

THE GAY BLOOD BAN AND THE MARGINALIZATION OF THE SEXUAL CITIZEN

TANYA SAMANTHA PIRES

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Institute of Feminist and Gender Studies
University of Ottawa
Ottawa, Ontario, Canada

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*To my parents Rolanda and Tolentino Pires
for their endless support, encouragement and unwavering faith.*

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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
BOB	Bureau of Biologics
CAS	Canadian AIDS Society
CBA	Canadian Blood Agency
CBS	Canadian Blood Services
CDC	Centers for Disease Control
CRC	Canadian Red Cross
FDA	Food and Drug Administration
GRID	Gay Related Immunodeficiency Disease
HIV	Human Immunodeficiency Virus
MSM	Men who have Sex with Men
NIH	National Institutes of Health

Introduction

This paper explores the blood donor ban in Canada and demonstrates that the permissibility of such a ban is based on a heteronormative and pernicious “risk” discourse that posits the gay man as “risk taker” and as a contaminant who thus presents a challenge to the integrity of the blood system. The framework of sexual citizenship alongside Beck’s conceptualization of “risk” have been utilized to demonstrate the gay man’s partial citizenship. Firstly, I provide background information on the blood ban, which seeks to demonstrate how it came into effect as a by-product of the legacy of Canada’s contaminated blood scandal. The Canadian Blood Services lifted the blood ban in the summer of 2013, indicating that the donor be five years from last MSM (men who have sex with men) activity. In addition, the history of the blood scandal in Canada is presented so as to contextualise the climate within which the blood ban discussion takes place. Furthermore, I discuss some of the current debates regarding the most recent change to the gay blood ban.

The following section elucidates the symbolic politics of blood and blood donation that comes into play in the “risk society” (Beck, 1992). Blood as a substance is explored – namely, its heavily charged nature and donated blood’s relation to notions of identity as “alienable” and its status as a communal substance and a potentially contaminated gift from strangers (Waldby, Rosengarten, Treloar & Fraser, 2004). Then, drawing on Beck, I situate this debate within the context in which citizens are excessively worried about the presence of risk and who subsequently maintain zero tolerance for blood borne risk (Gardner, 2008).

I explore how the perception of risk within our society has framed the gay man as a risk taker and as such has undermined his identity as a citizen. In addition, I draw on the notion of sexual citizenship as an analytical lens to examine the current blood ban and its heteronormative

underpinnings. Risk discourse imposes a high-risk status on the gay male, and plays a significant role in our understanding of the blood donation ban and its current change from a permanent ban to a ban requiring no gay sexual relations for the past five years.

Lastly, I explore how gay men have resisted this second-class citizen status by protesting and ‘passing’. In doing so, I show the gay activist response as a strategy to gain visibility and inclusion within society. My aim is to illustrate the complexity of the blood ban in Canada and the various factors that intermingle to compound the marginalization of the gay man, demarcating him a sub-citizen (Aas, 2006).

Theoretical Framework

This section outlines the sexual citizenship frame I use to examine the gay blood ban and its heteronormative underpinnings. Traditional conceptualisations of citizenship failed to take into account sexuality. Citizenship has always been a heteronormative concept (Bussemaker & Voet, 1998). While there is a facade of a sexuality-neutral discourse in citizenship debates, a long and painful history of exclusion of gay men is apparent (Bussemaker & Voet, 1998). The discourse of citizenship has changed to better incorporate sexuality as an essential component. Sexual citizenship, the frame used in this paper, is concerned with the ability to access certain rights or privileges, which allow individuals to feel a sense of “belonging” and inclusion. Specifically, the notion of sexual citizenship is the extent to which an individual’s sexual status infringes access to citizenship, be it in the form of social, civic or political rights (Daley, 2006). The objective is that the notion of sexual citizenship can account for the differences pertaining to sexuality that were not included in more traditional constructions of citizenship. In applying this frame to the ban, we see that the sexuality of the gay man is excluded because it is deemed to be a risk to the integrity of the blood system. The gay man is denied access to the ritual site of blood

donation and is prohibited from partaking in what some have called an altruistic act (Starr, 1998).

I use the idea of the sexual citizen, which reflects a new claim to belonging, demonstrating the renovation of “self” and incorporating a multitude of diverse identities in the late/post modern world (Weeks, 1998). The sexual citizen deserves more attention than s/he has been previously given, since it conveys a new take on the politics of sexuality and everyday life (Weeks, 1998). The sexual citizen must transcend the parameters of the private sphere by going public to protect freedoms in the private realm; in relation to the blood ban, gay men resist these imposed “high risk” parameters by performing acts of transgression such as passing and protesting (Weeks, 1998). In doing so, they are striving for inclusion and acceptance whilst challenging the status quo (Weeks, 1998).

The most influential work in citizenship scholarship, which is cited as one of the key theoretical foundations for citizenship studies, is that of T.H. Marshall. Marshall has been criticised for his conceptualisation of citizenship because it is based on the premise that a citizen is someone who “belongs” to a given community or nation state; the implication being that those who are not perceived as “belonging” to the state are regarded as non-citizens - “partial citizens” or sub-citizens (Richardson, 1998; Aas, 2006). Marshall saw citizenship as an avenue to integrate various formerly marginalized groups in hopes to create a nationalistic unity and identity (Kymlicka & Norman, 1994). Although his intentions may have been judicious, it is clear that several groups have been excluded from this common identity since factors such as gender, age, race and sexuality are not considered in the historical materialization of citizenship (Kymlicka & Norman, 1994; Turner, 1990). The definition of sexual citizenship, which I use in the analysis of the blood ban, aims to remedy this.

The goal of sexual citizenship is to allow for a more inclusive conception of citizenship and to remedy its previous limitation regarding the heterosexual/homosexual dichotomy (Weeks, 1998). I adopt the lens of sexual citizenship when contemplating the blood ban so as to demonstrate how it further compounds marginalization among already disenfranchised gay males. Incorporating this framework allows us to view the sexual citizen/gay man's freedoms to be sexual while realizing the numerous ways in which heteronormative society curtails it (Brown, 2006).

The understanding of the sexual citizen is particularly important in locations where citizenship is constructed through the citizen's sexuality, such as the ritual space of blood donation through the sexual preference of the gay man (Bell, 1995). The gay man is portrayed as a "risk taker", a "citizen-pervert", a "dweller in the land of desistance" who engages in scary sex acts (Bell, 1995). The gay man is constantly working and renovating his "risky" identity in accordance to various regulatory measures imposed by health officials; the gay man then is a "high risk" queer body caught between pleasure and danger; suspended between sin and crime (Bell, 1995). Much like in the industrial society wherein the "axis principle" is the distribution of goods, for our "risk society" it is the distribution of "dangers" (Beck, 1992), and we have a zero tolerance for contamination in our blood supply. I thereby draw extensively from Beck to convey these perceptions of risk that have framed the gay man as a risk taker and as such have undermined his identity as a sexual citizen.

The articulation of sexual citizenship allows for understanding the parameters of the limits imposed on the queer body in terms of governmental regulation and containment; the ban disqualifies gay men to donate regardless of monogamy and sexual acts (Bell, 1995). It also allows for a richer understanding of how gay men push against these regulating forces to gain

autonomy and recognition of a different performance of citizenship (Bell, 1995). In addition, this model of citizenship is based on a politics of tolerance and assimilation (Richardson, 1998). Gay men have been granted certain rights where they are tolerated as long as they stay within the boundaries allocated to them, boundaries that have been determined and maintained through a heterosexist divide (Richardson, 1998). Richardson (2000) makes the point that although some salience is given to all homosexuals in legislation, it is mostly in terms of decriminalization of male homosexual wrongdoings, as seen with the ban (Richardson, 2000). Furthermore, the ban is a response to the history of contaminated blood and an attempt to decriminalise homosexual (high risk) sex. The following section outlines the contaminated blood scandal in order to better situate the formation of the blood donation ban.

