Ethno-specific safe houses in the liberal contact zone: Race politics, place-making and the genealogies of the AIDS sector in global-multicultural Toronto

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Abstract

In this paper, I trace the genealogies of racialisation in Toronto's AIDS sector since its emergence and evolution in the 1980s and 1990s. I pay particular attention to the ways that colour-blind approaches to AIDS in the early AIDS sector served to privilege white gay men not only in the realm of social and health service provision, but also in terms of political decision-making and priority-setting in the local AIDS movement. Drawing and building on Mary Louise Pratt's notions of the 'contact zone', I highlight the exclusionary and sometimes deathly (if unintended) effects of liberal colour-blindness in the AIDS sector. In response to these exclusions, ethno-specific AIDS service organizations (e-ASOs) emerged to provide spaces for people of colour, by people of colour. I argue, drawing once again on Mary Louise Pratt, that the place-making practices of e-ASOs not only serve to differentiate e-ASOs from the mainstream, but also produce alternative *ethno-specific* discourses and approaches that make e-ASO spaces into 'safe houses' within which racialised population can find mutual support and culturally specific sexual health services.

Introduction: Racial diversity, sexuality and the spaces of HIV/AIDS in Toronto

> I think that ... one of the problems with dealing with ... the diversity of the City of Toronto is that we think we've come so far, that we forget that we really haven't come that far. Just because we say ... that diversity is our strength... does not mean that we're not racist or that we don't have a lot of issues. I was looking at some pictures that one of my friends had taken at ... the EGALE fundraiser ... and those people don't look like me. There are coloured people [sic] but the vast majority of them, especially the ones that were in control, are middle aged, white people. [Volunteer, ethno-specific AIDS service organisation]

The quote above comes from the transcript of an interview with someone who has been involved in a volunteer capacity with a local ethno-specific AIDS service organization (e-ASO). It came during a discussion of the types of issues that e-ASOs confront in the contemporary moment. I find it instructive to begin with this quotation because, in confronting the messy interface of race, sexuality and health, it highlights the persistence of racialisation in mainstream institutions of sexual politics. It does these things in various ways. First, it packs into a relatively small space several critiques of the discourse of diversity in the multicultural city. It points out the persistence of racism in the face of increased urban demographic diversity ("we really haven't come that far"), and it does so through a specific rhetorical move – an allusion to the City of Toronto's official motto "Diversity Our Strength". This is a powerful critique of diversity discourse as window dressing, a sort of selling point for the increasingly entrepreneurial city. It also mirrors, interestingly, how this discourse acts as a euphemistic code word for racialisation in the context of Canada's polite state-supported multiculturalism (Mitchell, 1993).

Second, and related to the first point above, the quote points to racism and racialisation in the multicultural-cum-global city as intensely lived and material processes that organise people's lives and life-worlds, including and especially the institutions that they access for community and support. Particularly telling here is the interviewee's unprompted use of EGALE – the organization *Equality for Gays and Lesbians Everywhere* – as one example of an important and popular institution advocating for LGBTQ rights that the volunteer claims is very much still mired in the problem of racial inequality, particularly of its leadership. The institutionalisation of racialisation in organisations such as EGALE represents, to this volunteer, the problem of social inequality and privilege in the institutional spaces of the global multicultural city. EGALE is an important civil society organisation, arguably the premier Lesbian, Gay, Bi, Trans and Queer (LGBTQ) rights group in the country, and at least nominally it is supposed to represent 'gays and lesbians everywhere'. What the quote reveals is that systemic racism continues to segment LGBTQ institutions along ethno-racial lines, often with the result being the normalization of whiteness in organizations like EGALE that are meant to

represent and serve a broader population. Emerging out of a discussion about e-ASOs, the quote also signals the intimate linkage of LGBTQ and HIV/AIDS institutions in the context of Toronto. As another interviewee puts it, "the intersectionality of sexual orientation ... and HIV is very significant in our history" (see also Rayside and Lundquist, 1992), a history that I argue, below, is racialized.

Finally, I point to a not-so-glaring portion of the quote, which is that the interviewee bemoans that "those people don't look like me". To me, this is a reading of the racialised self *in relation* to a scene captured in a photograph and relayed through memory. It reveals two persistent ideas about race: first, that race continues to be understood as a largely visual, or more accurately visualised, phenomenon; and second, that the production of social and institutional space still happens along colour lines, to paraphrase W.E.B. DuBois' memorable phrase (see DuBois, 2007). The quote also draws attention to the practice of actively reading space for similar people: a means of gauging whether one is in a space of belonging. Belonging, of course, has material benefits, among them access to community, institutions and other social spaces. In other words, the quote draws out the material importance of feeling affinity through commonality, in this case, an ethno-racial affinity. During this particular interview, the clause 'those people don't look like me' was uttered with frustration, and I believe that this is because looking like people in an organisation is another way of claiming space for representation and access in a space that does not reflect the multicultural demographic more broadly.

This paper explores how interlocking politics of sexuality, race and health shaped the AIDS sector in Toronto, specifically through an analysis of the racialised genealogies of ethno-specific AIDS service organizations in the city[2]. It argues that the contemporary co-existence of ethno-specific and mainstream AIDS service organizations in the sector can be traced historically to the emplacement of sexuality above other identities, including race and ethnicity, in the political and organizational ethos of the AIDS sector in the 1980s. This paper therefore examines how the adoption of such an approach by mainstream AIDS service organizations negatively affected people of colour's access to sexual health

[2] This paper draws on results from an on-going, Social Science and Humanities Research Council (SSHRC) funded dissertation research on the emergence of ethno-specific spaces of sexual health service provision in the City of Toronto. The twenty-two semi-structured and conversational interviews I use for this paper are with current and former participants, mostly staff members, volunteers and board members, of ethno-specific and mainstream ASOs. Archival research was conducted in the Canadian Lesbian and Gay Archives (CLGA) in Downtown Toronto. Holdings related to e-ASOs, including collections of health promotion material (e.g., brochures, posters), newsletters, annual reports and meeting minutes were analyzed to elucidate the histories and practices of these organizations. With the research assistance of Thomas Perry, I also looked into media coverage of e-ASOs, which was collected through online archives of news article, both from the websites of periodicals themselves (e.g., national and local papers like the Toronto Star and Globe and Mail, and smaller, community publications like Xtra and FAB Magazine) and through library periodical databases. Also, DVDs and online copies of documentaries about e-ASOs were collected, viewed and analyzed, where available.

information and services. I argue that the centralization of sexual identity served to privilege particular sexual bodies – gay white men – as subjects of sexual health. This created AIDS service organizations as race-blind spaces of white privilege and led to lived experiences of alienation and exclusion of people of colour, queer and straight, from then-nascent mainstream HIV/AIDS organizations. In response to the formation of these white AIDS service spaces, leaders of racialised communities formed ethno-specific AIDS service organizations (e-ASOs) and adopted place-making practices that sought to produce e-ASO spaces *in contradistinction* to the colour-blind mainstream, i.e., as sites of ethno-racial belonging and culturally appropriate sexual health services.

