Rau (2007a) informs his readers that at the time of publication there had been a number of conversations between Egale Canada, the Canadian AIDS Society, and Canadian Blood Services regarding the gay-blood ban. He suggests to his readers that the resolution will not be found in these conversations but through the courts, “as with so many other gay rights issues” (n.p.). This initial article begins to map an articulation of the regulation of gay blood and identity.

In a subsequent article, published on November 22, 2007, Rau (2007b) shares details about student protests on university campuses. His article, “UWO students protest gay blood ban” reports on the activities of the group Standing Against Queer Discrimination, including a “die-in” outside of a Canadian Blood Services donor clinic held on the campus. Students held signs shaped like tombstones with the message “Homophobia Kills.” As noted in the article, this university student-led protest was part of a larger chorus of political actions.

On January 8, 2008, Josh Ginsberg published an article exploring the protests at McGill University against Health Canada and Héma Québec<sup>49</sup>, the Québec branch of Canadian Blood Services. Ginsberg’s article outlines the concerns and framework this student action, which was supported by the undergraduate student union. Ginsberg notes, “The McGill student union’s constitution helped bringing the debate to the fore. Its progressive language framed the issue in terms of minority rights, provided a solid justification to take action on the blood drive issue, and ultimately got the student union behind the cause” (n.p.). Protesting campus blood-donor clinics was an effective practice as Canadian Blood Service relies heavily on university populations for blood donations; thus, these protests caught the attention of the agency and Health Canada.

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<sup>49</sup> Adrian Lomaga brought a suit against Héma Québec, in small-claims court which he started when he found out he was ineligible to donate (Ginsberg, 2008). However, it soon became apparent that since Héma Québec can only change the donor questionnaire with approval from Health Canada, the Federal government was added to the suit and the case was transferred to the Québec Superior Court. On April 1, 2001 Adrian Lomaga withdrew his lawsuit against Héma Québec stating that he anticipates the deferral period imposed on men who have sex with me to be reduced to five years.

Ultimately the push to challenge the donor-screening practices travelled to campuses across the country.

The Canadian Federation of Students (CFS) is a coalition of university students who advocate for “a system of post-secondary education that is accessible to all” (Canadian Federation of Students, 2010). The CFS “End the Ban” campaign lobbied Canadian Blood Services for policy changes regarding the gay-blood ban. The campaign material included the use of posters, buttons, flyers, and postcards. On the front of one of these flyers (see Figure 5) is a picture of Marco, a black man, who is wearing a jacket and with hands tucked into the pockets. On the reverse side, a joint statement of the American Association of Blood Banks, the American Blood Centers, and the American Red Cross is quoted. It reads, “The current lifetime deferral for men who have had sex with other men is medically and scientifically unwarranted and [we] recommend that [the] deferral criteria be modified” (Canadian Federation of Students, 2010, n.p.)



Figure 5. End the ban!

In arguing for an end to the ban, Canadian Federation of Students relies on three governing tropes: sexual exceptionalism, regulation, and colour-blindness. Marco is presented as a family man. He has been in a monogamous relationship for over six years and he simply wants to be a good family man by donating blood to help his sister. Marco's commitment to his boyfriend (through monogamy) and his sister (through his desire and need to provide help) speaks to a normative standard of care expected of good citizen subjects. This is a trope that is evident in the earliest of blood-donor campaign material.

However, it is the use of Marco's image that I find intriguing. Does his being a black man further support the arguments to end the ban against bisexual and gay men? I suggest that the use of his image is actually a multiculturally inspired practice of race neutrality and colour-blindness. According to the *Encyclopedia of Race, Ethnicity, and Society, Volume 3*, "Color blindness expresses the idea of a nonracial society wherein skin color is of no consequence for individual life chances" (Schaefer, 2008, p. 320). However, continuing systems of oppression, including racism and homophobia, undermine this unspoken claim to race neutrality. I believe the use of Marco's image is an attempt to speak to a discourse of diversity, which fails since the campaign does not address questions that also impact the life of queer and trans people—specifically the question regarding "African blood." The baseline in the work of diversity is maintaining the status quo. Diversity work produces a culture of silence (Alexander, 2005; Mohanty, 2003) and, in effect, attempts to suggest more diversity than actually exists. To present Marco, on this postcard, as "just" a Canadian gay man prevented from donating blood based upon the single axis of homophobia is disturbing. The use of blackness in this image attempts to portray, visually, an inclusive and coherent gay community, where homophobia is the primary system of oppression that must be rooted out. This deployment of Marco obscures the relationships with white privilege that are already present, thus obfuscating the vital and necessary information of the presence of racism. The ban against "African blood" is not considered as an important and necessary proximal moment with the gay blood ban. Marco is more than "just gay" and thus there are other important barriers that may prevent him from donating his black-queer-diasporic-blood.

During the CFS campaign, more articles began to appear in Xtra!—this time with a greater focus on Kyle Freeman. According to Neil McKinnon's October 14, 2009 article, "Freeman... donated blood...many times because his father was also a blood donor, and he believed that donating

blood was an act of patriotism and the ‘ultimate gift you could give someone’” (McKinnon, 2009a, n.p.). Freeman began donating blood through the Canadian Red Cross and continued with Canadian Blood Services. He believed in public service and acts of patriotism and states in the article that he joined the Military Police while in high school because of this belief (McKinnon, 2009a, n.p.). In these subsequent articles, Kyle Freeman begins to be constructed as an ideal gay blood donor.

In the article, “In Defence of Kyle Freeman,” Marcus McCann (2009) offers the following observation, “Kyle Freeman has admitted to doing something that hundreds of gay men have done. He has donated blood, lying about his sexual history in order to do so” (n.p.). McCann goes on to state,

His sexual history, now being aired for the public in an Ottawa courthouse, shows that he was a conscientious blood donor: he donated blood only when it was safe to do so. He didn’t discount himself as a potential donor when he was having sex with condoms or while in monogamous relationships. And he waited six months before donating blood if he had had an encounter he felt might have put him at risk of HIV infection. (2009, n.p.)

This narrative, similar to the one used to describe Marco in the CFS campaign, is used in the composition of Freeman as a responsible and ethical citizen. Although already included into the nation in important ways—military history, monogamous marriage, and secret blood donor—Freeman is not satisfied with having to lie. He states,

[When answering the blood donation questionnaires], my stomach would turn. I’d be embarrassed, ashamed. I felt like a criminal. It felt like I was doing something bad, even though I was trying to help people. *I knew my blood was pure*, but I just felt guilty [for lying]. (McKinnon, 2009a, n.p.; emphasis added)

In an attempt to alleviate his guilt and have his “pure blood” included, Freeman sent what he thought was an anonymous email to Canadian Blood Services. He states in that email,

I am a gay man and have been involved in a long-term committed relationship... Both my partner and myself [have] been tested for the HIV virus [sic] and are both negative and intend to stay that way. We are both very honest people and are both blood donors (McKinnon, 2009a, n.p.)

In this email Freeman is attempting to claim official recognition for his rightful position as a blood donor. However, in sending this email, a long and contentious court process was initiated.

The following month, Freeman's family and friends offered supportive, compassionate and heroic accounts in McKinnon's article, "Gay Blood donor Kyle Freeman's PR war" (2009b). According to McKinnon, Freeman says of himself,

I don't think I'm a hero or pioneer. It's about believing in what's right. Lawyers can argue the hell out of it. At the end of the day, there are people who need blood and there are healthy donors. There's no rational basis, medical or scientific, to exclude gay men from giving blood. (n.p.)

And while his husband, Vince Freeman, speaks of how proud he is of Kyle, it is his long time friend, Didier Pomerleau, who offer this thought, "It's about time somebody does something.... It's a bit like being friends with Rosa Parks in the 1950s" (McKinnon, 2009b, n.p.).

The invocation of Rosa Parks, a black woman and civil rights icon, as an appropriate analogy for the legal challenge brought by Kyle Freeman is a key element in the construction of an exceptional Canadian gay-blood subject. The use of (largely American) racial analogies to further a homonormative white Canadian gay agenda is a common trope, as was evident in the arguments put forward to secure marriage rights in Canada.

The news articles and the "End the Ban" campaign by the Canadian Federation of Students facilitated a framing of discussions both inside and outside of the legal proceedings. These articles provided instruction on how to *read* the gay-blood ban and Kyle Freeman's commitment to blood donation. Engaged in a form of storytelling, conveying an interpretation of the blood practice of donation and the accompanying plight of gay men, these stories facilitate the construction of a justly aggrieved "just gay-gay blood" Canadian subject/community.

Freeman's claim of monogamous marriage signals the type of loyalty to the nation that has previously been reproduced through hetero-normativity (Alexander, 2005). Marriage, monogamy, and blood donation are a demonstration of a homo-normative framing that also operates in the reproduction of heteropatriarchy—a homo/heteropatriarchy, if you will.



Reliance on the court for remedies is a long-standing tradition in the desires for inclusion and in attempts to rectify discrimination. The Freeman case is another example of an appeal to the courts to intervene and bring an end to the practice of homophobic discrimination. Egale Canada intervened in this case and offered a number of arguments in support of amending the donor questionnaire.

### 3 Egale intervention

Legal interventions into blood knowledge have operated as a normalizing mechanism through which people and populations are (and have been) transformed and controlled. Narratives of blood have been deployed to mold identities into a form most desirable by the nation-state—the colonial government. Citizens and those wishing to be considered citizens have also personalized this process.

In this section, I focus on the factum submitted by Egale Canada and on narrow sections of Justice Aitken’s decision. I bring to bare on this interrogation, the examination of Egale in the previous chapter, specifically Egale’s deployments of blackness. Citizenship, though normatively imaged as simply embodied, is not a universal desire. My interrogation of these documents focuses not simply on an ill-fitting citizenship, but on the danger of this inclusion—murderous inclusion (Haritaworn, Kuntsman, & Posocco, 2013). The belief that inclusion of sexual minorities signals a progressive politic or a developed nation-state is no longer viable. Here I read for the ways in which blackness continues to be deployed and for its necessity in constructing a homonational gay blood subject.