Background on the Blood Ban and Contaminated Blood Scandal

In order to understand the blood donation ban, it is vital that a historical account be provided to contextualise the climate that surrounds donation discussion in Canada. It was in the late 1970s and early 1980s, that an estimated 1,200 Canadians were infected with HIV through blood transfusions (Wainberg et al., 2010). At that time no tests were available to detect HIV infection. The U.S Food and Drug Administration (FDA), Centers for Disease Control (CDC) and the National Institutes of Health (NIH) alerted the public that the puzzling disease now known as AIDS was a blood borne pathogen in March 1983 (Galarneau, 2010). The same month the FDA Office of Biologics issued a memorandum identifying specific groups that were deemed at a “high risk of AIDS” and deferred them from blood donation “until the AIDS problem is resolved or definitive tests become available” (Galarneau, 2010, p.30). This label of “high risk of AIDS” was attached to homosexual or bisexual men who had multiple sexual partners and to partners of the individuals who were at a “high risk of AIDS” (Galarneau, 2010, p.30). In 1992,

the FDA revised the blood ban based on recognition that HIV transmission had more to do with sexual behaviour than identity, noting “men who have had sex with another man even one time since 1977” instead of “homosexual or bisexual” (Galarneau, 2010). In addition, the revisions also included a lifetime deferral for men who have sex with men (MSM) and the deferral for female sexual partners of MSM was decreased to 12 months (Galarneau, 2010). In 1983, the US held a public meeting at which consensus was reached to implement the indefinite deferral for blood donation for MSM (Wainberg et al., 2010; Vernillo, 2010). Following this meeting, the Blood Transfusion Service of the Canadian Red Cross Society, the Canadian organization responsible for collecting, processing and distributing blood, moved swiftly to exclude those “MSM” members, adopting the exact question and revisions as those used by their United States counterparts (Wainberg et al., 2010). In 1997, the Canadian Red Cross revised that it was “any man who had sex with another man even once since 1977” (Wainberg et al., 2010). In 2004, Hema Quebec’s Hemovigilance Committee was approached to consider the possibility of a one-year deferral period for MSM, but it was rejected in favour of the lifetime ban as scientific data demonstrated they posed a significant risk (Wainberg et al., 2010). Recently, as of May 22nd, 2013 the blood ban was revised to a five-year deferral period – meaning a gay man cannot have had sex with another man in the past five years in order to be allowed to donate (Picard, 2013).

Table 1: Chronology of Dates Relevant to Blood Donation Ban¹

Date	Event
1978	The first case of AIDS was observed in the United States
1979	The first incident of AIDS was diagnosed in Canada
1981	The Canadian Blood Authority is established, later known as the Canadian Blood Committee
1982	First death attributed to AIDS in Canada in a gay man in Windsor
1982	A hemophiliac dies, thereby proving the disease is blood borne
March, 1983	Red Cross makes public plea to high risk donors to refrain from donating blood; implementation of a set of guidelines for screening purposes for blood donors
July, 1983	Red Cross issues second plea to high risk donors to refrain from donating blood
1992	Red Cross specifically targeted MSM (men who have sex with men) and implements lifetime deferral
1997	Red Cross added the stipulation of lifetime deferral for MSM who have engaged in sex with a man, even once, since 1977
2013	Red Cross changes lifetime ban for MSM to 5-year deferral period

In the summer of 2013, Canada proceeded to remove the thirty-year old ban on gay men being able to donate blood (Branswell, 2013). Canadian Blood Services (CBS) said it would soon allow gay men to donate if they had not had sexual relations with another man for five years prior to giving blood (Branswell, 2013). The agency’s executive Dana Devine said this is a step in the right direction: “So the message to them today is to simply bear with us.... we are working towards attempting to make the opportunity for additional people to donate blood...and we aren’t quite there yet for that group of people” (Branswell, 2013). The change was met with much criticism as many argued that such a move perpetuates a stereotype of sexually active gay men as always potentially infected with HIV and has no scientific basis in regards to maintaining the safety of the blood supply (Andreatta, 2013). Several coalition groups have advocated against the ban, remarking that is far from a prudent step: “For the vast majority of people who

¹ Information for this table was gleaned from the following sources: (Picard, 1995; Galarneau, 2010; Wainberg et al., 2010; Vernillo, 2010; Picard, 2013).

are affected by the ban, the policy change is actually no change.... this [new] policy assumes that if you're a man, regardless of what protections you might take, any sexual contact with another man becomes risky...we know that's not the case" (Adam Awad, chairman of the Canadian Federation of Students, quoted in Andreatta, 2013, p.1). Egale Canada, a gay-rights advocacy group, commented that "it's still a discriminatory process...they're saying that a person's sexual orientation and gender identity is reason enough to have a five-year deferral. It's no different than an indefinite deferral" (Andreatta, 2013, p.1).

Picard (2013) has called the ban "sublimely ridiculous" as the decision is not based on sound science nor are there indicators that this move will make the blood supply safer. It has been suggested that such a move has more to do with "damage control" than any other motivation (Picard, 2013). Picard (2013) states that at present 65,000 Canadians are living with HIV/AIDS and a little over half of that number are MSM; the other half are heterosexual men and women. This leaves ten percent of MSM as infected with HIV and the heterosexual population at one percent (Picard, 2013). The issue remains that 90 percent of gay men who are not HIV positive are prevented from donating blood and the five-year deferral period is an arbitrary number to strike a compromise between a lifetime ban and no ban at all (Picard, 2013). More importantly, the demand for blood is high as more than 1.1-million units of blood are collected every year in Canada; nonetheless shortages are looming (Picard, 2013).

AIDS should have demanded more medical and public health vigilance; however there was the misconception amongst health officials that since Canadian donors were not paid, their blood was "good" and likely untainted. Picard (1995) speaks of the painful history that Canada has had in terms of the blood scandal as a "lottery of death" that resulted in thousands of Canadians becoming innocent victims of tainted blood. In the years of 1980-1985, 44 per cent of

Canada's population of 2,300 hemophiliacs who had received plasma (which is created by pooling that from hundreds of donors) contracted HIV (Picard, 1995). The Canadian government fully supported the Red Cross, allowing it to have an open-ended contract that made the organization answerable to no one; the Canadian blood supply would later pay a hefty price (Picard, 1995). In January 1984, the *New England Journal of Medicine* wrote that physicians were no longer able to guarantee that transfusions would not pose a risk of acquiring AIDS (Picard, 1995). Despite this, Canadian physicians continued to falsely assure recipients and were lethally slow to issue warnings to the public. At the time the gay community was very active in spreading safe sex messages and prevention campaigns; however such material would not be accessible in mainstream media until many years later (Picard, 1995).

Canada's response was poor and painfully slow to adopt questionnaires and ELISA (Enzyme-Linked Immunosorbent Assay) testing when they were made available. For example, all United States blood banks were utilizing the test by March 1985; however Canadians implemented it only in November 1985, resulting in recipients being infected with tainted blood (Starr, 1998). This could have been avoided had there not been significant and unnecessary bureaucratic delays in adopting the new testing and heat treatment technologies.

The Canadian blood system lagged behind the American system by approximately eighteen months, therefore there was ample time to prevent roughly 800 AIDS-related deaths (Picard, 1995). Picard describes this as "malicious inertia" due to a lack of "foresight and leadership" (1995; p.209) This was largely attributed to homophobia as players with power awaited more information that this "gay disease" could affect "normal" members of society. "That people were regulated to second class status because of the social origins of their disease is perhaps our greatest and most lasting shame. Diseases discriminate, but a public health system

worthy of its name should not” (Picard, 1995; p.210). This will forever remain one of Canada’s “worst-ever preventable public health disaster[s]” (Picard, 2013). Although the story of the blood scandal is complex, what remains very clear is the lack of public trust in our blood system. After the scandal it was evident that blood donations dropped considerably; as such in the next section I examine the symbolic politics of the act of donating blood.

The Symbolic Politics of Blood and Blood Donation in a Risk Society

Fear is implanted in us as a preservative from evil; but its duty, like that of the other passions, is not to overbear reason, but to assist it –

(Samuel Johnson quoted in Gardner, 2008, p. i).

This section explores the cultural significance of blood and blood donation within our “risk society”. Over the course of time as western societies have developed and changed so too have the ways in which blood is regarded and managed. Historically, blood can be broken down into three eras: blood magic, blood wars and blood money (Starr, 1998). Blood magic can be defined as the era in which blood’s special powers were revealed, wherein it was isolated from human anatomy. Blood wars is a term used to describe the second era – when blood began to be thought of as a strategic material as scientific innovation reigned supreme. It was the various techniques of collecting, storing and separating plasma that made blood so invaluable during World War II, a time when it was most needed (Starr, 1998). The final and current era is blood money, in which blood is regarded as a commodity and is the basis of a global industry (Starr, 1998). Therefore, it is not surprising that the process of blood donation and deferral policies

evokes strong views about segregation, justice, safety, risks and community, particularly in the context of HIV/AIDS (Galarneau, 2010).