The paper proceeds as follows. First, I outline a theoretical framework from which to analyze the rise of e-ASOs in the City of Toronto. I draw and build on the work of Mary Louise Pratt, particularly her concepts 'contact zone' and 'safe house', as a way to emphasize the importance of racialisation in the shaping of sexual health institutions in the city. In this section, I also outline a longer genealogy of the relationship between racialisation and health in the global multicultural city. In the next section, I detail both the construction of a colour-blind approach to sexual health by a young HIV/AIDS sector in 1980s Toronto and the 'birth' of ethno-specific ASOs as a critique of this colour-blindness. In the penultimate section, I make a case for the role of place-making practices in the production of e-ASOs as 'safe houses' in contact zones. I give three particular examples of strategies – alternative language*s,* self-representations and social events –that differentiate e-ASOs from the mainstream. I close by returning to Pratt's idea of the 'safe house' and conclude, drawing on examples from e-ASOs, with a call for sustained analysis of its constant negotiation.

Theorizing race, sexuality and health 1: the multicultural city as 'liberal contact zone'

In simple terms, my research site is the City of Toronto, as it is the location of the three e-ASOs that form the basis of this paper and where many of the major players of the HIV/AIDS sector in Ontario is based. Given Toronto's historical and recent multicultural demographic composition and its importance, historically and at present, as a gateway for new immigrants to Canada (Hiebert, 2000), it is not surprising that the city is a space of ethno-racial difference and a hub for the formation of transnational linkages. Toronto is also an important economic engine, the site of the national headquarters of many Canadian firms and an important player in national and international trade. Roger Keil and Harris Ali (2006), among others, have cited both the demographic and economic geographies of Toronto as evidence that it is a 'global multicultural city'[3].

[3] In this paper, I draw on the spirit of Benton-Short et.al.'s (2005) intervention into the 'global cities' literature, in which they emphasize the importance of migration, transnationalism and (to an extent) ethno-racial difference in the constitution of global cities. I use the term 'global multicultural city' to emphasize that

The City of Toronto's motto, "Diversity our strength", represents the glitz and glamourisation of the 'global city' as a space of racial difference (http://www.toronto.ca/diversity/; Wood and Gilbert, 2005). The discourse of urban diversity is often used as a branding mechanism, elevating demographic diversity as a tool for economic competitiveness (Mitchell, 1993; Goonewardena and Kipfer, 2005). However, such a view is incomplete: the romantic idea of diversity-as-strength relies on the liberal idea of a level playing field among participants in the urban social body. Many scholars have noted that the City of Toronto is far from an egalitarian space and that the social geographies of the city are characterised by the persistence of power, hierarchy and social differentiation, particularly in the form of increased socio-spatial polarization and inequality (c.f., Walks, 2001; Hulchanski, 2007). What is necessary in this context of a radically uneven city is another vocabulary to contest the liberal idealisation of diversity in much public multicultural discourse. Much needed is one that pays close attention to the production of socio-spatial inequality. I draw on one offered by Mary Louise Pratt: the idea of the 'contact zone'.

Pratt's contact zone "invokes the space and time where subjects previously separated by geography and history are co-present, the point at which their trajectories now intersect" (Pratt, 2008, 8). In her formulation of this co-presence, Pratt refuses a liberal politics of multicultural 'encounter'. Hers is a theorisation of contact that foregrounds uneven power relations: for her, the term "refer[s] to social spaces where cultures meet, clash, and grapple with each other, often in contexts of highly asymmetrical relations of power" (Pratt, 1991, 34). In the contact zone, groups come together and "establish ongoing relations, usually involving conditions of coercion, radical inequality and intractable conflict" (Pratt, 2008, 8).

The colonial sites in Pratt's analysis were heavily armed spaces, where the racist violence of sovereign imperial powers was meted out on colonized peoples often through overtly genocidal practices[4]. In using her notion of the 'contact zone', I do not wish to suggest that armed violence and genocide are the forms and exercises of racial power that shape relations in Toronto today. On the contrary, while I do acknowledge that such armed and overt forms of racial violence still do exist, the racial politics that I analyze below are largely qualitatively different from Pratt's context, even while they still accomplish the privileging of whiteness. Instead of armed violence, they take on the liberal forms of race-blindness and

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Toronto's global status is produced not only through its economic linkages throughout the world, but also through the thickness of the migrant and ethno-racial communities and networks that connect it to other sites globally.

[4] Stoler (2002) also makes the case that the governance of sexuality and intimacy were crucial in colonial rule. Viewed in this light, the notion of 'contact' in Pratt's 'contact zone' takes on a whole other layer of meaning. Due to space constraints, I focus here mostly on 'contact' in terms of differently racialised groups encountering each other in highly uneven terms in the context of AIDS organizing in Toronto. The extent to which ASOs and e-ASOs participate in the governance of interracial intimacies (and contact) requires further analysis. See footnotes 10 and 11 below.

multiculturalism, which I argue result in racialised neglect and are therefore also violent. In this spirit, I use the term 'liberal contact zone' to describe socio-spatialities of violence in the global multicultural city that are characterized by seemingly benign but still incredibly racializing and racialised institutional arrangements and practices. Though I recognize that the 'liberal contact zone' occurs in and through multiple spaces of contact within the global multicultural city, this paper focuses on the spaces and politics of the AIDS sector as a 'liberal contact zone'.

I am, by no means, the first to point out the problems with the romantic discourse of urban diversity being trafficked in multiculturalist discourse and policy (see Mitchell, 1993; Goonewardena and Kipfer, 2005; Keith, 2005; Wood and Gilbert, 2005; Croucher, 1997). But what I do want to do is examine these problems in the context of the governance of sexual health. Historically, in many cities in North America, the governance of racial diversity was accomplished in part through the governance of sexual intimacy, couched in the language and practice of health (Mawani, 2009). What, politically speaking, can we learn from the institutionalization of racialisation via the governance of sexuality and health?

Kay Anderson's (1991) seminal work on the historical geography of Vancouver's Chinatown provides one important example of race, sexuality and health coming together to create spaces of exclusion[5]. While rightly lauded as an excellent piece on the urban geographies of racialisation, Anderson's *Vancouver's Chinatown* also deserves recognition as an important, if under-appreciated, work on the political geography of health. In this seminal piece, Anderson (1991) makes clear that the production of the racialised space of Chinatown was accomplished in huge part through the political use of the figure of the 'unhealthy immigrant' by local state institutions. The book reveals in stark detail the collusion of local public health institutions and municipal by-law enforcement in the production of Chinatown as effectively the *literal* quarantining of Chinese immigrants in the City of Vancouver in the late 1800s. At this historical-geographical moment, Chinese immigrants were rendered *abject beings* through their construction as a threat to the emergent colonial city. This was accomplished in part through the public circulation of the idea that Chinese 'lifestyle' practices were unhealthy, that Chinese people were culturally habituated to filthy living conditions and pre-disposed to opium addiction by their racial and cultural background. There was a particular sexual and moral health component to this, as Chinese men were further constructed in public discourse – particularly by the media – as degenerate stock, prone to culturalized violence and therefore to be restricted from heterosexual coupling with white women (Dua, 2007). Similarly, Chinese women were hailed as

[5] This was paralleled by similar practices in other North American cities. For example, Craddock (2000) highlights the work of the San Francisco Board of Health in literally pathologising that city's Chinatown district as a source of all manners of ill health and disease, from rats and fleas to smallpox and syphilis.

threats to the white colonial body politic through discursive construction as prostitutes and potential vectors of disease (Dua, 2007).