At this present neoliberal juncture, an effective practice of inclusion of coherent identities, alongside the exclusion of incoherent others, is required. An example of this is Egale Canada’s claim that there is no other group that can be referenced as being “similarly situated.” Egale Canada (2009) states in their factum,

It does not matter if CBS makes similar assumptions about other groups or treats other groups the same if these assumptions and treatments are unfair or demeaning. The problem with comparing two groups who may both be subject to practices that are an affront to dignity is that one tends to get caught up in the comparison, looking at who is being treated worse, *without engaging in an analysis of whether such practices are*

*inherently discriminatory. It becomes a race to the bottom.* Engaging in such an analysis is effectively a return to the “similarly situated test” that was once employed by courts in determining equality rights. (p. 39n131; emphasis added)

This statement is interesting to note. As demonstrated in the previous chapter, Egale actively employed the legal tactic of comparison and analogy in their efforts to secure marriage rights. This different legal tactic requires that they set the gay blood donor apart from any potentially confusing complications. Whilst arguing for a need to analyze whether exclusion of particular people and blood is inherently discriminatory, Egale instead focuses on a limited framing for gay blood and an exceptional gay identity. I believe that this circumscribed view animates the “race to the bottom” they find problematic. Legal recognition relies upon the economy of coherent, easily imaged subjects who are willing to participate in their own self-regulation.

The signification of HIV/AIDS was based upon racism, homophobia, and sex phobia/panic. Gay men, Haitian people, sex workers, and those drug-involved were all cast as the bodies in which the virus was created and as the people responsible for spreading the disease (Patton, 1990; Treichler, 1999). Homophobia, racism, and sex-phobia/panic worked simultaneously in the spread of HIV/AIDS. Therefore it is surprising that Egale (2009b) states in their factum,

In the blood donor context, the stigma faced by MSM is unique.... There is a stereotypical association between gay and bisexual men and HIV that is compounded and reinforced by the CBS’s refusal to accept any blood from MSM, and effectively, from gay and bisexual men. *There is also a unique history of HIV stigma* that stems from a period where gay men were “blamed” for spreading the disease to innocent victims. *No other group faces similar issues.* (p. 39n132; emphasis added)

This assertion is Egale’s attempt to distance itself from other, also-relevant questions that they are not prepared to challenge. This bid for inclusion is dependent on the practice of exclusion. Dispossession and (un)belonging are necessary for these very conditions of inclusion to occur. Through their aggressive silence regarding other relevant questions, Egale is complicit in the perpetuation of racist tropes found in the discourses of “African AIDS.” By suggesting, “no other group faces similar issues,” Egale Canada discounts the complicated realities in which lives are lived and experienced in support of an easily regulated gay blood subject. Systems of racialization and white supremacy are maintained through blood, HIV/AIDS discourses, and the

law. Narratives of blood are animated in the categorizations of bodies through the conditions of raciality. By identifying these specific sections from the *Egale* factum, the process of “gay whitening practices” and the encoding to gay blood are made observable.

Both this factum and the Freeman court case were engaged with shifting the characterization of certain gay bodies from that of “bringing death” to that of “giving life.” Attempting to convey that gay people “should not... make a difference” (Titchkosky, 2003, p. 525) in securing a safe blood supply. However, not all gay, lesbian, queer, or trans people are eligible for this shift in structure. Facilitating this shift required collusion with the national sentiment of the altruistic blood donor, as exemplified by CBS’s position that “blood donors are the lifeblood of their communities” (CBS, n.d.b.). *Egale* Canada argues, “The MSM deferral policy arbitrarily denies gay and bisexual men the opportunity to achieve this status” (2009b, p. 41n140). The factum continues, “MSM are denied the positive affirmation that such altruism [the donation of blood] inherently entails... the MSM deferral policy bars gay and bisexual men from a forum for civil participation...” (2009b, p. 42n142).

This desire to participate in “a forum for civil participation” is tethered to the gains made by the LGBT community (*Egale*, 2009b, p. 43n148). The refusal for monogamous, married gay men “is an... affront to dignity to gay men, considering the struggle that they engaged in to give these relationships legal status” (*Egale*, 2009b, p. 44n148). This claim to respectability endeavors to “degay” the cause of HIV/AIDS (Patton, 1990, p. 116). The process of having gay blood transitioned into the larger blood supply seeks to limit the surveillance on some gay bodies while increasing the surveillance on othered queer and trans bodies. These racialized sexually transgressive bodies are considered irredeemable, monstrous, and tainted.

## 4 Blood (donation) law

Sexual orientation is a protected ground within the Charter of Rights and Freedoms. While sexual orientation is considered a personal attribute, individual lesbian women and gay men should still have access to the same privileges of citizenship as heterosexuals (Lenon, 2008). There are limits, however, with the reliance of the Charter in securing legal rights. Legal tactics employed by *Egale* Canada have included demonstrating that some gay and lesbian people are compatible with normative values and excel in sexual citizenship. And this is the challenge faced by *Egale* Canada and Kyle Freeman in their attempts to have gay blood regulated sufficiently

(categorized between high-risk and low-risk gay blood) to be included in the national blood system.

The legal system, as it is currently structured, ultimately operates to support current and existing social and political arrangements. Thus, in order to have gay blood considered for inclusion in the national blood system, it must first be made to fit within current parameters of inclusion and normalcy determined by delimited discourses of health and safety. The parameters of expert witnesses, claims of objective science and rationality, and the spectacle of the tainted-blood crisis limited the possibilities made available to Justice J. Aitken in the court's decision. As stated earlier, HIV/AIDS has had devastating effects, however it is necessary to interrogate the discourses that have also served to perpetuate these traumas.

Law is a tool of the state and has been used to aid in the sanctioning of the political will of the nation. Law works to simultaneously delimit and expand the continued narrowness of legal meaning and representation. Yet the law is not a neutral site. In this case, its intervention to maintain an abbreviated and uncomplicated blood donor was decidedly affected by the political restraints of the time. Unable to operate outside of normative legal and political parameters, the decision by Justice Aitken is neither surprising nor unexpected. The judge drew from case law, the Krever Commission, and expert scientific and sociological testimony. Most notable is Justice Aitken's statement that

The act of giving blood is a completely voluntary endeavour. No one is obliged to give blood under the law. No one suffers any consequence under the law for not giving blood or for being in a group that is excluded under the guidelines from the pool of potential blood donors. In this way, no greater burden of the law is imposed on MSM than on anyone else in Canadian society when it comes to blood donation. (Aitken, 2012, p. 90n406)

The judge was unable to conceptualize the implications of blood within nation making and conditions of citizenship. In addition the system, as currently structured, does not allow for nonnormative, transgressive or decolonizing readings; this is a cleavage that cannot be breached in and through the court system. Neither Kyle Freeman or Egale Canada were able to convince the court that the restriction to donating blood was, in fact, an indication of limited citizenship.

How queerness and racialization interlock becomes a critical factor in determining whether and how the turn to life is experienced, if it is experienced at all (Puar, 2007, 2008). As a critique of lesbian and gay liberal-rights discourses, homonationalism attends to how such discourses produce narratives of progress and modernity that continue to accord some populations access to cultural and legal citizenship at the expense of the delimitation and expulsion of racialized others (Bacchetta & Haritaworn, 2011).

Failure to acknowledge racism as integral in the discursive narratives used to structure gay blood and safe blood practices is indicative of the over-determined isolation of gay blood evident in a framework of race-neutrality and colour-blindness. The ideological commitments to having some gay blood included comes at the cost of seeing African blood framed as being firmly rooted in the dystopic tropes of death, disease, and endemic illness.

Egale Canada implies that lesbian and gay bodies in Canada are *just* gay bodies, who do not live their lives through racism and race; where the cohesive lesbian and gay community in Canada is a community free of racism, and where black gay bodies are impacted by the single axis of homophobia. This attempt to construct a cohesive gay and lesbian community perpetuates the normativity of whiteness. The acceptance of gay-blood bodies as life-giving blood donors shifts the prevailing narratives that construct gay bodies as endemic bodies who are dangerous to the public and, as a result, further brings these bodies into the nation.

Even though the court did urge the Canadian Blood Services to revisit the ever-increasing “indefinite deferral” of men who have sex with men, to believe in black queer and trans life is to seek something beyond the neoliberal frame of Canadian homo-multiculturalism. Contemporary articulations of sexual citizenship are not only complicit with a conservative, neoliberal colonial Canadian nation; they are also predicated on foundational Canadian national mythologies that inscribe whiteness as the embodiment of legitimate citizenship and belonging (Bannerji, 2000; Thobani, 2007). These narratives grapple with a range of cultural and political processes occurring in contemporary lesbian and gay politics that interpolate a normatively raced, gendered, sexed, and classed Canadian (homo)sexual subjectivity to uphold the modernity of the white colonial nation-state. The social arrangements that produce meanings regarding sexual behaviour also constitute appropriate sexual conduct through technologies including the blood system and the donor questionnaire. There is a need, therefore, to be racially cognizant to

interrogate how racialization affects our daily lives. Blood narratives animate this racialization in how we imagine belonging.

Thus, moving away from an individualistic liberal framing will demonstrate that taken-for-granted solutions to inequality and discrimination are not value-free. A decolonial approach requires an interrogation into the types of knowledges, institutions, and questions that remain understudied.

## CHAPTER 5: “A Queer Too Far”: Blackness, Transgressive Possibilities and the Blood-Donor Questionnaire

### **Epigraph: Black/African blood**

*The rationale for question 30 is articulated as follows. 1. Geographic Deferrals: People who have lived in certain regions of Africa, who may have been exposed to a new strain of the virus that causes AIDS (HIV-I Group O), are not eligible to donate blood. People who have received a blood transfusion while visiting there or who have had sex with someone that has lived there, are also not permitted to donate blood. This is not based on race or ethnicity but possible exposure to HIV-I Group O. Countries included are: Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger and Nigeria. (Canadian Blood Services, Indefinite Deferrals)*

In Canada, the conjunctural positioning of blackness within sexual liberation, sexual exceptionalism, and same-sex state-sanctioned victories frames how these occurrences are desired, imagined, and measured. In fact, the queerness of blackness, and the ways in which it is deployed, has come to frame “the proper”—including objects, matter, bodies, and blood. This chapter considers the queerness of blackness and blood through an exploration of the donor questionnaire (See Appendix).