Blood is precious for a plethora of reasons. It is our biological sustenance, imbued with numerous cultural and social assignations: life and death, purity and contamination, indisputable personhood and communal cooperation (Galarneau, 2010). It is the substance that links all individuals in the world intimately together, where differences pertaining to race, belief and cultural heritage seem insignificant beside it (Titmuss, 1970). The very idea of blood evokes strong attitudes and values pertaining to its possession, loss, utilization and inheritance, demonstrating distinctive opinions across cultures (Titmuss, 1970). Blood supplies have become prominent indications of national security and public fortune, thereby making discussions pertaining to blood donation policies a source of national and international debate (Strong, 2009). Therefore it is not surprising that donated blood is so heavily charged in such debates as blood can be thought of as a sense of self, as alienable, as a communal substance and a potentially contaminated gift from strangers (Waldby, Rosengarten, Treloar & Fraser, 2004). I use the phrase “heavily charged” to convey how blood donation speaks so strongly to our deepest conceptions of “truth and sanctity” (Hill, 2013, p.9). Moreover, blood is often thought of as one of the most precious gifts one can offer, however that same gift can hold the power to kill if it is not safe/pure (Hill, 2013). Blood weighs very heavily in our society, it has the power to save lives, the ability to convict us in court as it can reveal truths, it can tell us about our ancestry and so forth. There is no other bodily substance that can affect our “minds and hearts” so deeply (Hill, 2013, p.9).

I explore these metaphors of blood briefly to elucidate how blood is laden with cultural and symbolic meanings. For instance, in Waldby's 2004 study, participants who donated blood were asked if they thought of blood as still theirs once it was donated and responses varied greatly. For some, blood held a part of your personality and in it a sense of moral disposition that is transferred to the recipient upon transfusion (Waldby et al., 2004). Some participants regarded blood as a "perpetual loan" of sorts, suggesting that because the sense of "self" is so strong blood was perceived as always belonging to the donor (Waldby, 2004). Some individuals felt that the blood was "biologically mine but not socially mine" (Waldby et al., 2004, p.1467). The following quote elaborates on this idea:

My immediate response was the minute [donated blood] goes out of my body it's no longer mine because the reason it's going out is that I've consented to make it somebody else's. So in that sort of sense it's immediately not mine once it's outside of my body but I guess in another sense it's always mine because it was kind of manufactured by my body and it's a tissue of my body that's going to be transplanted into somebody else's so it both is and isn't my body's simultaneously (Waldby et al., 2004, p.1467).

Donated blood does not always conform to the idea that it is personal property; for example, many view blood donation as an altruistic act that a citizen performs to benefit society. Viewed from this perspective, blood donation is a charity that should hold no expectations of profit in return. Donated blood can then be seen as "alienable", since it is a commodity to which one no longer has proprietary rights:

Oh well it belongs to the Red Cross. Yeah for them to do what they will. And it actually, when I sign it, I waiver to that that they can do it if they do experiments and they find something else which makes them a million dollars, I've got no right to that. I give it and it's theirs and then they give it to someone else and it's someone else's. Yeah (Quoted in Waldby et al., 2004, p.1467).

Donated blood can be thought of as a communal substance, a resource that circulates in society so that individuals who need it have direct access to it. This is particularly the case for individuals who depend greatly on blood; for example, haemophiliacs who when using a bottle of Factor 8 are exposed to the 250 donors whose blood was used to create the concentrate (Waldby et al., 2004). Here we can see how the application of the communal model of blood makes identifying a proprietor difficult or impossible. If one cannot trace the blood to the donor, donated blood can also be then seen as a contaminated gift from “anyone”; this “unknown” factor increases anxiety about blood contamination as noted by several participants in Waldby’s research:

The [contamination] of the blood supply [with HIV in the early 1980s]...undermine[d] the confident postwar belief in the power of altruistic donation and underlined the existence of a more complex situation (Waldby et al., 2004, p.1468).

This fear is not confined to Canada, as many developed nations experienced tainted blood scandals that led to the decline in legitimacy of the blood supply and a zero tolerance for blood borne risks (Waldby et al., 2004). Although blood is imbued with several meanings, the fact that it has been fractioned, banked, and distilled into various products has depersonalised it to many donors and recipients (Waldby et al., 2004). This is not to say that these processes minimize the level to which blood is “charged” in society, rather it shows that the transfusion is not personal and allows donors and recipients to perceive it as a communal substance in some ways. It was evident however, that many participants in Waldby’s study felt that it was difficult to trust fellow citizens who are “strangers” thus leading to much fear of contamination of the blood supply (Waldby et al., 2004). This mindset allows us to provide a more nuanced understanding of why Canada’s blood ban against gay men has been accepted by many as a method to prevent the contamination of our blood supply. There is a zero tolerance for risk

within Canadian due to the thousands of Canadian victims of tainted blood (Picard, 1995). This discussion of the gay blood ban occurs within a climate of heightened paranoia following the aftermath of the tainted blood scandal. The blood ban has been seen as a necessary response to an (ir)rational fear of blood contamination in society. The fact that the blood ban is a by-product of a legacy of contaminated blood needs to be understood so as to grasp why the general public has an insatiable appetite for being informed/aware of risks or risky behaviour. We have become a nation of worriers in “risk society” (Beck, 1992; Gardner, 2008).

Scientific, technological and industrial developments have played a massive role in our constituting of science and knowledge with regards to HIV/AIDS. Beck (1992) has said that the consequences of such developments leave us facing an entirely new set of risks and hazards, ones we would not have ever imagined. Such dangers will not be contained and will follow through to subsequent generations leaving no single party accountable for the production of a risk society (Beck, 1992). Furthermore it is becoming increasingly difficult to compensate individuals whose lives have been affected by such hazards, as their very calculability becomes dubious (Beck, 1992). Unlike industrial society, wherein the axis principle was the distribution of goods, in the risk society it is the distribution of dangers, such as fatal diseases passed through blood transfusions (Beck, 1992). Drawing from Beck we can see how industrial societies are responsible for the generation of their own risks, leading to risk becoming a political and intellectual meshwork (Beck, 1992). Describing this meshwork, Beck states that “Risks are defined as the probabilities of physical harm due to given technological or other process”, thereby allowing technical experts to set and define agendas and impose parameters a priori on risk discourses (Beck, 1992; p. 4). The issues of trust and credibility are often raised in risk discussions; however, the depth of this problem has often been co-opted and minimized into

instrumental terms for the benefit of institutions and their respective gains (Beck, 1992). As Beck notes, “Risk may be defined as a systemic way of dealing with hazards and insecurities induced and introduced by modernization itself” (1992; p.21). Beck demonstrates how science’s rationality claim to be able to perform investigation objectively contradicts itself since it is based on “speculative assumptions”, and is meshed within a framework of “probability statements” that cannot be based on actual incidents (Beck, 1992). In some ways we see this manner of thinking applicable to the current blood ban, where science has developed tests to detect and kill the HIV virus in blood whilst simultaneously basing its view of gay men as inherently more likely to contaminate the blood system based on probability risk calculations.

Risk determinations are based on “mathematical possibilities” and social interest; however, science is tempered by business, politics and ethics (Beck, 1992). Beck argues that reactor safety studies are restricted from the very beginning by what he terms “technical manageability” since it is based on the estimation of “quantifiable” risks which are extrapolated from “probable” dangers (Beck, 1992). Keeping this in mind in light of this discussion of blood donation, we realise there is no such possibility of “risk free” donation, neither can risks be produced equally; for example haemophiliacs may have a greater risk of infection because they use blood products so much more frequently than the average citizen. Therein lies the problem of “technical manageability” since it can be estimated on probable dangers, but we really do not ever know, which is the greatest risk of all (Beck, 1992).

Beck (1992) cautions us that science is not only the solution to many social and health problems, but it is also at source of potential hazards. It is because we hold steadfastly to the belief that the scientific knowledge will solve our problems that we forget that scientifically developed risks grow disproportionately faster than successes (Beck, 1992). The “taboo of

unchangeability” can be applied to the blood ban, where further scientization (testing) generates greater pressure on society to act in prescribed risk averse ways, but as we become more technoscientific we may eventually transform into a “taboo society” (Beck, 1992). Western societies are subject to several imposed constraints in terms of the allocation of resources and as a result of the effects of different agencies of social control, which in theory can all be changed but in practice are systemically excluded from the prospect of modification due to the creation of various types of “measures” (Beck, 1992). These measures include but are not limited to items such as “objective constraints”, “system constraints” and “auto-dynamisms” (Beck, 1992). The entryway through which risks can scientifically be questioned lies in the critique of science, progress, experts and technology (Beck, 1992). However, it is precisely this risk discourse that has demarcated the gay male as “high risk” and is therefore deemed a “risk taker” in society.

