Sexual Health as Self-Determination:
Queer Safer Sex and the Politics of Policing

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Abstract

Montreal's radical queer scene espouses anti-state and anti-assimilation politics, offering a different approach than gay-rights movements seeking state recognition through legislative measures. Queer politics have a history of redefining and complicating norms, sexual and otherwise. As such, this thesis seeks to articulate how, in looking at safer-sex discourses in Montreal's queer community, we can imagine redefinitions of sexual 'health' and 'responsibility'. Situated in a critique of the ways in which public health operates as a tool of the state by surveying and controlling practices that violate normative sexuality, I argue this anti-assimilationist mode of sexual health challenges the 'norm' of health campaigning: that absence of infection is the epitome, entirety and ideal of sexual health. Rather, circulating discourses do not place 'safe' and 'unsafe' sex in opposition, and instead emphasize consent, accessibility, and the creation of safer spaces within which people can self-determine free from stigma, shame, and policing. Sensitive to the institutional roots of oppression, radical queers strive for solidarity to create environments conducive to autonomous choice, rather than declaring an individual need to assume the full burden of risk assessment and consequences. Using interviews, analysis of local artefacts such as zines and festival agendas, and fieldwork in queer spaces, this thesis seeks to explore some of the ways in which risk and safer sex are being (re)framed in contemporary queer communities in Montreal, Quebec. This research illuminates how any effective and respectful public health initiative requires a 'thick' description of a given community's discourses and practices around health. I offer related recommendations to sex-ed teachers in other communities, of particular importance in the wake of Quebec's 2003 sexual education reform.

Résumé

Les milieux *queer* radicaux de Montréal s'oppose à l'État et aux politiques d'assimilation, et propose une approche différente de celle des mouvements pour les droits des homosexuels, qui tentent d'obtenir l'approbation de l'État par le biais de mesures législatives. Les politiques *queer* ont toujours cherché à redéfinir et à complexifier les normes, en matière sexuelle ou autre. Ainsi, ce mémoire tentera d'expliquer de quelle façon les discours de la communauté *queer* montréalaise peuvent nous aider à redéfinir les notions de « santé sexuelle » et de « responsabilité ». En réponse aux méthodes du système de santé public, qui permet à l'État de recenser et de contrôler les pratiques sexuelles marginales, nous affirmons que le modèle anti-assimilationniste relativise l'idée de « norme » que défend le système public, c'est-à-dire que l'absence d'infection est le fondement, l'unique raison d'être et l'idéal du principe de santé sexuelle. Plutôt que d'opposer les pratiques « sans risque » et celles « à risque », les discours actuels insistent sur les notions de consentement et d'accessibilité, et proposent la création d'espaces sûrs, où il est possible de faire des choix personnels à l'abri du jugement, de la honte ou de la coercition. Conscients des racines institutionnelles de l'oppression, les *queer* radicaux comptent sur la solidarité pour créer des environnements favorables au libre choix, qui ne font pas peser sur un individu le fardeau de l'évaluation des risques et des conséquences. Au moyen d'entrevues, d'analyses de documents tels des zines et des programmes de festival et d'études sur le terrain dans les milieux *queer*, ce mémoire explorera certaines des façons dont les notions de risque et de pratiques sexuelles sûres sont actuellement (re)formulées au sein de la communauté *queer* à Montréal, au Québec. Cette recherche illustre comment une initiative de santé publique efficace et respectueuse nécessite une description « épaisse » des discours et des pratiques autour de la santé d'une collectivité donnée. J'offre des recommandations aux enseignants d'éducation sexuelle dans d'autres communautés, d'une importance particulière dans le sillage de la réforme de l'éducation sexuelle au Québec en 2003.

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1 A QUEER MISE EN SCÈNE

One Person's Trash is Another Person's Outrage

For two years I worked at *AIDS Community Care Montreal* (*ACCM*), an organization that offers services to people living with HIV and promotes educational prevention initiatives. One summer day, while taking out the recycling, I made an interesting if disturbing discovery. I opened the door to the back parking lot that our building shared with the city's *Direction de la santé publique*, the local public health agency. After opening the large green recycling bin, I sighed. It was already filled to the brim, and I would have to squeeze my way through the narrow passage to another bin until I found one with some space. I have a tendency to investigate garbage, however, and so I took a second look at its contents: dozens, maybe hundreds, of copies of *L'éducation à la sexualité dans le contexte de la réforme de l'éducation* [Sexual education in the context of education reform]. Ostensibly destined for "teaching and complementary staff in primary and secondary schools, and their partners in the health and social services[1]" (Ministère de l'Éducation du Québec 2003:5), here they were about to be shredded and made into egg cartons. I grabbed a few and went about my workday.

The Public Health Agency of Canada (PHAC) indicates that in Quebec, rates of sexually transmitted infections (STIs) have been rising since the late-1990s, particularly among people aged 15-24, and HIV rates have remained steady (PHAC 2010a and 2012, see Appendix A for a full table of cases). Despite this data, between 2002 and 2004, the Quebec government decided to 'reform' sexual education (sex-ed), which involved removing the course "*formation personelle et sociale*" [personal and social training] from primary and secondary curriculum and asking teachers to integrate sex-ed into existing lesson plans of other subjects. Without proper enforcement, this 'reform' effectively resulted in the abandonment of sex-ed

[1] My translation, as are all French to English translations in this text.

curriculum. Since that time, I have noticed a high presence of safer sex materials (condoms, gloves, lubricant [lube], information, zines[2], etc.) circulating in the queer spaces and events that I frequent. Queer-friendly groups such as *Head & Hands* and *ACCM* have increased their sexual health workshop offerings. Discussions around issues such as the criminalization of HIV non-disclosure[3] and serophobia[4] are taking place at many queer festivals. It seemed like safer-sex discourse was all the rage in queer spaces.

Later that summer, I wound my way through the grey halls of a nondescript building on Ste-Catherine Street towards an edition of *Against the Wall*, an all-genders queer sex party. Before entering, I was asked to show ID and sign a consent form. My eyes fell to a clause in the middle of the page: "We follow a harm reduction model, therefore we will not be enforcing the use of safer sex supplies. However, we strongly encourage sexy, safer play and there are stations set up with all the barriers, gloves and lube you will ever need". Policing safer sex was not on the agenda; the party organizers' approach was the polar opposite of an abstinence campaign in that it provided all of the means to engage in sexual activity with none of the restrictions or monitoring. Public health discourses tend to explicitly or implicitly convey risk avoidance as qualitatively 'better' than engaging in risky practice and suggest that a precise notion of corporeal 'health' be prioritized over other needs or wishes. In contrast to these discourses, Montreal's queer community seems to be opening new spaces for different value assessments and the means to redefine the very notion of 'risk' as well as who is responsible for it. Certainly, some elements of queer safer sex, such as the focus on bodily agency, defying the 'expert', and reclaiming autonomy, are a continuation of projects like the Women's Health Movement[5], radical feminine

[2] Zines are generally classified as independent publications, often informal and produced in small numbers, with do-it-yourself (DIY) aesthetics.

[3] A Supreme Court of Canada decision on October 5 2012 declared "that people living with HIV have a legal duty, under the criminal law, to disclose their HIV-positive status to sexual partners before having sex that poses a 'realistic possibility' of HIV transmission. Not disclosing in such circumstances means a person could be convicted of aggravated sexual assault" (Canadian HIV/AIDS Legal Network 2012a:1).

[4] Fear and discrimination targeted to HIV-positive people, or people presumed to be HIV-positive. Sero- as a prefix relates to one's HIV status, as in seropositive, seroconversion, et cetera.

[5] The Women's Health Movement, a feminist critique of the western biomedical model that began in the late 1960s, argues medicine is androcentric by pathologizing female bodies and

hygiene[6], and AIDS activism[7] (Ramspacher 2008). However, new phenomena have to be taken into account. The majority of individuals who make up the current radical queer scene in Montreal are part of a 'post-AIDS' generation (in that people now in their twenties and thirties have lived most or all of their lives with the existence of HIV, but were not sexually active during the peak of the initial AIDS crisis). Increasing attention is paid to trans*[8] rights and the politics of self-determination, as well as the continued blurring of gender expression and sexual orientation that trans* and genderqueer[9] realities generate[10]. Biomedical discoveries such as 'the Swiss statement', which claims seropositive people on anti-retroviral therapy with undetectable viral loads are unable to transmit HIV (Vernazza et al. 2008), alter the terrain of 'responsible' sexual activity for HIV-positive people. HIV-positive people are also living longer, healthier, and thus more active lives, sexual and otherwise. This situation increases dialogue around seropositive rights and alliance with seropositive people, engendering discussions that do not inherently denigrate an HIV-positive status. Finally, the increasing institutional acceptance of homosexuality[11] creates a growing and shifting space for queer politics that position themselves in opposition to such 'assimilation'. Considering these historical shifts, it is important to revisit the terrain of safer-sex education and ideology, and how that terrain is opening up new possibilities. The remainder of this chapter seeks to further present the context of my ethnographic attention, offer some of my orienting theoretical positions, and develop the methods used to undertake this project.

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discriminating against women in health sciences and services (Boscoe et al 2004; Jaggar 2008; Nichols 2000).

[6] Radical feminine hygiene movements can be described as anti-capitalist, anti-medicalization movements towards holistic, environmentally friendly, non-pharmaceutical, and non-shaming care for menstruation, PMS, gynecological issues such as yeast infections, and menopause.

[7] AIDS activism emerged in the 1980s as a patient-centered direct-action movement to fight for the rights and health of HIV-positive people, such as anti-stigma campaigns and accelerated drug trials (Lee 2011:154).

[8] The use of the asterix in trans* is to indicate a stand-in for the suffixes -sexual and -gender.

[9] While definitions for each individual vary, 'genderqueer' refers to people who identify somewhere along or off of the male/female sex/gender binary.

[10] Trans* liberation movements do predate current times, and trans* people played a crucial role in key moments such as the Stonewall Riots of 1969 (for a detailed review see Feinberg 1996).

[11] In Canada, homosexual persons may marry, adopt children, and serve in the military, among other state-approved rights.

Why Use Ethnography to Look at HIV, STIs and Safer Sex?

Inasmuch as it hinges upon the interactions between people, "HIV transmission is profoundly social" (Kippax 2012:2). HIV and STIs are relational; therefore "sexually transmitted illnesses and HIV/AIDS are more adequately studied by models which take, for example, social values and peer pressure into account" (Hausmann-Muela et al. 2003:29). In order to address these and other contextual factors that influence health, medical anthropology is an essential tool for a meaningful discussion about illness because "the focus is shifted to the way in which all knowledge relating to the body, health, and illness is culturally constructed, negotiated, and renegotiated in a dynamic process through time and space" (Lock and Scheper-Hughes 2006:487-488). Sandra Hyde (2013) has suggested that while public health is good at identifying 'solutions', anthropology is better equipped to define the 'problems', in turn leading us to rearticulate the very 'solutions' we may seek (Roundtable Discussion, Montreal, March 22). This rearticulation is important because public health solutions for addressing HIV and other STIs have often focused on narrow explanations of the behavioural choices that put people at risk for contraction. Anthropologists attempting to bridge the gap in public health argue for the pursuit of ethnographic studies "as a response to the limitations of KAP studies and their misuse for explaining health behaviour" (Hausmann-Muela et al. 2003:5). 'KAP' refers to 'Knowledge, Attitudes, and Practices', a formulation used by public health to understand a group's awareness of and feelings about given risks, with the hopes of then modifying their behaviour towards risk reduction. As I will address in Chapter 3, this model has numerous drawbacks and could be greatly ameliorated with the inclusion of ethnographic attention to the 'why' of people's sexual activity. The qualitative methods of medical anthropology focus on this 'why' of health issues rather than simply determining 'what' is occurring (Helman 2001:265-271). In discussing what illness and health promotion actually *mean* to people, and how those meanings are operationalized in everyday emotional, sexual, and political lives, anthropologists can problematize health in new ways by uncovering it as a site of salience. The use of ethnographic methods such as interviews and participant-observation creates a space to tease out how meanings of and actions about health

are articulated by individual actors in nuanced, contradictory, or otherwise complex ways. Such a reading is better able to account for the historical and social contingencies that influence how and why people mobilize around health.

HIV and other STIs are particularly meaningful health issues because they tap into anxieties and ideologies around bodies, sexuality, risk, responsibility, morality, boundaries, and the economy (Herek 2009); as such, we cannot approach HIV and other STIs as mere scientific entities. In her seminal text, Paula Treichler (1999) argues that HIV "is simultaneously an epidemic of a transmissible lethal disease and an epidemic of meanings or signification" (357). She states:

> We cannot effectively analyze AIDS or develop intelligent social policy if we dismiss such [non-scientific] conceptions as irrational myths and homophobic fantasies that deliberately ignore 'the real scientific facts'. Rather they are part of the necessary work people do in attempting to understand – however imperfectly – the complex, puzzling, and quite terrifying phenomenon of AIDS. [358]

She continues, "illness is metaphor […] [and this semantic] work is as necessary and often as difficult and imperfect for physicians and scientists as it is for 'the rest of us'" (359). In other words, purely scientific discourses of HIV (or any other biomedical object) cannot be privileged as the solid base underneath a symbolic superstructure. Looking at sexual health and safer sex requires engaging with what it signifies as well as how it is (or is not) practiced, and recognizing that what is 'said' and what is 'done' about safer sex are not two distinct realms but, rather, commingle.

In its early phase, HIV in North America primarily infected cisgender[12] men who have sex with other cisgender men (MSM). STIs are also often associated with non-monogamy or 'promiscuity', leading to a perception of HIV and STIs as marking sexual 'deviants'. For this reason, the field of preventative programming must be looked at in the context of repressed, stigmatized, or marginalized sexualities. Furthermore, sex practices and the politics surrounding them unfold primarily on the local level (Jackson and Scott 2010:166), so it is fruitful to look at

[12] Someone who is not transgender. 'Cis' refers to 'on the same side as', in this case, one's gender identity being on 'the same side' as their assigned birth sex.

specific locales for an in-depth reading of how such meanings are produced. Medical anthropology allows for such 'thick' description by looking not only at statistical trends but also at the intricacies of a phenomenon, employing ethnographic attention to the experiences of individuals, the physical spaces they inhabit, and the material objects that circulate between those people and within those spaces. This more holistic picture can provide the detail that naked numbers may obscure. I will further develop my methods below, after a discussion of radical queer politics and of the construction of public health as a state institution, two themes that frame my research.

"Folding it in" – 'Queer' as Inherent Politicization

"In the queer community there's this message of making your whole life infused with your politics, like folding it in everywhere." – Emma[13]

During the course of my research, the project adopted an increasingly political lens for a number of reasons. Firstly, I cannot deny the impact of the political climate in Montreal at the time of my research and writing. A student movement against tuition fee hikes began in November 2011 and subsequently branched out into a broader social movement (referred to as the '*Printemps érable*' or Maple Spring) addressing neo-liberal austerity measures, environmental destruction, and police brutality, among other issues. This movement certainly infused the atmosphere in Montreal for those who were involved, including many of my interview participants and myself. One participant even noted that the queer community had recently been sapped of some energy as people were so engaged in the strike and associated protests. Therefore, politics were very much 'on the brain' for me and many of those who participated in this project, which is not surprising considering the queers I spoke with were actively politicized people.

Here it is important to note that while I may refer to 'the' Montreal queer scene or community, I recognize this is a misnomer. Many gay, lesbian, and queer communities and social scenes exist, with substantial crossover, and they consist of

[13] Unless otherwise stated, section-opening quotes are taken from interviews.

complex and mobile actors. Indeed, the very idea of 'community' is problematic inasmuch as it presupposes neat, definable categories of places and people defined by a sole identity marker. The idea of such homogenous, bounded, and discrete communities is an idealistic and faulty way to view how aggregates of people interact, but I use the term simply for convenience to talk about a seeming nexus of parties, festivals, and organizations, as well as associated ideologies. Specifically, I have delineated this nexus by my use of the marker 'queer' not as an umbrella term for any non-heterosexual individual, but as a particular political affiliation claimed by people across many milieus.

Communities based on sexual identity are often inserted into Benedict Anderson's (1983) framework of 'imagined communities' wherein the prevailing sense of inclusion is derived not from face-to-face encounters but from a sense of shared identity (e.g., Valentine and Skelton 2003). I do not make use of this concept for two reasons: firstly, the queer community of Montreal is fairly tightly knit, composed of actual spaces for dense social encounters. Certainly, it uses Internet applications such as Facebook, but in general such use is in order to organize face-to-face scenarios. Secondly, the marker 'queer' is not just about sexual orientation. As Mélanie Hogan (2005) writes, the radical queer community of Montreal is "predicated on the celebration and valuing of difference(s) […] it is less about identity-based politics and more about anti-oppression political actions, less about individuality and more about building community" (154-155). A number of participants, for example, identified radicalized heterosexuals as more at home in queer spaces than non-politicized gay people. A zine distributed locally entitled *Queer Enough* (Jamie Q 2011) has published two issues about reconciling being a queer-identified person involved with a differently gendered partner. So while queer spaces certainly operate in large part based on sexual politics, they cannot be reduced to this. Rather, interview participant Mattie suggested that a 'queer space' is "a space that is 'othered' in relation to norms of heteronormativity and the gender binary. It's spaces that also will be questioning things like capitalism and patriarchy". In terms of a 'field' then, I am looking *not* at a bounded geography or well-delineated group of events, but rather at what participant Chris called "the free-floating radical queer scene". The project therefore prompted me to follow the leads offered by my

research "to create an emergent field and study object" (Robben 2007:331). The object of study is co-generated *by* the research rather than determined prior to it.

In keeping with the themes I saw emerging during my research, as well as my own political leanings and readings of queer theory, I use 'queer' to mark specifically those sexually non-normative folks who are politicized around their sexuality in a way that, broadly speaking, differs from the political attachments of identifying as lesbian, gay, or bisexual. A number of my participants spoke about the inherent politicization of choosing to identify as 'queer':

> "I think part of choosing to be called queer as opposed to, you know, gay or lesbian or homosexual or bisexual, is associating yourself with radical politics to a degree." - Audrey

> "I feel like there's often sort of a politics that is shared, or you can assume that maybe someone has a little bit more shared political insight. […] And part of the queer scene that I like is discovering new political stuff and ways of thinking about things." - Rosie

> "I find that this is kind of often the case in many different venues of activism, where queers take it up, because we're seemingly already political and politicized and 'on it' or whatever." - Liam

> "Queer political identity […] is much more left and radical. I think it involves a lot of deconstructing really cemented social norms and structures and not being complacent about that. Whereas perhaps gay political identity […] has more to do with, in some ways, gaining individual basic rights, I find the queer movement is more of a collective movement." - Felix

This sentiment was often present in the zines I read as well. For example, a list of affirmations in the zine *Queer Tribes* (n.d.) asserts: *"Nous sommes queers, uniques et distincts. Nous avons une culture qui nous est propre et nous avons vécu des experiences et des épreuves communes qui nous fixent à part de la norme hétérosexuelle prédominante dans la société. Nous sommes fiers de cette identité et nous cherchons à l'affirmer"* [We are queer, unique, and

distinct. We have our own culture and we share experiences and trials that set us apart from society's predominant heterosexual norm. We are proud of this identity and we seek to affirm it] (21).

These definitions of 'queer' mirror much of the literature distinguishing gay and queer political priorities, tactics, and ideologies. Simply put, rights agendas exist along a spectrum marked by two poles: 'ethnic' or 'reformist' versus 'liberationist' or 'anti-assimilationist' models. The ethnic model adopts the logic of the Civil Rights movement, seeking to acquire rights within established structures using the 'equal but different' formulation (Jagose 1996:61). This trend aims to normalize homosexual identity. Mainstream gay politics, concentrated in a small number of national organizations and media representatives (Warner 2000:67), have tended to adhere to this ethic as they fight for institutional rights such as adoption, military duty, and marriage. Representational visibility in the eyes of the state is the key goal, and activism is limited to "a narrowly defined politics of assimilation" (Crimp 2003:192).

The advent of HIV/AIDS revitalized a conception of sex, non-normative sex in particular, as "unhealthy, irresponsible, immature, and, in short, threatening to home, church, and state" (Warner 2000:50). In the mid-1990s, a slew of debate was ignited around the role of public sex in the North American epidemic. While some argued that public-sex venues such as bathhouses provided an excellent setting for distributing prevention materials and information (Redick 1996:96), other gay groups with reformist agendas moved towards policing the activities of their less mainstream-palatable queer peers, which often involved 'hopping into bed' with homophobic politicians and moralists. They argued that controlling public sexuality was the way to protect gay health while simultaneously gaining respect for homosexuals by addressing those 'promiscuous' and 'irresponsible' queers who would sully the collective face of the upstanding homosexual citizen. Queer and anti-assimilationist activists spoke out against the illogical irony of simultaneously fighting for one version of sexual freedom while monitoring and denigrating another (Dangerous Bedfellows 1996; Duggan 1996).

Michael Warner (2000) suggests that mainstream gay movements, in their effort to secure institutional equality, create "damaging hierarchies of respectability" (74). Homosexual relationships and sexualities that most mirror normative

heterosexual coupling are extended the benefit of respectability, while non-normative queers (and kinky[14] heterosexuals) are relegated to the outer limits of what are considered defensible lifestyle choices. As will be demonstrated throughout this text, radical queer sexualities in Montreal oppose this hierarchy by unapologetically promoting kinky, non-monogamous, or public sex.

I recognize that 'transgressive' sexual politics and practices are not necessarily transformative. They can maintain the status quo as much as widely-accepted sexual norms do because "dissenting identities can themselves create boxes into which people will be placed" (Lee 2011:20), and because being vocal about sex is not necessarily 'liberating' once the classic belief that sexuality is censored is dismissed (see Foucault's 1978 work on the 'repressive hypothesis'). That said, inasmuch as the queer political positions discussed in this thesis critique normativity and oppose institutional or state-regulated messages, policies, and laws, I use the term 'radical' to respect and honour this struggle. The major political leaning, therefore, of radical queer Montrealers is 'liberationist' rather than 'reformist'.