Canadian Blood Services argues that its required donor questionnaire is specifically designed to effectively screen potential blood donors. The questionnaire asks a number of questions regarding travel, medical background, drug use, sex, and sexual encounters. Also included, as stated earlier, are questions regarding geographic locations, ostensibly to determine where one is “from,” where one has been (and for how long), and the range and scope of sexual contact potentially engaged in whilst there.

The donor questionnaire became a procedural tool that could produce and compel “the truth” from a person, about their bodies and, therefore, their blood (Foucault, 1990). The donor questionnaire is designed to facilitate the identification of potential blood-borne diseases, but in practice the questions have been most closely directed at preventing a reoccurrence of an HIV/AIDS outbreak in the “general”—presumably largely uninfected—population.

Contaminated blood is both an imagined and realized national fear—a projected fear that is taken up collectively and carried in the imaginations of the populace. As stated earlier, contaminated blood is often imagined within the bodies of particular people, from specific locations. Question 30 contains one such imagining of these contaminated qualities—the infected properties of black/African blood.

As McKittrick and Woods (2007) state, “identifying the ‘where’ of blackness in positivist terms can reduce black lives to essential measurable ‘facts’ rather than presenting communities that have struggled, resisted, and significantly contributed to the production of space” (p. 6). The inclusion of blackness in the donor questionnaire and the subsequent exclusion of blackness from blood donation and debates regarding blood donation is part of “long-standing spatial displacements of black peoples” (p. 8). These deployments of blackness indicate that black bodies are “removable insiders.” Canada’s anti-black, racist, historical, and contemporary



realities are often nationally and publicly obscured by narratives that frame Canada as innocent and free of the “ugly” realities present elsewhere. Blackness becomes the convergence of race, sexuality, and space, and also the figure of production within the materiality of blood, bodies, place-making, and donation.

Blackness is often tethered and untethered from Africa. Blackness is not simply a single black community; however, blackness is a social and political identity in need of constant interrogation. I believe that blood narratives discussed earlier, such as miscegenation, speak to the discourse of “black pathology.” I believe that Question 30 is impacted by these narratives and *also* trades on the tropes of a dark dangerous “black Africa.” I believe that the racialization process of colonialism heavily relies upon the cataloguing of particular bodies as black. And I believe that the Canadian narratives that often frame blackness as a recent and surprising arrival in the nation facilitate a continued reading of Question 30 as being about a containable elsewhere.

Racialized sexuality in Canada remains an unresolved anxiety and, as such, the black body persists as a strange, *queerly* positioned body. Use of the term “blackness” allows for an acknowledgment of the impacts and effects of colonization while simultaneously exploring the diasporic nature of black bodies. To facilitate this deeper examination of transgressive options and possibilities, this chapter takes a closer look at the donor questionnaire and the knowledges it produces about blood, bodies, and the queerness of blackness.

## 1 The donor questionnaire

It is important to note the scope and breadth of the questions on the donor questionnaire,<sup>50</sup> for each question works in tandem with the others. This collection of questions is intended to draw a complete picture of the person attempting to donate blood, so that only ideal donors are chosen. However, the collection of questions is also part of a larger, vibrant conversation that reveals the messy, and complicated, realities of blood narratives. Narratives of blood are much more complicated than the simply stated, either/or binaries of “giving life” or “bringing death.” Blood, including the blood collected for the purposes of donation, flows amidst a much larger field of reference in which “giving life” (turning towards) and “bringing death” (marked for) are but two

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<sup>50</sup> The donor questionnaire was modified in July 2013; changes to Question 19 limit the deferral period to five years. In this chapter, all questions cited are from the pre-July 2013 donor questionnaire.

possibilities. Thus, HIV/AIDS revealed the already-imagined stranger as a clear and present real-life threat. What does it take to change this conception of a recognizable stranger who brings death? By design, the people whose bodies are considered to be potential bringers of death are unable to make claims of innocence or victimhood as they are normatively positioned as always-already steeped in the dystopic conditions of degradation and foreboding—even though there has not been a fixed historical point where cultural purity was present (Browning, 1998).

The work to modify Canadian Blood Services' gay blood ban also grapples with these considerations of life and death, specifically the push to have gay bodies “folded into life” (Puar, 2007, p. 32). Following Foucault, the hermeneutics of blood operates in the management of populations through the categorization (and, thus, creation) of multiple body types and the delimiting of those of the nation, those outside of the nation, and those considered out of place/outer-national. As such, deferrals based upon geographic location (e.g., Canadian Blood Services' ban against Africa and Africans) become significant when interrogating Canadian gay-blood bans and attempts to decolonize normative narratives of blood, blood donation, and blood safety. The seemingly strange and non-normative people positioned as not only potential but also very real sites of contagion and contamination become burdens that must be contained. The resulting implementation of excessive monitoring and exaggerated regulatory tools, operates through the limited and restricted parameters of (homo)sex/uality, specifically within relation to identity. This context underscores the importance of using a black queer diasporic analytic, which draws on an already present lineage of black queer thought, to interrogate the donor questionnaire and to seek out transgressive possibilities of the queerness of blackness that insist upon potential possibilities for imagining transgressive futures.

Blood and donation narratives have been repeatedly conjured, through varying and uneven distributions of knowledge and practice, to produce the historical ontology of sex (and health). This narrative structure has organized the groundwork for a prodigious range of nationalist projects, including the intervention into the “just gay” blood-donation deferrals. However, the blood narratives found in the donor questionnaire indicate the “manifest contradictions and intricacies of sexuality” (Eng, 2011, p. 195), as well as the categorization of blackness as chaotic and in need of control.

Nations have laid claim to space and place through the signification of blood. Nations use blood narratives to facilitate the language of lineage and purity and to dominate and inform the manufacturing of the nation-making process, the national identity, and the body politic. The presence of disease not only marks those who do not belong to the nation, but also signals the types of behaviours that needed to be corrected. The measure of blood and disease also become an articulation of character—not only of individuals but also of the nation as a whole. The presence of disease marks specific people as interlopers and not as good Canadian citizens. The implementation of blood Protection laws, miscegenation, and blood quantum have become, in the end, measures of the *failure* of nations in the attempts to manage whiteness, heterosexuality, and borders—measure of, as Sexton (2008) states, a nation’s “inability to totalize its reign over the multiplicity, the passion and excess of the outside” (pp. 224–225).

Within the analytic of study I propose in this project, racialized sexuality, blackness, and decolonization are central in the examination and blood and donation narratives. In restructuring anew the narratives of black blood, there are numerous queered historical and contemporary moments that must be engaged. Therefore, it is important to consider different approaches, conjunctural narratives of blood, and trajectories of unbelonging that offer greater possibilities for transgressive and decolonial transformations.

## 2 The failure of the donor questions

Blackness is an important consideration in any and all discussions of settler colonialism, specifically in relation to liberation and decolonization. This “different” and “othered” subject position informs tentative inclusions, such as the donation of black stem cells, yet excludes black bodies from blood donation. How do these tensions exist and what information is provided? How can black-gay blood be acknowledged in this moment?

The drive to change the designation and narration of gay blood as the blood-of-disease-and-death to, instead, a narrative of life-giving blood and a therefore necessary component *in* the national blood supply become the significant impetus behind the targeting Question 19. For this shift to occur, as discussed earlier, Question 19 is purposefully separated from other narratives—other proximal moments—that also have the potential to disrupt the genealogy of constructed truths of blood in which contemporary narratives of homonationalist gay blood reside.

As previously discussed, the tagline for Canadian Blood Services is “it’s in you to give.” However, while one may feel that this call “to give” is directed at them, the participation in the assessment process, including completing the donor questionnaire, may produce (un)expected results in the form of their indefinitely deferred exclusion.

The donor questionnaire consists of a series of multiple-choice questions reminiscent of school exams; it invites participants to provide an answer that best reflects their location, position, and place. The participant fills out the first of two sections (Questions 1–13) directly, but Questions 14–30 are asked *of* the participant by the clinic worker. With the donor-screening process currently employed, after donation has been made, the donor may indicate (anonymously) if their blood should be used or destroyed. At issue here is whether clinic workers are also given a tag they can place upon the bags of donation that indicate their own assessment of whether blood should be used or destroyed. During the Krever Commission, it was revealed that nurses who found donors visibly ill, or in some way “suspicious,” would tag their donation to be eliminated and, subsequently, destroyed. These practices were, in some cases, policies of individual clinics and, in others, a practice of just the individual nurses (Parsons, 1995). Although all blood goes through a testing process, according to Canadian Blood Services, the tests currently available and in use are unable to capture all strains of HIV; specifically, they note an inability to identify HIV-O, which they determine is geographically specific to “Africa,” even though there is evidence that this strain is also found in other regions, including Europe and North America. So perhaps these extra layers of surveillance—anonymous confessions and clinic-worker judgments—are understood to apprehend the blood that passes the testing but may house as-yet undetectable, deadly infection(s). These are not infallible systems. Borders have always been porous.

This shift of potential donor from subject to object in the liminal space between Question 13 and Question 14 is significant for its transition from confession to surveillance. In this space between the two questions, the blood donor moves from the subject of confession to the object of interrogation that “incites” truth from participants. But instead of thinking one’s self into donor subjectivity, what would it mean to think one’s self out of it? In thinking one’s self out of these unwelcome inclusions, what type of queer futures become open? What other questions—  
informed by the signification of HIV/AIDS and racialized sexuality, yet outside of  
homonormative desires for gay inclusion—does the questionnaire hold that may facilitate “new,”

queerer/quare forms of knowing? What is the added significance and larger, vibrant discursive exchange of these conjunctural questions?