The Risk Taker

Drawing from Beck, we know that risks are produced unequally, thereby making some segments of society more susceptible to dangers than others (Gardner, 2008). Risk management can then be seen as a political process in that it involves the assignment of risk from one party onto another (Fisk, 1999). In such circumstances then it is not surprising that some groups may protest the allocation of imposed risks based on equity grounds (Fisk, 1999). Such is the case for gay men who have been imposed with “high risk” status with regards to blood donation, thereby raising “risk ranking” considerably higher compared to the rest of society. This section elaborates on the ways in which the gay man is deemed a risk taker and thus as risky, a representation that serves to erode his claim to citizenship demarcating him a risky or sub citizen.

The AIDS epidemic began in 1981 and from its inception it was inextricably linked to gay men; in fact, it was initially termed Gay Related Immunodeficiency Disease (GRID) (Appleby, 2008). Indeed, when AIDS first emerged, it was more prevalent amongst gay men, therefore eliciting little attention and leaving those afflicted for death. The AIDS epidemic also resulted in other parts of the population being ostracised as blood banks refused donations from “high risk groups” known as members from the “H club”: homosexuals, Haitians, heroin addicts, hemophiliacs and hookers (Picard, 1995). Not surprisingly these groups all constitute marginalized members of society. It is apparent that this purposeful juxtaposition of “them” vs. “us” was intended to reassure the public that they were not part of the “guilty” “risk taking” group of HIV carriers. The myths about AIDS being strictly a homosexual disease perpetuated homophobia and drove the lack of action over the consequent decade. On March 10, 1983 the Red Cross made its first formal action against AIDS by issuing a policy that prevented gay and bisexual men from donating, along with Haitian immigrants and drug users (Picard, 1995). This release was “socially devastating” as both groups’ leadership were not given notice, nor were the parameters of “multiple partners” or “newly arrived immigrants” mentioned respectively of the gay and Haitian communities (Picard, 1995). A Montreal magazine *Rencontres Gaies* compared this treatment of the gay community by the Red Cross to the Nazis who required homosexuals to wear the pink triangle on their prison clothes (Picard, 1995). Sadly, there was even more devastating dialogue regarding quarantining homosexual men and any other carriers of AIDS to either Bentinck Island or McNab Island in Nova Scotia (Picard, 1995). This discussion in itself is telling, as gay men constituted modern day lepers who were conceptualized as “untouchables”. When the AIDS Working Group asked the lawyer for the Red Cross, Michael Worsoff, about human rights discrimination in terms of blood donation, he replied:

It is not a matter of the donor having the right to donate blood. Rather, it is the case of the Red Cross having both a moral and legal obligation to assure the safety of the blood it accepts for processing and distribution. The evidence of possible unacceptability of the blood does not have to be conclusive; the decision can be made on the basis of 'reasonable doubt' as to its suitability. With reference to the AIDS problem in particular, the premise is not that the CRC has to justify beyond any scientific doubt that there is a link between designated 'high risk' groups and the development of AIDS since, if there is even a possibility of transmission via blood, the CRC has the moral and legal obligation to protect the recipient above all (Picard, 1995, p.75).

However, when the CRC distributed questionnaires to potential donors pertaining to blood donation, no questions were asked about sexual behaviour, high-risk groups or high risk activities. It seemed that reasonable doubt could function in the place of necessary screening, and decisions were made on risk possibilities.

Blood collections from clinics in predominantly gay areas were stopped. In addition, clinics sponsored by gay men were also to be shut down, although at the time gay men accounted for 15 percent of all blood donations (Picard, 1995). Ironically enough, gay men were initially actively recruited for blood donation in the 1970s, when researchers were in the midst of developing vaccines for Hepatitis B, since gay men had the antibodies in their blood due to their increased rates of exposure (Picard, 1995). Years later, when the vaccine was produced, gay men were unable to easily or freely access it despite having played a crucial role in its development. The vaccination was made available to gay men only by purchase, fire fighters, police officers, doctors, nurses, and public health workers were given it free of charge (Picard, 1995). In addition, blood from gay donors was thought to be "risky" and was secretly labelled "for research purposes" by nurses who were instructed to act on instinct in determining if a donor was "gay" or had "gay attributes" (Picard, 1995). At the time, overt homophobia was common; for example, Saskatchewan Premier Grant Devine was quoted to have said that homosexuals were equivalent to bank robbers and therefore not entitled to human rights protections (Picard, 1995). Again,

such depictions convey how gay men were regarded as not just risk takers but also criminals who were risking the health of the entire public population. In Vancouver, blood donations that were “suspect” were to be tagged with green labels, akin to the pink triangles *Rencontres Gaies* initially suggested (Picard, 1995). A lawyer for the Canadian AIDS Society asked the Red Cross members what criteria were used to determine if a potential donor was gay, resulting in responses based heavily on stereotypes of what a risky homosexual looks like (Picard, 1995). Therefore, discrimination from the Red Cross was evident, as answers were again not based on questions pertaining to high-risk sexual behaviours, but rather on stereotypes and assumptions.

Scientists, physicians and public health officials argue that AIDS represented “an epidemic of infectious disease and nothing more” (Treichler, 1999; pp.1). This candid medical argument developed over the course of the 20th century as a successful attempt for public health to wrest itself of any moral understandings and implications of AIDS (Treichler, 1999). That being said, the value and power of this prevalent argument used by the medical community is not one that should be ignored or minimized (Treichler, 1999). The AIDS epidemic has produced, reused and recycled a plethora of “meanings, definitions and attributions” (Treichler, 1999; pp.1). The construction of AIDS as a “risky gay disease” depicted both AIDS and homosexuality with meanings and thereby produced particular material and social ramifications across social and scientific scales (Treichler, 1999). The attribution of viral transmission to “gay life style issues” resulted in a flurry of scientific research “investigating” sexual practises of gay men and drawing conclusions of sexual behaviour “generally” being “high risk” (Treichler, 1999).

Wald makes a convincing argument regarding how cultural representations of epidemics have shaped notions of national community in the late 19th century to present (Wald, 2008).

Wald speaks of the “outbreak narrative”, which she describes as a “formulaic plot that begins with identification of an emerging infection, includes discussion of the global networks throughout which it travels, and chronicles the epidemiological work that ends with its containment” (Wald, 2008; pp.2). Wald also demonstrates that the realities of AIDS are portrayed so as to scare the public, which indoctrinates social myths as a conventional plot narrative that describe “the perils of human interdependence and the triumph of human connection and cooperation (Wald, 2008; pp.2). It is evident then how the science of a contagious disease gets translated into social language and forms public opinion/perceptions and may influence public policy (Wald, 2008). Labelling individuals as members of a “high risk group”, such as the blood ban has done to gay men, forgoes important information such as the longevity and monogamy of relationships and the use of safe-sex practices and prevents this group from participating in the altruistic act of blood donation, which has been held up as a component of responsible citizenship and national identity (Bennett, 2009). Iris Marion Young argues that the state uses depictions of disease and undisciplined sexuality to construct queer people as the most abject “Other” (Bennett, 2009). This process perpetuates homophobia as these constructs “frame disturbing judgements, erode legitimate claims to full citizenship, and reproduce prejudice rather than epidemiological knowledge” (Bennett, 2009,p.3). It is precisely this discourse that legitimizes denying gay men the opportunity to donate blood to fellow citizens (Bennett, 2009). Furthermore, they are barred from negotiating gender and sexuality within the concurrence of science, society and the state (Bennett, 2009). Leftist traditions of social and political theory fail or have been reluctant to ask the question “what do queers want?” in terms of the ban, and in doing so have posited a naturalized heterosexual society (Warner, 1993, vii) or heteronormativity.

The concept of heteronormativity is well elucidated by Warner and Berlant:

Heteronormativity is more than ideology, or prejudice, or phobia against gays and lesbians; it is produced in almost every aspect of the forms of and arrangements of social life: nationality, the state, and the law; commerce; medicine; education; plus the conventions and affects of narrativity, romance, and other protected spaces of culture. It is hard to see these fields as heteronormative because the sexual culture straight people inhabit is so diffuse, a mix of languages they are just developing notions of sexuality so ancient that their material conditions feel hardwired into personhood (Berlant & Warner, 1998, p.554-555).

This normalization favours heterosexuality so that anything outside of it is regarded as risky and deviant and homosexuals are considered lesser citizens (Bennett, 2009).