Queer liberationist models are based on the "radical reformation of the sex/gender system" (Jagose 1996:58). As Cheshire Calhoun (2007) puts it:

> Queer theory attends to normalizing regimes that eliminate or conceal border crossings that might destabilize the cultural status quo. Queer theory draws attention to the fact that sexuality and gender are cultural constructions. […] Given their permeability, the apparent discreteness of these categories can be sustained only by concealing and regulating boundary crossings. Liberation is to be sought, then, not in the less oppressive treatment of a distinct social group – women, or lesbians and gay men – but in disruptive practices that call into question these social categories themselves. [180]

Calhoun argues that rather than fighting for distinct social groups, queer politics question the 'self-evident' nature of those very groups. Rather than seeking 'gay

[14] 'Kinky' typically refers to sexual tastes considered 'bizarre' or 'deviant'; most often the term is used to indicate activities outside of intercourse or involving toys, especially consensual erotic power play like bondage and domination. 'Kinky' is often positioned as the opposite of 'vanilla', or 'conventional' sex play.

rights', queer liberation movements question the very basis and efficacy of state-distributed rights. Focusing solely upon attaining civil liberties through state-approved avenues distracts from "neoliberal political, rhetorical, and economic strategies that discourage potentially transformative social alliances" and can inadvertently result in the redistribution of inequalities (Harris 2009:2). For example, a focus on winning gay marriage reinforces the state-jurisdiction of a narrowly defined concept of what constitutes acceptable 'family' life. Queer politics are not interested in creating a "soothingly heteronormative version of homosexuality" (Harris 2009:2); they do not aim for institutional or state recognition. Indeed, anti-establishment or anarchist thought, or as participant Emma called it, the 'anti-movement', is often part and parcel of queer theories regarding identity and the state.

Pink and Black – Anarchism and Queerhood

Sitting down with one interviewee, Rosie, I noticed the pink and black button on her jacket: "Queers Against Capitalism". Here, 'queer' is more than a mark of sexual orientation; it attaches itself to political alliances as firmly as the pin to Rosie's coat. There are many queer links to anarchism. Uri Gordon (2008) argues that the neo-anarchist movements of the 1990s through to today are in large part influenced by or an amalgamation of queer liberation struggles, direct-action HIV activist groups such as ACT UP, as well as radical feminist, ecological, and anti-racist movements (31). Queer and non-monogamous relationships may be considered lifestyle expressions of anarchist values and politics (Gordon 2008:19). In addition, radical queers tend to engage in prefigurative politics, which "define and realize [radical] social relations within the activities and collective structures of the revolutionary movement itself" (Gordon 2008:35). This concept informed Emma's above quote regarding "folding [your politics] in everywhere", also evident when she discussed queer dance parties: "For me, the politics don't have to be on their sleeve, but they have to be folded in there in an actual kind of way, you know what I mean? *[Valerie:*

like pay-what-you-can[15]?] Pay-what-you-can is an example. Or putting into action a framework of anti-oppression". Prefigurative politics address the impossibility of correcting problems inherent in or resulting from a system while working within that very system. They allow the movement not to compromise its beliefs while 'waiting' for the revolutionary world to be realized. Because a radicalized group must nevertheless operate within the given dominant structure, the theory is that prefigurative politics provide a space to reap the benefits of, and address the difficulties surrounding, radical practices such as direct action or consensus-based decision-making (Gordon 2008:18, 34-35; Milstein 2010:48, 68).

Radical queers and anarchists have anti-assimilation and anti-reform qualities in common. One zine I selected at the 2012 *Montreal Anarchist Bookfair* was produced by the American group *Pink and Black Attack*. Sections of their editorial statement read: "We are queer anarchists. […] We are anti-assimilationists. We refuse to beg the state for equality" (2010:4). One text argues that Gay Pride parades are "permitted, sponsored, and devoid of struggle. Pride now serves as a vehicle to promote the agenda of a specific segment of the LGBT[16] movement: white, affluent, socially acceptable consumers," and only guarantees that, "as long as we queers are kept under control, they'll promise to treat us just like straight people. We'll get the same poverty, racism, police brutality, borders, boring-ass relationship models, prison sentences, and (if we're lucky) the chance to die in imperialist wars" (2010:33).

"A Politics of Escape" in Montreal's Queer Timeline

Queer subjectivities are often problematically linked to urban space. As Kelly Baker (2011) points out, "not all rural queers leave home to become queer" (45), and there is certainly a need for more scholarly work focusing on rural LGBTQ[17] realities. That said, my research is limited to the metropolis of Montreal (with a population just under four million). The city is no stranger to radical LGBTQ organizing. A

[15] 'Pay-what-you-can' is a system of event pricing where attendees are encouraged to pay a certain price, but offered the option to pay however much they can; often this is coupled with a policy that no one is turned away at the door for lack of funds.
[16] Lesbian, Gay, Bisexual, Trans*
[17] Lesbian, Gay, Bisexual, Trans*, Queer

number of zines, as well as formally published works, outline key moments in Montreal's past that may orient current queer spaces towards a politicized approach to sexual health. For example, in 1977, machine gun-laden police officers raided gay bars *Truxx* and *La Mystique* and subjected the 146 arrestees to forced STI tests before releasing them, which sparked a protest the following day (Hinrichs 2011:17-18). In 1989, the *5th International AIDS Conference* was held in Montreal. Activist groups from Montreal (*Réaction Sida*), New York (*ACT UP*), and Toronto (*AIDS Action Now!*) stormed the opening ceremonies to demand more inclusion of HIV-positive people as well as a number of life-saving and stigma-reducing action points (Gillett 2011:62-72). Commonly referred to as 'Montreal's Stonewall', the 1990 *Sex Garage* raid unleashed a number of aggressive protests after latex glove-wearing police busted up a queer loft party and brutalized attendees (Kersplebedeb 2008:2-5). Finally, in 1993, Concordia University developed an HIV/AIDS public lecture series featuring diverse speakers and a year-long course involving the participation of local AIDS service organizations (ASOs). The course offers an in-depth look at sociocultural aspects of the pandemic as well as hands-on internships for students at ASOs, and it seeks "to nurture the next generation of AIDS activists, researchers and teachers within today's student population" (http://alcor.concordia.ca/~hivaids/project.html). Many students in Montreal, queer or not, are introduced to sexual health activism through this course, as I was.

A second flood of radical queer organizing began in the early 2000s, as is well documented in the zine *Queers Made This* (Qteam 2010). In 2002, the autonomous Montreal contingent of the group *Les Panthères Roses* was formed, who engaged in broad actions against heteronormativity, the gender binary, and pink capitalism (capitalist marketing geared towards homosexuals). The following year, the *Anti-Capitalist Ass Pirates* formed. This group created posters with slogans such as *"Avec la surveillance vient la repression"* [With surveillance comes repression] and "gaylords not landlords: the anticapitalist ass pirates perv against gentrification" (for more on *Les Panthères Roses* and the *Anti-Capitalist Ass Pirates* see Hogan 2005). The *St-Émilie Skillshare* was formed in 2005, which supplies a venue for the creation of anti-oppressive revolutionary art. Shortly after, *Qteam* began dealing with issues such as police brutality, migrant justice, and the corporatization of queerness. One *Qteam*

poster shows a business-suited arm opening a briefcase and reads "queers don't make friends with the state". The year 2007 also saw the birth of the annual festival *Pervers/cité*, an anti-capitalist alternative to the mainstream Gay Pride event *Divers/Cité*. Their first parade protest banner read, *"Queers contre le modèle unique de la Gaigeoisie: capitaliste, blanche, et mâle"* [Queers against the Gaygeoisie's sole model: capitalist, white, and male] (Kersplebedeb 2008:17).

The 2012 edition of *Pervers/cité* featured discussions on anarchy, anti-capitalism, hate crimes, and sex work, as well as a book fair and a queer historical walking tour. A workshop was held by the *Prisoner Correspondence Project*, which unites queer pen pals in and outside prison and distributes harm-reduction resources. *PolitiQ* formed in 2008 to fight homophobia, transphobia, and serophobia, and in 2009 *Radical Queer Semaine* (*RQS*), another annual festival, began offering a breadth of political workshops with an accessible, anti-oppressive mandate. When I attended in 2012, *RQS* was hosting events on criminalization and policing, decolonization, fat politics[18], safer spaces, HIV politics, and sexism, and ran sessions for the rights of sex workers, prisoners, intersex people, people of colour, and differently-abled people. Further, many events in Montreal are pay-what-you-can and wheelchair accessible, and many feature active listeners and other attempts to create a safe and accessible space. As a couple of participants pointed out, many events are organized by non-hierarchical working groups. Clearly, politicized, anti-state queers are alive and well in Montreal, and as mentioned above, it is this subset of radical queers that I am focusing upon in my research when I refer to 'the Montreal queer scene'.

American artist Zach Blas, who exhibited in Montreal in November 2012, refers to queer anti-assimilation as "a politics of escape" (2012:5). Regarding his piece *Facial Weaponization Suite: Fag Face Mask*, a series of warped facemasks worn to avoid biometric detection, he discusses the danger of seeking representational, institutional equality. He writes, "these calls to visibility typically coincide with a desire for recognition from the state or a longing to be validated by our neoliberal order. […] [This] gives us a visibility that only controls us, and makes us easily knowable to those in power" (2012:5).

[18] Refers to politics around body size and the discrimination towards fat people.

Often this resistance to the policing of identifiable populations takes place around issues of health and illness because health interventions tend to operate using the notion of 'target populations', a system where groups of people are identified as at-risk for ill health according to their real or perceived activities. This practice is resisted because the concept of the 'risk group' operates to cordon it off from the 'general population' by virtue of perceived differences in such a way that subordinates and contributes to stigma and discrimination towards that group (Schiller et al. 1994). In terms of HIV such 'target populations' have included, for example, sex workers, MSM, and Haitians (Lee 2011:94). The following section looks at the emergence of public health as a tool of monitoring and control.

The Formation of the 'Target Population' – Health as a Vector of Control

Before getting into the case of HIV 'target populations' specifically, it is important to look at how the very idea of 'populations' was first constructed. Throughout the bulk of his projects, particularly *Discipline and Punish* (1977) and *The History of Sexuality Volume One* (1978), Michel Foucault refers to a process set about in the 17th to 19th centuries whereby individual bodies were made subject to increasingly precise technologies of modification and control. Concurrent to this process was the emergence of the concept of a 'population' that, in order to optimize its potential strength, required governance through the knowledge-power techniques of newly forming states and their apparatuses. As such, public health was initially tasked with the dual control of individual bodies and of "the urban environment, which was considered to be pathogenic" (Giami 2002:3).

The concept of 'society' and the normalizing control of 'populations' for their own 'welfare' and 'health' are co-constitutive of each other (Rabinow 1989:10). In creating categories, and inserting individuals into them by virtue of their shared features, 'populations' are constituted and, in turn, patrolled. For example, Foucault (1978) points out that the very emergence of 'the homosexual' as a category, along with other 'perversions', transpired out of discourses around normalcy and pathology surfacing from newly founded authoritarian fields such as psychology and sexology. The advent of statistics further solidified the constitution of these categories. As

"state intervention was increasingly formulated in the language of health" (Vance 1991:877), health monitoring via statistics became a form of the state's normalizing gaze. For example, mechanisms such as medical examinations and disciplinary forms of recording operate jointly as a means of "hierarchical surveillance and normalizing judgment" (Foucault 1977:192). As Ian Hacking (1990) claims, the stats-gathering, quantitative methods of public health find their roots in the desire to understand and control "deviancy" (3), or what Sandra Hyde (2007) calls "disruptive and unruly bodies" (77). Categories, and thus 'types' of people, are created, marked, monitored, and judged through this work of statecraft. Epidemiology, for example, may be viewed as "an arm of the authoritarian state bent on surveillance and control through screening and testing" (Bujra 2000:64).

Foucault (2006) remarks that sexuality became especially significant for the dual technologies of power, the first focused on the level of the individual body and the second on the level of the population, because "sex is located at [their] point of intersection" (161). States have an interest in constraining the sexual lives of their citizens for various reasons, such as population control and religious motivations, and also as both a means and a metaphor for defining and protecting national identity and borders from an 'other' that threatens cohesion and integrity (Lee 2011; Hyde 2007). The tools of public health have therefore been operationalized in order to police 'abnormal' or 'problematic' populations. When sexuality entered into the field of public health, it focused primarily upon procreation under 'appropriate' conditions, but with the invention of the contraceptive pill, its role shifted to also include STIs and sexual 'dysfunctions' (Giami 2002:4-5).

Bringing recommendations concerning sexuality into the realm of public health has served to replace, but not displace, moral prescriptions (Lupton 1995). As Anne Esacove (2012) writes, "HIV prevention policy is actually organised around narrowly defined moral categories of good and bad sex. These efforts are in line with the broader expansion of medicine and science as primary institutions of moral and social control" (44). This moral component of health policy is evidenced by how intervention into the sex lives of queers has "operated not to protect them from real health threats, but to punish them for their very deviance from heterosexual, monogamous norms" (Pendleton 1996:377). It is with the inclusion of sexual health

that Alain Giami (2002) suggests the role of *individual* responsibility became solidified alongside governmental responsibility as part of the "dynamic process" of health promotion (9). 'Risk', as an individually undertaken assessment, therefore became a highly salient field. In a society preoccupied with the future, and in constant reflection upon itself and the problems generated by modernity, an obsession with risk emerged alongside an increasing lack of faith in the ability of expert knowledge and modern projects to shield its members from said risks (Giddens 1990; Beck 1992). Self-preservation is left up to the individual, who becomes weighted with the responsibility of making constant risk assessments about their personal life choices.

Sexual practices are a domain heavy with risk-assessment choices. According to Woltersdorff (2010), the neo-liberal, "entrepreneurial" subject is encouraged to partake of diverse sexual practices provided "the risks undertaken by this 'life-style' are assumed privately" (212), meaning one may engage in risky activity as long as structural or systemic inequalities created *by* the state are not implicated in what puts a person at greater risk in the first place. Rather, the responsibility for risk-avoidance is solely that of the autonomous agent. Risk must be processed and avoided by the individual on individual terms so as not to incur costs (financial or otherwise) for the greater whole. Lupton (1993) similarly argues that "risk discourse is often used to blame the victim, to displace the real reasons for ill-health upon the individual, and to express outrage at behavior deemed socially unacceptable, thereby exerting control over the body politic as well as the body corporeal" (425). In focusing on the individual, health sciences and institutions often view risk assessment as a purely rational, cognitive process rather than as structural, relational, and contextual (Lupton 1993:427). This approach is in keeping with the neo-liberal emphasis on personal responsibility, a "moral reasoning widely propagated by government and business today that constructs everyone as a self-interested individual who must take responsibility for himself [sic] in a marketplace of risks" (Adam 2005:340). These issues of 'risk' and 'rationality' are taken up more thoroughly in Chapter 3.

Public health bodies such as the *World Health Organization* have often made excellent recommendations regarding the promotion of sexual health and wellbeing, such as focusing on more than the absence of disease, respecting sexual diversity, and enabling individual self-determination (Giami 2002:10). Sadly, these values are not

always integrated into actual public health campaigning from local ministries. I am intentionally taking a more antagonistic approach in this paper but want to acknowledge that, as participant Ruben succinctly put it, "there's a lot of really cool things that the *santé publique* [public health] does". Thanks in large part to feminist and critical-race health movements, discourse around the 'social determinants of health' has gained great traction. These determinants, however, are often ignored, allowing the state and public opinion to blame individuals for their social station and corresponding health choices (McGibbon and McPherson 2011). One must look to the political impetus behind risk discourse itself, such as how definitions of risk work to 'other' and place blame on stigmatized groups, to recognize 'risk' not as an ontological condition so much as an ideological apparatus (Lupton 1993:427-428). For example, Cindy Patton (1996) argues that early American HIV public health campaigns, in a time of unstable transnational identities and increasing globalization, provided a context to redefine the boundaries of citizenship via sexual practices. This kind of redefinition is not altogether unique; since the 19th century, self-proclaimed 'modern' states have used health as "one of the key bases for creating normative definitions of citizenship. Since that time, state discourses about health have differentially interpellated people on the basis of their perceived relationship to hygiene, medical knowledge, and ways of preventing and treating diseases" (Briggs 2004:311).

In terms of HIV, then, Patton argues that the 'proper' citizen, "who respond[ed] to being governed without much fuss or clear policing" (6), was not framed as at risk for HIV. This 'proper' citizen was highly normative: white, heterosexual, and monogamous, not buying or selling drugs or sexual services. In contrast, safer sex was the purview of the non-citizen, the 'deviant' who had forfeited the safety of this normative heterosexuality. While safer-sex ideology might attempt to reorient the deviant towards a space of respectability, "the idea of safe sex failed to overcome the idea that queer sex was intrinsically dangerous. […] Safe sex became both required of and the mark of queers: queer sex had to be *made* safe while heterosexual sex *was* safe until queered" (97). Quite simply, 'queered' bodies, especially drug users, people of colour, and MSM, were configured as dangerous, a risk to others, and in need of expert and authoritative policing and intervention. This

configuration of citizenship had a profound effect on what kinds of gay or queer sexuality were considered appropriate and worthy of protection. As Barry Adam (2005) writes:

> Since the first identification of AIDS in the medical literature […] governments and public health authorities at first often responded with neglect, then with the deployment of the authoritative tools at their disposal, while gay, lesbian, bisexual, and transgender communities, and HIV-affected people inside and outside these communities, mobilized to meet the challenge of a life-threatening epidemic. […] ASOs as hybrid institutions of civil society and government, acted as agents of 'responsibilization' especially for gay and bisexual men, calling upon them to re-make their sexuality. Not long before the emergence of HIV disease, homosexuality had been beyond the pale of sexual respectability; now it was to be refashioned into a model for good citizenship: tamed, responsible, and governed by the safe sex ethic. [334]

The impact of this 'responsibilization', as suggested by Fran Lebowitz in a recent interview, was the birth of the normative gay rights movement. She says, "AIDS caused gay marriage" because:

> after AIDS, I think that [homosexual] people were afraid of a kind of official response to AIDS, like they would be arrested, or put in jail, all these kind of things, which are not unlikely things, by the way, and so they made up a lie. 'We're just like you' […] But of course, they were not exactly like straight people. They were nothing like straight people. [Gallaway 2012]

Despite shifts in the demographics of the global pandemic, HIV and other STIs in North America are often still linked to queer and other non-normative bodies and sexualities. This is largely because HIV (and, I would add, syphilis and hepatitis C[19]) "disproportionately affects specific subcultures and communities, groups that are already marginalized or considered to have deviant identities" (Gunsaullus 2011:473).

[19] Based on recent reports from Montreal and Quebec, syphilis is most often diagnosed in MSM, and hepatitis C infection most often attributed to injection drug use (PHAC 2012, DSP 2010).

This is certainly not to say that HIV and other STIs do not affect heterosexual populations; for example, chlamydia, HIV, syphilis, and HPV continue to affect heterosexual or bisexual women in Canada much more than women who have sex with women exclusively (PHAC 2010b). However, the public imagination and the focus of health interventions generally continue to target those who participate in less socially sanctioned sexual activities outside of the confines of marriage, such as sex work, anal sex, or having multiple partners. Notably, PHAC lists MSM, injection drug users, inmates, and street youth as the "key populations" on their STI/HCV[20] website (http://www.phac-aspc.gc.ca/sti-its-surv-epi/populations-eng.php). I do not wish to position queers in opposition to heterosexuals but rather to indicate the ways in which, as Patton states above, any person may be 'queered' by virtue of their engaging in perceived risky practices. This correlation of STIs and HIV to queered bodies has led to their targeting, monitoring, policing, and discrimination, from insidious social shaming to "support [for] draconian public policies that would restrict civil liberties" (Herek 2009:126), such as the criminalization of HIV non-disclosure. The politics of policing engendered by this affiliation are crucial to the way safer sex is approached in Montreal's queer spaces, the subject I turn to in Chapters 2 and 3 after a more thorough discussion of my methods.

Methods on the Inside

Traditionally, anthropological research has involved the study of people who are 'other' than the researcher. While closeness to the subject is the eventual goal, it is not typically the recommended starting point (Lewin and Leap 1996:6). I depart from this tradition for my research. I identify as queer and have circulated in queer spaces in Montreal for close to a decade, so while my 'formal' research took place between September 2011 and January 2013, this is in essence a much longer project.

Queer researcher and activist Ulrika Dahl (2011) has written about the issue of belonging to the subject of one's study. She writes:

[20] Hepatitis C virus.

> I am both subject and object of both research and activism. That is, I both participate in, and study, queer feminist movements. […] I am often asked about how I can study something to which I also claim political and sexual belonging. These are questions that suggest underlying anxieties around the issue of objectivity. The subtext, it seems, is that despite decade-long epistemological discussions, there is still anxiety around the complex issue of 'objectivity'. [2]

Indeed, epistemology in general, and anthropology and feminism in particular, has engaged in much debate around the nature of 'objectivity' and if such a state is possible. It is typically accepted that "*all* researchers carry their particular worldviews, histories, and biographies with them into their research projects" (Brooks and Hesse-Biber 2007:13, emphasis added); no existing 'truth' is out there to be discovered by the detached observer. I approach research as a creative process, wherein one way of animating a particular phenomenon is by no means the only way. In this project, I look at a very specific context and do not seek any universalizing conclusions, nor do I claim to answer the question of 'what' is happening. Many possible readings and ways of telling this story could be actualized by different voices at different times and locations. Quite simply, I accept that "anthropologists participate in shaping and making culture whenever they attempt to represent it" (Roscoe 1996:203).