Prioritizing Question 19, mistakenly constructs a “just gay” “gay-only” question, one believed to not be “lived through” forms of racialization (Bérubé, 2001). However, I do not believe that “change” occurs through inclusion; Audre Lorde instead guides me when she states,

I do not mean a simple switch of positions or a temporary lessening of tensions, nor the ability to smile or feel good. I’m speaking of a basic and radical alteration in those assumptions underlining our lives. (Lorde, 1984, p. 127)

This quote underscores the importance in demonstrating how racialized sexuality is not only present but also must be understood within general and specific conversations (and political and social activism) in and around Canadian Blood Services and blood donation.

In addition to Question 19, which reads, “Men have you had sex with another man, even one time since 1977?” I include Question 22 and Question 30 in their entirety. They read, respectively, as follows:

Question 22: Female donors: In the last 12 months, have you had sex with a man who had sex, even one time since 1977 with another man? (CBS, n.d.a.)

Question 30: Were you born in or have you lived in Africa since 1977? Since 1977, did you receive a blood transfusion or blood product in Africa? Have you had sexual contact with anyone who was born in or lived in Africa since 1977? (CBS, n.d.a.)

As blackness is produced within and through formations of gender and sexuality (Keeling, 2007; Somerville, 2000; Walcott 2000, 2003; Wright, 2004), once Question #30 is made visible as a viable and important queer conjunctural moment it compels an othered reading of the entire questionnaire—a reading that seeks to identify an outer-(not here)-space in which the “queer too far” can be found.

There are two occurrences that speak to the difficulty of blackness and Question 30. One is the justification of a “geographic deferral,” as noted in this chapter’s epigraph, used by Canadian Blood Services (CBS, n.d.c.). It is presented as a legitimate exclusion that is not about blackness,

but is instead about the limits to science and the pandemic of “African AIDS” (Patton, 1990). Then is the experience I had in 2011 when presenting on early findings from this research.

Responding to the questions I posed within the presentation regarding the black diasporic significance of Question 30, a white woman recounted an experience she had when donating blood. She shares that her parents, who are “Canadian,” were working in Africa and this is where she was born and where she lived. As a new blood donor, when she was asked to respond to Question 30, which reads, “Were you born in or have you lived in Africa since 1977? Since 1977, did you receive a blood transfusion or blood product in Africa? Have you had sexual contact with anyone who was born in or lived in Africa since 1977?” she answered “yes.” However after further probing by the donor clinic nurse, this woman was instructed that at future donation appointments, she should answer “no” to this question, as it did not apply to her. Not only is being instructed to answer no a significant deviation, but also to be probed by the clinic nurse in specific relation to Question 30 is not a commonly reported experience.

Both of these queerly positioned moments—Canadian Blood Services justification of Question 30 alongside the exceptions to this question—speak to the ways in which anti-Blackness, racialized sexuality, and the already-absented presences of black people in Canada converge.

Strangers are already understood as strange and as un/belonging. Coding groups of people as having black/African blood facilitates their categorization of being bodies “out of place.” This is an important articulation. As Sara Ahmed states,

The recognisability of strangers is determinate in the social demarcation of spaces of belonging: the stranger is “known again” as that which has already contaminated such spaces as a threat to both property and person: “many residents are concerned about the strangers with whom they must share the public space, including wandering homeless people, aggressive beggars, muggers, anonymous black youths, and drug addicts.” (Ahmed, 2000, p. 22)

It’s important to point to the collapse that occurs when eight countries on the continent of Africa come to stand in for all of Africa, thus perpetuating a narrative that the “dark continent,” and blackness, is the bringer of death. Sara Ahmed (2000) posits that a subject “felt to belong and not to belong contributes to an important way of shaping social space” (p. 26). Yet, blood stands in

as the porous border, where definitions of us/them, insider/outsider, here/there, citizen/other are forged *and* leak into one another. Demarcating sexualized blood from racialized blood is the attempt to erect impenetrable boundaries in the production and animation of *Canadian* white blood purity. These stories provide a genealogy to current blood-donation practices. It is within this framework of nationalized blood narratives that contemporary “gay blood” discourses reside.

Blackness is assorted, heterogeneous, and dis/similar and, as such, when read alongside/through queer diaspora it works to disrupt monolithic notions of “the other.” As Walcott (2003) cautions,

Attempts to place blackness outside the boundaries of what is imaginatively Canadian, is dangerous. Such attempts do not accord with the lived realities of black people across the country, who insistently make Canada home even with all of its difficulties. (p. 113)

There is a sense that HIV-0 is endemic to and of the African body. This HIV-0 tainted-blood stands in as a racial identity; its meaning, therefore, is cast as signalling violence (specifically death), and this violence (through tainted blood) spreads (Browning, 1998, p. 14). The perpetuation of this narrative, engaged in by Canadian Blood Services, illustrates how racism is perpetuated through blood and blood donation. Africa and Africans are still an unknown and dangerous entity. Blood and sexuality continue to map the terrain and territories of colonial and imperial power. Blood continues to code the body. The body continues to code the blood. Ahmed (2004) states,

When the body of another becomes an object of disgust, then the body becomes sticky. . . . This is how bodies become fetish objects: . . . feelings of disgust stick more to some bodies than others, such that they become disgusting, as if their presence is what makes “us sick.” (p. 92)

If this is the case, does blackness remain the site of perpetual death, not just to itself, but also to others who come into contact with it? Is there no future for the blood of blackness? Does the coding change when thinking the complicated realities of the body and therefore the blood? Does the resulting miscoding provide direction from the spaces in between?

The turn through blackness, in order to imagine a new black (thus queered) politic would untether blood narratives and, instead, examine what is revealed when different modes of

unbelonging are engaged. Blood pours through and across borders, time, and space. Blood pours from question to question, such as Questions 4 (parts d and e) and 12, which read,

Question 4d: In the last six months, have you had a tattoo, ear or skin piercing, acupuncture or electrolysis? (CBS, n.d.a.)

Question 4e: In the last six months have you had an injury from a needle or come in contact with someone else's blood? (CBS, n.d.a.)

Question 12: Have you ever had an AIDS (HIV) test other than for donating blood? (CBS, n.d.a.)

Questions 18, 24, and 25, also participating in this conversation, ask the following,

Question 18: At any time since 1977, have you taken money or drugs for sex? (CBS, n.d.a.)

Question 24: At any time in the last 12 months, have you paid money or drugs for sex? (CBS, n.d.a.)

Question 25: At any time in the last 12 months, have you had sex with anyone who has taken money or drugs for sex? (CBS, n.d.a.)

And Question 29, the final question to which I attend in this dialogue, asks,

Question 29 In the past 6 months, have you had sex with someone whose sexual background you don't know? (CBS, n.d.a.)

Collectively, these questions demonstrate how a policing of sex, sexuality, gender, and race impacts black queer and trans life in Canada. Getting tattoos or having electrolysis, coming into contact with someone else's blood, and/or having an HIV test signifies suspicious behaviour that is both "unhealthy" and "abnormal." These simplistically worded questions conceal the extensive ways in which one may experience these practices and the range of people to whom these questions will apply. For example, sex during menstruation (hers/his/theirs)<sup>51</sup> is not an uncommon occurrence. How is injury from a needle to be determined? Does this include needle play, or the self-administering of testosterone? What of the various uses of electrolysis and

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<sup>51</sup> Menstruation is a practice that happens in various bodies, though cissexism often frames menstruation as a function of *only* female bodies. Thus it is important to signal that bodies that menstruate have diverse gender identities.



tattooing, including, for some who engage these practices, as part of a transition process. And a number of assumptions that are made about knowing one's status as empowering and supportive of one's self, especially within one's sexual life.

Even a cursory glance at these questions suggests a list of behaviours, actions, and bodies that are considered deviant and dubious and thus potential threats to the blood supply. Taken as a whole, the criteria beg the question of who is left if all the people to whom these questions apply are barred from donating blood (even temporarily)? The weight of these questions does not gesture to the possibility of creating a safe blood supply. Instead, it highlights the deep complexity in attempts to do just that. The narratives captured within these questions articulate a particular understanding of sexed, gendered, and racial normalcy *through* citizens with life-giving blood. These questions are an attempt to control the sex of others—to dictate the normal—through the shame of being too “tainted” (too queer, too black, too sexual), and therefore too contagious, to donate blood. The questions that regard sex and money, that require knowledge of sexual history, and that censure casual sex collectively signify the “bringing of death” measured in the blood supply. These questions, then, are not merely an attempt to secure “safe” blood, and they are not primarily about the safety of blood. Rather, when taken conjuncturally, they construct an othered subject who is beyond the boundaries of the proper performance of citizenship and therefore outside the realm of acceptable gayness. In so doing, these questions speak to a fluidity of bodies and situations that ebb and flow and therefore cannot be controlled.

In effect, these questions can be categorized as a dystopic community of questions and the people captured within these questions, as a dystopic community of people. However, instead of locating the “problem” of tainted blood inside the bodies of dystopic community members, it is important to realize that these problems are reflections of social and political oppressions. Eliminating these bodies cannot be, and has not been, the solution to these concerns.

The blood narratives found in the donor questionnaire indicate the “manifest contradictions and intricacies of sexuality” (Eng 2011, 195). The exclusion of these questions from the legal and political demands for the inclusion of “gay blood” marks a specifically notable homonationalist moment, for not only do doctrines of inclusion require the silencing of also queerly framed questions, but they also require an aggressive “unknowing” of how these related blood narratives

participate in and alongside historically situated national narratives of exclusion, citizenship construction, and nation making.