Simon Watney speaks of the homosexualization of HIV despite worldwide evidence that it affect various groups; implying that the idea of HIV is a 'gay plague' provides heterosexuals protection from facing an even more frightening disease than AIDS – that of diversity in sexual desire (Pastore, 1993). Pastore states that the logic of such a reaction requires the continuation of the misconception that AIDS is the gay plague (1993). Moreover, Watney dissuades any claims that such a projection is an accident and is likely intentional so as to protect and strengthen the fantasy of 'natural heterosexuality' with the underpinning that the gay men are sinister perverts (Pastore, 1993, p.108). Additionally, health officials were/still are worried that gay men would lie during the screening process and donate with malice in order to deliberately contaminate the blood supply, thus partaking in a kind of "blood terrorism" (Bennett, 2009, p.16). Such discourse is also misleading as it allows the "general public" to sustain the false sense of security that if they do not associate with the "wrong risky people" they will be free from the AIDS crisis (Gonsalves, 1995). This also implies that gay men are not part of the general public and are not concerned with maintaining the integrity of the blood supply.

On an average day, it is estimated that 22,000 people donate blood and every single individual is asked the question: are you a “male who has had sexual contact with another male, even once, since 1977?” (Bennett, 2009, p.3). Bennett asks how this question shapes understandings of the gay man. How does it continue to “chorus the correlation between AIDS and gay men whilst simultaneously demeaning their roles as active, knowledgeable and valued citizens/members of society?” (Bennett, 2009, pp.5). How does this amplify the meaning of “high risk” individuals? This allows for the denigration of social interactions between gay men and the public who are already regularly given “distorted caricatures” of gay citizens (Bennett, 2009, pp.5).

The question, “are you a male who as had sexual contact with another male, even once, since 1977?” (Canadian Blood Services, 2011) ensures “queer men are realised as both inside and outside the system; as impure separatists and polluted assimilationists; as rhetorically contained but ubiquitously promiscuous (Bennett, 2009). In marginalizing queer bodies, the state concurrently promotes a normative citizen ideal to reproduce national identity” (Bennett, 2009, p.30). It is this normative nationalized citizen ideal from which gay men are excluded and are shown as lacking in comparison.

In many discourses, the right for gay men to donate blood is evaluated against the right of citizens to receive untainted blood and not be contaminated as a result. This positioning serves to distance the gay man from the everyday citizen; it even suggests that the gay man is not a first-class citizen. Moreover, this framing allows us to disregard the fact that gay men, like everyone else, fear contamination and are equally concerned about preserving the integrity and purity of the blood supply. It is precisely this language of individual rights versus a public threat that allows for abjection and rejection of gay men into an “other” category and which positions “us”

(the state and non-contaminated individuals) against the abject other (gay men who are threats to “our” blood supply).

The Canadian Blood Services has strongly opposed the claim that such a ban is due to homophobia or is an attack on the integrity and character of gay men, instead claiming it is first and foremost a public health concern (Bennett, 2009). In both the US and Canada there are frequently cited examples where “innocent victims” such as mothers, babies, haemophiliacs and teenagers have contracted HIV due to “fast and loose lifestyles” of gay male donors (Bennett, 2009). In 1987, the blood scare was so intense that a poll conducted revealed that 27% of citizens believed they would contract HIV from donating blood (Bennett, 2009). For a period of time in 1987, the altruistic ritual of blood donation was not considered a positive act but rather a threatening one with the possibility of contracting HIV as a death sentence. Such framing conveys the unequal high risk status that is imposed on the gay man. Gay men are regarded as negligent and inconsiderate of the safety of others and the blood supply in general. Such risk discourse solidifies the gay man as the sexual sub citizen. It is important to note that heterosexual men are rarely portrayed in this light, nor is the heterosexual sex addict with an appetite for sexual promiscuity. Much like the prisoners and refugees who are regarded as “treacherous travellers” – gay men come to be regarded as these within our blood system (Aas, 2013, p.146). Aas refers to unwanted groups of people in our society who do not exercise full citizenship; this can be applied to gay blood donors as they are regarded as “sub citizens” socially sorted between the categories of high and low risk populations (Aas, 2013,p.146). The gay man maintains other rights and privileges of traditional citizenship but is discriminated against on the basis of his sexuality.

Gay men can be considered high risk “sub-citizens” and thereby our system needs to protect us from this risk, by ensuring various constraints are implemented. These “objective constraints” include measures such as the present limit placed on gay men from donating; “system constraints” placed on rejecting donations from men who “look gay”, and various “autodynamisms” that use biological information as a means for risk management (Aas, 2013; Beck, 1992).

Weeks considers sexuality “the magnetic core that lies at the heart of the national political and cultural agenda” (Hubbard, 2001; p.53). On the surface the construction of the sexual citizen seems to be an ironic contradiction, since the sexual is traditionally a personal/private arena that is separated from the public gaze (Weeks, 1998). Moreover, it is precisely this division from the public that has intensified our attention into the private erotic arena. Making up the sexual citizen as a hybrid being breaches the private/public divide – a notion previously upheld and considered essential in Western culture. Weeks (1998) urges us to consider that the intermingling of these two previously separate arenas is what makes the sexual citizen contemporary. One cannot be certain if western culture deems this a necessary divide, since it is so often brought to public attention and held up as an unjust bias that disenfranchises gay men from donating.

Research on sexuality and space has shown that public spaces are constructed based on notions of heteronormativity, where individuals who are not part of the monogamous, procreative and heterosexual collective are excluded. This exclusion of sexual dissidents reinforces notions of heterosexual citizenship. Gay men as sexual dissidents have to transgress these spaces to challenge the naturalization of heteronormativity and to forge a new place for themselves in the sexual citizenship arena.

Citizenship in the public sphere comes loaded with a sense of rights and entitlements alongside heavy responsibilities to one's community; in this case the responsibilities involved in blood donation. What would these be? The onus is on the individual to think of blood in all its possible forms: blood as "self", blood as alienable, blood as a communal substance and blood as a contaminated gift (Waldby, Rosengarten, Treloar and Fraser, 2004). The risky gay man however is deemed inconsiderate in contemplating blood in the aforementioned forms.

Weeks (1998) urges readers to contemplate that difference cannot find a niche unless there is a claim to citizenship; furthermore it is the sexual citizen who attempts to make this claim and transcend the limitations of the private sphere by going public with his claim. However, there is no denying that this move is also paradoxical since the private aspects of their lives are no longer protected and are instead deemed risky and subject to much scrutiny.

Historically, the very term "homosexual" has a pernicious record of being associated with charges of sedition and disloyalty (Richardson, 1998). Such an image further perpetuates the notion that the gay male is not a citizen and is likely a traitor who should be kept at the margins as he is a threat to the national fabric/security. It is precisely this "presumed risk of betrayal that undermines the position of 'homosexuals' as legitimate members of a particular nation state" (Richardson, 1998; p.91). Interestingly, it is only when citizenship is thought of in terms of consumerism, that the non-heterosexual being comes to be regarded as an acceptable citizen, and their respective lifestyles and identities can be represented through the purchase of goods (Richardson, 1998). The parameters of citizenship as consumerism consist of limitations as to how one can consume gay and lesbian "lifestyles" – these are the margins of tolerance around which gay men and women are allowed to be in a public consumer space.

The moral panic surrounding the HIV/AIDS epidemic is based largely on the way media create fear, playing on the anxieties regarding the danger of non-normative sexuality that differs from the traditional nuclear family unit (Hubbard, 2001). Certain marginalised groups, such as Haitians, single mothers, pornographers, LGBTQ individuals, and prostitutes, have all been demonized as bad citizens in a variety of ways in different periods according to what is considered appropriate and good behaviour. That the state requires periodic moral panics to reinforce its power in relation to these marginalized but threatening groups encourages the questioning of sexual morality and plays a huge role in defining citizenship (Hubbard, 2001).

Sexual dissidents are not welcome in civic sites such as various blood donation clinics/centres, due to their preconceived risky behaviours and identities. In addition, many non-heterosexual individuals have to down play their sexuality when in public areas, for fear of abuse or intolerance. This is something heterosexuals do not need to worry about in terms of public displays of affection, but this is a criterion used to prevent an individual from donating blood. As aforementioned, nurses and other professionals assess the individual to determine whether they should be allowed to donate, but these assessments are subject to personal biases, which may be based on stereotypical assumptions or gut reactions on what a risk taker looks like.

Hubbard (2001) explores what he calls a “dual existence” wherein gay men have to live both open and closeted lives depending on space and social context. Richardson’s notion of a “partial citizen” similar to “sub citizen” comes into play here, as gay men may be granted formal recognition of rights but the branding of “citizen-perverts” prevents them from full participation in society (Hubbard, 2001). Bell speaks of the “citizen-pervert” figure that is juxtaposed between the public and private divide, existing in a contradictory location that destabilizes “hegemonic discourse on both sexualities and citizenship” (Bell, 1995, p.140). The citizen-pervert is then the

individual partaking in “scary sex” and represents a body caught between the realms of pleasure and danger:

.... at best, we are thieves, pure and simple, remaining, fundamentally, in the fractured land of quasi-negation, the arena of a so-called ‘desistance’ or double ([de]de)-negation... We are the thieves who play with and against the Law, who traverse it (if lucky), who get caught in it (if not). And in so doing, create, disrupt, invent, duplicate, a “homeland” identity, precisely at the moment where past and future meet... This is a peculiar identity; one that must always bear an excess, the excessiveness of the game itself, the perverse and the excessive game of self, of mystery and of submission, all up for negotiation and reformulation, often though not only, fitted somewhere along the actualities of a sexed pleasure-play (Golding, 1993b:26; referenced from Bell, 1995).