These histories prefigure some of the more recent processes at work in the City of Toronto around responses to the HIV/AIDS crisis, public health and race, that is, how racial and sexual identities become at-stake in the field of health promotion. In geographical terms, these examples reveal how the space of the global-city-as-contact-zone has a long history where the politics of identity on the one hand and the politics of health on the other hand collide in the creation of exclusionary geographies. At the heart of this problem of governance of difference and health is bio-politics.

Michel Foucault's theory of biopolitics emphasizes the ways that life ('bios') has become the preoccupation of government and governance, at the scale of the 'population' or social body as opposed to the discipline of the individual body ('anatamo-politics') (Lemke, 2001; Brown and Knopp, 2010). In biopolitical terms, the 'population' becomes central to the exercise of power and the notion of 'life' the very stake of power struggles. Regulations meant to safeguard, prolong and maintain the life of populations become embedded into state and increasingly non-state practices. In this vein, it is not surprising that many scholars (e.g., Brown and Knopp, 2010; Legg, 2007; Brown and Duncan, 2002; Osborne, 1997) have argued that work of public health is an obvious biopolitical practice of the state. Other state practices – including population-level surveillance as the census and regulations on public safety in the name of the 'population' – also belong in this same category.

One other point about biopolitics is that crucial to its exercise is the representational practice of framing. Framing is, put simply, a political process of defining what counts as the objects and subjects of power. As Rose and Miller (1992) argue, framing is a crucial part of the practice of government, since "the 'representation' of that which is to be governed is an active, technical process" (p. 185). In other words, 'targets' of government are products of political decisions, not pre-given entities. In her work on the politics of place framing, Martin (2000) reminds us that mainstream representations of people and places are often enabled by powerful institutions and actors and that these dominant frames are often contested locally through local community counter-frames. Similarly, in the context of sexual health, framing enables the creation of boundaries around what counts as crucial issues for sexual health promotion and who counts as a legitimate 'sexual health subject'. This boundary-making process matters in shaping local institutional responses to HIV/AIDS, as they help consolidate what issues and which bodies are in place or out of place in the political field of sexual health organizing and promotion. In other words, the process of framing has material consequences for the conduct of sexual health work in the city. As we shall see below, the emergence of the dominant (race-blind) frame is problematized in part through the emergence of alternative framings (ethno-specific organizations).

The definition of target populations in organised responses to HIV/AIDS is necessarily a biopolitical question, as it entails setting the parameters around what is and what is not to be governed. In the liberal contact zone of the global multicultural city, where ethno-racial differentiation is produced by historical and contemporary patterns of immigration and state-sanctioned and everyday racialisation, it might seem surprising that the history of organising around HIV/AIDS started out as a colour-blind one. While I acknowledge that there were moments in the early history of the sector where responses to ethno-racial issues did exist, as for example when ACT worked in concert with Haitian diaspora populations living in Toronto in the early 1980s to contest the media constructions of Haitians as vectors of disease, more generally, early HIV/AIDS organising in Toronto revolved primarily around sexuality and its politics, much to the exclusion of other salient axes of difference.

In their early assessment of the relationship between AIDS activism and the Canadian state, Rayside and Lindquist (1992, 37) argue that the AIDS epidemic in urban Canada "posed enormous challenges for Canada's gay and lesbian communities". The epidemic consolidated in public discourse already circulating notions linking [homo]sexuality, disease, immorality and risk. On the ground, the work of AIDS organizing within the gay and lesbian communities was characterized by both the provision of services and political engagement with the state. Organized around a political commitment to care for largely gay men in Canadian cities who were disproportionately affected by AIDS in the early 1980s (see also Brown, 1997), those who organized under the rubric of AIDS activism also sought to acquire state protections (at local and other levels of government) and support for people marginalized because of their sexualities and sexual health, complementing and at times combating the heavily epidemiological approach of state sexual health institutions.

Already existing gay and lesbians groups, including and especially gay liberation movements, became key actors in the early development of the AIDS sector in Toronto and in other Canadian cities, as "AIDS groups lured a number of activists who had cut their political teeth on earlier gay/lesbian mobilization" (Rayside and Lindquist, 1992, 50). These groups successfully tapped into "already developed internal networks, external allies, and a degree of community consciousness" (Rayside and Lindquist, 1992, 37) that were cultivated through the work of urban gay and lesbian movements in the 1970s and 80s. Rayside and Lindquist (1992) argue that "[t]he very novelty of AIDS allowed community groups to acquire a degree of legitimacy and influence with selected policy networks, even though they represented population groups normally marginalized in relation to the state" (37). They further note that the mainstreaming of the AIDS sector was accomplished in part as a result of tremendous "public concern about AIDS ... in 1985" (51), after which "state officials began to realize that the services provided by [the AIDS Committee of Toronto (ACT)] were essential", which led to

local state support through funding. It is in these contexts that ACT became, arguably, *the* main local response to HIV/AIDS.[6]

One important result of the centrality of the largely urban gay and lesbian movement in the development of the AIDS sector was that the nascent AIDS sector began to focus on sexuality and sexual health, somewhat narrowly construed as gay and lesbian sexualities, as the main focus of its politics. While the influence of feminist politics on gay and lesbian organizing did have an impact on early AIDS activism in Toronto, particularly "feminist critiques of the health care system and of the state more generally" (Rayside and Lindquist, 1992,52), the intersection of racialisation and sexuality did not receive much attention from the mainstream AIDS sector in the city at this time.

David Churchill's (2003) research on the racial politics of gay liberation in Toronto[7] offers some insight as to why racialisation did not figure into the emergence of the AIDS sector in 1980s Toronto. He argues, in his analysis of a controversy around a racist advertisement in the local publication *Body Politic*, that gay liberation and anti-racist politics were often framed by some, and by no means all, gay liberation activists as having nothing to do with each other, and as a result, "lesbians/gays of colour perceived [themselves as being made to choose] between 'gay' liberation and the politics of anti-racism and racial identity". It is likely, given the intimate genealogical link between Toronto-based gay liberation movements and the AIDS sector, that such race-blind, gay-centric attitudes and political approaches transferred over to the latter, especially as local responses to AIDS consolidated into largely mainstream ASOs in the 1980s. As I note below, early e-ASO workers and activists understand this context as crucial to the exclusion of racialized people and their concerns from AIDS politics in these early years.

Theorizing race, sexuality and health 2: e-ASOs as safe houses

In response to the exclusion of their concerns from mainstream gay and lesbian movements, including gay liberation, in the late 1980s, "lesbian[s] and gay men of colour began to organize as a way of disrupting the ubiquitous whiteness of queer public culture" (Churchill, 2003, 125)[8]. This was true of the AIDS sector

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[6] Archival data also suggests that gay and lesbian activists, turned mainstream AIDS organizers, were successful in positioning themselves at the 'ears' of local public health officials such as Jack Layton, the Chair of Toronto's Board of Health from 1985-1991. For example, at least one draft of a Jack Layton speech on HIV/AIDS in this period contains comments, suggestions and corrections that were explicitly solicited from prominent mainstream AIDS organizers. No doubt, the ability of these organizers to acquire this place on the table of the local state was conditioned in part by Layton's already established support of and involvement in local gay and lesbian politics.

[7] In a broader analysis of the history of gay liberation in Canada, Smith (1998, 291) also argues that, in the 1970s, gay liberation groups in various Canadian cities constituted "primarily a white movement".

