

**Beyond Protest: Foregrounding Caregiving and Service
Organizations in Gay Political Responses to the HIV
Epidemic in Vancouver**

by
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Abstract

Scholarship on HIV/AIDS in the United States and Canada has foregrounded the importance of direct-action activism within gay community responses to the epidemic. However, community mobilization efforts in Vancouver were varied and did not begin with direct-action activism. Drawing from oral history interviews with HIV-positive long-term survivors and caregivers, I argue that the story of Vancouver's AIDS epidemic cannot be adequately told unless community caregiving efforts and early AIDS service organizations (ASOs) are placed front and centre. By providing care to those who were sick and dying and restoring value to the lives of gay men and persons with AIDS, caregiving served as a foundational practical and political response to the epidemic that predated direct-action activism by several years. Indeed, direct-action activism grew out of existing organizational responses to the epidemic in Vancouver – such as safe sex education initiatives – undertaken by the city's first ASOs. Activists built on the political foundation provided by caregivers and early ASOs while responding to the particular local conditions faced by the city's gay community. In order to understand community responses to HIV/AIDS in Vancouver, we need to broaden our conceptions of activism to make space for caregiving and various organizational responses to the epidemic alongside overt acts of resistance and protest.

Keywords: gay men; HIV/AIDS; Vancouver; caregiving; AIDS service organizations; activism

For the caregivers, who did so much unrecognized dirty work.

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Chapter 1. Introduction: AIDS Discourses, Grassroots Responses, and the Vancouver Context

As I began conducting oral history interviews for my thesis on Vancouver's HIV/AIDS epidemic in the Fall of 2017, I had some presumptions about how the city's gay community responded to the epidemic from the early 1980s to early 1990s. Building on my pre-existing analysis of a local gay and lesbian liberation periodical called *Angles*, which extensively reported on the city's epidemic and frequently advocated for activist and liberationist responses, I presumed that overt protest and resistance was the primary way in which Vancouver's gay community responded to AIDS as a political crisis.¹ Writing in October 1985, just as Vancouver's HIV/AIDS epidemic was intensifying and gaining visibility, *Angles* journalist Fred Gilbertson emphasized resistance, reiterated liberation, and argued that "AIDS is not the context by which we view our sexuality and gay liberation. Our sexuality and gay liberation are instead the context in which we approach the health crisis. AIDS is not just about dying; it is about how we live our lives, celebrate our sexuality and share our love."²

With this notion of community resistance in mind, I initially intended to utilize oral history to examine how Vancouver's gay men and their allies experienced political radicalism – largely in the form of direct-action activism – in the first decade of the city's HIV/AIDS epidemic. Speaking to Paul H. in one of my first interviews, however, my presumptions were immediately challenged. When asked about activism, Paul responded that he was never directly involved and noted that "public unrest has never been my strong point, so though I admired people who could do that, and I supported them emotionally and financially, I wasn't able to do that myself – or at least I didn't feel I was able to." As the interview continued, Paul noted that while he did not get involved in AIDS activism, he actively responded to the crisis by getting involved in caregiving: "I thought I had to be part of the solution. I had to do something about this. As people began

¹ David Myers, "AIDS: An Interview," *Angles*, May 1984; AIDS Vancouver, "AIDS Establishes Fund," *Angles*, August 1984; Lloyd Nicholson, "Ten Year Itch: Still No Action After Living With AIDS for a Decade," *Angles*, May 1991; Bryan Teixeira, "Anger Fuels Creative Action: Let's Fight Back!!!" *Angles*, September 1990.

² Fred Gilbertson, "AIDS: It Concerns Both the Living, the Ailing," *Angles*, October 1985.

to get sick, friends began to get sick... I didn't know what to do. So, I thought that becoming a nurse would be... the best possible solution as far as doing something about the epidemic.”³ By helping to shoulder the intense burden of community care during the worst years of the epidemic, Paul's work also embodied Gilbertson's assertion that AIDS was not just about death, but also about living and loving one's community.