The citizen-pervert is not exclusively either citizen or pervert; neither is he situated exclusively as a public or private being, but rather he is suspended between both realms.

In examining hegemonic discourses regarding AIDS we see its role in the construction of citizenship, where it has been deployed to police same sex relations and has allowed for the scrutiny of the most private bodily acts. Therein lies the parody of what is “private” since in relation to AIDS nothing is private. When one is tested for HIV, the patient is asked several questions about his/her sexual practices/acts, number of partners and so forth. Sexual relations is usually considered a private domain, however this is not adhered to in regards to health, and matters of blood safety/integrity. Although “nothing being private” has resulted in activism from the gay community, the fact remains that in terms of citizenship, sexual dissidents are still not able to fully voice their concerns as they are regulated by the state (Hubbard, 2001). In fact, society requires “citizen perverts” as they enact “markers of the limits of the moral economy of citizenship” (Bell, 1995, p.144).

The geography of sexual citizenship ends up allocating gay men/non heterosexual individuals to certain confined private spaces such as brothels, bars and “villages” where they

will be tolerated but never in public spaces (Hubbard, 2001). In some ways this may help decrease conflict between two groups, however such a view also reinforces a divide and reemphasises “difference” provoking further complications where one group is regarded as superior than the other. In addition, one group (the heterosexuals) are able to exercise their citizenship fully and are not demarcated as sub citizens.

Some non-heterosexual individuals use public spaces to politically destabilize homophobic oppression; for example, gay parades and kiss-ins organized to garner attention for gay rights (Hubbard, 2001). However, these public acts in “queer spaces” have also become a form of entertainment for heterosexual consumption. Despite this fact, it does appear that sexual dissidents are able to occupy public spaces and draw attention, forcing society to reconceptualise public spaces and acknowledge that “others” also have the right to claim full citizenship.

Although the politics of sexuality are gradually changing, in many aspects they seem to be stagnant. The effects of globalization on lesbian and gay identities are vast; law governs sexuality, regulating and managing ‘gay behaviour’ by encouraging gay individuals to manage themselves and/or to live in certain acceptable ways (Stychin, 2003). We see this in the construction of particular sexual acts (for example, anal sex) as “gay” or “high risk” in order to facilitate the regulation of private acts. In addition, assumptions are made that all gay men partake in anal sex and heterosexuals do not. Stychin also emphasises how policy and law “can operate both in an explicitly and juridical way through repression and social control, but also the legal discourse can operate in a more subtle, disciplinary mode, by encouraging, in an infinite variety of ways, individuals to conform to how the law constructs proper-even civilised-behaviour” (Stychin, 2003, p.3) This depicts how law acts as a disciplining force, and how normalization occurs by privatizing the responsibility of others, and the state withdrawing from

adopting an ethics of care for its citizens. Sexual dissidents are to be included as citizens, but how? Often discussions pertaining to citizenship are grounded in a normative discourse that emphasizes civic inclusion. Historically, it is apparent that citizenship has been built on numerous exclusions stemming from theoretical binaries between citizens and non/sub citizens.

Citizenship serves as a disciplining and regulatory force especially in regards to sexuality. When focusing on the rights discourse, attention needs to be paid to the manner in which language is used when articulating the duties and responsibilities of citizenship (Stychin, 2003). It then becomes apparent that the rights one holds are not entitlements but rather part of a reciprocal arrangement centered on the responsibility of the gay individual (Stychin, 2003). The modern conception of citizenship is based on the private/public dichotomy; discourse often devalues the private sphere not acknowledging that this is predominantly the site for surveillance and regulation. Stychin (2003) elucidates that the private is not exempt from the glare of the state, and the public is not universally inclusive in terms of rights and needs. It is the white heteronormative male that is able to move freely between the two realms, utilizing his rights of civil society (public) and enjoying the privileges of home (private).

The public/private dichotomy creates another binary between active and passive forms of citizenship (Stychin, 2003). Traditionally scholars have argued that that modern citizenship has dissected the civic dimension and separated it from the conceptions of community and responsibility (Stychin, 2003). This suggests a difference between acquiring status as a citizen and practicing citizenship (Stychin, 2003). For instance, if the view where “political life is superior to the merely private pleasures” is adopted it would show (Stychin, 2003; p.11) that claims made by non heterosexual people would be deemed trivial in comparison to the good of society. Such a vantage point would deem claims made by gay men with regards to blood

donation as based on body and pleasure rather than the common good of society. This point demonstrates the relationship between rights and responsibilities and the “responsible citizen” (Stychin, 2003). A responsible citizen would put society’s needs before their own bodily needs and desires so as to preserve the integrity of the blood system. Adopting such a point of view would ensure that a gay man realises that his duties to the community trump the claiming of personal or individual rights. Responsible citizenship largely encourages abstinence and “relies on responsible personal lifestyle decisions” that disqualify non-heterosexuals (Stychin, 2003). The rights of sexual citizenship fall to responsible citizens who will in some way contribute to the common good of society. Homosexual men fall short of this, as they are not part of the enclave that constitutes a heteronormative nuclear family, nor do the risky acts they engage in correspond to good citizen behaviour. Instead, they are regarded as risk takers or risky sub citizens who are tolerated by first-class citizens.

Resistance of the Risky Sexual Citizen

The risky citizen-pervert when exiled from society and caught in the chasm between the public and private can acquire a new space where he can partake in forms of resistance and seek recognition. These spaces end up being redefined as the subject gains autonomy and contests confinement by arguing for equal citizenship. This is seen in the various strategies that AIDS activists turn to in order to reclaim their own politics of location, in what Simon Watney terms “the spectacle of AIDS” (Bell, 1995). They adopt “epidemic strategies” to promote sex-positive safer sex campaigns and attempt to overturn tabloid moral panic by going against the “moral majority” (Bell, 1995). AIDS activism pushes these dichotomous geographies of public and

private leading to the redefinition of identity, the meaning of community, and citizenship. Activist citizenship is a tactic of survival as much as it is one of citizenship (Bell, 1995).

As discussed earlier the locations in which gay men have found themselves transgressing are those spaces in which they are involved in activist efforts to gain recognition and equal citizenship. This section explores that form of resistance by looking at how some gay men have reacted to the blood ban either by passing or protesting, thereby “infiltrating the ritual space of blood donation” (Bennett, 2008). In Bennett’s study, the majority of participants interviewed conveyed a sense of “connection” through being able to donate; in addition sentiments were expressed that donating allowed them to perform acts indicative of civic identity (Bennett, 2008).

In this ritual space of public donation each gay man may decide to either admit his ‘sin’, protest or leave in silence. Alternatively, he can refuse to truthfully answer the screening questions pertaining to his sexual history, proceed to donate blood and receive a cookie of gratitude. Lying then acts as a mechanism to circumvent confrontation, embarrassment and a form of resistance against the governmental disciplining force inflicted on queer bodies. In addition, it is evident that the ban indirectly allows for the legitimizing of deception since by lying you are allowed to donate. This act of lying and resisting the ban and thereby exercising a form of active citizenship is interesting because it is also paradoxical. Given the vital history pertaining to “coming out” – the process in which the gay man understands, values, accepts and publically discloses his sexual orientation/identity, it then seems painfully ironic to deny your sexual orientation to donate blood. Particularly since it goes against the meaning of coming out and being “loud and proud”, which deprives gay men the ability to identify and to belong. This in turn reinforces the gay sexual citizen as a sub citizen, further compounding marginalization.