[8] Nash (2005) notes that, beginning in the late 1970s, mainstream gay and lesbian movements in Toronto began to frame their politics using 'minority rights' discourse, i.e., by arguing that gay and lesbian people deserved recognition and protection because, like ethno-racial groups, they are marginalized in society by virtue of their minority status. It is worth noting that this had the effect of drawing *parallels* between sexuality and ethno-

more specifically as well. In the late 1980s and early 1990s, as organised responses to HIV/AIDS consolidated in the form of the AIDS Committee of Toronto and other members of the sector, other organisations emerged to contest the colour-blindness of mainstream sexual health service provision in the 1980s[9]. These new players in the sector are similar to separatist spaces in that they deliberately come to exist as a way to "redress social hierarchies" (Browne, 2009: 541) in ways that are not possible within the mainstream.

The omission of ethno-racial concerns about culturally and linguistically appropriate services was accomplished not by accidental omission, but by active design. As an interviewee who was instrumental in the founding of one local e-ASO notes:

> I recall very explicitly the discussion [in the 1980s] that 'we are here to talk about HIV. We are not here to talk about race. We are not here to talk about other stuff because it will diffuse that attention'.

He goes on further to note, with clear frustration, the inattention to racialisation as a crucial factor in HIV/AIDS work:

> We really had to get out of our way to ... educate people to understand that at the same time that you are queer or get HIV and you have to deal with homophobia and AIDS-phobia, people of colour have to deal with racial discrimination.

This colour-blindness had the effect of producing a *one-size-fits-all* approach that severely neglected, if not denied, the role of power, inequality and hierarchy, defined along ethno-racial lines, in the contact zones of the global city.

It was in this political context of utter refusal to see race as something that matters in HIV service provision that e-ASOs emerged. While, on the surface, their insistence on the importance of race could be read as a re-racialisation of HIV, it could instead be contended that what e-ASOs were pushing back against was their exclusion from sexual health services and from the decision-making and priority-setting spaces that exist in and through these services. Rather than insisting on inclusion within the "white-stream" sector[10] and on being objects of external (white) governance, e-ASOs emerged in direct critique of mainstream

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racial identity, and by implication, of not recognizing the *intersection* of these identities. One effect of this was that racialised gay and lesbian people faced marginalization from both gay and lesbian and ethno-racial communities, especially when the latter began to actively dissociate itself from the former because of disagreements over the applicability of 'minority rights' discourse (Nash 2005; for analyses of the politics of racial analogies in LGBT legal struggles more generally, see McWhorter, 2009; Lenon, 2011; Carbado, 2000; Hutchinson, 1997).

[9] This reading of the emergence of e-ASOs as explicitly political critiques of the 'white-stream' sector contradicts Adam's (1997, 28) assertion that the proliferation of "culturally sensitive, specialized, autonomous [ASO] projects" has led to "a depoliticized style of the 'management' of AIDS".

[10] I thank Roland Sintos Coloma for suggesting the phrase 'white-stream'.

organizations in order to insist on being active *subjects* of community-based, "for us, by us" *ethno-specific* sexual health support and care[11].

It is in the face of this refusal and neglect that organizations such as the Asian Community AIDS Services (ACAS), the Alliance for South Asian AIDS Prevention (ASAAP) and the Black Coalition for AIDS Prevention (Black CAP) all emerged out of community-based struggles to respond in culturally and linguistically appropriate ways to the mounting crisis of HIV in 1980s and early 1990s Toronto. It is worth recounting the histories of these e-ASOs here because they emphasize, to a great extent, the severity of gaps in sexual health services for people of colour. Most importantly, they provide important examples of how the colour-blindness of the 'white-stream' AIDS sector produced conditions of life and death for people of colour.

The Asian Community AIDS Services (ACAS) was officially founded in December 1994, but it has a longer genealogy in the 1980s through the Gay Asian AIDS Project (GAAP) of Gay Asians Toronto (GAT). GAAP – so named to identify that there was a gap in AIDS services for racialised people, particularly those of Asian descent – was founded in 1989. According to one of its founders, Dr. Alan Li:

> [GAAP]. . . started off as a project of GAT, because we tried to work with all these other groups and it didn't work and we didn't have the voice in the community ... So with the HIV/AIDS it . . . necessitated our presence because like silence equals death, basically, right, so if you don't speak up, people just ignore you and the resources all go to the Mainstream Community Centre and nothing goes to your community and you're the community who has people dying (quoted in Smith, 2005,470).

In 1994, ACAS was formed out of the amalgamation of GAAP and two relatively unsuccessful projects – the Vietnamese AIDS Project of the Southeast Asian Services Center and the AIDS Alert Project of the Toronto Chinese Health Education Committee.

ASAAP (Alliance for South Asian AIDS Prevention) was founded in 1989 by various members of Khush, a group of South Asian gays and lesbians. In the 10th anniversary publication for ASAAP, Sharmini Fernando writes that the organisation started with a phone call. She notes:

> Doug Stewart from ACT [eventual first executive director of Black CAP, see below] calls to talk about one of the clients who is HIV+. Like myself, the client is from Sri Lanka ... He speaks very little English and wants to tell his story to someone who can understand his language and his situation. I arrange a meeting of some South Asian

[11] Thanks to Eric Olund for this point.

> queer activists ... [and] the group decides that there is a need to support not only Doug Stewart's efforts to assist his client, but any other South Asian infected with or affected by AIDS. And so the South Asian AIDS Coalition is born. (in Alliance for South Asian AIDS Prevention, 1996, n.p.)

From interviews, I also learned that this originary client was in a heterosexual relationship, and that his wife also contracted HIV. Here, it becomes clear that sexualities outside of 'out' gayness, particularly those inflected with ethno-racial understandings, were often excluded from early AIDS services. This might be explained, as one interviewee put it, by the intimate linkage between the early HIV/AIDS sector and gay liberation movements in 1980s Toronto.

Black CAP was formed in 1987 out of the efforts of various members of Toronto's Black communities with the goal of generating awareness and education on HIV transmission and prevention. Doug Stewart, who worked at ACT prior to becoming the first executive director of Black CAP, notes of the early stages of Black CAP:"[The organizers] were concerned about the numbers of people who were trying to access services and were not getting competent care and services in the health care system". The organization was officially incorporated in1991.

These e-ASOs are part of a broader social ecology of the HIV/AIDS sector. These three organizations are not the only ones that serve racialised communities. Others exist as independent ASOs, such as the Africans in Partnership Against AIDS (APAA), or as programs of broader social service organisations, such as the HIV/AIDS Prevention Program of the Centre for Spanish Speaking People. Taken together, their emergence and the necessary hailing of racialised communities as nascent 'target populations' in the 1980s and 1990s signalled the inability and failure of mainstream ways of responding to sexual health issues and the need to address the nexus of racial, sexual and health politics beyond a colour-blind framework. As a result, the presence of these organizations in the HIV/AIDS sector can be theorised as the formation of a *racialised division of labour* within the sector. To the extent that was true in the first decade or so of the HIV/AIDS sector, the continued presence of ethno-specific ASOs signals the continuation of the need for these organisations, despite recent efforts within mainstream ASOs to at least attempt more culturally appropriate and to some extent anti-racist forms of social service provision[12].