Paul's experience proved to be the norm rather than an anomaly; as I conducted my interviews, direct-action activism was only faintly present in the narratives. Instead, my narrators consistently emphasized the critical and concrete importance of caregiving responses to the epidemic, both within and outside of AIDS service organizations (ASOs). Over the duration of the epidemic, a wide swath of Vancouver's gay community was drawn into these various caregiving roles. Indeed, of my forty-five interviewees, only two were involved in direct-action AIDS activist organizations, while approximately half were involved in various caregiving activities, which suggests that the dirty and often traumatic work of caregiving, not marching in the streets, was the primary response to the epidemic within Vancouver's gay community. As a result, my thesis shifted away from an analysis of direct-action AIDS activism in order to foreground the political importance of early ASOs and caregiving efforts within gay community responses to the epidemic in Vancouver. In order to understand the emergence of direct-action activism in Vancouver, I argue that we must look at the widespread community responses that preceded and ultimately enabled activist responses. In the second chapter, I utilize oral historical accounts of caregiving – both from the perspectives of caregivers themselves and HIV-positive, long-term survivors – to emphasize the practical and political importance of care work within the epidemic. Within a context of institutional apathy, caregiving served as a necessary first response to the epidemic in order to care for those who were sick and dying and restore value to the lives of gay men and persons with AIDS (PWAs). In the third chapter, I demonstrate how direct-action AIDS activism in Vancouver grew out of existing organizational responses to the epidemic undertaken by the city's first ASOs – such as safe sex education initiatives – and show how activists built on this political foundation while responding to the particular local conditions faced by the city's gay community. In order to critically understand community responses to HIV/AIDS in

³ Paul H., interviewed by Ben Klassen (Vancouver, BC), October 30, 2017.

Vancouver, I ultimately argue that we need to broaden our conceptions of activism to make space for caregiving and various organizational responses to the epidemic alongside overt acts of resistance and protest.

Popular, non-academic forms of analysis, such as journalism and documentaries, have extensively discussed community responses to AIDS. Recent documentary films have emphasized the radical activism of ACT UP and contextualized the organization within trends of long-standing government indifference and rampant homophobia. Through archival footage and contemporary interviews, these films tangibly portray the desperation of this period as gay men and their allies mobilized to save lives in the face of institutional indifference and fiercely advocated for the release of experimental medical treatments, for example. Other documentaries, such as *We Were Here*, have sought to portray the intensely personal and affective impacts of the early years of the epidemic, providing a close-up view of the experiences of a range of individuals, from HIV-positive gay men to caregivers and healthcare providers.⁴ A great deal of artistic output has also been generated on this topic, one example of which is Tony Kushner's Pulitzer Prize-winning play *Angels in America*, which viscerally illustrates both the political and deeply emotional impacts of the epidemic.⁵ These examples are not exhaustive, but they demonstrate that much of the early work on HIV/AIDS has been produced outside of a purely academic context by those who directly experienced the epidemic.

While deeply problematic in several ways, Randy Shilts' *And the Band Played On* provides a widely-read and provocative analysis of the mainstream response to the epidemic in the early AIDS years that has influenced much of the scholarly work that has followed. Throughout this verbose journalistic text, Shilts explores the connections between the medical field, U.S. politics, and the media, viewing these institutions as mutually responsible for the escalating epidemic due to widespread "institutional

⁴ *We Were Here*, directed by David Weissman and Bill Weber (San Francisco: Weissman Projects, 2011); *How to Survive a Plague*, directed by David France (New York City: Sundance Selects, 2012); *United in Anger: A History of ACT UP*, directed by Jim Hubbard (New York City: 2012).

⁵ Tony Kushner, *Angels in America: A Gay Fantasia on National Themes* (New York: City Communications Group, 2012).

indifference.”⁶ Citing homophobia within these institutions as the primary cause of this indifference, Shilts argues that there was a lack of media coverage and minimal government or medical response to the epidemic when it was viewed as only affecting gay men. This indifference shifted when AIDS started to visibly affect well-known celebrities and the heterosexual public, but thousands of people, predominately gay men, were already dead or dying from the disease by this time.⁷

Shilts’ text has rightfully come under a great deal of criticism for its demonization of certain groups and individuals and its simplistic, moralistic portrayal of the gay community. Indeed, for Shilts, the epidemic as a whole was a morality play between forces of good – brave journalists such as himself, for example – and evil – indifferent governments but also promiscuous gay men as embodied by the demonized figure of “Patient Zero” throughout the book. Scholars such as Douglas Crimp emphasize that Shilts ascribes equal blame to governmental indifference and promiscuous gay men in this book, thus perpetuating a moralistic, homophobic, and sex-negative construction of the epidemic.⁸ Nonetheless, many other scholars have reaffirmed Shilts’s basic assertion of widespread “institutional indifference” and media and governmental silences in the early years of the epidemic due to rampant homophobia.⁹

Beyond these popular depictions of the epidemic, AIDS has also been extensively studied by cultural theorists and literary scholars, who, following a major intellectual trend of the time, emphasized AIDS as a discursive phenomenon. Cindy Patton’s pioneering work, *Sex and Germs: The Politics of AIDS*, helped to initiate this trend by emphasizing the connections made between sex, sickness, and “homosexuals” in mainstream discourses of the epidemic. This construction of the epidemic rendered AIDS a gay disease – literally a “gay cancer,” “gay plague,” or “gay-related immune

⁶ Randy Shilts, *And the Band Played On: Politics, People, and the AIDS Epidemic* (New York: St. Martin’s Press, 1987), xxiii.