In light of this impossibility for 'pure' objectivity or ontological certainty, Donna Haraway (2008) argues that "feminist objectivity means quite simply situated knowledges" (348), that "the only way to find a larger vision is to be somewhere in particular […] of living within limits and contradictions – of views from somewhere" (350). Anthropologists, like all humans, cannot escape our location, and in seeking situated knowledge, we strike a balance between recognizing our bias and working within it. While my closeness to my subject may create certain challenges, it also has benefits: access to spaces and participants, familiarity with language, et cetera. I also believe being open about my participation in queer communities engendered in participants some trust that my intentions were sincere and that I was invested in the project as a peer. This openness helped to alleviate the view of the researcher as 'privileged' or 'distant', which can impede attaining good rapport. I often asked participants to be explicit about terms and to not presume an unspoken

understanding, which I believe is a good research tactic in general. People may always presume a shared understanding, be it because they share a specific queer subculture or because they simply share a language, country, gender, or age bracket. It is simplistic to presume that having less proximity to one's subject and informants will automatically dissolve the likelihood of taking for granted certain associations.

This project set out to see how and why queers in Montreal are mobilizing around safer sex. Attuned to Tobias Rees's (2011) undertaking of Paul Rabinow's project for an "anthropology of the actual" (354), I sought to determine if any conceptual changes were palpable around ideas of 'risk', 'sexual health', and 'responsibility'. Finally, I was interested in what role anti-assimilation politics have upon sexual-health messaging and practice. I undertook a number of methods to gather my data: participant-observation at queer spaces, events, and community groups; a textual analysis of printed materials found in those spaces; and 12 in-depth interviews with people in Montreal's queer community.

Participant-Observation:

I engaged in participant-observation at numerous events and spaces between September 2011 and January 2013. These included events and workshops during the festivals *Radical Queer Semaine*, *Pervers/cité*, and the *2110 Centre's Another Word for Gender* series. I attended one or more editions of the *Queer Ass Punk*, *Faggity Ass Fridays*, *Trouble*, *No Pants No Problem*, and *Pompe* dance parties, as well as the *ExpoZine*, *Montreal Anarchist Bookfair*, and *Queer Between the Covers* small-press book fairs. I visited the offices of *Queer McGill*, *Queer Concordia*, the *2110 Centre for Gender Advocacy*, *The Quebec Public Interest Research Group* (*QPIRG)* of Concordia University, and *ACCM*. Finally, I went to three *Against the Wall* sex parties, the queer porn screening *Bike Smut*, and *The Queer Sex Ed You Never Got in High School* panel (at which I was a panelist) at the Simone de Beauvoir Institute of Concordia University (for a detailed list of field sites, see Appendix B). These events and organizations are primarily Anglophone, often with an effort towards bilingualism, and do not adequately represent Francophone queer culture in the city. However, these locales often demonstrate linguistic crossover among attendees and organizers, making it at times insincere to speak of two utterly distinct and divided Anglophone and Francophone

populations. I attended these events as an active participant, while also attempting to gain a general sense of atmosphere and to note event themes, paying special attention to the presence and location of safer-sex materials, such as condoms, latex gloves, dental dams, and lube, as well as pamphlets and other resources around safer sex, and how people interacted with those materials. As the project developed, I sought to determine what linkages were being made between anti-assimilationist or anti-state political ideology and safer sex promotion or lack thereof.

Textual Analysis:

I conducted a content analysis of print materials emanating from Montreal queer and sexual health scenes. This involved a qualitative review of over 100 French and English artefacts including: nine stickers, buttons, and patches; three resource lists; three lines of condom packs; 48 zines, independent newspapers, and pamphlets[21]; and 51 festival programs, sex party consent forms, flyers, posters, and manifestos[22]. I focused on materials available from community and university groups, zine libraries, social events, and commercial or artistic spaces affiliated with queer communities (e.g., event venues). These spaces included the *2110 Centre for Gender Advocacy*, the *QPIRG Concordia* zine library, the *Queer Between the Covers* book fair, *ExpoZine*, *ACCM*, the *Montreal Anarchist Bookfair*, *Queer McGill*, the *VAV Gallery*, areas of the Concordia and McGill university campuses, and *Cabaret Playhouse* where *Faggity Ass Fridays* was held. I also looked at materials passed in person or online between friends and colleagues (for a detailed list of publications reviewed, see Appendix C). These materials were then analyzed for common themes, aesthetic trends, political undertones, and general messages.

Looking at the self-produced media of a group rather than just the media targeted at them helps to better understand the group's political views. Zines operate to shape one's media environment and create a space to resist mainstream or corporate ideologies, and so they serve to counteract dominant devaluations of disenfranchised or non-normative groups (Chu 1997, Schilt 2003). Incorporating self-produced media into the research, and valuing these self-productions equally

[21] Of these, 39 were in English, 5 were in French, and 4 were bilingual (although French versions do exist of some of the English pamphlets I reviewed).
[22] Of these, 28 were in English, 4 were in French, and 21 were bilingual.

with scholarly texts and other, more removed, accounts of a phenomenon, also makes space for the portrayal of community members as active and involved (Chu 1997:72). Considering the anti-establishment nature of the radical queer scene, this process provided an invaluable source of information for my research. As a point of comparison I also referred to three recent safer-sex pamphlets, targeted towards youth, produced by *le ministère de la Santé et des Services sociaux du Québec* (the Quebec Minister of Health and Social Services).

Audio-Recorded Interviews:

I conducted 12 unstructured interviews with 11 people, ranging in duration from 45 minutes to two hours (with an average interview time of one hour and 15 minutes). Six of my interview participants were people with whom I had prior relationships as friends or colleagues. The others I reached out to through a call for participants (Appendix D). Interviewees signed a consent form (Appendix E) and are presented under the pseudonym of their choosing, although one participant preferred to be identified. For those who wished to remain anonymous, I refrain from including identifying information so as to protect confidentiality within the relatively small, tight-knit queer community. That said, interview participants ranged in age between 20 and 36, with most in their mid-twenties. Most but not all were white, cisgender, and Anglophone. While I cannot speak to the educational or socio-economic status of these individuals, it is worth noting that modernity multiplies sexual lifestyle choices but queer culture and subjectivity is neither economically nor culturally accessible to many people (Jackson and Scott 2010:89, 131).

My interview style was decidedly open and exploratory, to allow participants to discuss issues of interest and importance to them. In fact, a common precursor to a given topic was 'something I've been thinking about lately', which indicates the relevance of the subjects discussed. Interviews were transcribed and returned to participants so they could identify issues or concerns with the transcription. I then read the resulting texts for common themes. I compared these extracted categories with those I identified through my participant-observation and textual analyses, and from this my analytical categories were derived using a grounded theory approach. Preliminary themes or categories were broad, such as 'attention to consent', 'anti-

assimilationist political motivation', 'emphasis on non-penetrative sex', or 'use of gender-neutral language'; as I amalgamated my three data sources, these themes became increasingly defined and inter-related.

Finally, while not a formal means of data gathering, the copy-editors who worked on this thesis also identify as local queers participating in and familiar with many of the events, parties, and organizations that I reference. I have made some adjustments and reconsiderations based on their valuable input, and could conceivably consider them as two additional participants.

Most interview participants had some connection to community work, sexual health activism, or grassroots organizing. This bias is indicative of who showed interest in the project. It also reflects what one interviewee, Rosie, stated: "I think I also came more into queerness through my time at [a community organization] […] I think some folks definitely don't come [to queer culture] through [sexual health activism], but I'm sure a lot of people do". The linkage between these two worlds does not obscure the 'truth' of the 'typical' queer subject so much as it allows us to grasp a particular "situated knowledge" (Haraway 2008). The connection between sexual health activism and queer subjectivity, and the main themes I identified in my research, are explored in the next chapter, which offers a more descriptive account of how safer sex is located within Montreal's radical queer scene.

2 INHERITED ANGER, INHERITED STRATEGY

Locating Queered Safer Sex

It could be said that current-day queers have inherited a sense of ownership around sexual health activism. Using interview excerpts and field notes, the current chapter develops this phenomenon. I pay special attention to how a tendency towards kinky sexual practice and consensual non-monogamy results in a high presence of safer-sex materials in queer spaces. However, this availability does not necessarily correlate to universal usage, a topic to be troubled in Chapter 3.

Ownership:

The term 'queer' as a reclaimed political identity emerged largely within the context of HIV/AIDS activism in the 1980s and 1990s[23] (Shneer and Aviv 2006:94). Annamarie Jagose (1996) argues that it was the AIDS epidemic that both "necessitated and nurtured" the development of queer identity and activism for a number of reasons: AIDS troubled the "status of the subject"; sex education's focus shifted from identities to practices; AIDS was misrecognized as "a gay disease", engendering "homosexuality as a kind of fatality"; coalitional politics "reth[ought] identity in terms of affinity rather than essence"; it was immediately necessary to "resist dominant depictions of HIV"; and people were "rethinking […] traditional understandings of the workings of power" (94). Montreal's present-day queer communities have direct links to the HIV/AIDS epidemic of the 1980s and 1990s, and they draw from the important groundwork laid by activist responses of that era. As Emma said, "I think that queer communities do come out of and really look back on AIDS activism as a huge inspiration".

[23] I do not wish to imply that oppositional LGBTQ identities and politics only emerged in the 1980s and 1990s. Certainly there have been anti-assimilationist movements among various sexual 'minorities' prior this era (Shneer and Aviv 2006:92-93); however, assimilationist and reformist positions now seem to be more polarized as institutional rights are increasingly sought and won.

Early HIV/AIDS activism is largely responsible for the current funding structures and priorities of Montreal LGBTQ community groups, which contributes to how queers feel a sense of connectedness to safer-sex issues. Marlo, who acted as executive director of *Head & Hands* from 2004 to 2011, noted:

> If you look at where funding has come from for a lot of non-profits in Montreal that do identify as queer positive or working with queers, or by and for LGBT or questioning youth, the funding has traditionally been attached to public health and HIV prevention, and suicide prevention, and all that jazz.

Alex expanded on these connections by suggesting that such a funding structure leads queer youth to be confronted with safer-sex materials more often, and so they are more familiar with them than are straight youth. Chris evidenced this normalization of safer-sex materials and practices:

> I think when [HIV is] something that's been such a huge part of your community's life over the last 30 years, it's gonna alter the community norms, right? […] People have just put a lot of work into creating a culture of 'let's go get tested', where it's a normal part of life that you have safe sex and get tested or whatever. […] I think a lot of it has been like completely conscious cultural engineering.

Inspired by early HIV activism, some queers suggest that safer sex is 'our' issue, and this sense of ownership gets attached to or transferred onto safer-sex materials themselves. Audrey suggested that "[people in] the queer community […] were the source of agitation for better healthcare, for attention, for, y'know, speech around HIV at the advent of the epidemic, and so there's sort of a sense of ownership for protection materials". On a more personal level, Rosie stated that:

> safer sex and being able to make choices around your own sexual health and having the information to do so is tied into having, like being able to assert who you, what your sexuality is, in a way. And that can be very political

> when you're queer. […] Because we still live in a fucking mega-heteronormative, gender normative culture and world.

Condoms get directly linked to this politic, as Rosie indicated: "I've known my queerness for a long time, and for a long time carrying around condoms has been associated with that for me".

Some scholars suggest that condoms continue to be linked to stigma and a begrudging sense of responsibility (Lipton 2005), or that "the sight of a latex condom can still provoke negative reactions from conservative viewers" (Scott 2005:218). Whether or not it is the case that protection materials put heterosexuals ill at ease (there is certainly evidence to the contrary, as condoms and their corresponding promotional campaigns are found in non-queer-specific venues without engendering much controversy), the construction of an oppositional queer identity is formed in part around a belief that for queers, condoms are celebrated for their symbolic linkage to casual or public sex. For example, "within the queer scene protection materials are fetishized as aspects of casual sex", said Audrey. She continued:

> There's this sort of revisiting the thrill of being public about your sexuality or about sex itself. Every time you come into contact with prevention materials in these spaces, and that for the most part, I think, has been kind of a positive sexual charge that's been associated with prevention materials. And that's part of the fun of having them present as well, is that there's this sort of simmering implicit sexual vibeyness going on.

Kink and Polyamory:

Montreal queer scenes tend to emphasize kink or non-'vanilla'[24] sexual practices. Public displays of sexuality through porn and performance are common. Sex parties like *Against the Wall* feature BDSM[25] equipment and furniture. Fetish aesthetics find their way into party themes and publications. For example, the *Link*, Concordia University's independent newspaper, produces an annual "Queer Issue".

[24] 'Vanilla' is generally used to refer to sex that is not kinky, does not involve eroticized power play, sex toys or fetish, or is in some way conventional and normalized.
[25] Bondage/Discipline, Domination/Submission, Sadism/Masochism

The editors' note of the 2012 edition reads, "this is about embracing desire, being honest about our carnal kinks and letting the freak flags fly. […] In highlighting our kinks, subverting the taboos and celebrating a plurality of sexual desires, we attempt […] to push boundaries and break stereotypes" (Beeston and Ward 2012:3). The connection between queer sex and kinky sex is certainly not definite, but some queer activists, such as Patrick Califia, have argued that "we are not like everyone else. And our difference is not created solely by oppression or biology. It is a preference, a sexual preference" (2000:158). When kink is part of one's sexual life, it may lead to heightened safer-sex awareness. As Mattie stated, "I don't know if people are defined as queer because they have sex that might be super not vanilla [but] it's like, if you're someone who regularly gets fisted you'll be more aware [of sexual risks]".

I mentioned above that current-day queer communities are inspired by and indebted to the work of earlier gay and lesbian sexual health activists. Douglas Crimp (1987) has suggested that the historical presence of kink practices in queer scenes lends itself to safer sex, writing: "gay people invented safer sex […] because we have always known that sex is not, in an epidemic or not, limited to penetrative sex. Our promiscuity taught us many things, not only about the pleasures of sex, but about the great multiplicity of those pleasures" (254-255). Cindy Patton (1996) agrees, arguing that while early safer-sex campaigns focused on introducing condoms to penetrative sex in order to render it safe, the innumerable fetishistic or non-penetrative sexual activities that formed "the source of oppositional gay identity" (106) were ignored, despite the fact that they were always and already 'safe' because they do not involve the exchange of bodily fluids. One could argue that because queers are not presented with the same widely available 'sexual scripts' (socially validated and recognizable ways of 'doing sex'; see Gagnon 2004) as heterosexuals[26], we may explore a variety of practices and be more likely to see how safer sex and kink are mutually productive.

Many people in Montreal queer communities also engage in consensual non-monogamy or polyamory (poly), meaning they may have multiple partners at any

[26] Of course much heterosexual sex is kinky, fetishistic, or non-penetrative, and much homosexual sex can be scripted and repetitive. These authors simply point to a trend that radical sexual politics and practices are often celebrated in queer spaces because those activities are generally marginalized in mainstream spaces in relation to what is considered normative, appropriate, or polite sexuality.

given time[27]. Mattie made this link in her interview: "I think the poly aspect in queer spaces also plays into that [proliferation of safer-sex knowledge]. […] Being poly or having poly be more of 'a thing' or more popular in queer spaces also makes safer sex practices a little more encouraged". Liam compared Montreal to Toronto in terms of the prevalence of these practices:

> Well [the queer community] in Montreal I feel like is yeah, very open relationship, polyamorous, whatever, and that does exist in Toronto, but just not as a dominant culture.
>
> *Valerie: Interesting, do you think that relates at all to the differences in safer-sex materials as a presence?*
>
> Totally. Not a single partner that I ever had in Toronto ever had a box of gloves. I feel like every single person I have ever slept with here has like a box of gloves kicking around, or a bunch of condoms. Yeah, it's very interesting.

Availability of Safer Sex Materials:

"*[Queer culture] kind of glorifies safe sex practices. […] It's built up positive imagery and messages around safer sex, and it seems like it often kind of goes hand in hand with queer culture."* – Rosie

The historical legacy of HIV, the resultant funding structures of LGBTQ organizations, and the emphasis on kink or polyamorous activities leads to a high availability of safer-sex materials in Montreal's queer spaces. In my fieldwork, I often noted bowls of condoms, gloves, lube, and occasionally dental dams, at parties, workshops, and other events. Wandering through the rooms at the *Against the Wall* sex party, I found safer-sex pamphlets at the entrance and saw multiple areas where

[27] Polyamoury emphasizes some emotional investment in multiple partners, and is generally considered as distinct from 'swinging', which tends to involve the swapping of partners in casual heterosexual coupling (Frank 2008:435). One large scale study (N = 126) of people who identified as consensually non-monogamous found that 37% identified as heterosexual, while 63% identified as either bisexual, gay, lesbian, queer, pansexual, or omnisexual (Taormino 2008:338). I do not wish to imply that heterosexuals do not also engage in non-monogamous relationships, as my own research has shown (Webber 2011), but simply that in the case of Montreal's queer communities, non-monogamy appears to be particularly common practice, or at least common knowledge. This may include either having multiple relationships, or a primary relationship and multiple casual sexual partners.

condoms, lube, gloves, and cleaning wipes for furniture were available. As I sidled up to the table at the *AIDS Action Now!* fundraiser, *No Pants No Problem*, drawn by the "HIV Is Not A Crime" t-shirts for sale, I saw multiple boxes of condoms, gloves, and lube. Journeying into *Bike Smut*, a screening of queer bicycle-themed pornography, I contemplated the one-dollar condoms for sale under a sign that said, "like a helmet, but for your penis!" As I paid my five-dollar/pay-what-you-can fee to attend the *Queer Ass Punk* dance party, I noticed a discreet bowl of condoms (mixed in with candy) at the door and on the corner of the bar. Meandering through the *Queer Between the Covers* book fair, I saw some tables selling lube, sex toys, vegan condoms, and safer sex pamphlets. Even at the non-queer-specific small-press festival *ExpoZine*, *Lickety Split*, a 'pansexual smut zine', had a table with condoms available, with or without purchase of the zine.

Those I spoke with generally noticed a high presence of safer-sex materials in queer spaces. As Emma said of "any rad queer collective organized thing": "it's like someone calls someone to get the packages and it's almost this iconic thing where you don't even need to see the condom, you just have to see the Ziploc bag to know that that's there". Similarly, Mattie noted that if "you go to *Faggity Ass Fridays* in Montreal, or like *RQS* or any of the more radical queer events, they will have bowls of condoms at the door and the bathroom and everywhere". Regarding sex parties specifically, Chris said, "I mean pretty much everybody has a basket of condoms, a bunch of those little packets of lube that nobody uses [because they prefer different brands]". He also mentioned another form of safer-sex promotion, "HIV testing parties", "where the whole point is you go and you get tested and you hang out with your friends".

Interestingly, those participants who worked the most directly in condom and glove distribution were the least convinced that safer-sex supplies are ubiquitous in queer spaces. Felix, who works in community health, said, "I don't get a sense that there's a lot to do with prevention and community health going on out there, like I haven't really heard too much about it out there. But I think the queer community does have the tools to get there because we are good at fostering discussions". Similarly, Liam lamented, "I feel like if I don't bring it, then it's not there". However, later he did concede, "I feel like [safer-sex materials are] obviously way, way more

present in the queer community than in the hetero community. I've never seen a condom dispenser in a hetero bar"[28].

Availability is important because it plays a crucial role in forming the norms of practice in a given place. When I asked Emma how safer-sex skills are transferred, she pointed to availability:

> For me, it's whether trends in the community, like person-to-person trends, are there. Like I remember coming, like in Vancouver I felt like gloves were way less present than here. I feel like gloves are really present here. You know, when I came here and started having sex with people, they were always using gloves and so I started using gloves. But out West I wasn't necessarily using gloves.

However, availability alone, even when influenced by a sense of ownership around protection materials, a historical identification with the HIV epidemic, and kink or poly relationships, does not automatically lead to a high use of barrier methods, the traditional scope of what constitutes 'safe sex'.

Safer-Sex Materials in Practice

The term '*safer* sex' is generally preferred to 'safe sex' in Montreal's queer community. The use of 'safer' rather than 'safe' has a number of purposes. First, it implies that even the most stringent of barrier methods are not foolproof inasmuch as barriers may break, and certain STIs such as HPV or herpes can transmit via skin not covered by condoms or dental dams. Second, 'safer' sex encompasses a larger breadth of harm-reduction techniques that can be placed along a spectrum of risk, with some activities being safer than others, but not necessarily the 'safest'.

That 'safer' sex is most actively promoted was somewhat troubling to Ruben because of the term's vagueness: "It's so weird, the 'r' in safer. A lot of people in the

[28] Liam is referring to the availability of free condoms; many Montreal bars and clubs not marketed towards LGBTQ clientele do feature condom vending machines in the washrooms. Other cities have made free condoms more widely available to the 'general' public, notably New York, where the Department of Health and Mental Hygiene has gone so far as to create and brand its own 'NYC' condom (Chan 2007).

queer scene are now using saf*er*, which is making reference to risk reduction. […] But at the same time it's vague. […] We added an 'r' in our community but there's no like 'welcome to the queer community, we put an 'r' here and this 'r' means this'". It is interesting that on the contrary, Chris *did* feel that part of being welcomed to the queer community, at least when done through an organization, involves such pedagogical moments:

> As soon as we start making contact with other queer people, we take up that culture in some way, and that's what it was for me. I went to [a queer youth group], and there's the big basket of condoms, and somebody comes in to talk about safe sex, and there's pamphlets and learning about it. […] The sort of cultural norms around, that safe sex was just this really routine thing and getting tested's this routine thing and whatever, that all came out because I was in a queer youth organization.

Chris's mention of testing as part of 'safe sex' refers to the scope of harm reduction beyond barrier methods. What other forms of harm reduction are Montreal queers using? Often, the safer-sex practices participants used involved a complex negotiation of desired activities, activity risk, barrier availability, and partner preferences. Quite simply, as Mattie put it, "whether it's a barrier method or abstinence from certain activities, [safer-sex practices] are things people do to help them feel good about their relationships".