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[12] Just as mainstream ASOs change in response to the shifting local politics of sexual health, so do e-ASOs. For one, e-ASOs do adopt and respond to changing municipal and funding contexts, to shifting epidemiological priorities, and to shifting multicultural dynamics in the City. One example, which is beyond the scope of this paper but one that undoubtedly requires more thorough analysis, has to do with how e-ASOs have responded to recent Canadian legislations that attempts to criminalize HIV non-disclosure, which has tended to target people of colour, especially immigrants and Black men. In December 2010, the African and Caribbean Council of HIV/AIDS in Ontario (ACCHO) organized a symposium titled "Criminals and Victims? Race, Law and HIV Exposure in Ontario", bringing in experts to discuss the impacts of criminological and legal responses to HIV non-disclosure particularly on African, Black and Caribbean communities in Ontario. The description for the

The founding of these organizations formed one avenue – at least in the realm of sexual health –to confront the challenges posed by the contact zone as a radically uneven space, doing so by creating a sort of 'ethno-specific safe house', a space of belonging and inclusion that exists in contra-distinction to spaces of exclusion within mainstream HIV organizations. Mary Louise Pratt defines 'safe houses' as:

> spaces where groups can constitute themselves as horizontal, homogenous, sovereign communities with high degrees of trust, shared understandings, temporary protection from legacies of oppression ... where there are legacies of subordination, groups need [such] places for healing and mutual recognition, safe houses in which to construct shared understandings, knowledges, claims on the world that they can then bring into the contact zone. (Pratt, 1991, 40)

The ethno-specific safe house is therefore a space in and through which racialised populations who find themselves excluded from the mainstream institutions can create spaces for mutual support, community building and culturally-specific services and programming[13]. Moreover, the centrality of ethno-specificity in the organization of the safe house actively contests the colour-blindness of the mainstream. It is also, therefore, an incredibly political space.

As many geographers have noted, spaces are products of human labour and are constantly created, reproduced and contested. Similarly, e-ASO spaces as ethno-specific safe houses are also produced through the social practices and political decisions of people involved in them, often *in direct response* to the way that the mainstream sector has been organized historically through colour-blind approaches and practices. That is, e-ASOs are not 'safe houses' by default. They are safe houses because of the active work that go into their on-going production as such spaces. In other words, e-ASOs as safe houses are not *naturally* safe houses simply by virtue of their difference from the mainstream. They are so because their differentiation from the mainstream is accomplished in part through place-making practices, or the *active* and *on-going* performance of ethno-specificity through the use of alternative discourses, images and practices.

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symposium notes that the issue is of particular concern to ACCHO because "African, Caribbean and Black communities have unfortunately become the face of the issue in the media", with a disproportionate 64% of news coverage from the *Toronto Star* news daily focusing on cases involving Black male defendants (Mykhalovskiy and Betteridge, 2012, 46).

[13] The notion of safety in the 'safe house' can be read in multiple ways. Given space constraints, I stick somewhat closely to Pratt's definition by noting that anti-racist place-making practices sought to produce ethno-specific spaces where racialised people can feel safe to access culturally appropriate and supportive services. However, I do want to recognize that the term 'safety' is fraught in relation to HIV/AIDS, given the governmentalizing effects of 'safe sex' and sexual risk discourses. E-ASOs do wrestle with racialised constructions of un/safe sexual bodies, as in the example of HIV non-disclosure (see footnote #12 above; see also Poon et. al., 2006; Vlassoff and Ali, 2011; Lawson et. al., 2006).

Making safe houses: three examples of e-ASO practices of place-making

The emergence of e-ASOs as safe houses through specific practices of health promotion, place-making and community-building, illustrates the need and necessity for more culturally-specific and anti-racist approaches to sexual health promotion than was present in the 1980s when mainstream ASOs emerged as *the* local response to HIV/AIDS. These practices are innovative insofar as they reconfigure the ways that the spaces of HIV/AIDS social service provision are created, and they do so with a particularly political goal in mind: the creation of sexual health spaces *for* people of colour *by* people of colour. This active *and on-going* creation requires strategies of place-making, including the mobilization of images, the use of language and camaraderie-building practices. I discuss examples of these place-making strategies below.

Practices of self-representation: creating spaces in and through one's own image

Writing almost two decades ago, Robert Crawford (1994) examined how the cultural politics of AIDS reconfigured the relationship between the self and the "unhealthy" other. He argues that cultural theorists of AIDS have noted that the crisis "has been 'an epidemic of signification', which means in part that it lays bare questions of identity" (1994: 1347) and that the cultural politics of AIDS "is a politics about identity and difference ... and the meanings upon which identities are constructed, managed and reworked". As I argued above, colour-blind racialisation has shaped the landscape of sexual health promotion and social service provision in the City of Toronto. One of the ways this has been done is through strategic definitions of target populations, or the bodies and groups of people who are marked as legitimate objects of sexual health. In the context of Toronto's HIV/AIDS sector, historically, white gay men were hailed as the figures for which the sexual health sector existed. As an interviewee – someone who was involved with Black CAP in the 1990s – notes:

> It was clear to me even then ... that what you refer to as mainstream [AIDS] organizations did not have the same involvement with black people's health and well-being as an organization as Black CAP. There's always been a lack of understanding. There's always been an unwillingness to engage.

These tactics of defining who counts as a sexual health subject were instrumental in shaping the spaces and strategies in and through which sexual health institutions did their prevention, education and support work. In this work, the use of images was and continues to be particularly salient in defining who is in place and out of place within these sexual health spaces, with images of mostly white gay men dominating much of the material cultures of sexual health promotion in the 1980s and 1990s, and arguably, they still do today. Many of my interviewees articulate this view not only in terms of actual bodies occupying spaces, as in the quote about EGALE that begins this paper, but also in terms of the

use of images to define spaces as for particular people. For example, one volunteer notes that

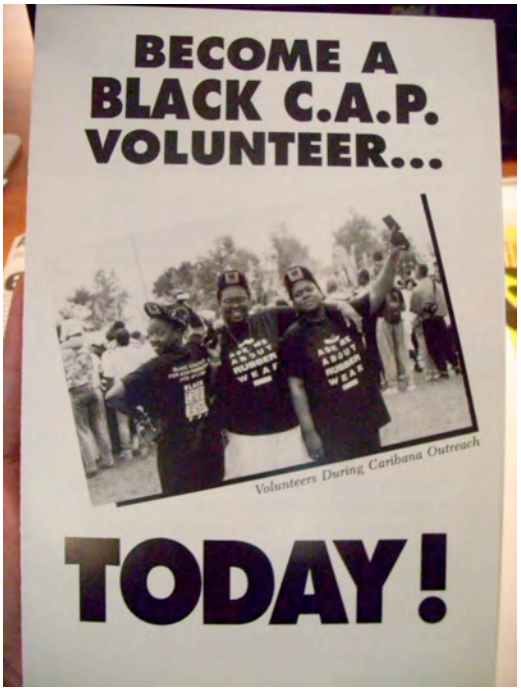
> when you walk around the (Gay) Village, you see all the posters have white, really built, perfect, idealized men ... You very rarely, if ever, will see an Asian person on them, and if you do, that poster is probably ACAS's (interview).

He adds, as an alternative example:

> if you go around the ACAS office, you'll see all sorts of pictures for bathhouse nights, for clubs nights ... for events that have Asian themes, Asian people on them.