What is to be made of the seeming distinctions between the use of “sex” and “sexual contact” evident in the aforementioned questions? No other information is offered, either on the donor questionnaire or on the Canadian Blood Services website that would gesture to how these words are being used. Perhaps it is because Canadian Blood Services is also unsure about whether the words are similar, overlapping, or different. Nonetheless, a distinction is evident as “sexual contact” is only deployed in question #30, thus its use must have different parameters than the use of “sex” in other questions. Does the use of “sexual contact” with this question on African blood speak to a particular type of “African” sexual practice? Perhaps it is important to return to the work of Cindy Patton (1990), who has stated, “Much political and social violence is accomplished by collapsing the many cultures of the African continent in the invention [of] ‘Africa’” (p. 25). This collapse of cultures is a necessary step in the construction of a specific “African AIDS” based upon colonialist and racist disorientations of the past centuries. Question 30 mirrors the narratives of racialized contamination found in Patton’s work. She charts how science, medicine and biology distilled the disease of HIV/AIDS to the space of the body. Patton (1990) states,

Science proposes an objectivizing methodology for the study of the virus and the immune system. . . . But it also produces the particular disciplinary formation within which HIV and AIDS are most commonly framed. In AIDS medical science, the body becomes a screen or agar plate on which disease is in play. . . . Diagnostic medicine abstracts the symptoms from the body to produce a totalizing explanation with a single or primary cause, a pathology. Because the immune system, understood metaphorically, transcends the place of the body, the abstraction “AIDS” folds back to correspond exactly to the *space* of the body. The virus is lost and, metaphorically speaking the homosexual/prostitute/African/injecting-drug-user/hemophiliac body *becomes* AIDS. (pp. 54–55)

The ease with which HIV/AIDS was attributed to the African (then Haitian) body stems from the positioning of the African body as bestial. As Patton (1990) states, “Disease in Africa is

considered natural, conjured out of the primordial nought or caught from animals imagined to live side by side with Africans” (p. 82).

Arguments in support of this question<sup>52</sup> rely upon an assumed scientific objectivity that is believed to be beyond or outside of its own genealogies of monogeny, polygeny, and miscegenation. Question 30 embodies the discursive articulations of “African AIDS,” which are dependent upon the racist tropes of “*the dark continent*” and blackness. These tropes construct Africa as a region where the (black) people are in a perpetual state of development, not yet fully human, and where condom use is nonexistent, medical care is poor and unreliable, and deadly epidemics (known and unknown) are uncontrollable and overwhelming. The racialized “science” of sexuality and blood demands that a “secret” be uncovered and exposed. Question 30 and the other above-mentioned questions police sex, gender, and “race,” while working in tandem to construct a queered (always contagious) Other who is mistakenly hailed yet already under surveillance. The practice of pathologizing behaviour and bodies is as fluid and interconnecting as the blood said to hold these bodily “truths.”

The continued signification of HIV/AIDS that marks continental Africa as an endemic “country” also marks African bodies as those always-already out of place in Canada and in the gay community. The exploration of the queer-blood ban begins with Question 30 not simply to bring othered bodies into an already formed homo/heteropatriarchal whiteness but, in fact, to read for what else is present. Disrupting homonationalisms at this site pushes at the boundaries of Canadian queer realities, where “there” is here; and the “othered” is also the fellow queer—intelligible, imaginable, and believable! Blood donation is a necessary site for interrogating the social and imagined spaces and places of Canada, where recognition of those blood-bodies, already out of place, is a complicated practice.

It is with this collective framework that I asked my Facebook friend his thoughts about Canadian Blood Services’ need for stem-cell and bone-marrow donors from African Canadians despite its rejection of Africans in Canada from donating blood, my hope being to disrupt the homonormative belief that a mere modification of Question 19 would become the site through which black queerness (framed as queerly contagious) would be allowed to enter. The continued

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<sup>52</sup> See the above note. The arguments for this strain of HIV/AIDS are suspect, as it has been framed as “new” for approximately twenty years.

push for “just gay” inclusion through the focus on Question 19 holds within it a racial history of whiteness and white supremacy, as illustrated by its silence towards other, also-queered, blood questions. Yet the potential accepted belonging of some gays perpetuates the violence against othered queers. What other futures can be imagined if we embrace the ability for blood to disrupt, disorder, and unsettle? The focus on these questions reveals that these discourses of blood facilitate disintegration and disrupt narratives of cohesion that too simply seek and speak to an ideal donor, national, and gay subject.

The proximity of the donor questions underscores their connection to continuing significations of HIV/AIDS and illuminates how belonging is delimited through dystopic dialectics of racialization, sexuality, and colonialism. A continuation of these “queerer” meditations, in the context of the full questionnaire, allows for further exploration and interrogation into the dialogues regarding sexuality, “gay blood,” and the national blood supply.

### 3 Coda

The blood stories of kinship, racialization, and gendering; along with the blood narratives of blood protection, blood quantum, and one-drop and miscegenation, work in tandem with the stories and narratives captured in the Canadian Blood Services’ donor questionnaire. These stories and narratives of the “past” continue to influence contemporary blood narratives and the politics of blood donation in *this* moment. Imagining the containment of disease in nationalist terms allows for the attempt to raise impermeable borders in the hopes that a breach will be prevented. These technologies of the state are tools upon which rules of belonging and citizenship are also based, especially for the exclusion of those dystopian others. In addition, blackness, as black queer diaspora, is useful in reading for the unrepresentability of (gay) blood. Black queer diaspora, as a reading practice, is decidedly important in the interrogation of blood narratives and in the conceptualization of a decolonizing future.

Blood encounters are simultaneously deeply personal, social, scientific, political, and messy. In taking up the messiness of leaky blood encounters, the seemingly unwarranted simplicity that frames blood in both contemporary blood systems and the Canadian Blood Services’ donor questionnaire is disrupted. More directly, messy blood encounters trouble the narrow framing of a “gay blood” ban and “gay inclusion” as understood through contemporary lesbian and gay

political activism that has sought to modify this framing, as well as, the responses given by Canadian Blood Services in seeking its continuation, and the current interpretations of inclusion.

The deployment of blood is a tool of racialization, empire, and the settler colonial project. Consequently, its narratives continue to coerce, persuade, and transform bodies and desires—as seen in the desire to perform the nation through donation of one’s blood. Following the direction of Jacqui Alexander and Chandra Mohanty (1997), I argue that the decolonization of blood and blood donation requires that we think ourselves out of these spaces of domination and into something outer-national.

Blood bodies are always subject to change and cannot be regarded as natural; rather, they experience mediation through different and divergent social constructions. The currencies of blood, the politics of blood donation, and the national narrative of (un)belonging produced by Canadian Blood Services are the location of interrogation of subjugated knowledge that may facilitate a future thinking that allows for interventions with (homo)nationalist inclusion. Canadian Blood Services and its donor questionnaire effectively participate in the cumulative articulations of an ideal blood donor, the person who is free from HIV/AIDS, within larger (national and community) conversations of blood purity and safety. The questionnaire, as a discursive tool, facilitates the production of truths and beliefs regarding donors and also reflects the untenable contradictions demonstrated by my FB friend. So even though it now may be possible (within severely limited conditions) to imagine “safe,” HIV/AIDS-free, *gay* blood donors, is it possible to imagine “safe,” HIV/AIDS-free, *black* blood donors? Or is the queerness of blackness a necessary and vital queer too far?

## Conclusion: Black Lives. Blood Futures.

*The notion of a body made out of place, or made ontologically insecure, is useful when thinking through the moments of contact enacted at the ‘institutional sites’ of international border crossings, and spaces of the internal borders of the state, such as the voting booth and other sites and moments where identification, and increasingly biometric identification, is required to speak the ‘truth’ of and for muted bodies.* (Simone Browne, 2009. “Digital Epidermalization: Race, Identity and Biometrics,” pp134–135)

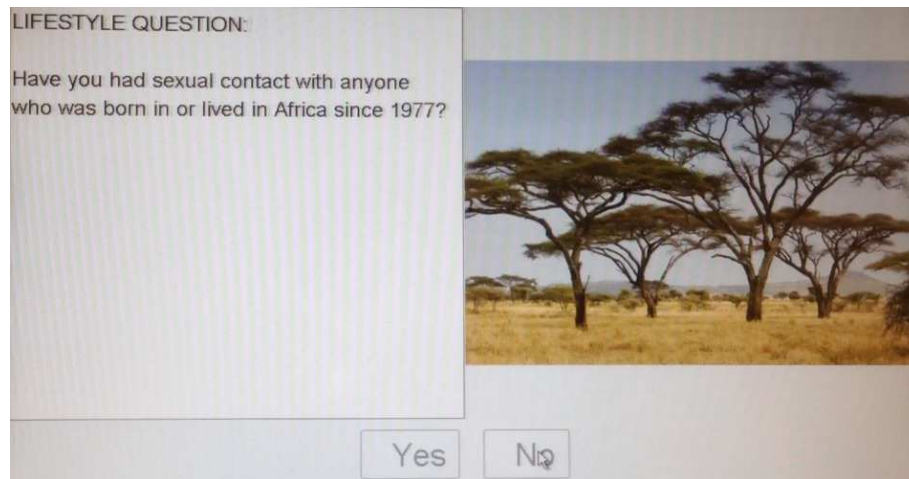


Figure 6. Lifestyle question from current CBS touch screen questionnaire. (Photo taken and shared, via personal correspondence, by SR, Facebook friend).

In this project I explore what is revealed about contemporary gay blood homonational politics, racialized sexuality and HIV/AIDS transmission within Canadian blood donation and the blood narratives found within. In particular this is an initial interrogation with how race and racialized sexuality becomes a strategy for detailing which healthy bodies produce healthy blood. My purpose with this blood study is to, as Hall (1995) argues, engage the narratives (lost and marginal, written and not yet written) that become the veins (roots/routes) of identity and to hold the various and varying conjunctural moments of these blood narratives together, while deciphering meaning.

I have demonstrated that the knowledge surrounding and constructing the facts about blood and its uses are also shaped through social and political commodities that rely upon the definitional power of science. This reliance on science to both discover and tell the truth about our bodies

(and therefore our lives) often results in the hesitation to challenge and/or questions scientific findings, tests, logics, and practices. This detailed mediation on Canadian blood donation, gay blood and the ontological problem made of blackness demonstrated the necessity of a black queer diasporic analytic, queerer modalities of thought, to effectively engage the lives of black queer and trans people and their blood.

However, as discussed in this project, the discourse of science is born of racist biological narratives that require a continued questioning of how science impacts our day-to-day lives, including how we come to understand our selves through measurements of health, illness, presence of disease, sex, race, and kinship. As discussed earlier, blood narratives facilitate the connections made between appropriate sexual relations, racial degeneracy, morality, the spreading of contagion and national security. In effect, blood is unrepresentable.