Feeling good about relationships and sex is certainly not reducible to avoiding STI risk. As Felix said, "you can make all sex safe, but at the same time the pleasure that you derive from sex is not just based on whether or not there is a like, blah blah blah percentage possibility that you're gonna get an STI, you know?" Multiple harm-reduction strategies are employed that may not involve barrier methods, but which may reduce risk of STI transmission as well as increase pleasure for the people involved. For example, lube reduces friction, limiting the microabrasions in mucous membrane tissue that offer entry points for STIs. "One thing that people don't really talk about", said Mattie, "is lube being an amazing prevention method for contracting STIs. […] So that's something I use a lot of regularly". Lube is also a sensation enhancer; clearly an 'ethics of pleasure' informs safer-sex choices.

STI screening was also held up as a normalized safer-sex practice for queers. As Chris expressed, when saying that queer youth are exposed to more safer-sex messaging than straight youth:

> To be quite honest I think that straight people in general are at a disadvantage. I mean, you've never seen so much pearl clutching[29] than a straight person who's like, 'oh shit, I have to have an STD[30] test'. It's like this giant trauma. […] But gay people are like *[nonchalantly]* 'yeah, I'm gonna go get my STD test'. Fuck, I had a date with a guy where I was like 'let's go get an STD test'. […] So like, to a certain extent there's just a little bit more realism about the whole business.

Some participants' safer-sex strategy involved avoiding higher-risk activities. In discussing why she does not like using dams, Emma said that:

> To be perfectly honest within the scene of women having sex with women, or like female spectrum people or even like queer, like basically queer people of any gender who are having sex with people who have vaginas, essentially, like that whole ball of wax, it's like, I don't know that many people who actually use dams at all. You know what I mean? Because they're awful. They're an awful product, they work terribly, like, I've never heard anyone praise dental dams in my life. So I feel like essentially […] the casual sex that's happening is sex that mostly involves toys and hands and not necessarily mouth to genital contact. […] There are so many other things that you can be doing that are really fun and you don't necessarily need to go down on somebody for it to be a fun sexy time.

[29] An expression that evokes the clasping one's hands to one's chest, as if protecting an imaginary pearl necklace.
[30] Sexually Transmitted Diseases, the common acronym used before 'STI' became the norm. 'STBBI' is now found in some materials, referring to 'sexually transmitted and blood borne infections', to further encompass hepatitis C, as it is typically transmitted through shared drug, tattoo, or other types of needles rather than sexual practices.

In speaking about sex parties, Chris also brought up activity choice as a harm-reduction method, but argued that it may have more to do with convenience than anything else:

> There's also the matter of choosing sexual techniques that are less high risk. And sometimes I get the feeling that it's not even just that they're less high risk, it's just they're less *complicated*. Like, you know, if you're at some sort of sex party right, and you want to fool around with somebody, if you're a gay boy, you're probably just gonna suck him off or like jack him off or whatever. And most of you guys are probably not even gonna butt fuck just because it's more complicated.

Using lube, getting STI/HIV tests, and making choices around sexual activities are all named here as safer-sex techniques. However, given the high volume of barrier methods available, I wanted to find out more specifically about how these items are used, or why they are not.

Materials in Practice – A Closer Look

I am standing in line on the steep, precarious stairway of *Cabaret Playhouse*, a bar on Parc Avenue. The stairs are full of excited, glittery queers awaiting entrance to *Faggity Ass Fridays*. As I enter, I look at the table decorated in signage stating the pay-what-you-can entrance fee, the non-oppressive policy, and rules for volunteers to not presume gender pronouns or what safer-sex supplies individuals might need, supplies made available by the bucket-load on the far side of the table. The underside of my wrist is marked with an ink stamp; it reads "Adorable".

Faggity Ass Fridays is a monthly queer dance party that raises funds for the *Sense Project*, a peer-education sex-ed initiative of youth organization *Head & Hands*. It has firmly established itself as a key player in Montreal's queer nightlife. During multiple visits in the winter and spring of 2012, I tried to observe if people were actually taking safer-sex supplies from the table. Generally, I only saw a few folks accessing them. After discussing my project with the organizers, I volunteered to work the table one evening in April 2012 in order to get a more intimate look at how

people interacted with safer-sex supplies (and to avoid lurking around the table like a creep). I presumed that, due to their ubiquitous presence and the efforts to destigmatize and normalize safer sex, people would unabashedly be grabbing them by the handful, but this did not prove to be the case. At no point in my hour-long shift did anyone take a condom or glove, although one attendee, who was a friend, did ask if he could have some, nervously laughed in his characteristic high pitch, and continued on into the bar empty handed. I wondered if my knowing some of the partygoers was skewing their comfort around accessing the materials next to me, and then wondered how condoms could still evoke such nervous laughter in a community that supposedly glorifies safer sex.

The absence of people procuring safer-sex materials may have been because I was working the early 11:00 p.m. to midnight shift. I say this because during another edition I had asked one of the table attendees if many people took materials from the bowls. "You can have some, take as many as you like", she insisted, yelling over the pounding dance music. After finally understanding my question, she said that the longer the evening went on, the more people took things, presumably on their way home for use with a recently acquired partner. Some interviewees suggested that people do not want to stockpile condoms on their person while trying to dance in skinny jeans (if only fanny packs still enjoyed the brief renewal of popularity they had in the mid-2000s!), and so this fashion-related contingency made sense. It is also possible that people have other preferred brands at home (most free condoms are LifeStyles brand, and the lube is generally the kind one finds in a doctor's office), that they stock up on one occasion and do not acquire more at each event, or that they do not have a kind of sex that would involve condoms. As for gloves, tugging them from the bulk box tended to elicit a cascade akin to a clown pulling scarves from their sleeve, and with no plastic baggie to keep them sterile, this may also have influenced people's choice not to partake. Finally, and often overlooked, some queers are simply not having sex and have no need for protection materials.

Intrigued but with no clear answer, I asked Ruben, who has been involved in much party and festival planning, if he felt people were actually taking any of the supplies available at the city's many queer events. His response was interesting:

> Eh *[unsure]*, people are taking them. The thing, I think, is people are taking them to not be impolite with their friends. I don't know if people are using them; that's the thing. Because yes they get taken, but a lot of people that I know are like, 'oh I don't use them. But I like to have them'. […] Like a lot of people that I know that don't like using condoms, usually they don't use them with their regular partners. But they like to have them just in case. 'Cause it's better to have them and not use them than to need them and not have them.

The above suggests some logistical and temporal reasons that people may not acquire safer-sex materials at events, and that materials that *are* taken do not necessarily get used. Why? Regarding gloves, Mattie said:

> I will only really wear gloves while penetrating someone with my hands if that person wants that safer-sex practice, but it's not something that I will do on my own. Because I don't feel like it, is what it comes down to. And also fingering and stuff, I don't feel like they're big enough risks to warrant that level of protection. I had a previous lover who always used gloves in their practice, and their reasoning behind it is they bite their fingernails, and so they constantly have tiny cuts on their fingers. […] And they're also poly, so that's just something they do. […] I don't want to say that queers are overreacting about safer sex but it's also like, the risk of transmitting some things isn't actually that high.

Dental dams were singled out as a product that enjoyed little usage. Mattie articulated the general consensus: "I've never used a dam because they're kind of awkward", and for this reason Emma stated bluntly that they are "an awful product". Both Mattie and Sophia did point out that they might be more likely to use dams if they were more widely available (generally they are hard to find, and cost one to two dollars apiece, but dams may also be crafted by cutting open condoms or gloves) because if more easily accessible, they could gain confidence in having the skills to use them effectively without reducing pleasure too greatly.

Despite the seeming lack of interest in using dams, one campaign initiated by the *2110 Centre for Gender Advocacy*, the *Dam It! Project*, is conducting dam distribution and a corresponding survey, with the goal of lobbying *le ministère de la Santé et des Services sociaux* to fund the provision of dams as they do condoms and gloves. This project exemplifies how "the label 'at risk' is also a resource. […] Used as a self label [it is] a means of procuring health resources" (Owczarzak 2006:421). Emphasizing STI risk through oral sex is thus used as a means to secure funding for the protective measure of dental dams. Considering that the availability of a product informs sexual trends, the *2110 Centre* initiative is aimed at familiarizing people with a means of having protected cunnilingus and anilingus in order to reduce relevant STIs (particularly herpes and HPV). However, another key to understanding their project lies in one of their stated goals: to promote a "less phallocentric conception of sexual health" (as stated by the project coordinator, Gabrielle Bouchard, during a public presentation of the initiative at Concordia University, November 21, 2012). In this sense, the issue of actual foreseeable dental-dam usage is secondary to the larger political aim of having non-penile sex acknowledged. In a sense, it is as if risk and safer sex are being deployed as a means to make non-penetrative sex recognized *as* sex, rather than disregarded as 'mere' foreplay. 'Risk' here is a different kind of resource, almost a rite of passage, towards having one's sexual play and corresponding sexual identity validated. Sophia points towards this sentiment as she notes the contradiction within her own safer-sex practices, saying, "it's funny that I am really outraged when a doctor tells me that there's a low risk of [transmission through having sex with other cisgender women] but I definitely have internalized the same idea when I'm having sex".

It is not altogether alarming that cisgender women who have sex with other cisgender women (WSW) often see themselves as at low risk for STIs. Literature suggests that many WSW do not engage in safer sex practices such as washing hands, using gloves, or cleaning shared toys. This is in large part because WSW are often omitted or ignored by mainstream sex education, leaving them unaware of relevant risks or prevention methods (Kaestle and Waller 2011; Marrazzo et al. 2005; Power et al. 2009). That said, it is also true that some WSW practices such as oral sex on a

vulva and the use of fingers for penetration do in fact pose a lower risk for certain STIs and HIV than penetrative forms of sex with shared toys or with penises.

Sophia points to another contradiction: "I have never ever met a lesbian who uses dams. And I will promote them to the high heavens but personally I don't like to use them either". Queer people are promoting safer sex, and engaging in various styles of safer sex using harm-reduction methods, but are not necessarily always using barrier methods, which generally form the core of safer-sex education. It is this issue of 'contradiction' that I turn to and trouble in Chapter 3.

3 REFIGURING RESPONSIBILITY

Erasing the Lines in the Sand

In Chapter 2, I discussed how Montreal's queer scene is inspired by early HIV activism and how this influence, coupled with queer practices of kink and polyamory, makes safer-sex products widely available but not necessarily used. Is this disparity between 'theory' and 'practice' truly a contradiction? Are there other ways to understand this seeming incongruity? This chapter seeks to identify emergent possibilities, or possible emergences, that offer a different reading. One event provides an illustrative entry point.

On February 7, 2012, a protest against the criminalization of HIV[31] was held at the *Palais de Justice* in Montreal (home to the provincial and superior courts of Quebec). One young protester held a sign, created by artist Mikiki in collaboration with Toronto activist group *AIDS Action Now!*, reading "I party, I bareback[32], I'm positive, I'm responsible". When a photo of this appeared on *ACCM's* Facebook page, it caused a flurry of controversy (84 comments in two days[33]). The discussion often took the form of older activists suggesting that younger queers were disrespecting the tireless work they had done promoting condom use. The dissenting tone evoked a number of troubling assertions: support for criminalization against 'irresponsible' HIV-positive people, 'slut shaming' (denigration of people with or perceived to have multiple partners), sentiments that people 'now' should 'know better', and a pitting of 'smart' sex against selfish, radical, or 'stupid' sex. The poster in question was intended to incite discussion about the shifting terrain of 'responsible' sexuality in the context of new biomedical evidence supporting

[31] Criminalization of HIV non-disclosure and transmission has existed in Canada since 1998 (Adam 2005:336), but the law was revisited and fortified in the aforementioned 2012 Supreme Court decision and is newly contested as a key focus of Canadian activist efforts.
[32] 'Barebacking' generally refers to unprotected anal intercourse between cisgender men, but could conceivably indicate any unprotected, barrier-free sex.
[33] www.facebook.com/ACCMontreal?ref=ts&fref=ts

medication-based ways to reduce HIV transmission (the aforementioned 'Swiss statement'). As some of the supportive Facebook comments argued, relying upon a simplistic 'no glove, no love' edict encourages stigma and creates hierarchies whereby 'deviant' queers are positioned as potential contaminators if they choose not to have barrier-based safer sex and thereby constitute a menace to public order. In an interview about the poster campaign, *AIDS Action Now!* member Alex McClelland stated, "reaffirming our sexualities as people living with HIV is a political counter to the reality of us being criminalized. They don't want us to claim our sexuality; the state doesn't want poz[34] people to do that" (Valelly 2011).

In the Chapter 1 discussion of public health as a vector of control, I mentioned the increasingly individualized focus of health campaigns, particularly among those regarding sexual health. This move, Barry Adam (2005) argues, is in keeping with a widespread trend away from welfare-state forms of government towards a more austere, neo-liberal state that treats its subjects as autonomous entrepreneurs. As such, Adam feels that "barebacking discourse displays a remarkable consistency with the leading contemporary strands of moral reasoning circulating in advanced industrial societies today" (334) because:

> bareback sex is justifiable through a rhetoric of individualism, personal responsibility, consenting adults, and contractual interaction. Used to being part of networks of men who are already HIV-positive, those who employ the language of barebacking typically presume that prospective partners will be 'in the know', that is, they will be fully knowledgeable about HIV risk, they will be adult men capable of making informed choices and of consenting after having weighed all relevant risks, and often enough they will be HIV-positive themselves. Few, if any, actually insist on unprotected sex; they are nearly always willing to respect partners who prefer to use protection. But if a condom is not produced by a new partner, there is a ready-made explanation applied to the sexual interaction that allows unsafe sex to occur. [339]

[34] HIV-positive.

Adam's scenario seems to imply that both subjects in a given encounter are weighted with and equally accept responsibility for their role in safer-sex negotiation. Public health and criminal law do not, however, divide responsibility equally in the same manner. In writing about criminalization, Mark Davis (2008) states that the onus of "correct governance of sero-(in)equality" (188) is placed upon the HIV-positive potential infector, who is read as a sort of "unruly individual", engaging in "a denial of civic duty or a 'shrugging off' of obligation" (183). In this way, legal and health policies summon a dichotomy between what Charles Briggs (2003) calls the "sanitary citizen" and the "unsanitary subject". "Sanitary citizens" are those who a) "conceive of the body, health, and disease in terms of medical epistemologies"; b) "adopt hygienic practices for disciplining their own bodies and interacting with others"; and c) "recognize the monopoly of the medical profession in defining modes of disease prevention and treatment" (288). In contrast, the "unsanitary subject" dismisses these three rules of governance[35]. To deal with these 'irresponsible' unsanitary subjects, criminalization of HIV non-disclosure:

> constructs PWAs [people living with HIV/AIDS] as the 'risk' and the 'problem'. It is defined as *their* responsibility not to engage in 'risk' activities, even though the vast majority of HIV transmission occurs from people who have no knowledge they are HIV-positive, or are ignorant of how it is transmitted. [Kinsman 1996:394-395]

Criminalization laws are presumably intended to deter HIV-positive people from infecting others, as if it were their desire and goal to transmit the virus. Great anxiety surrounds even the slightest implication of HIV-positive people having unprotected, transmission-enabling sex with HIV-negative people, and exaggerates the actual risk of unprotected sex. While viral load, existence of STIs, and other factors influence these numbers, the risk of transmission per act of unprotected receptive anal intercourse is 1.7 percent; for unprotected vaginal intercourse it is 0.4 percent and 0.8 percent, respectively, for the penetrative and receptive partner

[35] Such subjects are, in addition, often constructed through racialized and gendered discourses that paint, for example, black men as particularly 'monstrous' and white women as 'innocent victims' in heterosexual cases of HIV non-disclosure (Persson and Newman 2008).

(Canadian HIV/AIDS Legal Network 2012b). This anxiety is vindictive and misplaced. Regarding the 'bareback'-identifying gay men that Adam (2005) studied in Toronto, he writes:

> It must be stressed, against the panic icons of barebackers and bug-chasers[36] circulating in the press and in popular discourse, that none of these practices nor the moral reasoning associated with them, overtly intend HIV transmission to happen. No one in this study expressed any willingness or acceptance of the idea of knowingly infecting a partner. [341]

I too want to stress that, perhaps aside from the *extremely* rare occasion, HIV-positive people do not have a malicious desire to infect others. HIV/AIDS activists protest criminalization not because people want to spread the virus with impunity but because criminalization is an ineffective means of lowering transmission rates and unduly stigmatizes and burdens HIV-positive people. The placing of *blame* is rejected, not the idea of prevention itself (Davis 2008:186). In Persson and Newman's (2008:641) review of the subject, they summarize that criminalization only serves to:

a) "exacerbate the stigma already associated with HIV" (Dodds and Keogh 2006: 316–317);
b) "create fear and paranoia among those who are infected" (Bernard 2007);
c) "deter disclosure to sexual partners, […] deter people from being tested for HIV, and […] negatively affect trust and honesty between patients and service providers" (Lowbury and Kinghorn 2006, Tan 1999, Power 2007, Weait 2001); and
d) "contradict the public health message that both partners are responsible for sexual health. Prosecutions may well create a false sense of security that the law, rather than safe sex, will protect people from HIV" (Tan 1999, Galletly and Pinkerton 2006, Worth et al. 2005, Bernard 2007).

The inflammatory presumption that anyone barebacks with virulent intent is one reason I originally wanted to avoid engaging with the literature on barebacking.

[36] Adam is referring to men who have sex with men that purposefully seek out HIV contraction, often in an effort to 'get it over with' if they feel infection is inevitable. The actual prevalence of this phenomenon is hard to confirm.

Ethnographically speaking, very rarely did the idea of intentional barebacking come up in interviews, nor did I find a deliberate, explicit bareback culture within Montreal's radical queer subset, at least not in the same way it has been described in certain gay bathhouse cultures. Adam (2005) also feels "barebacking discourse [in Toronto and San Francisco] is not typical of the overwhelming majority of seropositive men, nor certainly of men who have sex with men in general" (338). In addition, barebacking, as this gendered language shows, is primarily associated with gay male culture. The queer scene of Montreal, however, is composed of various genders and sexualities, many of which are typically ignored in *any* discussion of HIV (such as cisgender WSW). One of the difficulties in studying such a heterogeneous group is that much of the literature on HIV has focused on gay or MSM specifically, and I have admittedly used some such texts here indiscriminately. The significance of the Montreal queer community's mixed composition, with its varying biological risk factors as well as differences in the stigma of socially presumed risk factors, is that it wedges open a space to complicate forms of solidarity. This space lends itself to one way of portraying what is going on in Montreal's queer approach to safer sex. It is well-documented that lesbians played a key supportive role to gay men during the initial HIV epidemic in North America (Weissman 2011); nevertheless, current organizing does seem to indicate a shifting ideological foundation for this solidarity, as the generational undertones of *ACCM*'s Facebook controversy implies.

What I would like to suggest is that current queer organizing in Montreal aims to further diminish the divide between 'sanitary' and 'unsanitary' subjects, to move the onus of blame away from HIV-positive individuals, and to encourage the autonomous choice of all sexual subjects regardless of STI or HIV status. One way to frame this project is in thinking about how the 'individual' actually plays out in the increasingly neo-liberal approach to public health: without the rubric of a dependable welfare state to care for citizens, more than requiring that individuals assume the responsibility of protecting themselves, it requires infected citizens *to protect others*. Like the now-ubiquitous hand-sanitizer stations found in the entrances of public buildings, this approach to public health is more about not bringing 'your' germs *in* than it is about eliminating 'their' germs on the way *out*. In essence, such individualization privileges the 'whole' or the 'greater good' before the right to

individual self-determination. I would like to argue that Montreal's queer scene makes room to privilege the autonomous individual, not for the 'greater good' but with an anarchistic aim towards solidarity for a common liberation, whatever form liberation takes for each person. This differs from Adam's (2005) hyper-individualized reading. While neo-liberal philosophy sees individuals as inherently competitive and selfish, anarchist theories see the human as good and caring given the right conditions. As influential anarchist Mikhail Bakunin (1871) wrote, "the individual consists precisely in this; that he [sic] does good not because he is forced to do so, but because he freely conceives it, wants it, and loves it" (http:// www.marxists.org/reference/archive/bakunin/works/1871/man-society. htm).

This more anarchist approach to solidarity among Montreal queers is illustrated in a number of ways that will be developed throughout the remainder of this and the following chapter: a) valuing foremost the creation of supportive spaces, b) bringing the state's role in ill-health under scrutiny, c) widening the scope of what actually constitutes 'risk', and d) not placing protected and unprotected sex in opposition. The ethic of choice, autonomy, and self-determination mobilizes a common queer front against a number of social ills: stigma, state policing, and other forms of oppression experienced by all queers, whether or not they be gay, lesbian, trans*, bisexual, marginalized heterosexuals, racialized people, drug users, and so on. With a goal of radical community building, the emphasis is on not marking lines in the sand between 'responsible'/'sanitary' and 'irresponsible'/'unsanitary' queer sexual practices. If queer politics are in part a response to the divisions created by mainstream gay lobbying, which disowns queers who impede their goal of acceptance and assimilation, it follows that an unconditionally unified front is the preferred means to attain widespread sexual liberation.