By representing people of colour in posters, e-ASOs signal to potential service users, workers and the broader public not only that racialized bodies are welcome in e-ASO spaces, but also that they are crucial for doing the *ethno-specific* sexual health work of e-ASOs. For example, the Black CAP poster shown in Figure 1 portrays Black women doing outreach work at the Caribana festival in Toronto. At least two of them wear t-shirts that invite people at the festival to inquire about condom use. As a volunteer recruitment tool, the poster invites Black and Caribbean people to see themselves as 'in place' within Black CAP spaces. By showing Black bodies doing sexual health promotion in an event-space (the Caribana festival) that is important to many Black and Caribbean people, the poster also portrays, in action, the "for us, by us" philosophy that guides the work of Black CAP and other similar e-ASOs.

Figure 1: A poster advertising volunteer positions at Black CAP (Photo by author)



The presence of these cultural signifiers of belonging is crucial for feeling 'in place', so much so that when e-ASOs have had to resort to other spaces (e.g., community centres) to do their programming due to space constraints, the lack of affirming and diverse images of racialized people in these spaces has been met with disappointment. As an interviewee notes in relation to the use of the 519 Community Centre in Toronto's Church/Wellesley Gay Village, "It's a sterile space. It's not like where we used to have posters everywhere, and you could see posters of ... like, people who look like you".

This quote signals an important practice among e-ASOs, which is to use images of racialized people as both a political critique of the overall whiteness – historically and at present – of images and discourses in sexual health promotion in Toronto and as a cultural marking of space as one's own.

The use of images is strategic, and they often require forethought. Historically, in the context of small budgets and therefore limited ability to produce posters and other material cultures of sexual health promotion, early e-ASO organizers and workers needed to be careful about which images to use. For example, one early founder of ACAS noted:

> I remember the first poster we made. We went through a lot of debate about whether the person should be on his back or his stomach, you know, because we're dealing with this whole baggage of [sexual] relations, of being top or bottom.

Historically, the trope of the submissive gay Asian man has been used to represent racialised sexualities in and through queer-oriented forms of cultural production (e.g., pornographic videos, community publications, etc.) as passive sexual subjects (Fung, 1991). This quote hints at how these images can be used as a counter-claim and self-representation, a form of cultural contestation of dominant racialised images. He goes on to note: "It represents certain values ... but also a mindful construct of what we're really battling at that particular time" (Interviewee, early ACAS founder).

Han (2007) notes that racist representations of Asian male sexualities are not a thing of the past, that people continue to battle the pervasive trope of racialised passivity and general exclusion from mainstream sexual fields. E-ASOs therefore still continue to use images as markers of identity and belonging. These images of sexual health promotion, of course, transcend the boundaries of E-ASO offices and social spaces themselves, and are often placed strategically in public spaces to capture the general public, particularly racialised people who might not visit e-ASO spaces specifically. The Alliance for South Asian AIDS Prevention's much praised "Wrap It Right" sexual health promotion campaign did exactly this. Funded by the Public Health Agency of Canada and consisting of a series of public transit posters and television commercials that were ran in 2009, this campaign strategically employed racialised bodies and cultural signifiers (e.g., South Asian men and women in traditional dress) to publicize sexual health messages, with the

overall tagline being "We wrap it right. Do you? Being Desi will not protect you, condoms will".). Taylor (2009) notes that this "innovative campaign ... breaks new ground for cultural communities" not only because it features bodies and symbols that have traditionally been excluded from mainstream material cultures of sexual health promotion, but also because it boldly does so in the many public spaces of the local transit system and the mediated spaces of television. As practices of self-representation, ad campaigns, posters and other material cultures of HIV/AIDS social service provision work to critique the pervasive colour-blindness of mainstream images of sexual health promotion. Placed as they are in the spaces of e-ASO offices and meeting rooms, these images mark space *for* people of colour *by* people of colour. Sometimes, in the case of more general campaigns like "Wrap It Right", these images are also strategically placed beyond the formal boundaries of e-ASO spaces and in mainstream places – streets, public transit. As such, they extend, at least for the span of the campaign, the spatiality of ethno-specific ASO work. In other words, by occupying more general public space, these images strategically emplace ethno-specific forms of sexual health intervention *within* the contact zones of the global-multicultural city. They are, arguably then, tools for expanding the 'safe house' into broader contact zones themselves.

Lost in translation? Use of languages and culturally specific discourses

Language is a powerful medium through which messages about sexual health are disseminated to a broader public. However, the universality of discourse is not guaranteed and in fact is often contested, particularly in the context of the contact zone, where the presence of different ethno-cultural groups in a single site means a need for sexual health messages to be translated into multi-lingual and multicultural forms. The translation work of e-ASOs comes in the form of pamphlets, brochures and websites that are accessible in different languages. It also means being able to provide in-person services in multiple languages. As one interviewee notes, in relation to the AIDS Committee of Toronto (ACT), a mainstream organization:

> Language barriers is certainly one of the most important issue when it comes to ACT ... Like say, if you don't speak English, ACT doesn't have anyone specifically for that language-speaking group on site. They might have appointments, but definitely not on site.

This was true historically as well, as another interviewee notes in his reflection on the history of his e-ASO:

> There were other AIDS organizations in Toronto [at the time], but they do not have the language and also the cultural, linguistic services catered to the East and Southeast Asian community.

It is clear from these quotes that one major practice that differentiated – and continues to differentiate - e-ASOs from mainstream organizations is the ability to provide services and materials in different languages. One interviewee describes

ASAAP, for example, as a space where "you can get a plethora of information in Hindi, Punjabi, Gujarati and so forth". Similarly, a former volunteer with ACAS notes: "I know our materials are translated into Cantonese, Mandarin, Tagalog, Thai, Korean, Japanese ... that makes a huge difference especially if you're new immigrants". This is also accomplished in part through strategic staffing: the hiring of workers and volunteers that are able to provide in-person services in multiple languages.

The availability of multiple languages allows users who speak English as an additional language to feel 'in place' within e-ASOs because, in these spaces, "your inability to speak English as fluently ... is not used against you" (interviewee, e-ASO worker). This quote suggests that exclusion occurs not just by preventing people from accessing support and services that are available only in English. Exclusion also occurs in more mundane ways, as in, for example, when people who speak English as an additional language are made to feel out of place in mainstream ASOs when their fluency is questioned during mundane conversations with workers and other users in these spaces. The policing of social interactions through the policing of language is therefore an exercise of marking who is in place and out of place in mainstream spaces. As an alternative to this, some e-ASOs have adopted explicit policies around language that serve as alternatives to mainstream practices. An interviewee gives this example:

> One of my friends has... this thing called creative speaking ... which is a way of respecting that people say things differently, and that you can tell what they're saying, [that] they don't have to say it perfectly in order for you to understand what they're saying. It's something we've kind of adopted [in the program].

Beyond the relatively simple strategy of service provision in many languages, language translation should also be understood as a political act that entails not just the provision of health promotion by people who speak different languages or the passive switching of printed sexual health messages from one language to another [Wong and Poon (2010); see also Hendrickson (2003) and various essays in Alvarez and Vidal (1996)]. This point is especially important to note given that sexual health messages have their own social geographies; that is, they are located within the socio-spatial contexts within which they are situated. In other words, these messages are culturally specific. Translation requires navigating the terrain of difference between cultures, and the role of language in this navigation is important given that sexual health discourses often come from white, Anglophone and biomedical contexts.