From reading several participants' narratives it is apparent that individuals have a variety of motivating factors behind either lying and donating or adamantly refusing to deny their sexual orientation. For example, passing can be seen as a method for these secretive donors to gain moral agency and make a difference by demonstrating first hand that they are not vectors of disease eager to compromise the integrity of the blood system (Bennett, 2008). In addition, gay men aimed to gain scientific clearance as their blood would be deemed "healthy" subsequent to testing, which would throw into disrepute the homophobic policy that prevented them from donating in the first place (Bennett, 2008). It is evident that these methods adopted by gay men were used to destabilize the hegemonic constructions of disease that were imposed on them by the state's heteronormative discourses of sexual risk taking, and to redefine what sexual citizenship meant to them. Blood donation has always evoked ideas of purity and danger, the ritual site of donation relays the notion that gay men violate heteronormativity and reclaim "pure" statuses for their bodies (Bennett, 2008; Douglas, 1995). The various ways in which our society eliminated "dirt" in order to maintain order in our social environment is highlighted by Douglas who speaks of dirt as parts of society that do not belong; in this case the gay sub-citizen whose "mind cannot be trusted" but whose blood does not deceive (Aas, 2013, p.156; Douglas, 1995)

Individuals who protest generate instances for society to contemplate the ban on queer men looking to donate to the blood system. Gay men take their transgressive or activist stories back to their communities and use them as momentum to evoke social change, thereby performing activ(ist) citizenship. Both passing and protesting are ways in which gay men are attempting to seek inclusion and show gay men as citizen actors (Bennett, 2008). They are gaining agency by becoming the storytellers of their own narratives, defining the place of

discourse (Bennett, 2008). The fact remains that the current deferral policy affects the ways in which gay men understand and value their bodies and identities, however their actions are still acts of civil disobedience and an effective form of resistance.

A few short excerpts from personal stories are included to demonstrate that queer donors are very present in the body politic and their motivations are quite different than those speculated by advocates of the blood ban (Bennett, 2008): “For me it really is a part of responsible citizenship and... there’s this need clearly out there that you hear about all the time...People need blood and it’s not something I can do, and no one can really tell me why I can’t do it in a way that makes sense to me or in a way that feels fair” (Bennett, 2008, p.31). This quote depicts how some individuals feel that a responsible part of being a citizen is to donate, but they are not permitted to do this due to the private aspects of their sexual lives. Many gay men wish to occupy the ritual space of blood donation but they are told they are too risky, something they are told in many other spaces everyday life due to homophobia in popular culture, religious organizations, the educational and, health care systems, work places and so forth. Such excerpts depict how the donors felt like second-class citizens and felt dejected as a result.

In this way, the ban may affect how gay men see themselves in terms of their physical bodies and identities as gay men. Several participants in Bennett’s research suggested that they were more risky than other citizens despite having engaged in safe sex; this could be attributed greatly to the previous blanket declaration of queer identities and AIDS being synonymous (Bennett, 2008) The following excerpts from Bennett’s 2008 study are from participants who knew they were healthy, practised safe sex, and had been previously tested:

I think in the beginning it was the fear of, “Oh, gosh what if I did give blood and it came back positive”, and so forth and so on, and just that fear of you know they’d find out or

something.... I had always practised safe sex and so I've never worried about that, but there's that doubt. There's always that thinking, "Oh, gosh maybe there was that one time I slipped up (Bennett, 2008, p.36)

Every time I gave... I had that fear that I might get a card that would say "You need to call us." There was still that initial gut fear that when I gave, I would get a letter that said, "You're positive", or whatever, and, "Why are you giving" and I'd go to jail or something"..... At that point I knew I was at much higher risk, even though I was using condoms, I still felt I was at a much higher risk than I had been.... The fear was that by doing this I could really hurt somebody (Bennett, 2008, p.38).

Participants conveyed that they did not think they were high risk until Red Cross policies made them contemplate this "fact" (Bennett, 2008). They also began to call into question the severity to which their respective sexual actions threatened the blood supply (Bennett, 2008).

These examples show how hegemonic discourse has penetrated the minds of gay men who practise safe sex, as many of them identified that they could potentially be unhealthy or may mistakenly infect people with a disease they do not know they have, which suggests that they interpret themselves as being "higher risk" when compared to other populations. This was a distressing finding in Bennett's (2008) study, as many narratives demonstrated that gay men doubted their own health and bodies; they saw themselves as threats and live in fear of the previous correlation of gay men with AIDS. It is important to realise that although resistance may appear on the surface, it can be undermined in participant narratives (Bennett, 2008).

Shame, as Lahiri suggests, allows for the construction of embodied identities as exemplified when we "thrust private acts of transgression into the public domain and in the process laid bare the hidden spaces of identity formation" (Bennett, 2008, p.37). When taking into question the "politics of passing" so to speak, one has to ponder whether individuals are penalised for being gay men, or if they are penalized for not playing according to the rules of the "heteronormative

game” (Johnson, 2002). The homosexual man is not constructed in just opposition to the heterosexual, but he is also “Othered” (Johnson, 2002). Therefore, the gay man can be seen as the “good gay man” who is able and prepared to pass as a heterosexual citizen or the “bad gay man” who does not pass either by demanding equality /engaged in protesting (Johnson, 2002).

Individuals who are protesting as a form of resistance do so by questioning the policy and society’s fear of homosexuality as indicated below:

It got really irritating for me, particularly because it was as if something that I was doing was dirty and nasty and yet some of the students that I work with all the time that I know really well, you know had had five or six sexual partners in the past two weeks. And I’ve had the same sexual partner now for eight years. Why that’s seen as negative, I don’t know (Bennett, 2008, p.34).

This form of resistance has great leverage, as again they are “being political” actors transgressing and refusing to be passive. The manner in which heteronormative citizens engage in “being political” has been well documented, however the way in which “others” or “second class citizens” become political is less examined (Isin, 2002). Isin explores those moments of “being political” from the vantage point of “strangers” and “outsiders” who question the (in)justice charged upon them by overthrowing strategies and tools of citizenship (Isin, 2002). Isin drives home the message that “being political” is “not about politics... it is about citizenship and otherness as conditions of politics” (Isin, 2002, p. x). Representations of what it means to “be political” have historically been based upon citizenship, which is an expression of the right to “being political”, the right to conduct oneself as an actor to rule and be ruled over, to be able to deliberate with other citizens and be a part of shaping the fate of society to which one is a member (Isin, 2002). This act of “being political” is apparent when gay men are actors in relation to the blood ban by actively passing or protesting as a means of resistance. They are “becoming political” as they infiltrate the ritual space of blood donation by deception so as to question the

naturalness of the ban (which upholds dominant heteronormative virtues) to reveal its arbitrariness (Isin, 2002). The conscious deception during the screening process is a form of passing used in order to gain permission to donate and is a mode through which they overthrow the very strategies and technologies that mark them as Other (Isin, 2002). Isin (2002) argues that these second-class sexual citizens perform acts that are rendered political not on the basis of establishing a sense of power, but rather to expose the arbitrary nature of the ban.

Becoming political is that moment when a rank established between the superior versus inferior, high versus low, black versus white, noble versus base, good versus evil, is reversed, transvalued, and redefined, and the ways of being political are rethought. Becoming political is that moment when freedom becomes responsibility and obligation becomes a right, and involves arduous work upon oneself and others, building solidarity and alterity simultaneously.... The moment the dominated, stigmatized, oppressed, marginalized, and disfranchised agents expose the arbitrary, they realise themselves as groups and constitute themselves as political (Isin, 2002, p.276).

Passing and protesting are not mutually exclusive tactics but rather they can be seen as reciprocal forces that endeavour to create social change (Bennett, 2008). They are both forms of resistance, which have historically been used by marginalized groups, and gay men's enactment of such tactics is no exception. Both the groups that deny their sexual orientation and those that refuse to do so offer insights regarding the motivations behind their respective actions, their negotiations for agency and the discursive violence inflicted on queer bodies (Bennett, 2008). Gay men who are protesting are thereby demanding recognition to not be seen as members of a society that are excluded, and are motivated by the harm the state inflicts on them thereby defying "culturally ascribed generalizations" (Bennett, 2008). The fact that gay men have "passed" and donated to the blood supply is a clear indicator that intimate acts and the sexual body can be projects for transformation among strangers, allowing for the renegotiation of "everyday sociality" (Bennett, 2008). They renegotiate and recreate the "everyday sociality"

where they are portrayed as risky sub citizens who have dangerous queer blood and are not allowed to take part in the altruist act of blood donation. Here, in moments of passing they gain agency on their own terms and are able to perform their civic duty. Passing tactics can therefore be seen as viable means used by gay men to regain moral agency under conditions where they are disempowered. Passing allows for the blurring of the lines between the “insider” and “outsider” categories, since in the act of passing, one is caught in the nexus of both groups.

In the blood ban, passing demonstrates how all performances are unstable and both passing and protesting are about seeking acceptance and inclusion within the larger power structure whilst questioning the network and hoping that creating a scene will inevitably lead to transformation (Bennett, 2008). Gay men are political actors by protesting and passing, they are dictating their own lives and reshaping what citizenship means to them. Although these discourses are not highly publicised, their vitality lays in the integrity they reinforce and instil in gay men and their negotiation of agency. It is important to realise that while the blood ban does compromise the manner in which gay men think about their bodies and civic identities, their performances are still poignant acts of civil disobedience (Bennett, 2008). This allows them to be present in the body politic and use tactics of resistance as weapons of the disenfranchised to evoke change and reconstitute themselves as citizens on their own terms.