The Problem with 'Knowledge'

Returning now to the above discussion of safer-sex *promotion* being more prevalent than safer-sex *practice*: some would suggest that this seeming contradiction reveals some discordance between an individual's 'Knowledge, Attitudes, and Practices' (KAP). Since the 1970s, studies of health-related behavioural choices have

most commonly used surveys of a population's KAP concerning a particular health issue; this model holds particular prominence in sexual and reproductive health studies (Hausmann-Muela et al. 2003:3, Launiala 2009:1). The rationale behind KAP surveys, as one implementation guidebook puts it, is that "*the obstacle to change may be a lack of knowledge* […] Focusing on knowledge and attitudes of the respondents, these questions are intended to identify *key knowledge, social skills, and know-how* commonly shared by a population or target group about particular issues" (Médecins du Monde 2011:5). For any given health concern, the KAP model purports to uncover the extent of biomedically accurate *knowledge* held by a population, their *attitudes* (which "result from a complex interaction of beliefs, feelings, and values", Hausmann-Muela et al. 2003:4) towards the health issue, and how knowledge and attitudes influence their *practices* around prevention and treatment of the issue. However, surveys provide dubious attitudinal information, since direct questioning tends to elicit answers aligned with the presumed 'correct' attitude rather than respondents' actual feelings (Hausmann-Muela et al. 2003:4; Launiala 2009:4). In any case, researchers often leave out results regarding attitudes from their reports for fear of generalizing too broadly (Launiala 2009:4). KAP is therefore ill designed for obtaining reliable attitudinal information, particularly around sensitive issues, such as sexual practices, where 'beliefs, feelings, and values' play a key role but where perceived stigma and morality could greatly skew the data (Launiala 2009:9).

Aside from the issue of providing questionable information on attitudes, the main problem inherent in KAP studies is their assumption that an increase in accurate knowledge around risk, illness, and prevention automatically maps onto the uptake of risk-reductive practices. For this reason, many social scientists have critiqued the KAP approach to studying health practices (e.g., Hausmann-Muela et al. 2003; Launiala 2009; Erickson 2011). Models focused on behavioural change presume knowledge changes behaviour, without considering external or emotional factors such as structural barriers, stigma, or the "lack of a culturally sanctioned language with which to discuss sexual health with partners", even when knowledge of risk is high (Pliskin 1997:89). KAP models may ignore the reality that choices are contextual, and are not made with total agency or according to 'rational' decision-making processes. Simply put, "knowledge is just one element in a broad array of

factors which determine health-seeking behaviour"; therefore "KAP surveys yield highly descriptive data, without providing an explanation for *why* people do what they do" (Hausmann-Muela et al. 2003:4). In light of these restrictions, Pamela Erickson (2011) argues that "if there were ever a topic in need of an anthropological perspective, it is sexuality and reproductive health". She continues:

> For too many years, the field of public health has gone unchallenged in applying an epidemiological method to understand sex and reproduction within a rational model of individual health behavior, […] or prevention strategies for STIs and HIV/AIDS and unintended pregnancy without fully recognizing the highly emotional and often contested individual interpersonal behavior associated with human sexual relationships. [271]

In her critique, Erickson points to two common models of public health inquiry that do try to step further into the 'why' of health-relevant behaviour choices: the *Theory of Reasoned Action* and the *Health Belief Model*, which Hausmann-Muela et al. (2003) agree are "probably the most utilised models from social psychology" in public health studies aimed at predicting behaviour (9). I summarize the two models as follows:

The *Health Belief Model* focuses on a person's: perceived vulnerability and severity of an illness; readiness to be concerned about health; perceived benefits of prevention or treatment, and perceived material and psychological barriers to these actions; internal and external influences upon actions such as one's symptoms and existing health campaigns; and finally, upon socio-demographic and personality variables (Hausmann-Muela et al. 2003:9-10).

The *Theory of Planned Behaviour* or *Theory of Reasoned Action* model looks at behavioural intention, developed and used mainly in HIV/AIDS research, and focuses on a person's: attitudes towards behaviour, with the assumption that behaviours have concrete outcomes that are then evaluated and valorized; subjective views of how others perceive their behaviour; perceived potential success of and access to supporting resources for behavioural change; and again, socio-demographic and personality variables (Hausmann-Muela et al. 2003:11).

As these models suggest, "many of the pressing contemporary questions in sexual and reproductive health are related to the non-rational (from the health

professional's perspective) choices people make" (Erickson 2011:278). These models do attempt to locate choice beyond its 'direct' relationship to knowledge, but continue to assume that behaviour change is correlated to choices based on rational decision-making algorithms, provided the required knowledge is present.

Rational choice models are derived primarily from economic and political theory, and align well with neo-liberal philosophies of responsibilization because they presume individuals act on the basis of self-interest, are goal-oriented, and weigh the odds so as to maximize their own gain in risk situations (Boudon 1998:818). This concept of rationality has been used to justify government involvement in the sexual lives of citizens. Eva Pendleton (1996) argues that HIV evokes, "a false dichotomy between 'the specter of governmental involvement in gay sexuality' on the one hand and 'the specter of a permanent epidemic'"; the presumption follows that "the lesser of two evils, according to any 'rational person', is government regulation" (376).

In an early feminist critique of *Rational Choice Theory*, Paula England (1989) writes that the theory "assum[es] and glorif[ies] a separative self" where "separation [is] revered and connection deprecated" (15). The idea that people are purely rational decision-makers constructs "a false dichotomization of reason and emotion" (21), presuming that emotions have only a corruptive effect on otherwise rational decision-making as opposed to being part of the process. Considering that "sex is something that connects you with other people", as Felix said, such a detached separative model is hard to meaningfully apply to sexual decision-making. Sex can be a highly emotional venue, so approaches to understanding sexual choices must allow for the reality that "pleasure escapes rationalistic reflexivity" (Davis 2008:191), without going so far as to romanticize the notion that sexual actions are based purely on an atavistic and uncontrollable 'sex drive' (Boyce et al. 2007:8).

The social sciences tend to address sexual decision-making as neither compelled by libido nor rational self-preservation, however within public health there have been few attempts to produce interventions that account for people's 'irrational' sexual behaviour (Erickson 2011:282). Whether or not public health recognizes this failing, "most prevention programs continue to rely on rational choice models for individual behavior change that assume people have the agency and capacity to

achieve the desired behavior within the context of their sexual behavior that generally involves two or more individuals" (Erickson 2011:271).

Erickson's mention of 'agency' and 'capacity' is key. Ignoring the impact that structural barriers and other systemic issues have upon the capacity to make healthful decisions may lead to discourses of blame. Particularly in places with universally funded healthcare (like Canada), people who make 'bad' choices are seen as damaging the collective whole by not acting 'rationally'. Health initiatives founded on 'reason' without attending to 'capacity' fail to address "the political and economic necessities that impinge on sexual behavior" (Erickson 2011:283). In Chapter 1, I noted that frameworks such as the 'social determinants of health' have gained greater recognition among public health philosophies; nevertheless, theories of agential rationality still dominate underlying presumptions about decision-making.

Exceptionally, public health does acknowledge social obstructions that limit decision-making when promoting 'harm reduction'. This model of care seeks to reduce the risk of high-transmission activities rather than deter people from them outright. It acknowledges that structural, monetary, and relational barriers circumscribe people's preventative choices. Harm reduction, in practice, may involve programs such as needle exchanges and safe injection sites, or messaging that offers a spectrum of safer-sex tactics besides barrier use, such as using lube, serosorting[37], or strategic positioning[38]. Often these models lack political traction and approval, as they are seen to condone 'irresponsible' or 'immoral' behaviour, and because they point to the structural failings of the state that unevenly affect some individuals.

Moving Past 'Health'

One of the glaring absences, even in more holistic approaches to health behaviour like the *Theory of Reasoned Action* or the *Health Belief Model*, is the role of history and political motivation in shaping people's health choices. To address this absence, critical medical anthropology emerged in the early 1980s, attempting to alert public health to the fact that in addressing health concerns, we must look to social,

[37] Selecting sex partners based on having the same HIV status, whether positive or negative.
[38] In serodiscordant anal intercourse, placing the HIV-negative person in the lower risk insertive position, and the HIV-positive person in the receptive role.

economic, and political contexts. Importantly, "in the arena of sexual risk, critical medical anthropologists raised important questions about the role of power and inequality in the health disparities rapidly documented worldwide in the wake of HIV/AIDS", including the "effects of policing practices" as well as structural, gendered, and economic factors (Erickson 2011:278-279). In an examination of fictional and autobiographical works written by gay men from the 1960s to 2000s, Michele Crossley (2004) offers "an understanding of gay men's unsafe sexual practices as a kind of symbolic act of rebellion and transgression which they are not *necessarily* consciously aware of" (227). She rejects locating this transgressive inclination within individual personality or irresistible biological urges. She suggests, instead, that such rebellion is the result of an inherited cultural history of resistance to oppression, and that this informs the "cultural habitus" of gay sexual activity.

In thinking of these historical effects of policing, I am drawn to a particularly salient point Hausmann-Muela et al. (2003) make: that effective health intervention studies "should not fail to consider that the studied 'contexts' are part of a historical process" (23). As I have suggested, attention to the historical context of state policing of sexuality is important in considering queer responses to prevention messaging. Queers have inherited a legacy of raids and policies made in the name of health and morality, as well as a hangover effect resulting from the lack of institutional and state action around HIV/AIDS in its early years. Former American president Ronald Reagan only publicly mentioned AIDS well into the epidemic, in 1986; then Canadian prime minister Brian Mulroney did so only two years later (AIDS Action Now! N.d.; AIDS.gov 2011). In light of this, we should consider what Ann Silversides, who documented AIDS activism in Toronto during the 1980s, said in one interview: "in addition to the debates over how to preserve gay liberation, the key issue was skepticism of government health officials, scientific and medical authorities and the pharmaceutical companies" (Steven 2012). This inherited mistrust of the state, public health, and its partners informs a queer animosity towards state messaging. Regardless of how much they know about risk factors, they may reject or dismiss the information because of its source. Also salient here is resistance to the criminalization of HIV non-disclosure. This rights movement, spearheaded by HIV-positive people, many queer, may create a scenario in which, out of solidarity, allies

abandon adherence to being 'sanitary citizens' as a means of not 'collaborating with the enemy' and as a blanket critique of sexual policing. As Hausmann-Muela et al. (2003) argue, "beyond the strict ambit of health [,] *actions contain also a symbolic value, and much of behaviour is determined by political and politicised discourses*" (18, emphasis added). The actions of queers as they relate to safer-sex messaging are deeply embedded in a perceived and felt oppression at the hands of state intervention in non-normative sexualities. Not strictly based in rational choice models or libido, human sexual conduct, particularly when it is non-normative, takes on political symbolism. To resist the safer-sex recommendations of state-sponsored prevention campaigns is, in this sense, to uphold a political commitment to sexual liberation and autonomy.

Returning again, finally, to the issue of these seemingly contradictory modes of sexual activity as expressed by my participants, the issue of knowledge is not necessarily at stake: many queers I spoke with expressed exceptional knowledge of STI and HIV risk factors and of barriers or activities that would reduce these. Some had studied or taught sex-ed prevention courses. If queers lacked this knowledge, the promotion of safer sex materials and harm-reduction practices would not exist in queer spaces to the extent it does. I think, rather, that something different is going on, something the aforementioned 'bareback' controversy highlights: that queers are redefining 'health' itself as a political more than a corporeal project. The 'problem' of health promotion is shifted. Queer sexual health ideology, rather than focusing on a body free from STIs, is a politicized state of affairs that aims to ensure people can have queer sex free from monitoring, shaming, stigma, or criminalization. 'Health' itself is not a useful term inasmuch as its accepted definition broadly refers to an individual's maintenance of a pathogen-free body. By extension, classic 'health promotion' delineates a 'proper, clean' citizen from a 'dirty' and 'irresponsible' one. I suggest this dichotomy is being resisted and dismantled by radical queers. Among the queers I spoke with, risk is redefined more broadly than STI infection (a subject developed below), and values of respect, consent, and pleasure are promoted above and beyond enforcement of the use of barrier methods. These values are of equal or greater concern than physical lack of infection; therefore safer-sex messaging must adhere first and foremost to these values, or risk being deemed oppressive.

This altered reading of sexual health values shifts the significance of making barrier products available. Audrey suggested that the presence of safer-sex products serves a dual purpose:

> [Safer-sex products are] a way of clearly delineating space as queer space. […] Like on one hand it's a way of establishing space to protect those inside of it and those within your culture and those wanting to enter your culture, but it's also a way of kind of keeping that bubble from admitting people who don't agree that, not that condoms shouldn't be used, but don't agree that fucking should be happening. […] It's a big hex against homophobes.

Supplying safer-sex materials allows individuals to use barrier methods if they so choose, but also creates a 'safe space' for queers, a sort of boundary marker to designate spaces where sexual practice may flourish free from moral or state intervention. Coupling this insight with the above discussion of how queers may experience an inherited wariness or outright hostility towards public health or state policing of sexuality, we may better understand how 'sexual health' is redefined so that safer-sex materials are made available in a way that is not forceful or shaming. To approach these issues, I return to my fieldwork for a discussion of safer space, accessibility, and consent, three values that frame what constitutes 'healthy' queer sexuality.

Words In Action – Constructing Accountability

I saunter up to a brick building in an industrial district in the north of Montreal, cock my chin out and say coquettishly to the doormen, "hey, I'm looking for trouble". Amused at my double entendre, they laugh and open the heavy door to let me in to *Trouble*, the dance party happening tonight. I pay the two-dollar entrance fee; the fee goes up as the night goes on. The staggered entrance fee attempts to offer financial accessibility to those who cannot afford a more expensive party, while perhaps also encouraging early attendance to offset the often prohibitively late-night nature of many queer parties.

I descend a utilitarian metal staircase towards the gender-neutral bathrooms (marked with new signs that have been taped over the classic 'lady' and 'gentleman' stick figures). I notice a posting throughout the building that features a cell number for 'active listeners', people trained in attentive listening skills. This number and on-site listeners are offered so attendees may speak to or text someone should they be upset, have their boundaries violated, or feel triggered (experience emotional distress linked to a traumatic experience of the past). All these and additional political commitments are described in the corresponding zine produced for the party, copies of which are scattered, along with condoms, upon the neon-illuminated bar back upstairs. I lean against the bar and watch a video projection of people eating doughnuts lit with sparklers.

Trouble's gender-neutral spaces, staggered entrance fee, and active listeners speak to three important political commitments of longstanding tradition in radical queer contexts: a) safer space, b) accessibility, and c) consent. These elements conflate to account for the proliferation of safer-sex materials throughout Montreal's radical queer scene, and inform the content of the messages that circulate alongside them. Each of these commitments is expanded upon in turn below.

Safer Space:

Radical queer communities are often committed to creating safer spaces where people's boundaries and limits are respected, and this commitment relates directly to a desire to make safer-sex materials present in nonintrusive ways. For example, Felix said, "I think part of being queer has a lot do to with respecting other people's limits and boundaries, and that's related to sexual health too, and ensuring that". Or as Ruben put it, "there's a whole value in making the space safer, and one of the things that makes a space safer is having available safer-sex supplies". Likewise, Mattie said:

> I think that queer spaces try to be sex positive and try to think about things like safer sex in ways that other spaces don't. And I think that that might have to do with [the fact that] I attach radical queerness to political activism, having like, this kind of harm reduction thing where […] there's gonna be a

> lot of drinking, or a bunch of angsty fucking activists that all want to get laid; let's try to make that as safe as possible.

This comment on safer spaces reflects what Emma called "an interest for queer communities" of "trying to put something out in the world that encourages good things to take place. And I think", she continued, "that safe sex products are seen to be within that spectrum of taking care of ourselves and taking care of others".

Accessibility:

Accessibility was an issue that came up in many forms during interviews and fieldwork: linguistic, physical, and economic. The aim of all these forms of accessibility is to make materials and spaces as available and welcoming as possible to everyone who may want to access them. Examples of each are offered below.

Linguistic accessibility can mean a variety of things. In a city often split by Anglophone/Francophone divides, an effort is made to produce materials and events that are bilingual or feature whisper translation. Attention is also paid to avoiding language that is overly academic or otherwise alienating. Most interesting, however, is how event organizers and cultural producers use language to promote accessibility to the entirety of the gender and sexuality identity spectrum. Within safer-sex zines, language is usually gender neutral and does not conflate body, identity, orientation, and sex act. For example, *Safer Sex is Soooo Hot* (2110 Centre n.d.) suggests that "whatever you are putting the condom on should be hard when putting it on and when taking it off" (n.p.). The drawings of human figures throughout *A Queersafe Zine* (Potter n.d.) are all androgynous, and risk is divided up by body part and sex act using genital-specific terms without attaching those genitals to gendered bodies or sexual identity. In the gynecological section, it reads, "if you have a cervix, then yearly pap tests are very important" (23). Another section suggests using condoms "in order to protect your penis (whether a flesh penis, a dildo, a zucchini)" (28). In a *Head & Hands* pamphlet (n.d.a) about STIs, only body parts are named, and the neutral term 'partner' is always used. Many zines also focus on trans* health and rights, or integrate such awareness into their material. For example, an abortion resource zine opens with: "The language in this document is mostly gender-neutral, to recognize

that folks who do not identify as women can also need abortions" (Blair 2011:4). Language in safer-sex materials is further made accessible by acknowledging that people may have multiple partners or participate in non-monogamy. Such materials also strive to avoid language that could shame, marginalize, or stigmatize people living with STIs or HIV, by, for example, avoiding use of the term 'clean' to refer to those who do not have an STI.

The types of safer-sex materials made available also evidence this focus on accessibility to a spectrum of genders, bodies, and sexualities. Gloves are found in Montreal's queer spaces nearly as often as condoms, to provide for safer fisting and fingering, or to be cut into dental dams for safer anilingus and cunnilingus. Some interviewees noted, or made a conscious effort to encourage, the promotion of gloves as a way to make safer sex accessible to more people. As Alex said, "queer groups are trying to get gloves, trying to get dental dams, [to] change from the focus on gay men". Liam, who distributes safer-sex supplies for a community organization, said, "I pack all of my condom packs with gloves also, which wasn't exactly done all the time before. […] *[Valerie: So what was your decision to put gloves in informed by?]* Just to give a lot more people access to safer-sex supplies". Safer-sex zines reference sex toys and non-penetrative sex in their information, moving the emphasis away from purely phallic or penetrative encounters. Overall, safer-sex language, information, and materials are made as applicable as possible to a wide variety of identifications, bodies, HIV/STI statuses, and sexual or relational practices.

In terms of the accessibility of physical spaces, an effort is usually made to hold events in wheelchair accessible spaces: buildings with ramps or at the least, with minimal stairs. In addition, as noted above, organizers typically create gender-neutral washrooms at venues by replacing bathroom door signage, in order to make facilities accessible to people of all gender identities. The above-mentioned emphasis on 'safer spaces' can also be read as a means to create venues that are accessible in an atmospheric rather than concretely physical way.

Organizers attempt to ensure economic accessibility by hosting events that are free, pay-what-you-can, or sliding scale, or by having a 'no one turned away for lack of funds' policy. Economic accessibility is also directly tied to making safer-sex supplies available. As Marlo said:

> For one thing condoms are expensive. And I think there needs to be a recognition of, like, if people are talking the talk around like 'oh we want to promote empowerment and healthy communities', well, just fucking get some condoms from public health and put them on your table!

Emma also noted that "within the queer community, there's a big dependence on those kinds of organizations [that provide free safer-sex materials] because that's where you can get free items, [which is important] for a lot of people who don't have a huge expendable income".

Finally, accessibility of safer-sex materials is attached to having a sense of freedom and empowerment around sexual decision-making. Alex suggested that "it's interesting yeah, like the question of sexual freedom implicated in safer-sex kits. Like not having to worry, and being able to be independent". This desire to promote accessibility as part of what constitutes self-determination lends itself to offering safer-sex supplies. The issue of where to draw the line between accessibility and policing will be discussed further below.

Consent:

Queer spaces, publications, and politics emphasize the importance of consent and communication around sex. Of the 48 zines and pamphlets I looked at, 17 have explicit information around consent practices; 5 are devoted entirely to the subject. Of the ten zines specifically about safer sex and STIs, six have a section on consent and negotiation. Consent is occasionally omitted in the shorter pamphlets that focus solely on biological risk information. The most in-depth of these materials develop a concept of consent that goes beyond a simple yes/no divide. They discuss consent as an ongoing, enthusiastic, verbal process within one's self and between partners, requiring a more involved conversation than is often referenced regarding consent practices. It expands upon the taken-for-granted idea of coercion as only physical force. Cultivating good consent is outlined as addressing not simply individual practice but also broader norms (such as 'rape culture' or 'romantic' ideals) that influence what is considered consensual sex. Survivors of sexual assault and people

who have experienced compromised consent have spearheaded this movement. As stated by Marlo, "it's a generation of young queer feminists and allies who recognize that [consent and STIs] are linked, and who are talking about this, who are opening it more than maybe before […] saying ok, let's all talk about how to use condoms and stuff, but we also need to talk about how we get there".

Chris also recognized the influence of feminism on queer spaces, something he sees as missing from more mainstream gay spaces such as 'the Village'[39] in part because they are more gender segregated. He said:

> One of the reasons why I really liked *Against the Wall* was because it's sort of set up explicitly as a safe space and as a space where consent is paramount. And like, they make you sign this agreement when you go in talking about like, you're gonna be anti-oppressive, you're gonna, you know, have good consent and what not. I think that for the mainstream gay community the way we discuss this stuff is for shit, like it is just not there and it's really super gross. […] I've never had a decent consent conversation in a gay boy space. I've had it in mixed spaces but never a gay boy space, and that really freaks me out. […] The women's movement has done so much that gay boys need but we just completely don't access.

Audrey argued that safer-sex materials themselves have become linked to consent as a practice, and she attributed this connection to the influence of lesbian and kink practices upon queer culture: "When it comes to actual sex practice, condoms are considered to be an aspect of that negotiation and consent exchange; that is also quite important to the queer scene. Definitely also comes out of a BDSM and lesbian context".

Both Rosie and Mattie mentioned how queer individuals often focus on good consent. Rosie said, "what I like about queer sex is like, there's sort of more of an

[39] Montreal's current Gay Village is generally understood as the area of the city along or around Ste-Catherine Street between Berri and Papineau Streets, and was established in the late 1970s and early 1980s. It is composed primarily of cis male gay residents. Previously, the 'old villages' were located on the western end of Ste-Catherine near Peel Street and around Ste-Catherine and St-Laurent Streets; these two gay enclaves were displaced and 'redeveloped' as city officials 'cleaned up' the area to prepare for the 1967 World Expo and 1976 Olympic games (Hinrichs 2011:23-42).

emphasis on consent, and consent-based sex". Mattie shared, "I feel like I've had much more communicative sex with people that I've met in radical queer settings, like more verbal consent happening. That's more integrated, even if it's more of a one night stand conversation".