From a Foucaultian perspective, dominant and publicly circulated sexual health discourses reflect hierarchies of power, as particular, usually Western and biomedical, constructions of sexuality, health and sexual health get encoded into campaigns while others are excluded (Wong and Poon, 2010). In recognition of the limits of dominant sexual health messaging, e-ASOs have incorporated culturally

specific understandings of sexual health into their work. They have done so in recognition of the fact that dominant messages do not translate easily from one socio-spatial and cultural context to another and that culturally specific understandings of sexuality and health are crucial because they recognize the salience of cultural dynamics for health promotion. As Manalansan (2003) notes in the context of the globalization of "gay" as an identity term, the friction of cultural-geographic differences means that popular terms often collide with other formulations and understandings – indeed vernacular constructions – of sexual identities and politics, since the hegemonic use of the Western term 'gay' has the tendency to elide the culturally specific "social dynamics" of vernacular terms for othered sexualities (Manalansan, 2003, 24). Similarly, concepts encoded in sexual health promotion messages also need to negotiate these cultural dynamics, as they often do not translate easily across ethno-racial boundaries.

Some e-ASO workers articulate the complexity of translation – as more than simply linguistic – by pointing out the salience of vernacular knowledges for doing sexual health promotion. One worker uses the example of identity markers for social and sexual relationships that are specific to particular groups:

> In North America, our lingo when we're talking about 'top' and 'bottom', we are referring to anal sex, aren't we? In Hong Kong, Taiwan, they might be referring to ... if they want to be taken care of .... That [the term] 'one' would take care of the 'zero'. When you talk to them, they're 'oh no no, I don't like anal at all' ... When you're providing services, in a nutshell, this kind of cultural knowledge can make or break what you're doing.

This quote captures the fact that translation, as a practice that produces e-ASOs as spaces for ethno-racialised people, is more than just about language in its skeletal sense of words and syntaxes; it is also about the specific cultural knowledges and meanings that can or cannot be transmitted through them (Wong and Poon, 2010; Alvarez and Vidal, 1996; Temple, 2002). Sensitivity to these culturally grounded understandings of sexuality and health is necessary if sexual health promotion and services are to be effective and culturally appropriate.

Engaging in community-building practices: the role of social events and food

E-ASOs treat sexual health through a more-than-individual approach, recognizing that ethno-racial categorizations, inherited from state institutions like legislated multiculturalism or census knowledges, interpellate individuals as belonging into social groupings based on particular markers of difference. These conditions have shaped the ways that racialised people's lives and life-worlds have been organized. These conditions also contribute to the shaping of the HIV/AIDS sector as the realm of those with societal privilege.

It is therefore not surprising that, apart from following not-so-recent trends in health promotion practice to treat health as necessarily social and spatial

(Kearns, 1993; Rosenberg, 1998; Kearns and Moon, 2002; Brown et.al., 2009), e-ASOs generally treat their work in collective terms. Indeed, the history of e-ASOs are generally histories of collective action, as evidenced by the presence of the terms "coalition", "alliance" and "community" in the names of Black CAP, ASAAP and ACAS, respectively. This collective approach is, of course, grounded in the context of an unwaveringly colour-blind mainstream HIV/AIDS sector in the 1980s, and is linked to collective efforts historically to contest racialisation in the Canadian white settler-nation more broadly.

One of the ways that the importance of the 'collective' has manifested itself in the work of e-ASOs is through the decidedly social form of much of their programming (see also Adam, 1997; Brown, 1997; Mykhalovskiy and McCoy, 2002). Groups within ASOs such as Queer Asian Youth, for example, organize their programming around:

> Social events, which are cleverly disguised ways of dealing with sexual health. Those social events ... were really useful because those were really the key to getting community members together. And it was building a community that was based on sexuality that had a really big sexual health component to it, which was really important" (Interview, volunteer).

Social events and the spaces within which they occur are therefore important in bringing together individuals who share both ethno-cultural knowledges about sexuality and health, and experiences of racialised exclusion from the mainstream.

One interesting tactic for community-building used by e-ASOs is programming centred on food. Whether it is through imagery or the actual making and sharing of it, food figures prominently in the work of e-ASOs to create supportive safe spaces. This is because, like the practice of visual self-representations described above, food can be an important marker of space and community for racialised groups (hooks, 1990; Slocum, 2011; Johnston and Longhurst, 2012; Liu and Lin, 2009). As Longhurst et.al. (2009) argue, food can serve as reminders of home and community especially for migrant and racialised communities in white settler nations: "food can help people feel at home, it can prompt them to miss home, and it can be a bridge to a new home" (p. 333). Moreover, food's visceral nature – it is experienced, felt, smelled and eaten – enables such programs to literally enrol bodies into sexual health initiatives (Hayes-Conroy and Hayes-Conroy, 2008). Finally, food's viscerality is experienced communally through shared preparation and/or consumption in settings such as sexual health programs and events. As such, it can therefore facilitate the process of community-building.

Given the political value of food and food-making as communal and visceral experiences (hooks, 1990; Liu and Lin, 2009; Hayes-Conroy and Hayes-Conroy, 2008), it is not surprising that food-centred social events are often embedded in the sexual health work of e-ASOs. Two programmatic examples help

illustrate this point. First, the monthly Community Kitchen program, hosted jointly by the organizations Africans in Partnership Against AIDS, ACT, Black CAP and Voices of Positive Women, uses the collective making and sharing of food as a form of community-building and as a way to create safe, if temporary, space for engaging in conversations about women's reproductive sexual and reproductive health. In this food-based program, the domestic space of the 'kitchen' is invoked in a way that makes strategic use of the gendering of this space (Domosh and Seager, 2002). The kitchen space, in this context, is not necessarily a simple site of gendered oppression because it also acts as a site where 'home' and 'community' can be recreated through food (Longhurst et. al., 2009). Hence, while such practice potentially reproduces the feminization of food preparation and food space, it does so within the spirit of transformative politics: to use the process of food making and sharing as a way to politicize not only the sexual and reproductive health of participants of this program, but also potentially the participants themselves through understanding themselves as sexual health and ethno-racial subjects. In this context, it is useful to heed bell hooks' (1990) reminder of the politics of 'homeplace' for marginalized people, as homeplace enables the making of "safe place[s] where black people could affirm one another and by so doing heal many of the wounds inflicted by racist domination" (p.42).

A second example is the bubble tea socials hosted by Queer Asian Youth (QAY), a group within ACAS. Bubble tea socials are centred not just on the shared consumption of bubble tea – a sweet flavoured drink, usually cold, with tapioca balls that is popular in many East and Southeast Asian countries and in diaspora communities (on the place of ethnic restaurants and other food spaces in diaspora communities, see Liu and Lin, 2009; Duruz, 2010) but also on the collective occupation of a particular space: a local bubble tea cafe, which is similar to a coffee house in terms of its social atmosphere. One interviewee – a former volunteer – relays his first encounter with ACAS as having occurred in a bubble tea lounge: "They had a bubble tea night ... It was the first time I experienced [being] with other LGBTQ, queer Asian youth, in this social space, and it was pretty neat". When pressed as to why this is important, he responded: "I felt like I still wasn't really myself. I couldn't be Asian and gay at the same time, at this time ... ACAS was really – it was really being able to put my identities together ... You didn't have to choose. You could be you". Similarly, the documentary *F3:A Queer Asian Youth Conference*, which chronicles the Facts for Friction conference hosted by ACAS, describes the inclusion of bubble tea in the conference program in this way: "The bubble tea lounge event was a large scale version of an event that ACAS has been running for three years ... This event reinforced our belief that social support is an essential part of improving the social determinants of health" (Chan et.al., 2005). Like the kitchen space in the case of the Community Kitchen program, the bubble tea lounge also functions as a community building and political space. It enables, even if temporarily, the being together of queer racialised people, with the purpose of cultivating and enabling social support in a way that is often not possible, or at least not affirmed, in other spaces.