The research and writing of this project occurred over a number of years and during this time I made note of questions, comments and changes that ultimately were beyond the scope of this project. One such notable moment is the modifications made to the donor questionnaire. When I began this project, Question #19 of the donor questionnaire clearly identified an indefinite deferral of men who have sex with men. Specifically if a man has had sex with another man even one time since 1977.<sup>53</sup> Even though the wording of the question has changed, the indefinite deferral still remains. In addition to the modified donor questionnaire, Canadian Blood Services has also launched a newly designed website, for those interested in the agency and in blood donation, thus updating, eliminating and providing new information.

Another modification to the donor question is its shift to a computer generated, touch screen questionnaire, which is now animated with voice-over and with various images (See Figures 6-11). One such image can be seen in the above epigraph. The computer generated questionnaire, currently only used in limited markets, was put into use, after my research was completed and the writing of this dissertation almost complete.

The reliance on blood testing (biomedical and the questionnaire) presupposes that the test is an objective device, one that does not see, nor is of racism. The test then is to provide the truth of

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<sup>53</sup> For more information on this change, as justified by Canadian Blood Services, see *Men who have sex with men*. (n.d.d.) Retrieved from [https://www.blood.ca/CentreApps/Internet/UW\\_V502\\_MainEngine.nsf/page/MSM?OpenDocument](https://www.blood.ca/CentreApps/Internet/UW_V502_MainEngine.nsf/page/MSM?OpenDocument)

the blood collected. Therefore, this digital technology requires a closer examination. At a brief glance, I find the following images, as a portrayal and performance of the questions, to be quite provocative.

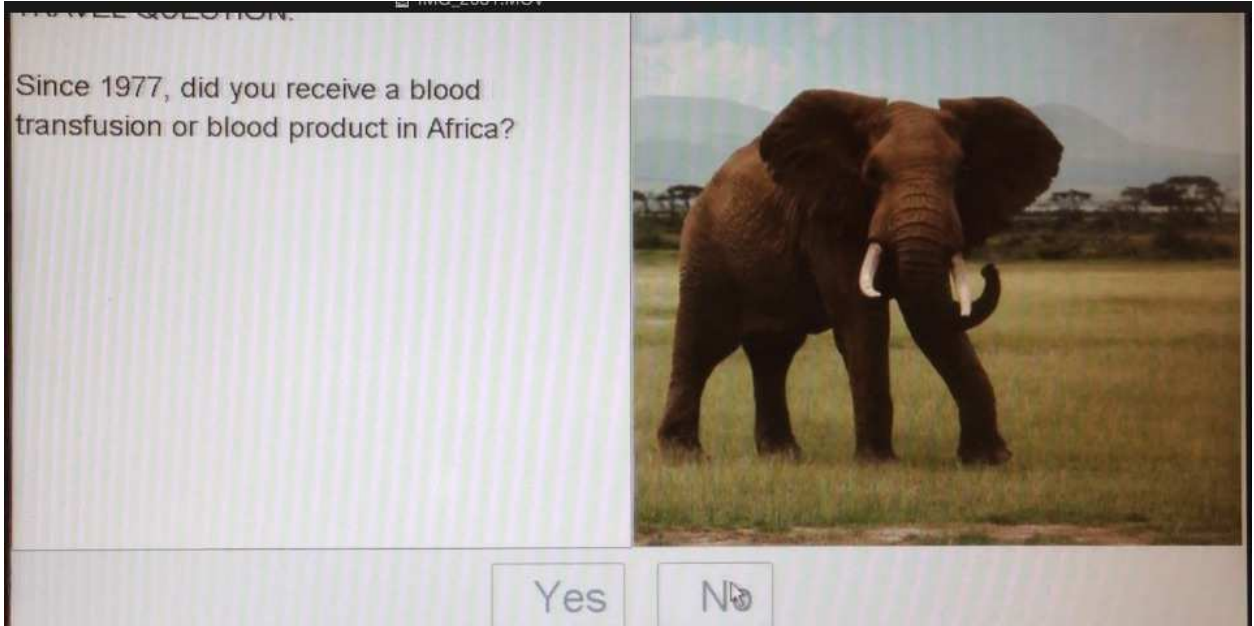


Figure 7. Travel question from current CBS touch screen questionnaire. (Photo taken and shared, via personal correspondence, by SR, Facebook friend).

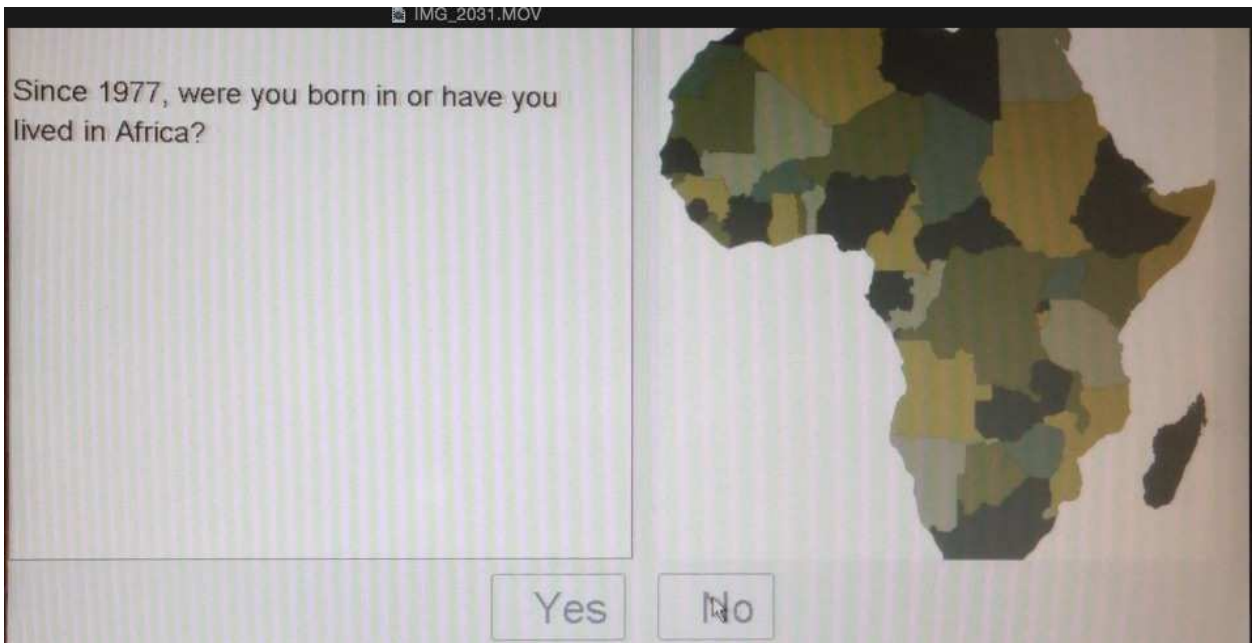


Figure 8. Travel question from current CBS touch screen questionnaire. (Photo taken and shared, via personal correspondence, by SR, Facebook friend).



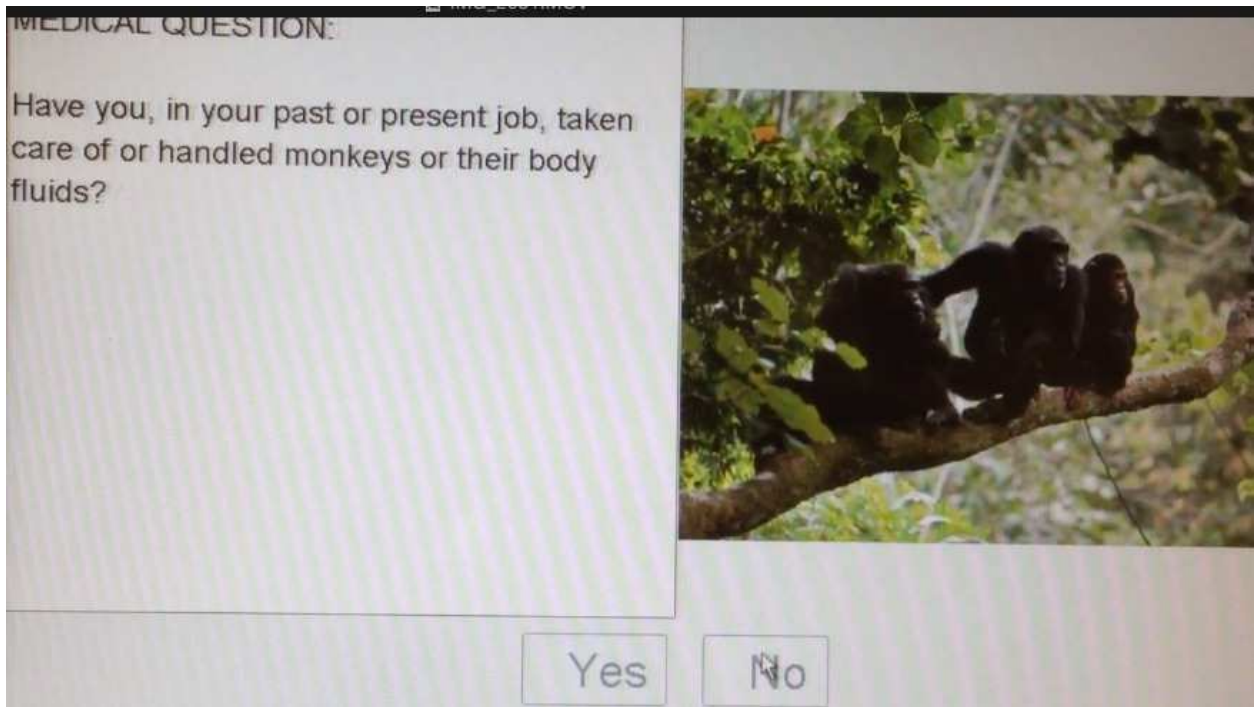


Figure 9. Medical question from current CBS touch screen questionnaire. (Photo taken and shared, via personal correspondence, by SR, Facebook friend).