Those interview respondents who do the most health intervention work, however, were more skeptical of the queer community's capacity for good consent and communication. Ruben felt that messages "from queer communities, or the gay man scene, or the *santé publique*, or community organizations" all fail to emphasize communication. "I think that's one of the main failings everywhere," he said of people's communicative practices, "no matter if you're having ten thousand partners, if you're having five, or you're just with your monogamous relationship". Liam similarly stated, "that's the thing that's missing actually, people don't know how to talk about [safer sex], people don't know how to communicate it and negotiate it". In a follow-up conversation, Felix suggested that this skeptical perception among queer health workers could be a case of how those closest to a phenomenon are the most critical of its shortcomings. Possibly, folks engaged in queer communities value consent and negotiation very strongly, and therefore keenly see the barriers to it when it falls short of their high expectations.

Cracks – Rejecting Existing Frames

In redefining sexual 'health' not as corporeal wellbeing but, instead, as that which thrives when the above values are espoused, queers are challenging the very foundation of many sexual education programs. Queers perceive as insufficient those public health approaches that value risk reduction above all else and, furthermore, see 'risk' as a purely biomedical issue. Resistance to this approach is rooted in a) a sense that public health is not able to address queer sex lives, b) a broader configuration of what constitutes 'risk', especially for queer people, and of what social issues exacerbate one's vulnerability to risk, and c) a desire to avoid those aspects of public health that can be construed as monitoring and policing subjects. I address each of these factors throughout the remainder of this chapter.

State Public Health and Queer Subjectivities:

"We don't fall into the action plan. […] Santé publique, they're bureaucrats, they don't know what's going on." – Alex

Participants expressed that municipal, provincial, and federal public health agencies are unable to address sexual practices in queer communities. Because queer communities tend to include people who occupy, and sleep with others who occupy, a variety of gender identities, this can disrupt the neat categories that public health usually works within. As Audrey put it:

> There're a lot of factors that kind of get exploded when you look at it through a queer lens. […] I think that the public health perspective is not super relevant to the queer scene because it has yet to accurately address the queer scene. Public health talks about people in terms of risk populations, and they identify those populations as along two to maybe four genders, along maybe four permutations of sexuality, and they assume very little change along those lines. […] The queer scene is far […] more complex.

Sophia similarly argued, "it's like you, in the most sort of basic terms, who you have sex with, [doctors] might go 'ok, from a health point of view, this, this and this'; but the implications of diverse gender identities […] confounds the process".

When I asked Liam if he'd ever felt targeted by public health when in queer spaces, his answer was quite telling:

> Uh, I mean yes, yes and no. I feel like it depends on how I'm read I guess. I feel like I get read in many different ways depending on who's observing me and who I'm dancing with. […] I feel very much like a target population as a trans person and not so much like a target population as someone who identifies as gay. And I guess those are, I don't know, one like hierarchicalizes their identity? Have fun spelling that in the transcription! […] Maybe it's just more so that my trans identity is where I have the most experience of medical systems.

By virtue of their mixed composition, emphasis on fluctuating or blurred gender lines, perceived 'discordance' between gender and biologically assigned sex, and a variety of sexed and gendered partners, queers are not easily addressed by systems that assess risk and build interventions based on well-delineated 'target populations' marked by rigid and static variables.

What Exactly is 'Risk'?

An intriguing common element of many interviews was how rarely participants actually spoke about STI and HIV risk in biomedical terms. In the materials I collected, at the queer workshops, parties, and fundraisers I attended, and in the discussions that emerged during interviews, the idea of risk was expanded to include much more than simply sexual infection. As stated above, Montreal queers promote the creation of safer spaces and work to make safer-sex products accessible. It is understood, however, that no amount of STI knowledge can circumvent the problems of sexual assault, stigma, oppression, and structural barriers to practicing safer sex. In keeping with the critical anti-assimilationist or anarchist perspective of Montreal's radical queer community, 'risk' is in part conceptualized as a product of the state. Textual materials, event discourses, and interviewees often noted how state oppression increases risk towards queer bodies in multiple ways. For example, a number of flyers and workshops address the criminalization of HIV non-disclosure as violating the rights of seropositive people, inducing serophobia, and undermining prevention and testing efforts (Jürgens et al. 2008; O'Byrne et al. 2013; see also the above overview of criminalization). Many zines explicitly address how heterosexism, homophobia, transphobia, and other forms of stigma result in poor health services for queers. As argued in the zine *Keep Your Pants Off* (Frost, Lawson, and Khandjian 2008):

> The health care system, like a lot of institutions in this world, has historically been best at meeting the needs of the privileged – those who are male, heterosexual, normatively gendered, thin, and financially stable are taken seriously, studied extensively, and treated with respect. But what about women? Trans people? What about queer folks, and poor folks, and fat

> people? Often (though not always), such people have a hard time accessing the health care they need or want. [1]

Likewise, the introduction to *A Queersafe Zine* (Potter n.d.) asks the question "why a sex health zine for queers?" and answers that:

> safe sex education since the arrival of the HIV/AIDS pandemic has been designed in a way to blame and shame not only queers, but also sex workers, drug users, people with multiple partners and non-white people among others. At the same time education campaigns tend to exclude these groups from large-scale public education campaigns making it even more difficult to get a hold of education and the tools needed to keep these communities safe and healthy. [5]

Participant Chris mentioned how a general dearth of adequate social services compounds risk for marginalized persons:

> I've heard stuff like, here is this kid, had a really hard time coming out, had a lot of psychological problems, or was on the street or who knows what, like had social problems, you know. Couldn't get access to any services. Seroconverted, suddenly has all these services, because there are services targeted to HIV-positive people with x y z problem. But it's like, if he had gotten access to those services before he seroconverted, he wouldn't have seroconverted at all! Or at least he would have been at lower risk. And obviously that's not saying that those services shouldn't exist for HIV-positive people, maybe just that they should exist for everybody. […] What I mean is that the fact that there is a dearth of services to begin with, and I mean stuff like social housing and mental health care and support for people going through crisis and addiction support and like, all that kind of stuff that has gone down the tube in favour of a more punitive approach and a more neo-liberal approach.

Law enforcement is also acknowledged as a risk for queer people. *PolitiQ* created a zine (2011) addressing police brutality towards gender-non-conforming

people in Montreal from the 1960s to today, with the tagline "*parce que nous n'oublions pas notre histoire et notre capacité de résistance!*" [because we will not forget our history and our ability to resist!]. During many political actions in Montreal, a *Pink Bloc* (a queer reinterpretation of anarchist Black Bloc strategies, albeit one seeking visibility rather than anonymity) can be seen protesting police repression and brutality (La Parade 2013:12-14); a number of the zines I reviewed address police violence against racialized people, queers, and gender non-conforming people.

Many interviewees and materials also associated class issues and risk. In comparing the rituals for obtaining condoms, Audrey noted that "the way you get condoms in a heterosexual bar is you go to the bathroom and you buy one, you know, or you go to the dep[40] to get cigarettes […] and purchase, with your money, which you probably have an easier time coming by, by virtue of your status", whereas queers tend to obtain their safer-sex materials for free from "community groups, friends, and allies". This sensitivity to expendable income is in part what informs the availability of free safer sex materials, as well as the proliferation of pay-what-you-can or free events. These issues, then, of poor social and medical services, police violence, and lack of funds are seen as contributing to risk for queer folks, and as preceding any risk related specifically to transmission-enabling sex practices.

Vulnerability to risk, in these cases, is a disempowering effect of external circumstances, but risk may also be viewed as empowering. In writing about financial traders, Caitlin Zaloom (2004) suggests that the intimate experience of taking risks can be read as a form of self-determination inasmuch as it symbolizes a certain mastery of the self. "Risk taking", she writes, "evokes a particular affect of excitement and total assimilation into the action" (379); by effectively excluding consideration of future probabilities, risk-taking imparts a sort of immersion in the present. Risk management is also a means to demonstrate agency, particularly when undertaken by subjects experiencing substantial structural inequalities (Roche et al. 2005:152). These examples express new ways to understand risk-taking, but because risk is often defined synonymously with 'danger', the social sciences have struggled to theorize the positive, productive aspects of risk-taking (Zaloom 2004:365, 384).

[40] Shorthand for 'depanneur', the Québecois term for a convenience or corner store.

In my discussions with queers about risk, I was seeking to locate not how people's activities fit into existing 'risk-behaviour' categories, as they are conceived of by public health, but rather how the idea of risk is retooled, redeployed, or redefined in a queer context. Throughout interviews and fieldwork I encountered some expanded notions of 'risk'. The onus of risk responsibility is moved off the individual and towards the state's neglect and oppression, in a rejection of the rational-behavioural model of individualized HIV criminalization. Through the *2110 Centre's Dam It!* project to expand dental dam distribution, risk can be understood both as a resource for obtaining health services, as well as a means of having one's sex practices and sexuality recognized and validated. Engaging in risky sexual activities may be, as Crossley (2004) argues, an extension of the "cultural habitus" of queer traditions of rebellion. Finally, high-risk behaviour may be read as an expression of self-determination (Zaloom 2004). These readings of risk-taking and risk vulnerability as mobile markers correspond to various tenets of an anti-state or anarchist approach to sexual health: critique of the state; troubling whose bodies are intelligible to dominant discourses of sex; a tribute to and extension of a history of resistance; or a zone of autonomy. Considering this, safer sex becomes less about sex and STIs and more about politics. Whether or not people engage in safer sex is not as important in queer communities as is creating spaces in line with their commitments to anti-oppression and self-determination.

I do want to note that I have not witnessed a widespread eroticization *of* risk per se, nor an eroticization *of* safer sex itself. I did not encounter messages explicitly promoting unsafe sex as more erotically satisfying *because of* its riskiness, and very few messages of safe sex as sexier purely *because* risk is reduced. The direct link between sexual activity and the risk of contracting HIV or another STI is set aside. Instead, there is a *relocation* of where risk resides and who is responsible for creating situations of high risk for queer people. Considering the broadened definition of risk and the values of autonomy and solidarity expressed throughout this text, safer sex *promotion* in queer Montreal is therefore a fragile and contested terrain. This contested terrain is mapped out below through a discussion of the tensions created by safer sex promotion.

An Anti-Policing Stance:

"Public health can be seen as another way of trying to control our sexuality." - Alex

Often in our discussions, participants noted that while safer-sex accessibility and information are promoted, the involvement in people's practices stops there. As Emma said:

> I kind of feel like sometimes people think that talking about safe sex is kind of a moot point in a way. Do you know what I mean? I feel like, basically people aren't really talking about safe sex, it's just like, as long as we have the stuff available for people, access to the materials is kind of more what people were talking about, which is kind of like a class thing. Like having access to free materials. You know, people who were organizing events were really concerned, like making sure that there were safe sex supplies available for free, but not necessarily putting messages out there telling people *to have* safe sex.

Rather, she said, accessibility is about "giving them the materials, and letting them make their own decisions, in a harm reduction kind of way. But I don't really see many DIY produced, didactic messages, like 'you should be doing this', you know what I mean? […] I don't really see persuasive messaging, I just see availability".

Chris noted that sex-party promoters often state something along the lines of "'we're not the safe sex police'. 'We're not the rubber police' is one thing that I've heard people say, but they're like, you know 'we are in favour of safe sex and we're gonna have safe sex supplies and so forth'". If people are having unsafe sex at such a party, "it's not like they're gonna come up to you and go 'Hey! You're not wearing a condom!' That would be a good way to get a lot of people to never come back". Chris also argued that "frankly, an emphasis on testing is way better than an emphasis on 'it's your fault if you transmit', which is another big message that people get, and it's a message given out by people in power, in our communities and outside our communities".

Sensitive to not reproducing this kind of shaming and policing within the queer community, some people struggled with deciding where to draw the line. As one member of the *Against the Wall* sex party collective recalled:

> I asked that question when I joined the collective, like, 'what is our stance on condom use? Like is this something that we are enforcing?' The answer was obviously 'no, we don't enforce condom use, we provide prevention materials and that is the extent of our implication in that'. Which is why, in [an] instance of being like 'could we move condoms closer to this fuckpile?' I was kind of like, ethically for me is this overstepping what I feel are appropriate boundaries for somebody who is just supervising a space?

Ruben mirrored this in saying:

> The conflict about safer-sex supplies that I've seen is that it's ok to put them in the bar, it's ok to put them at the door. The only confrontation I've been put in is when you try to give them one by one. […] Because there's this history of like, 'you should be taking the condom', because that's what good people do, they take condoms and they use them. […] Especially good queer people, because we're supposed to be the ones that know better.

This idea that queers are the ones who should 'know better' evokes a dual message: Firstly, that queers are expected to be at the forefront of safer-sex practices because they have prompted more "honest and open conversations about sex" in society (Shneer and Aviv 2006:91). Secondly, that queers who become infected at this point in the HIV epidemic are to blame for being 'foolish' when so much information about risk is available (Crimp 2003:192). While young queers may, as discussed above, come into greater contact with sexual health messaging through LGBTQ organizations, the presumption that reliable HIV information is widely available is misguided. According to a 2003 Canadian Council of Ministers of Education study undertaken *before* Quebec's sexual education cuts had taken full effect, almost half of Canadian grade nine students believe that HIV is a curable disease (57).

Like the above-mentioned *Against the Wall* collective member, Liam also recounted some of his internal tension regarding the distribution of safer-sex materials:

> I hate the idea of condom pushing, and that messaging inside of the gay community is very annoying at this point. I think that making things accessible is important, and figuring out 'how do I provide this for people who want it but not make people who don't want it feel bad about not wanting it?' I feel like, there's so much messaging, at least in the prevention world, of like 'be responsible'. […] I enjoy making things accessible, but I feel like it's a complicated place to be. Even in terms of [the condom distribution project], [volunteers] are supposed to go and give people condoms. It's interesting, you know like, this is kind of forcing condoms onto people, and I have secretly stopped doing that. […] It definitely can be something that makes people feel bad when they choose not to use barriers or protection or whatever you wanna call it, but are still acting responsibly.

Notice that for Liam, 'using barriers' and 'acting responsibly' are not one and the same. He concluded this thought later by saying, "is it my job to just offer this thing to them, and if they want it they want it, and if they don't they don't? Which I think is often the dilemma in terms of prevention stuff, like how far do you go? Like I'm obviously not gonna run around and put a condom on every dick I see".

Reflections such as this one could be considered part of a commonly cited need for queers to 'check themselves'. 'Checking oneself', a mode of self-awareness often referred to in the queer scenes and artefacts I explored, is a conscious reflection upon how one's words and actions may marginalize or oppress those around them. This system is instituted primarily through casual contact between individuals. If someone says something racist, fat phobic, or euro-centric, for example, they may be invited to 'check themselves' and reconsider the language they are using and its underlying presuppositions.

With self-checking in mind, the tension felt in regards to prevention initiatives is in part related to an effort to not marginalize those in the community who have STIs or HIV. I located one zine committed entirely to this subject, entitled

STIgma (Head & Hands n.d.b). It features testimonials of people who have experienced STI or HIV infection. In interviews, some people mentioned avoiding value-laden terms such as 'clean' to refer to uninfected people, or the importance of being respectful if and when people disclose a positive status. Felix elaborated:

> The prevention institution has not been the best in terms of ensuring that people who are HIV-positive don't feel further marginalized by this institution. […] I think the concept of safer sex and prevention does have good intentions, but I think the way it's executed does not necessarily take into account people's basic rights and stuff like that, like the freedoms of wanting to express themselves [sexually] in different ways.

The resistance to HIV criminalization is a direct extension of this call to solidarity by critiquing the marginalization and undue burden experienced by HIV-positive people at the hands of public health and legal institutions, and by fighting to ensure sexual freedom for all, regardless of serostatus.

On a more historical note, Marlo called up the birth of the harm-reduction movement:

> I think that impetus to just literally penetrate those spaces with safer sex materials [in the 1980s] came from a place of panic and of grieving and of wanting to educate each other. Very much a peer health approach, like, well wait a second, what can we do here without being all fucking preachy and saying, 'well, just stay home and watch', whatever we were all watching in the late 80s; *Roseanne*? […] Yeah, so I think part of it is the birth of the harm-reduction movement too and this sense of like, our reaction to 'Just Say No' and then saying 'Yes! Yes yes yes yes, bring it on, bring it on, bring it on, but, you know, know that there's risk and make some choices around that'.

The above comments suggest that sexual policing is a message that has been distributed both by public health prevention institutions and from powerful voices within LGBTQ communities such as ASOs. This messaging is seen as contributing

to a culture of stigma and control around queer sexualities, and is actively resisted by queers who experience tension in their roles as STI-prevention or sexual-health advocates.

Digestion

To revisit the winding course this ethnographic chapter has run: the initial phase of the HIV epidemic in North America primarily affected MSM. As they, other queer activists, and allies made demands for action, funding structures were institutionalized, which now puts Montreal queers into considerable contact with safer-sex materials and leads them to consider sexual health activism as an inherited legacy. An abundance of safer-sex materials are available, but the messaging around them focuses foremost on *political* commitments to safer space, consent, accessibility, autonomy, empowerment, and self-determination rather than on *persuasive* appeals to engage in specific forms of safer sex. In other words, compared to a traditional public health campaign focused on protecting the physical body from infection through didactic messaging targeting individuals, in Montreal's queer community we could say that different values around what needs to be protected (the ability and right to self-determination) are enacted through different methods (solidarity and 'checking yourself'; see also Fink 2011 on queer 'self-policing'). The queer sexual health aim is not to impose universal norms that evoke a dichotomy of 'sanitary citizens' and 'unsanitary subjects', but to create a place for what could be called sexual anarchy: working together to respect and promote all that is self-determined, autonomous, and consensual.

The queers I spoke with employ a variety of safer-sex techniques that may, but do not always, involve barrier methods. Some choose not to have safer sex or otherwise make choices around risk that they are able and comfortable to make. Messaging and provision of materials is usually enacted in a way that does not impose safer sex upon community members, so as to not exacerbate the surveillance often felt by queers in other aspects of their lives. Political focus shifts to the systemic causes that place queer and gender-non-conforming people at greater risk in their daily lives. This shift in focus broadens the experience of risk vulnerability to include

sexual assault and compromised consent; poverty or lack of resources and social services; discrimination from health officials; state, police, or institutional violence; criminalization and legal structures that unfairly target seropositive people; and the effects of stigma, heterosexism, homophobia, and transphobia. The concept of risk and risk-taking may also be deployed as a means to access resources and have non-dominant forms of sex respected, as a form of autonomy, or as a reference to queer traditions of resistance. Simmering underneath all of this is the risk of fading into complacency, of losing the politicized fight for queer liberation and acquiescing to normalized gay rights movements that institute hierarchies of 'respectable' queerhood.

Alongside fieldwork experiences, I have moved between print citations from my zine collection and quotes from recorded interviews. It is important to note that only Rosie expressed a familiarity with any of the zines I reviewed. She attributed this familiarity to the fact that she and I "share an interest in collecting that stuff and noticing it" because of an "interest in sex culture" and "grassrootsy information". Felix suggested there is a problem of accessibility, saying: "I don't think things like that are really accessible, like explicitly accessible. I feel like if you are connected to a network of queers who do have access to things then there's a ripple effect [but] I don't think it's always fully accessible". Yet while zines do not necessarily enjoy wide circulation, the same concepts flow throughout the discussions I had with those who had never accessed them. This conceptual consistency is important because it indicates that these beliefs are organic or foundational to what draws people to queer spaces. The consistency between publications, interviews, and fieldwork anecdotes shows more than faddish media parroting; the shared concepts are embedded in the core political commitments of this loosely defined community of radical queers.

This chapter has drawn primarily from my fieldwork experiences. In the following and final chapter, I further refine possible readings of these experiences by discussing some of the broader implications they have for public health programming.

4 (DIS)LOCATING THE ROLE OF PUBLIC HEALTH

Refashioning Action Points for Safer Sex Programming

I want to return to that fateful day by the recycling bins with which I opened this text. One of the most unfortunate things about finding so many Quebec sexual education reform handbooks in the recycling is that the guidelines themselves were quite excellent. The guide promotes an integrated, holistic, long-term sexual education program with a broad content mandate based on critical thinking and skill building. It tells teachers to be explicit, clear, and relevant; to avoid value judgments and to not forbid sexual activity; to respect any question and be aware of confidentiality; to acknowledge that sex and gender norms are conveyed in everyday attitudes; and affirms that sex education is not to blame for 'precocious' sexual activity. The handbook includes sample lesson plans, and external government resources such as the *SexEducator/Ça sexprime* magazine is available to deal more thoroughly with relevant issues. The shortcoming of the program is that it remains a *suggestion* and is not enforced through any ministerial requirements. Primary and secondary schools, often strained for time and resources, have been tasked with training teachers to implement it.