Finally, the quotidian presence of food in e-ASO spaces also contributes to making them everyday spaces of belonging for e-ASO participants. Food plays a prominent role in the way that e-ASO participants occupy and use space. As Longhurst et.al. (2009) argue, the experience of food is often mundane; in the case of e-ASO spaces, food functions to mark the space as an intimate, even home-like space. In a piece published in the Black CAP Links newsletter, Camille Griffith writes in celebration of the organization's former space on Parliament Street, titling her poem "'Sweet 103'" after the office's marked number (Suite 103). Written after Black CAP moved to another location on Bay Street, this poem begins by describing the space as "like home to all ah we". On the fourth stanza, food is alluded to as a marker of shared space and community:

> There was always plenty, plenty food
> From fry saltfish to Jerk pork
> The usual "What are we having for lunch today guys"
> Sent us scurrying for we knife and fork.

The poem ends with laudatory praise for this former space:

> After all is said and done
> Why are some of us still so sad to leave?
> Well what can I say?
> Suite #103
> Was de place to be.

In this poem, which makes use of culturally-specific English grammars in the same political spirit as the strategic mobilizations of language discussed above, Griffith makes clear connections between collectivity, home, food and place-making in e-ASOs. In these spaces, ethno-specificity is performed in part through the mundane act of eating food (saltfish, jerk pork) together. It also signals that the production and *maintenance* of the safe house as an affirming space are done in the everyday, through such mundane actions as the sharing of meals in a communal setting.

Conclusion: The 'safe house' as negotiated space

As explicit alternatives for people of colour, e-ASOs are necessarily political spaces that, like other separatist spaces, exist as reparative and affirming spaces for those excluded from the mainstream (see for example Browne, 2009). In this paper, I have mapped, if briefly, their emergence as important players in Toronto's HIV/AIDS sector. I have argued that the context of the multicultural city as contact zone is important for understanding the racialised contours of the field of sexual health in 1980s Toronto, as is the hegemony of a one-size-fits-all, gay-centric and colour-blind approach in sexual health organizing, activism and service provision. The entry of e-ASOs in this field is, I argue, an important radical critique of this colour-blind approach. As spaces created for and by people of colour, e-ASOs represent material spaces for belonging and sexual health access for marginalized people.

By way of concluding, I would like to revisit the relationship between the contact zones and safe houses. I want to do this to emphasize the centrality of social differentiation in the production of both these social geographies: in both spaces, social difference – particularly in terms of racialisation – animates social interaction, organisation and institutions. As I have argued, building on Mary Louise Pratt (1991, 2008), in the 'liberal contact zone of the global city', the physical intimacy and sharing of space necessitated by the coming together of multicultural strangers does not always translate to supportive social spaces, even in sectors and institutions that are part of the social system of care, including and especially health institutions. I have suggested that the history of institutionalized responses to HIV/AIDS in Toronto is a history of racialisation, one that resulted from the mobilisation of colour-blind ways of doing sexual health work in mainstream organisations. The emergence of ethno-specific forms of sexual health work as safe houses created for and by people of colour contests this racialisation by naming the materiality of race in everyday lifeworlds, sexually and otherwise.

However, this is not to suggest that e-ASOs are immune from issues of power and inequality. Indeed, I would suggest that e-ASOs are heterotopias as opposed to utopias. Like safe houses, heterotopias are material locations that are produced as safe spaces for excluded others, but they are material and *continually* produced rather than frozen and permanently perfect, as in the idea of utopias (Foucault 1986). In other words, e-ASOs are under constant negotiation, not only because the practices and institutions that contribute to racialisation do shift (e.g., generally speaking, mainstream ASOs have become more sensitive to issues of race, ethnicity and culture over time), but also because participants in e-ASOs are themselves assemblages or intersections of multiple identifications and subjectifications. One cannot and should not expect, for example, that there is always already an immutable basis of unity between racialised men and racialised women, since the politics of gender still matters tremendously, particularly in terms of sexual health (see Dyck, 2006). Similarly, while there is a significant degree of shared racialization among those broadly constituted as 'Black', 'Asian' or 'South Asian', divergences in racialisation within and between these categories are also present and require further investigation (see Pulido (2006) on the racialization of people of colour vis-a-vis each other).

Furthermore, the racial identity terms 'Black', 'Asian' and 'South Asian' are themselves not truths with binding ontological status, but political categories that are always under constant negotiation, social construction and performance. Indeed, to return to an earlier theme, these categories are *biopolitical* insofar as they have the ability to define who belongs under which population and organization. But, as scholars of race have argued, ethno-racial categorizations and identifications are complex (see, for example, Mahtani, 2002; Goldberg, 1993). For example, what might it mean for someone who identifies as "mixed race" or as Singaporean of Sri Lankan descent to access sexual health organizations that are

defined by ethno-racial or regional affiliations? How would one negotiate the boundaries between these categories when one is located at these very boundaries?

These questions require further exploration, and while this is beyond the scope of this paper, these concerns need to animate future research work on sexual health organizations. By mentioning them, my goal is not to minimize the work of e-ASOs. After all, it is equally important to note that the *use* of these categorizations is strategic and political, rather than a simple and uncritical essentialization of identity. E-ASOs make use of and indeed appropriate already available categories, which while laden with complex histories of racialised knowledges (e.g. as anthropological groupings of 'culture'), state governmentalities (e.g., as census groupings) or geopolitical imaginations (e.g., as colonial or military constructions of the world), are nevertheless useful in the material context of the global multicultural city as a contact zone. These categories should therefore be regarded as tactics of negotiation, and similarly, e-ASOs should be treated as spaces of negotiation, particularly in cities like Toronto where diversity is marketed as strength, but where racial inequalities persist.

Acknowledgements:

This paper is heavily reworked from earlier versions presented in colloquium at the Comparative Program in Health and Society (CPHS) Speaker Series (University of Toronto, 2011) and in the "Sexualities, Health, Politics, Place 1" special session of the Seattle 2011 AAG. I would like to thank those in attendance at these presentations, particularly my fellow CPHS fellows, Dr. Deb Cowen and Dr. Lisa Forman. I would like to acknowledge my research participants for sharing their time and perspectives with me, and my supervisors Deborah Leslie and Matthew Farish for their unwavering guidance. Thank you also to Catherine Nash and Kath Browne for their generous comments on this paper, as well as to Eric Olund and Judy Han for their incisive reviews of and comments on the paper. Funding for this research was generously provided by the Social Sciences and Humanities Research Council, the Ontario Graduate Scholarships program and the Lupina Foundation. The usual disclaimers apply.

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