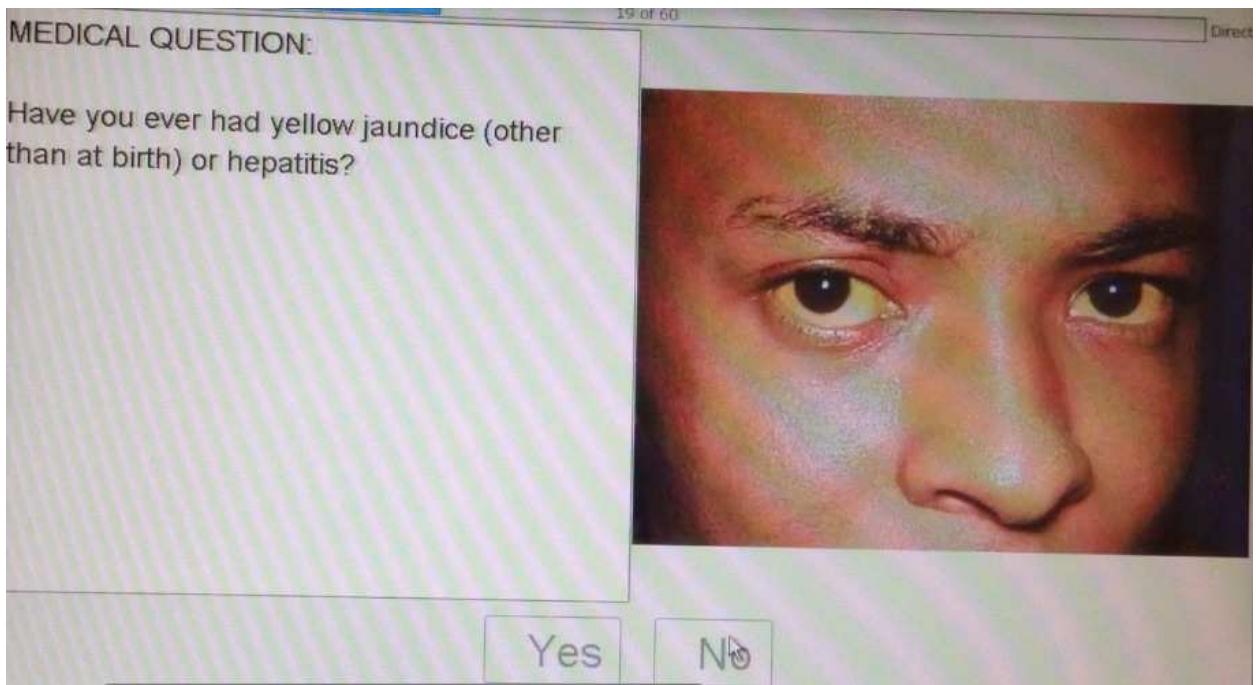


Figure 10. Medical question from current CBS touch screen questionnaire. (Photo taken and shared, via personal correspondence, by SR, Facebook friend).

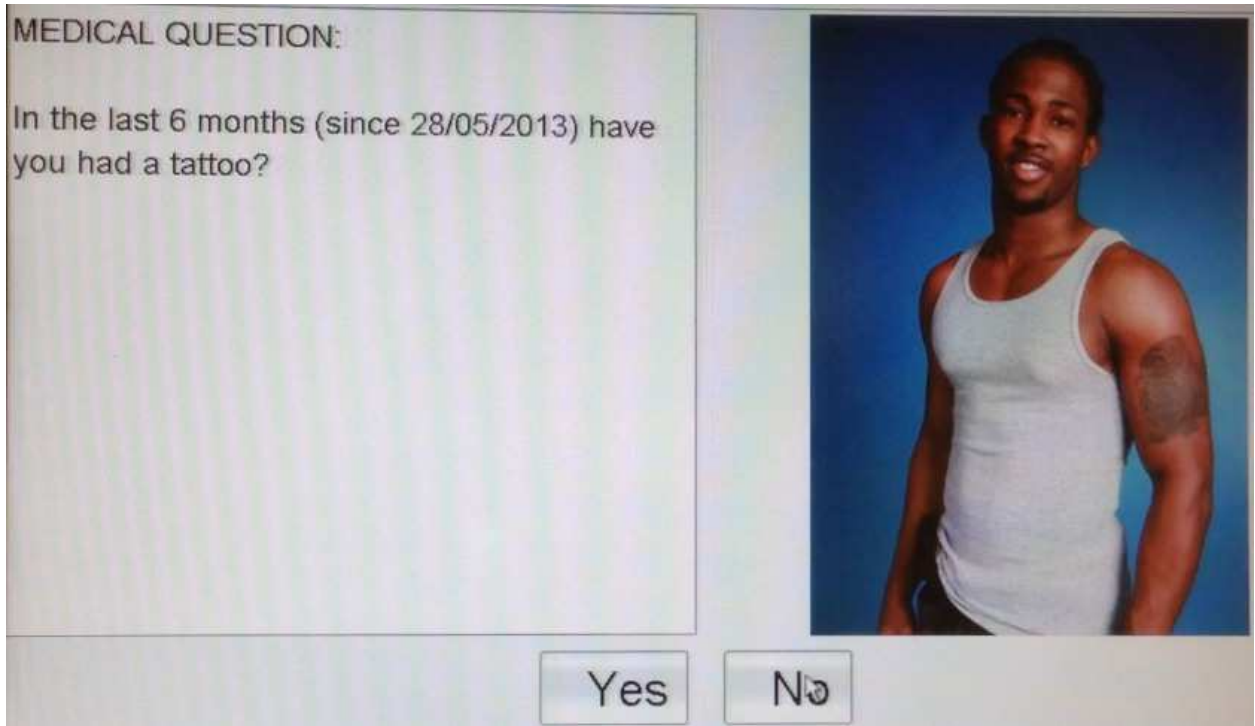


Figure 11. Medical question from current CBS touch screen questionnaire. (Photo taken and shared, via personal correspondence, by SR, Facebook friend).

Science is not created in a vacuum. It is influenced by social and cultural meaning and each of these images facilitates the ways in which black blood has been ““scienced” into degradation” (McKittrick, p. 117, June 2010)

Beyond the changes to Canadian Blood Services and the donor questionnaire, there are also stories people shared with me (at public lectures and conference presentation) about their experiences with blood donation. Stories included the description of why people felt compelled to donate blood, and their experiences at the donor clinics. I was particularly interested in the stories of white people who would have answered “yes” to Question #30, yet who were advised, by the clinic worker, to change their answers to “no” so that they were eligible to donate their blood.

In February 2015, I had the opportunity to speak at the #EndTheBan town hall held at the University of Toronto. During this town hall, as has happened on other venues, the inclusion of Question #30 was not initially included in the focus of the debate, and when introduced, thought to be far beyond the scope of discussions regarding the MSM blood ban.

What I would like to know more about, as a next step in this research, is how black queer and trans people interpret question 30 of the donor questionnaire. Generally, what is known about the transmission of HIV/AIDS and how do the questions on the donor questionnaire reflect this previously held information. In addition, do black queer and trans people feel that Question #30 is a useful and necessary question in providing a safe blood supply? How do black queer and trans people measure their relationship, if any, with Question #30? What justification, if any, can be offered when it is revealed that HIV-O is a strain that also exists outside of African borders? How do they make sense of the sex phobia and sex panic of this question? And lastly, what are some of the ways in which we can bring creative interventions to our understandings of science, blood, HIV/AIDS and our selves (individually and as political transgressive and decolonizing communities)? Since blood is unrepresentable it cannot be normalized. Therefore, how can we work productively with this failure of normalization? As Katherine McKittrick (2010) argues,

This is an interdisciplinary and collaborative task, one that allows us to think about how the creative narrative can and does contribute to what are otherwise understood as “the laws of nature,” thus creating an intellectual space to explore the worlds of those communities that are otherwise considered unscientific, scientifically inferior, or, as Audre Lorde says, “too alien to comprehend”(117). (p. 122).

There are many nations, of which Canada is only one, which incorporates this type of question. Yet a thorough and necessary study of how black diasporic (queer and trans) people individually interpret this question has not yet occurred. As a black diasporic project it will be necessary to explore a queer and trans transnational interrogation not only of this question and questions of blood donation, but specifically of the creative (future thought) scientific interventions.

While this dissertation project seeks to think critically about how blood can facilitate a diasporic and decolonial reading of black queer and trans lives in Canada, my future research will seek to think transnationally about how blood can envision and conjure different modes of belonging.