It may seem odd that, after the forceful anti-policing stance I described in Chapter 3, I would encourage any sort of 'enforcement'. I believe enforcing the *availability* of information is different from enforcing *specific behaviours*. I will expand upon my recommendations for sex educators below. For now, I want to point out that the suggested Quebec guidelines espouse what the literature argues are the best practices for creating comprehensive, empowering sex education. A review of 17 recent articles and books from the UK, Australia, New Zealand, the Netherlands, Canada, and the USA suggest programs include the following elements:

Element	*Recommendations*
Origin of materials/messages[1]	Build program from ground-up with members of the community and recipients of the intervention; do not rely on distant, broader institutions. Pay attention to local community needs, standards, and innovations so as to be relevant. Use simple and direct language that does not alienate or confuse students.
Attitude towards sexuality[2]	Be sex positive with a focus on pleasure, not just potential negative outcomes. Do not address sex as inherently dangerous. Avoid moralistic or abstinence-only lessons.
Breadth of content[3]	Be comprehensive and holistic; address puberty, reproduction, STIs and associated biomedical risks. Teach risk-reduction techniques through concrete skills. Address interpersonal issues such as assault, consent, and communication, and social issues such as body image and gender norms. Include discussion of sexual rights and values. Focus on critical thinking skills that promote equality, dignity, and respect. Do not avoid 'controversial' issues for fear it will 'corrupt' youth.
Presumptions about orientation and sex acts[4]	Avoid heteronormative assumptions. Do not denigrate any particular sexual or relational style. Do not presume who engages in which sexual acts. Validate a wide array of consensual sexual experiences.
Individual versus social factors[5]	Do not focus solely on interpersonal issues, but also address meso and macro elements of decision-making. Espouse a more 'ecological' approach to health and wellbeing by discussing larger issues of society, culture, homophobia and transphobia, inequality, and the healthcare system. Connect program to community resources with the collaboration of parents, partners, and other community stakeholders.
Duration and implementation of intervention[6]	Make program long term by installing peer-educators or other prominent fixtures in the community. Integrate lessons into other relevant curriculum rather than cordoning it off as a 'special' topic.

Table 1: Sex-Ed Best Practices

[1] Allen 2003; Allen 2006; Braeken and Cardinal 2008; Ferguson, Vanwesenbeeck and Knijn 2008; Goldfarb 2005; Helmich 2009; MacDonald et al. 2011

[2] Allen 2006; Braeken and Cardinal 2008; Connell and Elliott 2009; Ferguson, Vanwesenbeeck and Knijn 2008; Fine and McClelland 2006; Formby 2011; Goldfarb 2005; Helmich 2009; Kelly 2005

[3] Allen 2003; Allen 2006; Braeken and Cardinal 2008; Connell and Elliott 2009; Ferguson, Vanwesenbeeck and Knijn 2008; Formby 2011; Gilbert 2004; Helmich 2009; Jackson and Scott 2010; Trimble 2009

[4] Allen 2006; Connell and Elliott 2009; Formby 2011; Goldfarb 2005; Hillier and Mitchell 2008

[5] Braeken and Cardinal 2008; Formby 2011; Helmich 2009; Shoveller et al 2006

[6] Allen 2006; Barratt 2008; Helmich 2009

The final point regarding the duration of an intervention is crucial, because in order to be effective, prevention "tools and technologies […] must be taken up by communities and their individual members and made part of their everyday lives" (Kippax 2012:2). Effective community prevention must normalize sexuality, risk, and safer-sex practices in ways that are compatible with people's lifestyles.

Evidence shows that particularly when it comes to sex and drug-use campaigns, 'low-road' local grassroots models are more effective than broad, 'high-road' prevention campaigns (Dowsett et al. 2001), in large part because sexual and drug-using practices are personal and contextual, negotiated in small groups of peers in ever-shifting ways. In a review of Australian programs by and for gay men, Dowsett et al. (2001) found "local, collective and what some might call amateur efforts have proven the most effective and sustainable" strategies, rather than those that adopt "the existing models of broad public health discourse" (206). Pamela Erickson (2011) characterizes the existing public health model for addressing sexual health as one that "has long proceeded within a scientific, rational model aimed at the individual" (272). Interview participant Felix gestured to this problem:

> There just needs to be an exchange, like it's about communication, it's about a conversation, it's not about someone up here imposing something down there. […] I just find the whole prevention material thing just feeds into that very individualistic approach to prevention. It's about giving an individual a tool that they need to use as an individual to protect themselves. […] That kind of totally dismisses the fact that sex is something that connects you with other people.

This attention to everyday, personal experiences is what various grassroots health movements have in common (Hoffman 2003:79). Global health, by way of its transcendence of national borders (Brown et al. 2006: 62) places itself 'above' the 'big P' Politics of individual nation-states (enacting the 'White Knight' approach[41]). State-governed public health, on the other hand, justifies itself through the presuppositions of 'big P' Politics (monitoring bounded populations for the sake of their 'wellbeing'),

[41] The 'White Knight' stock character is a virtuous knight who 'saves the day' by triumphing over adversity to save the 'damsel in distress', a weak lady in need of rescuing.

and is usually unable to critique the state because it operates within it (necessitating a 'don't rock the boat' attitude). In contrast, grassroots health positions itself firmly within 'small p' politics: the workings of power that exert upon and mobilize people (espousing the 'Robin Hood' ethic[42]). Communities that revolve in part around a shared sexuality, a field mired in political stakes, benefit from this Robin Hood community-level action because it is at the grassroots level that, as Foucault (2006) says, "the concrete nature of power bec[omes] visible"(149). Grassroots actions also aim to respect the 'recalcitrant' population and be mindful of messages that could shame, marginalize, or make people feel monitored in a judgmental way. This is particularly important for sex-ed because the especially stigmatizing nature of sexual health issues has a profound impact on health outcomes.

Studies show that a number of factors have a negative impact on LGBTQ people's health and wellbeing: heterosexism and homophobia (Newcomb and Mustanski 2011; Szymanski et al. 2008; Williamson 2000), stigma around STIs and HIV (Balfe et al. 2010; Cook 2013; Fortenberry et al. 2002; Valdiserri 2002; Young et al.2007; Young and Bendavid 2010), and discomfort with health professionals (Harbin et al. 2012)[43]. These factors can lead to an increase in practices where STI transmission can occur, induce a reluctance to get diagnostic screening, and create barriers to accessing treatment. It follows that marginalized people will be more responsive to sex-positive messages that work to de-stigmatize certain behaviours and illnesses than to moralist or normalizing programs.

'Sex positive' can mean many things, but most generally queer people need "gay-affirmative models of health care and intervention" (Williamson 2000:105). Chris expressed this need effectively: "it sounds like such a cliché to say 'Oh, we have to make it sexy'. Well, it's not so much that you have to make it sexy as you have to make it not an anaphrodisiac; you have to make it not a matter of 'you guys are fucking up so you *have* to', you know?" Sex-positive models need not eroticize safer sex for its own sake. They must simply value and honour the right to sexual

[42] 'Robin Hood' is a fairy-tale character known for 'stealing from the rich to give to the poor' in a vigilante pursuit for justice.

[43] Certainly, and as these studies show, some of these issues also impact the wellbeing of heterosexuals, however the relatively less accepted status of non-heteronormative people and practices exacerbates this effect.

expression and freedom. Michael Warner (2000) succinctly summarizes how sex positivity functions in queer-affirming, non-stigmatizing sexual health programs:

> Here we are back to the question of sexual autonomy where we began. Rather than specifying the form that other people's sex should take, or reinforcing hierarchies of shame and stigma, or pretending that those hierarchies do not exist, the best work in HIV prevention begins by acknowledging the unpredictability of sexual variance and working toward a world in which people could live sexual lives as part of a shared world. Prevention activism of this kind attempts to do the one thing that public policy has always tried to ban, even when policy makers have known that lives would be lost in the process: *promote* queer sexual culture. [218]

This research project, informed by the above discussion on the benefits of grassroots approaches to education and of queer-specific barriers to sexual health, offers valuable lessons for those who teach sex-ed. For those who teach primary or secondary school classes, animate sex-ed workshops for community groups, or are otherwise in charge of administering sexual health programming, I would add to or elaborate upon the above table of recommendations as follows:

- Avoid language that communicates a paternalistic, policing, shaming, marginalizing or stigmatizing tone. Examples of this language include the following: 'for your own good', 'clean and smart' versus 'dirty and foolish', and strict ideas of what counts as 'responsible'. Interventions that denounce all unsafe sex are offensive and irrelevant to those who choose (or are unable not to choose) to have unsafe sex. Offer a spectrum of risk-reduction techniques, and do not place 'safe' sex and 'unsafe' sex in opposition to each other. Be honest about the relevant risk of activities, but do not attach value labels to people engaging in those various levels of risk.
- When adopted as a political, communal struggle, sexual health becomes more than an individualized event that singles out isolated moments for consideration. Attach sexual health to political, social, and historical struggles that will be interesting and relevant to participants, for example: the Women's

Health Movement, HIV/AIDS activism, the enforced sterilization of various populations, discussion of the social determinants of health, and so on. Create critical sexual health advocates out of your participants.

- Do more than avoid heteronormative language or cissexist assumptions; use gender-neutral language that does not presume the gender identification or sexual identity of participants. Avoid tokenistic inclusion of non-heterosexual identities and non-normative sexual practices. These situations should not be included as an aside, but rather folded into the breadth of what constitutes 'sex' and 'sexuality'.
- When speaking, presume that any number of participants have or have had an STI, intend to or are forced in some way to have unsafe sex, and that they have any number of sexual preferences, relationship set-ups, and partner choices.
- Focus the discussion upon knowing one's own boundaries, preferences, and values, and on producing critical thinking skills to negotiate and communicate around those with their partners. Discuss the broader social and cultural factors related to sexual assault and poor consent practices.
- Do not presume that choices are made based purely on information about risk. Avoid presumptions that a 'risky' choice is inherently self-destructive or originates from a lack of knowledge. Engage in critical discussion about what 'risk' means to people. Work with people's needs and not a preset, singular goal to reduce STI/HIV transmission or unwanted pregnancies.
- Public health and other institutions, state-run or otherwise, need to address their implication in the ill health of stigmatized or marginalized populations. Barring this acknowledgement, people may view public health as out of touch, irrelevant, or even malicious. Make space for participants to discuss the role of policies, dominant moral positions, and other factors that place individuals at risk or impede their ability to seek wellbeing in an unjust society. Encourage participants to make links between structural violence, stigma, colonialism, racism, sexism, and so on, including the role of public health itself in shaming or controlling certain identities.

Discussion – Relocating the Tension

"The debate around the appropriateness of using risk behaviors versus risky groups of people dates to the beginning of the [HIV] epidemic." (Hyde 2007:47)

Public health and other community health bodies have long debated between two overarching trends in prevention messaging: messages aimed towards 'immoral' or 'high-risk' *identities* versus messages that focus on offering relevant risk information about different *activities*, without attaching those activities to a specific 'type' of person. Indeed, Sandra Hyde (2007) notes how HIV, when conceived of as attached to an *identity*, operates to support a given political ideology, sense of borders (geographic or metaphorical), or moral framework. Therefore "behavioral change models", she writes, "will not succeed if not accompanied by the political will for socioeconomic change" (205). Efforts to appeal to the normative voting population often dictate how large-scale prevention is performed, at the expense of what would actually be most effective. Controversial programs, such as needle exchanges and safe injection sites, or harm-reductive sexual health models are, within the mass-appeal framework, seen to endorse or cater to 'undesirables' who are to blame for their 'bad choices', granting people license to be 'irresponsible' and disrupting standards of 'rational' decision-making (Crimp 2003:190; see also Pisani 2008).

The 'risky people' format of prevention messaging is generally resisted by those who would be swept into such a category, and by their allies. As these 'target populations' tend to already be stigmatized, marginalized, and monitored in the social realm, they have an interest in resisting further vilification. If one's activities are conflated with a morally reprehensible identity, public health initiatives can appear at best another wagging finger, or, at worst, an incrimination. Queer youth are typically framed as one such 'risk group' in need of intervention (for drug use, suicide, running away from home, HIV and other STIs, etc.). Alternatively, they are positioned as 'well-adjusted', that is to say, normative (Rasmussen et al. 2004). As discussed in previous chapters, many queer people resist both of these framings, rendering incompatible and undesirable any associated prevention campaigns. As such, we are forming new concepts of sexual risk and responsibility that do not validate these

limited definitions of what it means to be queer and sexually active. These new formulations, I have argued, may be celebrated as part of queer history, as resistance to hetero norms and the good gay citizenry, and as a means to reinsert sex into the desexualized queerhood offered up by the mainstream. Also, due to a history of discrimination or outright dismissal on the part of governments, "marginalized groups historically have had good reason to mistrust government and the enthusiasm of medical experts for protecting them" (Warner 2000:207). Resisting the narrow normative/risky dichotomy of queerhood therefore engenders skepticism around institutional bodies that investigate and monitor queer sexuality.

But what, precisely, is being resisted? I have argued that Montreal's radical queers often espouse an 'anti-state' ethic, but 'The State' is not monolithic. It is composed of judiciary, legislative, law enforcement, social service, and education branches, among others, which can contradict or counteract each other. Nor are undesirable discourses produced and locatable within a single branch. Rather, the state's interest in sexual health operates through a variety of "actions, institutions, and multiple positions", all convening to develop constructions of a given illness that are "mapped" onto particular places and peoples (Hyde 2007:75). Activism against 'The State' therefore tends to isolate specific state arms, which produce different discourses and types of control, and address those branches accordingly (Lee 2011:137-139). If moralizing and policing approaches to queer sex are operationalized through, namely, public health and legal discourses, we can locate therein two arms of the state producing discourse around sex and 'responsibility' in tandem. These discourses presume there is a right and wrong way to have sex, with a presumed individual and collective good at stake.

At the heart of queer theory and politics is a desire to destabilize norms, to problematize normalcy and the normal as proper (Britzman 1995:157; Calhoun 2007:180). Generally speaking, argues Deborah Britzman (1995), education does not question norms; difference is only presented by insertion, anecdote, or tokenism, leaving the norm intact. Education that operates on this "knowledge by representation" platform actively *resists* difference because it produces otherness only as a condition by which the norm is recognized and upheld (159). A queer pedagogy, however, would involve discourses of difference that "call into question the

conceptual geography of normalization" (152). Sherene Razack (1998) discusses the potential for social justice engendered by including marginalized 'stories' in education; however, the presence of such narratives is not alone enough: it depends on how and by whom the story is told (36-37). Montreal queers are sensitive to this element of how safer-sex messages are deployed. In creating a narrative around safer sex, 'safe' sex (use of barriers to eliminate fluid transmission) is not articulated as in opposition to 'unsafe' sex. Rather, if a dichotomy could be posited, it is between freedom and oppression. Tension is relocated from safe versus unsafe to solidarity for autonomy versus an individual onus to act for the 'greater good'. This new dichotomy is in direct contrast to how much state-sponsored safer-sex messages operate.

Take, for example, the 2009 *ministère de la Santé et des Services sociaux du Québec* pamphlet for youth entitled *Tips For Smart Love*. While it has many redeeming qualities, the entire booklet implies sex can be either 'smart' or 'foolish'. For example: "When you find yourself in embarrassing situations, here are a few tips that can make all the difference between *foolish* and *smart love*" (9). Another undated *ministère de la Santé* pamphlet called *Play it Safe* reads, "so even if we know each other well and even if you look great, we can never be sure that neither of us has an STI or HIV. It would be *pretty stupid* not to use a condom, eh?" (7, emphasis added). Such seemingly innocuous turns of phrase illustrate the unquestioned norm of sexual health education, which may seem obvious: that risk avoidance is qualitatively *better* than engaging in risky activity, that 'risk' itself is a self-evident category of activities, and that safe sex and unsafe sex stand in opposition to each other. Further, this value claim operates in a near-panoptic fashion. *Tips For Smart Love* features a quiz that opens with: "Go ahead! Answer the questionnaire and remember that no one is watching or judging you" (2). That this need be pointed out seems, in my reading, to imply that you should *normally* feel like someone *is* watching and judging you.

The above example justifies the concern in Montreal queer safer-sex messaging regarding who creates and disseminates a message. Much of the same biological information about STIs and risk-reduction methods is available in both state-funded and queer grassroots formats (although with queers paying more attention to trans* bodies, multiply gendered partners, etc.). What is important in the

messaging, however, is the speaker and their intent. Rather than an outside source describing safe and 'smart' versus unsafe and 'foolish' sex, we find in queer productions a community-driven narrative that locates both unsafe and safe sex on the same moral or political side. The foremost importance is placed upon autonomy and choice. While safer sex is not the sole 'smart' choice, materials and information are present for those who desire them, however the corresponding 'foolish' message is resisted or abandoned.

I believe that we can locate this adjustment to the unsafe/safe dichotomy in political sensitivity and continued resistance to the historical phenomenon of policing queer sexuality, as well as in solidarity with HIV-positive people in the face of HIV criminalization. Using the smart/foolish divide comes uncomfortably close to justifying interference in queers' (or anyone's) sex lives. Justifying such interference can legitimate moralizing, shaming, tracking, or imprisonment of those who step off the edge of the 'foolish/unsafe/irresponsible' cliff. Unlike normative gay-rights movements, who choose populations to 'throw off the boat' in order to gain mainstream legitimacy, the goal here is to eliminate divisions of respectability within a transformative queer liberation movement.

As I have suggested throughout this thesis, one way to interpret the situation of queer safer sex in Montreal is to suggest that radical queers are challenging the norms inherent in the above Quebec government prevention pamphlets: the concept of 'health' and what exactly safer sex *is*. They are doing so both by valuing and respecting a wide variety of harm-reduction methods, as well as by looking beyond 'risk of infection' as equivalent to 'unsafe'. Queer messaging disrupts the accepted norm of health education itself: that 'health' is reducible to non-infection, and that remaining uninfected is of paramount concern. Institutional education embedded in public health can rarely address the problem of the norm, because it is based on categories (risk populations), and it requires a normalized ideal citizen (healthy and safe) from which to juxtapose the (unhealthy and unsafe) target group. Quite simply, the health education norm is that corporeal health (absence of infection) and risk avoidance (narrowly defined) are good, proper, and desired. Even in harm-reduction paradigms, difference is inserted in relation to a 'better', safer practice. The queer

discourses of health I encountered question this norm, leaning towards a broader, politicized sense of wellbeing and community solidarity.

The focus on solidarity still positions the individual as the primary unit by making autonomy paramount but does not shoulder them with the same type of *individualized responsibility*. Solidarity means acting together to ensure the *collective right* to autonomous choice. This realm of possibility is achieved by not opposing the safe and responsible from the unsafe and irresponsible, by not endowing them with different value judgments. Safer sex is sex that makes you feel good about yourself and your relationship. Safer sex is sex that is not targeted, monitored, or controlled. Responsibility is being accountable to your lovers and community members, to your own political free will and desires, and to no one else. Health is not the absence of infection, but an overall wellbeing that entails much more than the body corporeal. Further, the emphasis on sexual freedom is an extension of, not in lieu of, other forms of liberation. I am drawn to a quote from San Franciscan Mad Kate, a queer performer whose work in the touring caravan, *The Queer X Show*, has been documented through film and blog. She writes:

> I am familiar with a school of thought that believes sexual desire is superfluous […] or that sexual freedom is luxury or even childish. But I can't agree; freedom to express one's self sexually is tied into every freedom of expression of the body, from speech to basic needs like eating and sleeping. When we don't have the rope around us we suddenly realize just how much easier we can breathe. [http://queerxshow.wordpress.com/2009/08/03/27-july-2009/]

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I have posited a number of potential ways to read into the events, messages, and interviewee statements comprising my field research. However, I do not want to read too far beyond what interviewees have claimed. Certainly, in critiquing KAP and rational choice models it follows that I do not believe all sexual decisions are 'conscious'. As Crossley (2004) writes in her study of gay male fiction and autobiography, "in simply taking people's accounts at face value, did one not fall into

the same trap as traditional health psychology, assuming that behaviour is determined by conscious perceptions, beliefs and knowledge?" (227). At the same time, like most anthropologists, I challenge the presumption that the researcher has privileged access to the 'true' underlying reasons behind human activity. Crossley is a psychologist; how does 'psychologizing' queer activities evoke the disturbing past of producing the 'homosexual' as a pathology in need of correction? I have, through a reading of my field sites, texts, and interviews, sought to point towards spaces of renegotiation and suggest some ways to conceive of said openings. However, I do not make universal or ontological claims that this *is* what is occurring. I do not propose that I am able to uncover the intention behind the words of those I spoke to, to explain *for* them what they 'really mean'. It is not the job of the anthropologist to reveal some pre-existing subconscious meaning, but rather to open up possibilities where new forms of life are breaking away from previous ones (Rees 2010:161).

In order to, as Tobias Rees (2011) implores us, see "events in motion", those things "which escape our already established ways of thinking" (as a radical queer perception of sexual health may be), we must allow the field to "derail" us beyond theories which "aspire to be timeless" (360-361). Simply lining up events to insert them into existing theories excludes, he writes, "the very possibility of learning new things, new in the sense that they outgrow or escape the already known. It excludes the possibility of modal change" (361). While I have made use of various theoretical positions here, I hope I have done so as a means to frame how current queer organizing around safer sex mostly *escapes* the ways we have typically come to perceive sexual health promotion.

If a 'theory' *were* to be sought, queer theory lends itself admirably to approaching such 'openings', since 'queer' itself has been understood as "a zone of possibilities" (Edelman 1994:114). To stabilize and ontologize queerness would defeat its very purpose. Judith Butler (1993) argues that 'queer' must remain "never fully owned, but always and only redeployed, twisted, queered from a prior usage and in the direction of urgent and expanding political purposes" (19). At the same time, while I seek to avoid speaking 'for' people, sheer time and energy spent analyzing and contextualizing this phenomena has granted me the occasion to offer ways of

perceiving this emergent space of sexual health redefinition, ideas I hope will resonate with other Montreal queers circulating in these spaces and discourses.

'Checking Myself' Against the Allure of Utopia

I do not wish to paint a utopia and therefore wish to make a few points:

Certainly there is 'unsafe' sex occurring in the Montreal queer community (sex where STIs or HIV could potentially be transmitted), but I do not see this as a failing. If the overarching goal is to create spaces where people can feel supported and able to determine the course of their lives without being guilted or coerced into any particular sexual activity, indeed to *redefine sexual health itself as self-determination*, then people shamelessly having barrier-free sex can be read as a sign of success. To paraphrase what participant Felix said above, sexual pleasure is much more than avoiding STIs, and the freedom to enjoy any number of sexual pleasures is one of the greater goals of queer political movements.