⁷ Shilts, *And the Band Played On*, xxi-xxiii; 109, 110, 126, 146, 183-4, 192, 213, 491, 510, 568, 575-86.

⁸ Douglas Crimp, “How to Have Promiscuity in an Epidemic,” in *Melancholia and Moralism: Essays on AIDS and Queer Politics*, edited by Douglas Crimp (Cambridge, Massachusetts: MIT Press, 2002), 44-54. See also James Kinsella, *Covering the Plague: AIDS and the American Media* (New Brunswick, NJ: Rutgers University Press, 1989), 159, 184; Cindy Patton, *Inventing AIDS* (New York: Routledge, 1990), 44.

⁹ For affirmation of Shilts’ argument, see: Kinsella, *Covering the Plague*, 2, 18, 210, 220; Deborah Lupton, *Moral Threats and Dangerous Desires: AIDS in the News Media* (London: Taylor & Francis, 1994), 13; Linda K. Fuller, “Introduction,” in *Media-Mediated AIDS*, edited by Linda K. Fuller (Cresskill, NJ: Hampton Press, 2003), 2-3.

deficiency” in early medical and media formulations – and portrayed gay men as guilty victims of their own sexual depravity. Gay men were made synonymous with AIDS and death, and labelled a contagion in need of confinement and quarantine rather than people in need of empathy.¹⁰ Patton notes that this mainstream AIDS discourse provided a conservative response to the push for social acceptance that had accompanied gay liberation and was used to marginalize, punish, and control gay men. Ultimately, this discourse was also part of a broader conservative backlash to perceived sexual excesses that conceptualized sexual difference in moralistic terms of sin and disease and enforced the general regulation of sexuality.¹¹ While I depart from this work in analyzing gay men’s responses to the epidemic rather than dominant discourses, an understanding of these discourses is essential for my work as they demonstrate the political context within which gay men were living as well as the dominant ideas that they were resisting at this time. Additionally, I build on Patton’s extensive analyses of safe sex and the emergence of grassroots gay community organizing throughout my thesis to demonstrate that queer political responses extend far beyond direct-action activism alone.¹²

Douglas Crimp’s early work is also foundational in conceptualizing AIDS as a discursive phenomenon. In his 1987 essay “AIDS: Cultural Analysis/ Cultural Activism,” Crimp expands on Patton’s work by suggesting that “AIDS does not exist apart from the practices that conceptualize it, represent it, and respond to it. We know AIDS only in and through those practices.”¹³ By this, Crimp is not denying the existence of HIV as a virus but is rather suggesting that there is no scientific “reality” of the epidemic that exists independently from discursive constructions of AIDS. Recognizing this is important as it allows for the epidemic to be challenged through means other than purely medical ones; representations of the epidemic can also be confronted and destabilized, and activism has a major role to play in contesting these representations. Building on this insight, I argue

¹⁰ Cindy Patton, *Sex & Germs: The Politics of AIDS* (Montreal: Black Rose Books, 1986), 4-6, 23. These associations with gay men did not disappear even after the viral cause of the epidemic was identified and explicit nomenclatural references to gayness were dropped. Cindy Patton, *Fatal Advice: How Safe Sex Education Went Wrong* (Durham: Duke University Press, 1996), 18-9.

¹¹ Patton, *Sex & Germs*, 6, 16, 28, 83.

¹² Patton, *Fatal Advice*, 96-118; Cindy Patton, *Globalizing AIDS* (Minneapolis: University of Minnesota Press, 2002), 10-25.

¹³ Douglas Crimp, “AIDS Cultural Analysis/Cultural Activism,” in *Melancholia and Moralism: Essays on AIDS and Queer Politics*, edited by Douglas Crimp (Cambridge, Massachusetts: MIT Press, 2002), 28.

that caregiving also played a major role in challenging mainstream constructions of the epidemic. In “How to Have Promiscuity in an Epidemic,” Crimp challenges the moralistic discourse implicit in the work of Shilts and many others within the gay community at the time. Within this moralistic framework, promiscuity is viewed as destroying the gay community just as much as any external force of indifference or intolerance. In contrast to these conservatizing depictions, Crimp argues that a continued emphasis on liberation and promiscuity offers a means of combatting the epidemic within the community, specifically in the form of the safe sex practices that have emerged as a direct result of the community’s innovative, subversive approach to sex that allows for a wide variety of sexual practices and adaptation.¹⁴ In short, Crimp suggests that there is a need for a counter-discourse premised on continued liberation and that this, rather than abstinence, will be what saves the community.