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# Appendix



## RECORD OF DONATION

Manual Updates to Donor File (Mobile Clinics)				
Surname: _____				
1 <sup>st</sup> Name & Inits: _____				
Title: _____ Birth date: _____ Gender: _____				
Request New ID Card: _____ (Initials)				
PROGESA Updated by: _____				
<b>Registration Information:</b>				
Donor's clinic of last attendance: <input type="checkbox"/> CBS <input type="checkbox"/> HQ <input type="checkbox"/> Unknown <input type="checkbox"/> N/A				
Have you ever given blood under a name other than those printed by PROGESA? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Previous Name(s): _____				
All Donor surnames checked in PROGESA: <input type="checkbox"/> Yes <input type="checkbox"/> N/A				
Additional Information: _____				
<b>Supplementary Test:</b>	<b>CuSO<sub>4</sub></b>	<b>Hgb/Hct</b>	<b>Hgb/Hct</b>	
<input type="checkbox"/> Remote Status Check (7210)	P <input type="checkbox"/> F <input type="checkbox"/>			
<b>Confirmed Phlebotomy Type:</b>	<b>Reg/Tech:</b>	<b>Reg only:</b>	<b>Tech only:</b>	
	<input type="checkbox"/> W Whole Blood	<b>1<sup>st</sup> Deferral:</b>	<b>Start Date:</b>	
	<input type="checkbox"/> D Directed		Code: _____	dd/mm/yyyy
	<input type="checkbox"/> R WBC/Pt Antibody	<b>End Date, if Req'd:</b>	<b>Remove Code:</b>	
	<input type="checkbox"/> S Specimen	dd/mm/yyyy		
<input type="checkbox"/> * Not Drawn	<b>2<sup>nd</sup> Deferral:</b>	<b>Start Date:</b>		
<input type="checkbox"/> E Platelets		Code: _____	dd/mm/yyyy	
<input type="checkbox"/> P Plasma	<b>End Date, if Req'd:</b>	<b>Remove Code:</b>		
<input type="checkbox"/> C Concurrent Plasma	dd/mm/yyyy			
<input type="checkbox"/> F Directed Platelet				
<input type="checkbox"/> L Source Plasma				
<b>Phlebotomy Status:</b> <input type="checkbox"/> - Phlebotomy OK <input type="checkbox"/> H Deferred -H.L.				
<input type="checkbox"/> B Bedside Deferral <input type="checkbox"/> V Unsuccessful Venepuncture				
<input type="checkbox"/> J Donor W.O. <input type="checkbox"/> U Apheresis - Aborted Run				
<b>1<sup>st</sup> VENEPUNCTURE</b>		<b>2<sup>nd</sup> VENEPUNCTURE</b>		
Start Bleed Time: _____ + _____ min.		Start Bleed Time: _____ + _____ min.		
Arm: L _____ R _____ Inits: _____		Arm: L _____ R _____ Inits: _____		
Sterile Glove Used <input type="checkbox"/> Alternate Prep Used <input type="checkbox"/>		Sterile Glove Used <input type="checkbox"/> Alternate Prep Used <input type="checkbox"/>		
Pack Type: _____ Spec Labelling Inits: _____		Pack Type: _____ Spec Labelling Inits: _____		
Shaker #: _____		Shaker #: _____		
Unit Labelling Inits: _____		Unit Labelling Inits: _____		
<b>Chagas Risk:</b>				
Lived in Risk area <input type="checkbox"/> Yes <input type="checkbox"/> No				
Born in Risk area <input type="checkbox"/> Yes <input type="checkbox"/> No				
Mother/ Maternal Grandmother <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Technical Questionnaire Information:</b>				
<input type="checkbox"/> Incomplete Spec Set: RT# _____ PT#: _____ Serology _____ NAT _____				
<input type="checkbox"/> No B19				
<input type="checkbox"/> No Specimens				
<input type="checkbox"/> No unit - specs for all tests				
<input type="checkbox"/> Specimen Labelling Anomaly				
<input type="checkbox"/> Contains ASA				
<input type="checkbox"/> Contaminated				
<input type="checkbox"/> Clamping Error/Sterility Breach				
<input type="checkbox"/> Sterility Breach				
<input type="checkbox"/> Labelling Non-Conform				
<input type="checkbox"/> A/C Volume Unknown				
Other: _____				
<b>Comments:</b>				
Donor Information Sheet: <input type="checkbox"/> Hgb/Hct <input type="checkbox"/> BP				
<b>Verification Inits:</b>		<b>Verification of Data</b>		
Data Entry Completed By: _____ Inits		Entry Done By: _____ Inits		



RECORD OF DONATION

DONATION  
NUMBER LABEL

ANSWER YES OR NO TO QUESTIONS 1 THROUGH 14, FILL IN THE SQUARE LIKE THIS ■ YES NO Collection Staff Comments

1. a) Are you feeling well today?.....	<input type="checkbox"/>	<input type="checkbox"/>	Collection Staff Comments
b) Do you have a cold, flu, sore throat, fever, infection or allergy problem today?.....	<input type="checkbox"/>	<input type="checkbox"/>	
2. a) In the last 3 days have you taken any medicine or drugs (pills including Aspirin or shots), other than birth control pills and vitamins?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b) In the last 3 days have you had dental work?.....	<input type="checkbox"/>	<input type="checkbox"/>	
3. a) In the last 3 months have you had a vaccination?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b) In the last 3 months have you taken Accutane, Clarus (isotretinoin) or Tootino (alitretinoin) for skin problems?.....	<input type="checkbox"/>	<input type="checkbox"/>	
4. a) In the last 6 months have you been under a doctor's care or had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b) If female, in the last 6 months have you been pregnant?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c) In the last 6 months have you taken Proscar, Avodart (Dutasteride), Propecia, Methotrexate or Cyclomen (Danazol)?.....	<input type="checkbox"/>	<input type="checkbox"/>	
d) In the last 6 months have you had a tattoo, ear or skin piercing, acupuncture or electrolysis?.....	<input type="checkbox"/>	<input type="checkbox"/>	
e) In the last 6 months have you had an injury from a needle or come in contact with someone else's blood?.....	<input type="checkbox"/>	<input type="checkbox"/>	
5. a) In the last 12 months have you had a rabies shot or a graft?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b) In the last 12 months have you had close contact with a person who has had hepatitis or yellow jaundice?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c) In the last 12 months have you been in jail or prison?.....	<input type="checkbox"/>	<input type="checkbox"/>	
6. a) In the last 12 months have you travelled outside Canada or the U.S. and stayed less than 6 months?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b) In the last 3 and a half years have you spent more than 6 months in a continuous period outside Canada or the U.S.?.....	<input type="checkbox"/>	<input type="checkbox"/>	
7. a) Since 1980, did you receive a blood transfusion or blood product in the United Kingdom, France or elsewhere in Europe?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b) Have you spent a total of 3 months or more in the United Kingdom (England, Northern Ireland, Scotland, Wales, the Isle of Man, or the Channel Islands) from January 1, 1990 through December 31, 1996?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c) Have you spent a total of 3 months or more in France from January 1, 1980 through December 31, 1996?.....	<input type="checkbox"/>	<input type="checkbox"/>	
d) Have you spent a total of 5 years or more in Europe since January 1, 1980?.....	<input type="checkbox"/>	<input type="checkbox"/>	
8. a) Have you spent a total of 6 months or more in a continuous period in Mexico, Central America or South America?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b) Were you born in Mexico, Central America or South America?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c) Was your mother or grandmother born in Mexico, Central America or South America?.....	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you ever had malaria?.....	<input type="checkbox"/>	<input type="checkbox"/>	
10. a) Have you ever taken Tegison or Soriatane for skin problems?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b) Have you ever taken human pituitary growth hormone or human pituitary gonadotrophin hormone?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c) Have you ever received a dura mater (brain covering) graft?.....	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have you ever had: a) yellow jaundice (other than at birth) or hepatitis?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b) epilepsy, coma, stroke or fainting?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c) cancer, diabetes or Crohn's disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	
d) heart, kidney, lung or blood problems?.....	<input type="checkbox"/>	<input type="checkbox"/>	
e) Chagas' disease, babesiosis or leishmaniasis?.....	<input type="checkbox"/>	<input type="checkbox"/>	
12. Have you ever had an AIDS (HIV) test other than for donating blood?.....	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are you aware of a diagnosis of Creutzfeldt-Jakob Disease among any of your blood relatives (parent, child, sibling)?.....	<input type="checkbox"/>	<input type="checkbox"/>	
14. Have you, in your past or present job, taken care of or handled monkeys or their body fluids?.....	<input type="checkbox"/>	<input type="checkbox"/>	

STOP HERE

YES NO

Collection Staff Comments

15. Do you have AIDS or have you ever tested positive for HIV/AIDS?.....	<input type="checkbox"/>	<input type="checkbox"/>	Collection Staff Comments
16. Have you used cocaine within the last 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>	
17. Have you ever taken illegal drugs or illegal steroids with a needle even one time?.....	<input type="checkbox"/>	<input type="checkbox"/>	
18. At any time since 1977, have you taken money or drugs for sex?.....	<input type="checkbox"/>	<input type="checkbox"/>	
19. Male donors: Have you had sex with a man, even one time since 1977?.....	<input type="checkbox"/>	<input type="checkbox"/>	
20. Have you ever taken clotting factor concentrates for a bleeding disorder such as hemophilia?.....	<input type="checkbox"/>	<input type="checkbox"/>	
21. Have you had sex with anyone who has AIDS or has tested positive for HIV or AIDS?.....	<input type="checkbox"/>	<input type="checkbox"/>	
22. Female donors: In the last 12 months, have you had sex with a man who had sex, even one time since 1977 with another man?.....	<input type="checkbox"/>	<input type="checkbox"/>	
23. Have you had sex in the last 12 months with anyone who has ever taken illegal drugs or illegal steroids with a needle?.....	<input type="checkbox"/>	<input type="checkbox"/>	
24. At any time in the last 12 months, have you paid money or drugs for sex?.....	<input type="checkbox"/>	<input type="checkbox"/>	
25. At any time in the last 12 months, have you had sex with anyone who has taken money or drugs for sex?.....	<input type="checkbox"/>	<input type="checkbox"/>	
26. Have you had sex in the last 6 months with anyone who has taken clotting factor concentrates?.....	<input type="checkbox"/>	<input type="checkbox"/>	
27. In the last 12 months, have you had or been treated for syphilis or gonorrhea?.....	<input type="checkbox"/>	<input type="checkbox"/>	
28. In the last 12 months, have you received blood or blood products by transfusion for any reason such as an accident or surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>	
29. In the past 6 months, have you had sex with someone whose sexual background you don't know?.....	<input type="checkbox"/>	<input type="checkbox"/>	
30. a) Were you born in or have you lived in Africa since 1977?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b) Since 1977, did you receive a blood transfusion or blood product in Africa?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c) Have you had sexual contact with anyone who was born in or lived in Africa since 1977?.....	<input type="checkbox"/>	<input type="checkbox"/>	

I have answered all questions truthfully. I understand that to make a false statement is a serious matter and could harm others. I understand the procedure and side effects and complications associated with my whole blood or automated donation. I have read and understand the information on how the AIDS (HIV) virus may spread by donated blood and plasma. I agree not to make a donation if there is a chance this might spread the AIDS (HIV) virus. I agree to my donation being tested for HIV, hepatitis and other infections and that my positive test results will be given to me in confidence and reported to Public Health if required by law. I agree to donate blood for use as decided by Canadian Blood Services. I agree to call Canadian Blood Services if after donating I decide my blood should not be used.

Donor's Signature: _____	Donor Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____	R.N. Signature: _____

F020631 2010-01-27