I have illustrated a number of political commitments I believe to be held by my informants in Montreal's radical queer community. Political values and actual practice rarely coincide perfectly, but Montreal's queer community attempts to cultivate messages and norms that espouse desired values through prefigurative politics. Certainly there are still instances of bad consent practices and assault, sexism and gender discrimination, racism, ableism, ageism, fat phobia, homophobia, transphobia, serophobia, and so on, propagated at both the individual and organizing levels. Queer spaces, like any, lack positive models for creating communities of compassion, trust, anti-oppression and accountability (see, for example, The Revolution Starts at Home 2011), but they actively try to instill these positive commitments and work towards them in the laborious way that any cultural condition is changed against a backdrop of oppressive norms. As Felix said:

> There are a lot of normative kinds of people and norms that still transgress into the [queer] community, and it's hard to disentangle those things. So yeah, I definitely think there are people who talk the talk and walk the walk

> really well, but I don't think that's necessarily the case for the vast, vast majority of people all the time.

I have suggested that these political commitments are upheld not through explicit rules but through 'checking yourself', but this form of self-awareness can create pressure to be hyper-vigilant, constructing hierarchies of 'radicalness' amongst queers. The result of these hierarchies may leave queers feeling oppressed in precisely the ways one's community is trying to avoid. A number of interviewees, in follow-up conversations, felt uncomfortable that they may have presented queer spaces as overly accepting or free of oppression. Some participants noted the exclusionary aspects of queer scenes: that they are predominately white and can be unwelcoming to racialized queers, that they are ageist (through 18+ events or towards those in their late 30s and upwards), that 'popularity' contests exist, that some are biased against feminine gender expressions or female identified trans* people, and that many are largely Anglophone and, furthermore, biased towards those familiar with elitist queer theory language. The danger of "identifying as part of a marginalized group", as Sherene Razack (1998) has argued, is that it "allows each of us to avoid addressing our position within dominant groups and to maintain our innocence or belief in our non-involvement in the subordination of others" (132). Some of the queers I spoke with suggested they had experienced the above oppressions, had in other ways felt judged, or that they had to fit into a narrow stereotype of what a 'good queer' is supposed to wear, say, do, and be. While checking one's actions, privilege, and potential for oppression is generally understood to be a positive form of self-awareness and accountability, it can also replicate oppressive behaviour in other ways.

I make these points as a reality check (I too have internalized the 'check yourself' mantra). However, that people may, as Felix said, 'talk the talk but not walk the walk' does not wholly devalue the 'authenticity' of what is occurring. What is advocated in theory is not necessarily mirrored in action at all times, but that discrepancy does not negate the fact that this discourse is happening. Advocating the 'theory' is *itself* an action, even if not adhered to in 'reality' all of the time by all actors circulating around and within that discourse. The 'message' is its own reality, independent from action. At a house party one evening, I noticed a magnet on the

fridge featuring the pun: "Anarchist Sex: Consentsus Based". This is itself a meaningful act, regardless of whether or not the magnet-creator or fridge-owner are always employing perfectly consensual sex. We cannot look towards some 'actions' to cancel out or disprove a 'theory' as if only one of the two is 'real'. Pointing out and critiquing hypocrisies when they occur is valid; at the same time, the value of a given set of messages is not dependent on the extent to which they are realized. New modes of being necessarily emerge in an imperfect, fractured trajectory of constant reassessment.

Unmasking Violence: Sexual Health as Self-Determination

As Sandra Hyde (2007) laments, "much of the work on HIV around the world relies on qualitative public health survey research that leaves the intricacies and complexities of people's lives, particularly their sexual lives, out in the cold" (207). I have tried here to offer a 'warmer' *historical*, *relational*, and *political* account of how safer-sex discourses and practices operate within a particular radical queer community in a particular time. The histories of queer oppression and of HIV/AIDS have allowed for the possibility of political attachment to and sense of ownership around safer sex issues, as well as an inherited distrust of normative institutions. Relations of communal solidarity are crucial because queer spaces attempt to foster an alliance with HIV-positive members, people living with or who have had STIs, and anyone whose sexuality has been monitored and policed by various state and social apparatuses (including but not limited to government, law enforcement, heterosexism, stigma, etc.). Queer politics, broadly understood as the critique of normativity, is crucial to understanding the ways that radical queers confront and pervert narrow definitions of 'healthy' sexuality and of how to self-actualize in a heteronormative world. By embracing above all the autonomy to live in 'safer spaces' marked by consent, accessibility, and an appreciation for non-normative sexualities, queers distort the lens through which 'health' is typically viewed by questioning taken-for-granted value labels applied to risk and corporeal wellbeing.

Many existing public health approaches are unable to engage with the openings I have suggested here because they presuppose rigid schemas of individuals,

belonging to easily defined 'target groups', operating in a rational, self-interested manner to avoid illness. To meaningfully engage with the queer possibilities I have presented, public health bodies would have to let go of their traditions, core presumptions, and narrow goal of simply reducing STI and HIV transmission. They would have to aim instead towards reducing stigma, creating a just structural environment, and begetting cultures of sexual self-awareness and empowerment with a focus on consent.

As noted in the previous chapter, historical contexts need to be taken into account when addressing health issues (Hausmann-Muela et al. 2003:23), but to be meaningful, they must be acknowledged in a concrete, productive way. In 2010, the Public Health Agency of Canada issued a population-specific status report on the growing and disproportionate HIV epidemic found amongst Canada's Aboriginal peoples. Encouragingly, the report does admit that that "the experience of colonization [including racism and the history of residential schools] has significantly contributed to the poor health and socio-economic conditions currently experienced by Aboriginal peoples in Canada, including their vulnerability to HIV and AIDS" (34). Nowhere in the report, however, is there a recommendation to work towards decolonization or indigenous sovereignty. There is only a call to further understand the impact of multi-generational trauma and for health care providers to obtain a "common understanding" of the impacts of colonial rule (47, 71). As they stand, these are empty acknowledgements. Using the passive voice, "the experience of colonization", avoids attributing blame to European-Canadian colonizers and ignores the continued colonization enacted by government policy as well as existing movements to resist it. Public health is situated in an ineffectual space between descriptive research and the power (or will) to work for revolutionary change. If it refuses to advocate for real structural shifts based on its findings, public health will never attain its goal of lowering transmission rates and creating an equitable platform for wellbeing.

It is problematic to equate the history of colonization with the oppression of queer people; alliances for liberation must strike the fine balance between recognizing similar sites of repression while acknowledging the unique struggles suffered by differently marginalized people. That said, I draw on this population report to

suggest that to become relevant to queer populations, public health bodies need to address their role in the policing and normalization of sexualities. As radical queer politics implore, the state must do more than enshrine legislative rights such as gay marriage or anti-discrimination policies. Legislation generally ignores the root causes of oppression and places the onus of claiming justice upon the marginalized individual. Further, as Sharon Cowan, Roderick Ferguson, and Dean Spade (2013) asserted in a recent panel discussion, legal rights are only available to those individuals who have some claim to residency or citizenship from which to access them; hence 'rights' are often unavailable to those who are the most marginalized (racialized, undocumented, incarcerated, or poor people) and can even operate as a means to *extend* dispossession by acting as gatekeeper to the distribution of goods, services, and benefits. A rights discourse positions the state as the sole legitimate mediator of freedom and justice, ignoring the ways in which the state perpetrates harm instead of protecting people from it (Montreal, April 12). Public health, as Michael Warner (2000) claims, must "promote queer sexual culture" (218), whether or not that culture has been acknowledged in or approved of through legislative codes. Public health can at best work as a Band-Aid solution so long as it is unable to address and correct major systemic forms of oppression.

In a 1971 debate, Michel Foucault argued:

> The real political task in a society such as ours is to criticize the workings of institutions, which appear to be both neutral and independent; to criticize and attack them in such a manner that the political violence which has always exercised itself obscurely through them will be unmasked, so that one can fight against them. [2006:41]

State public health may be seen as one of these violent institutions that requires unmasking. Despite best intentions, government public health bodies, as well as state-funded community organizations, may omit, marginalize, or stigmatize those they are ostensibly reaching out to. By delineating 'categories' of people, valuing 'health' as an unquestioned state of lack of infection rather than a broader sense of safety and wellbeing, and by approaching sexual decision-making as a rational process undertaken by agential individuals, institutional health discourses can freeze out the

very people they wish to address. While I have focused on the specific situation of Montreal's queer radicals, such research illuminates how any effective and respectful public health initiative requires a 'thick' description of a given community's discourse and practice around sexual health. Public health must look to these less institutionalized community-based systems, both to inform its critical lens and to ameliorate the problems found in its own models. For many people and communities, an effective and relevant approach to sex education requires that we rethink the very basis of what constitutes sexual 'health' itself, so we may find revolutionary ways to approach it.

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Appendix A: Quebec total cases for Chlamydia, gonorrhea, infectious syphilis, and HIV, by year from 1996 to 2010:

Year	Chlamydia+	Gonorrhea++	Infectious syphilis+++	HIV*
1996	6655	478	12	
1997	6380	545	7	
1998	7264	490	4	
1999	7968	623	4	
2000	8678	670	7	
2001	10 214	832	15	
2002	11 055	878	47	
2003	12 212	872	154	
2004	12 842	819	233	528
2005	12 714	901	257	566
2006	12 855	1275	378	584
2007	13 493	1409	248	535
2008	15 037	1653	379	638
2009	15 880	1885	374	517
2010	17 322	2065	539	481

Table 2: Quebec HIV and STI cases 1996-2010

+ Chlamydia cases are overwhelmingly present among youth aged 15-24, particularly women

++ Gonorrhea cases are predominately present among youth aged 15-24, particularly men

+++ Infectious syphilis cases are primarily male, mainly in the 30-49 age range

*Quebec statistics for HIV rates are limited, and are available only in aggregate form for 1985-2003 (12 394 cases total)

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Public Health Agency of Canada, Centre for Communicable Diseases and Infection Control
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Appendix B: Detailed list of field sites

Event Name	*Type of event*	*Venue and date(s)*
Faggity Ass Fridays	Dance party, fundraiser	The Playhouse, October 28 2011, February 24 2012, March 30 2012, April 27 2012 and May 25 2012
Queer Ass Punk	Dance Party	Coop Katacombes, August 9 2012, January 24 and March 28 2013
Trouble	Dance party, fundraiser	Espace Reunion, November 3 2012
No Pants No Problem	Dance party, fundraiser	Il Motore, September 1 2012
Pompe	Dance party	Coop Katacombes, January 17 2013
Radical Queer Semaine	Festival	Various venues, February 24 – March 4 2012
Pervers/cité	Festival	Various venues, August 9 – 19 2012
Bike Smut	Porn Screening	Café Artère, October 16 2012
What I Love About Being Queer	Vivek Shraya film screening	Concordia Co-Op Bookstore, October 27 2012
Against the Wall	Private queer all-genders sex party	Various venues, March 4 2011, August 12 2011, February 25 2012
ExpoZine	Book fair	Église Saint-Enfant Jésus, November 26 and 27 2011
Queer Between the Covers	Book fair	Centre St-Pierre, August 18 2012
Anarchist book fair	Book fair and festival	Centre Culturel Georges-Vanier, May 19 2012
Queer McGill offices	University student group	McGill University, summer 2012
Queer Concordia	University student group	Concordia University, summer 2012
The 2110 Centre for Gender Advocacy	Non-profit	2110 Centre offices, various visits between 2011-2013
QPIRG Concordia zine library	Non-profit	QPIRG offices, summer 2012
AIDS Community Care Montreal	Non-profit ASO	ACCM offices, various visits between 2006-2013, as volunteer, staff and researcher
The Queer Sex Ed You Never Got in High School	Panel discussion	Simone de Beauvoir Institute, Concordia University, November 21 2012
Another Word for Gender	Festival	2110 Centre, September 20 – October 4 2012

Appendix C: Reviewed publications and print artefacts

Title	Editor/Authors	Publisher info	Retrieved from
Zines and pamphlets			
Queer Enough 1 &2	Jamie Q/ various authors	2011, London ON	Dépanneur le Pick-Up
DIY Sex Toys	-	-	QPIRG Concordia zine library
Representing the Q 1 &2	Sheena Swirlz	2010 & N.d. Montreal QC	Queer Between the Covers book fair
Damn! I'm hot	Margaret and Kandis	-	QPIRG Concordia zine library
See Topic Inside	-	N.d. Head & Hands, Montreal QC	Faggity Ass Fridays
HIV/AIDS	-	N.d. Head & Hands, Montreal QC	Faggity Ass Fridays
The Radcial Roots of Divers/Cité	-	2008 Kersplebedeb, Montreal QC	The 2110 Centre zine library
A Queersafe Zine	Mary Potter	N.d. Head & Hands, Montreal QC	Concordia Co-Op bookstore
T:101	-	N.d. Union for Gender Empowerment, Montreal QC	Queer McGill
Clean Shaven 1	-	N.d. Trans/Gender Alliance Montreal QC	Queer McGill
(rio)T-GRRRL: a transdykes guide to lesbian sex	Kate L.	N.d. Montreal QC	VAV Gallery
FILTH: Putting Queers on the frontlines	-	2012 Occupied Mississauga territory	Queer Between the Covers book fair
Safer Sex is Soooo Hot	-	N.d Montreal QC	The 2110 Centre
The Dam It! Project	-	N.d Montreal QC	The 2110 Centre
Out of the closets and into the libraries: a second collection of radical queer moments	The Bangarang Collective	N.d. Lewiston ME	Queer Between the Covers book fair
It would have been so much easier to pretend everything was okay: writings	Anne Bear	2012 Montreal QC	Queer Between the Covers book fair

on sexual assault			
I am what I say I am: thoughts on self-determination	Devon Simpson, Mostafa Henaway, Nora Butler Burke, Dean Spade	2010 Montreal QC	Queer Between the Covers book fair
Des voix trans	Various authors	-	The 2110 Centre
Fiddle Faddle: A New Anarchist Zine For deviants and sexual libertines 1	Fiddle Faddle	2009	Montreal Anarchist Bookfair
Pink Bloc en grève/on strike	Pink Bloc	N.d. Montreal QC	Queer McGill
Queers contre la brutalité policiere	Qteam	2011 Montreal QC	Queer McGill
Crooked Fagazine	Jordan Coulombe/various authors	2013 Montreal QC	Queer Ass Punk/ Coop Katacombes
Keep your pants off: a guide to health care and self-care for lesbians, gay men, bisexuals, trans-folks, hetero-sexuals, queers, and everybody else	Sarah Frost, Sarah Lawson, Nairi Khandjian	Zine Babes 2008 Montreal QC	House party
The choice is mine: a guide to understanding and accessing abortion services in Montreal	Jessica Blair	Union for Gender Empowerment 2011 Montreal QC	Queer Between the Covers book fair
Queer Tribes: pour la pédale révoltée en chacun de nous	-	N.d. Montreal QC	The 2110 Centre zine library
Safer queer sex resource list	The 2110 Centre	N.d. Montreal QC	The 2110 Centre
Consent resources	The 2110 Centre	N.d. Montreal QC	The 2110 Centre
Timeline of Montreal queer activism and its stonewalls	The 2110 Centre	N.d. Montreal QC	The 2110 Centre
Sexuality info sheet	The 2110 Centre	N.d. Montreal QC	The 2110 Centre
The Birds and the Bees	Various authors	N.d. Head & Hands Montreal QC	Faggity Ass Fridays
Trouble 1 Queer Genesis	The Trouble Collective	N.d. Montreal QC	Trouble dance party
Consent is sexy: let's talk about it	The 2110 Centre	N.d. Montreal QC	The 2110 Centre

Learning Good Consent	Various authors	N.d. Riot Grrrr Press Athens OH	Concordia Co-Op Bookstore
STIgma zine: sex-ualités et relations avec des ITSS	Various authors	N.d. Head & Hands Montreal QC	ACCM
Sex Talk: a comic about communication, consent and getting' it on (in 3 parts)	-	-	The 2110 Centre
Lip 5: Queer Politics and Poetics	Various authors	Word of Mouth press, Fine Arts Student Association of Concordia University, 2006 Montreal QC	The 2110 centre zine library
Plan Q	Various authors	2011 Montreal QC	QPIRG Concordia zine library
Créé par des Queers Made This	Qteam	2011 Montreal QC	Queer Between the Covers book fair
Pink and Black Attack 6	Various authors	2010	Anarchist book fair
Lickety Split Smut Zine (issues 1-8)	Amber Goodwyn/ various authors	Est. 2004 Montreal QC	ExpoZine book fair
The Link newspaper, esp. issues 31(11), 32(21), 33(12)	Various authors	-	Concordia University
Le Délit newspaper, issue 101(5)	Various authors	-	McGill University
Agendas			
Radical Queer Semaine 2012	-	2012 Montreal QC	Radical Queer Semaine
Pervers/cité 2008-2012	-	2008-2012 Montreal QC	ACCM and online at www.perverscite.org/past-years/
Bike Smut	-	-	Café Artère
Another Word for Gender	-	2012 Montreal QC	The 2110 Centre
Self/lust: a 2qtpoc performance art show	-	2012 Montreal QC	Studio XX
2-QTPOC art show	-	2012 Montreal QC	Galerie Articule

Promotional flyers			
Reproductive Justice League	-	-	The 2110 Centre
Pompe (x4)	-	-	ACCM
The 2110 Centre (x2)	-	-	The 2110 Centre
Faggity Ass Fridays (x4)	-	-	ACCM
Ste-Emilie Skillshare	-	-	Queer Between the Covers book fair
PolitiQueer zine submission callout	-	-	Coop Katacombes
P10	-	-	Project 10
VAV HIV/AIDS art show	-	-	VAV Gallery
Against the Wall (x4)	-	-	Membership emails
Against the Wall consent form	-	-	Against the Wall
No Pants No Problem	-	-	Il Motore
Queer Between the Covers	-	-	Queer Between the Covers book fair
Prisoner Correspondence Project	-	-	QPIRG Concordia offices
Femmes+	-	-	Radical Queer Semaine
RATS9 Gallery	-	-	RATS9 Gallery
Queer Ass Punk	-	-	Coop Katacombes
QPIRG Alternative Library and Poster Archive	-	-	QPIRG Concordia offices
Post-porn Workshop	-	-	Radical Queer Semaine
Buttons, stickers, patches, posters			
Consent is Hot (sticker and button)	The 2110 Centre	-	The 2110 Centre
Condoms Make Me Horny (button)	-	-	Concordia University
Queers Against Capitalism (button)	-	-	Queer Between the Covers book fair
I ♥ Anarchist Queers (button)	-	-	Queer Between the Covers book fair
Stickers supporting campaign for a sexual assault centre at Concordia U.	The 2110 Centre	-	The 2110 Centre
Mask Up! Patch	-	-	VAV Gallery
AIDS Action Now! posters	-	-	No Pants No Problem dance party

Appendix D: Callout flyer to attract interested participants for interviewing

Safer Sex: WTF?

is safer sex a *queer* value?
I want to hear your thoughts about the meaning of
safer sex or sex-ed messages in our queer community.
For more information, or if you are interested in participating in
a 1-hour, anonymous interview, contact me!
(contact information provided)

This research is being conducted by Valerie Webber,
Department of Anthropology, McGill University
(Leacock Building #718, 855 Sherbrooke Street West
Montreal, Qc H3A 2T7, 514-398-4300)
under the supervision of Dr. Sandra Hyde
(contact information provided)

Appendix E: Form used to obtain consent from interview participants

Consent to Participate in – *Filling the Gap, Refusing the Gap: Queer Safer Sex in Montreal*

This is to state that I agree to participate in a program of research being conducted by Valerie Webber (Department of Anthropology, McGill University, Masters Candidate) and supervised by Dr. Sandra Teresa Hyde. Valerie may be reached at ###-####, or at (email provided). Dr. Hyde may be reached at ###-####, or at (email provided).

A. PURPOSE
I have been informed that the purpose of the research is as follows: To investigate the occurrence of safer sex messaging, values or ideas, or the presence of prevention materials (condoms, gloves, dams, lube) in certain queer spaces of Montreal, and how this is lived by participants in those spaces.

B. PROCEDURES
The process involves discussions related to the topic in an open-ended fashion. The interview notes and/or audio files (if consent to audio record is granted) and written interview transcripts will only be reviewed by the researcher, and stored on a password protected computer. Consent forms will be retained by the researcher in a locked security deposit box.

C. RISKS AND BENEFITS
Participant identity will remain confidential. Participants will only be identified using a name or pseudonym of their choosing, and all identifying information will be removed from the final work, thus there is little risk that participant confidentiality will be compromised. The work in question may be used in future publications. Participants are free to review the finished report and any future work derived thereof before it is submitted for publication, and may work with the researcher to strike or modify anything. There is no compensation for participation in the project. Alongside a thesis, a zine will be produced in relation to this project, and circulated for free at queer events in the future. This zine project will be a collaborative one with people who desire to participate. The project will also supply recommendations to safer sex educators.

D. PARTICIPANT RIGHTS
- You are under no obligation to participate, are free to refuse any question, and may withdraw your consent and discontinue participation at anytime without negative consequences.
- Your participation in this study is confidential (i.e., the researcher will know, but will not disclose your identity). All identifying traits will be removed from the final study, and you have the right to review the work before it is submitted and have any details edited.
- This study may be used in future works and may be presented in conferences or published.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY. I HAVE AGREED TO A CONSENT FORM WRITTEN IN THE ENGLISH LANGUAGE.

NAME (please print)_____

SIGNATURE _____

PREFERRED CONTACT INFO_____

I consent to being identified in the thesis and any related publications: [ ] YES [ ] NO
I consent to the audio-recording of this interview: [ ] YES [ ] NO
I wish to be contacted to participate in the creation of the zine: [ ] YES [ ] NO

If you have any questions or concerns regarding your rights or welfare as a participant in this research study, please contact the McGill Ethics Office at ###-#### or ###-#### or (email provided).