Conclusion

A study in the United Kingdom found that 77 % of gay and bisexual men said they would donate blood, allowing for an extra 2.3 million annual donors (Popplewell, 2010). The implications of such numbers and the current worldwide blood scarcity will hopefully lead Canadian blood officials to further question the national policy, the symbolic nature of blood as a public commodity/gift and the meaning of solidarity in a global context (Galarneau, 2010).

As seen from Canada's history, it is imperative that organizations such as the Canadian Blood Services and the FDA implement a blood donation policy wherein the main focus is risky behaviour and unsafe sex, not uncertain claims about individual sexual identity (Bennett, 2009). Gay men are not the problem; these negative attitudes and denial are forms of scapegoating that deflect attention or responsibility from negligence of effective testing and adequate measures being incorporated in the past (Gonsalves, 1995). Alongside such attitudes, risk discourse posits the gay man as a risk taker or a risky citizen, which raises concern about the decaying of social bonds between gay men and strangers as a result of "distorted caricatures" of gay men that are regularly presented to citizens (Bennett, 2009). It is through risk discourse that Canadian blood officials are able to posit gay men as risk takers that prey on innocent Canadians and who have no concern for the integrity of the blood supply (Sloop, 2004).

The current blood ban against gay men conveys our society's misguided attempt to protect our blood supply, but it creates a false sense of security in a risk society. The fact remains that banning gay blood will not protect our blood supply, and a zero level of risk is not possible or realistic. Therefore, changing the question from "Are you a man who has had sex with another man one time since 1977?" to "Are you a man that has had sex with another man one time in the past 5 years?", does not reflect progress. Until we have a blood donation system that takes into account these values, queer men will continue to pass, protest and perform their own versions of citizenship, so as to overthrow the "sub citizen" and "high risk" statuses that society has imposed upon them.

References

- Aas, K.F. (2006). The body does not lie: identity, risk and trust in technoculture. *Crime Media Culture*, 2 (2), 143-156.
- Andreatta, D. (2013, May 22). Gay men celibate for at least five years now allowed to give blood. *The Globe and Mail*. Retrieved from <http://www.theglobeandmail.com>
- Appleby, G.A. (1995). Chapter 1: AIDS and Homophobia/ Heterosexism. *Journal of Gay & Lesbian Social Services*, 2 (3, 4), 1-24.
- Beck, U. (1992). *Risk Society: Towards a New Modernity*. London: Sage Publications.
- Bell, D. (1995). Pleasure and danger: The paradoxical spaces of sexual citizenship. *Political Geography*, 14(2), 139-153.
- Bennett, J.A. (2008). Passing, Protesting, and the Arts of Resistance: Infiltrating the Ritual Space of Blood Donation. *Quarterly Journal of Speech*, 94(1): 23-43.
- Bennett, J. A. (2009). *Banning queer blood: Rhetorics of citizenship, contagion, and resistance*. Tuscaloosa: University of Alabama Press.
- Berlant, L., & Warner, M. (1998). Sex in Public. *Critical Inquiry*, 24 (2), 547-566.
- Branswell, H. (2013, May 22). Canada lifts ban on gay men donating blood; must be abstinent for 5 years. The Canadian Press. Retrieved from <http://www.ctvnews.ca>
- Brown, M. (2006). Sexual citizenship, political obligation and disease ecology in gay Seattle. *Political Geography*, 25(8), 874-898.
- Bussemaker, J., & Voet, R. (1998). Citizenship and gender: Theoretical approaches and historical legacies. *Critical Social Policy*, 18(56), 277-307.
- Canadian Blood Services (2011). What can I donate? *Canadian Blood Services*. Retrieved from: <http://www.blood.ca>
- Daley, A. (2006). Lesbian and gay health issues: OUTside of Canada's health policy. *Critical Social Policy*, 26(4), 794-814.
- Douglas, M. (1966, 1995). *Purity and danger: An analysis of the concepts of pollution and taboo*. London; New York: Routledge.
- Fisk, D. (1999). Chapter 10: Perception of risk- is the public probably right? In P. Bennett & K. Calman (Eds.), *Risk Communication and Public Health* (133-139). United States: Oxford University Press.

- Galarneau, C. (2010). Blood donation, deferral, and discrimination: FDA donor deferral policy for men who have sex with men. *American Journal of Bioethics*, 10(2), 29-39.
- Gardner, D. (2008). *Risk: The Science and Politics of Fear*. Toronto: McClelland & Stewart.
- Gonsalves, S., & Tucker, N. (1995). Reflections A look in the mirror: Part B: The state of our movement: To give or not to give. *Bisexual Politics: Theories, Queries & Visions*, 115-118.
- Hill, L. (2013). *The Stuff of Life*. Toronto: House of Anansi Press Inc.
- Hubbard, P. (2001). Sex zones: Intimacy, citizenship and public space. *Sexualities*, 4(1), 51-71.
- Isin, E.F. (2002). *Being Political: Genealogies of Citizenship*. Minneapolis: University of Minnesota Press.
- Johnson, C. (2002). Heteronormative citizenship and the politics of passing. *Sexualities*, 5(3), 317-336.
- Kymlicka, W., & Norman, W. (1994). Return of the citizen: A survey of recent work on citizenship theory. *Ethics*, 104(2), 352-381.
- Pastore, J. (Ed.). (1993). *Confronting AIDS through literature: The responsibilities of representation*. Urbana: University of Illinois Press.
- Picard, A. (1995). *The gift of death: Confronting Canada's tainted-blood tragedy*. Toronto: Harper Perennial.
- Picard, A. (2013, May 22). New blood-donation rules put damage control ahead of sound science. *The Globe and Mail*. Retrieved from <http://www.theglobeandmail.com>
- Poppellwell, M. (2010). Should we lift the ban on gays giving blood? (2010). *Gay Times*, (378), 80-81.
- Richardson, D. (1998). Sexuality and citizenship. *Sociology*, 32(1), 83-100.
- Richardson, D. (2000). Claiming citizenship? sexuality, citizenship and Lesbian/Feminist theory. *Sexualities*, 3(2), 255-272.
- Sloop, J.M. (2004). Disciplining the transgendered. In *Disciplining gender: Rhetorics of Sex Identity in contemporary U.S Culture*, (pp.50-82). Amherst: University of Massachusetts Press.
- Starr, D.P. (1998). *Blood: An Epic History of Medicine and Commerce*. 1st ed. New York: Alfred A. Knopf.
- Strong, T. (2009). Vital publics of pure blood. *Body & Society*, 15(2), 169-191.

- Stychin, C. F. (2003). *Governing sexuality: The changing politics of citizenship and law reform*. Oxford; Portland, Or.: Hart.
- The Globe and Mail. (2011, September, 19). Blood donation ban for gay men merits re-evaluation. *The Globe and Mail*. Retrieved from: <http://www.theglobeandmail.com/news/opinions/editorials/blood-donation-ban-for-gay-men-merits-re-evaluation/article2171947/>
- Titmuss, R. M. (1971). *The gift relationship: from human blood to social policy*. New York: Pantheon Books.
- Treichler, P. A. (1999). *How to have theory in an epidemic: Cultural chronicles of AIDS*. Durham: Duke University Press.
- Vernillo, A. (2010). Blood is a precious Resource—Does it really matter who donates it? *American Journal of Bioethics*, 10(2), 44-45.
- Wainberg, M. A., Shuldiner, T., Dahl, K., & Gilmore, N. (2010). Reconsidering the lifetime deferral of blood donation by men who have sex with men. *Canadian Medical Association Journal*, doi:10.1503/cmaj.091476
- Wald, P. (2008). *Contagious: Cultures, Carriers, and The Outbreak Narrative*. Durham: Duke University Press.
- Waldby, C., Rosengarten, M., Treloar, C., & Fraser, S. (2004). Blood and bioidentity: Ideas about self, boundaries and risk among blood donors and people living with hepatitis C. *Social Science and Medicine*, 59(7), 1461-1471.
- Warner, M. (Ed.). (1993). *Fear of a queer planet: Queer politics and social theory*. Minneapolis: University of Minnesota Press.
- Weeks, J. (1998). The sexual citizen. *Theory, Culture & Society*, 15(3), 35-52.
- Wilson, A. R. (2009). The 'neat concept' of sexual citizenship: A cautionary tale for human rights discourse. *Contemporary Politics*, 15(1), 73-85.