Other scholars have since confirmed many of Patton and Crimp’s main assertions, suggesting that AIDS was portrayed as a disease of the gay, stigmatized, promiscuous “other” and not an illness relevant to the general public. Deviant groups – such as gay men, drug users, sex workers, and racial minorities – provided the perfect scapegoats for the epidemic and were labelled as “at-risk” others, while the public was constructed as “safe,” thus obscuring the broad societal scope of the epidemic and the need for a widespread response.¹⁵ Drawing upon previous stereotypes and ideologies of homosexuality, promiscuity, and sickness, mainstream constructions of AIDS reproduced ideologies such as homophobia and sex negativity. In this sense, we can see that, in Paula Treichler’s words, “the AIDS epidemic has produced a parallel epidemic of meanings, definitions, and attributions,” which demonstrates the need to confront AIDS as a discursive as well as medical phenomenon.¹⁶

Building on this notion of AIDS discourses and representation, the relationship between AIDS and mainstream constructions of the epidemic has also been

¹⁴ Crimp, “How to Have Promiscuity in an Epidemic,” 46, 50-4, 56, 64, 81.

¹⁵ Patton, *Sex & Germs*, 5-6, 23; Patton, *Inventing AIDS*, 26; Lupton, *Moral Threats*, 20, 27; Douglas Crimp, “AIDS: Cultural Analysis/Cultural Activism,” 28-30. This construction of AIDS and gay sex as tied to disease has been affirmed within the Canadian context as well. Gary Kinsman, *The Regulation of Desire: Homo and Hetero Sexualities*, 2nd ed. (Montreal: Black Rose Books, 1996), 4, 347-8.

¹⁶ Paula A. Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS* (Durham, NC: Duke University Press, 2004), 1.

conceptualized as a moral or sexual panic. As defined by Jeffrey Weeks, and further articulated by Chas Critcher and Gilbert Herdt, such panics present irrational, exaggerated, and distorted responses to assumed threats that are projected onto individuals or groups – based on pre-existing stigmas or discourses – producing largely imagined sexual monsters or moral scapegoats. In the resulting hysteria, subtle discourses and ideologies crystallize, revealing discrepancies of power in overt ways. Such hyperbolic reactions rely on media as a means of distortion and amplification, highlighting the media’s crucial role in crafting discourses.¹⁷ This theory has obvious applications within the AIDS context: with the emergence of the epidemic, black people, sex workers, and, especially, gay men became scapegoats for a variety of pre-existing fears that had little to do with physical sickness. As Jeffrey Weeks argues, “[A] number of different histories intersect in and are condensed by AIDS discourse. What gives AIDS a particular power is its ability to represent a host of fears, anxieties and problems in our current, post-permissive society.”¹⁸ AIDS thus served as a means of expressing a variety of vague yet powerful fears, ranging from racism and homophobia to concerns over sexual liberation generally, by applying these anxieties to degenerate, transgressive bodies.

Building on this scholarly literature, my project focuses on gay men’s responses to the epidemic, which diverge substantially from the dominant discourses emphasized by Crimp, Patton, and others. While dominant discourses often demonized gay men and sought to disempower them, an examination of gay men’s experiences allows for an analysis of how gay men resisted these discourses and demonstrates what Laura Downs has referred to as “the (often glaring) disjuncture between [individuals’] own experiences and the categories of power/knowledge available to them.”¹⁹ In short, gay men’s

¹⁷ Jeffrey Weeks, *Sexuality and Its Discontents: Meanings, Myths, and Modern Sexualities* (London: Routledge, 1985), 45; Chas Critcher, “Introduction: More Questions Than Answers,” in *Critical Readings: Moral Panics and the Media*, edited by Chas Critcher (Maidenhead: Open University Press, 2006), 2-3; Gilbert Herdt, “Introduction: Moral Panics, Sexual Rights, and Cultural Anger,” in *Moral Panics, Sex Panics: Fear and the Fight Over Sexual Rights*, edited by Gilbert Herdt (New York: NYU Press, 2009), 2-3, 5.

¹⁸ Jeffrey Weeks, “AIDS: The Intellectual Agenda,” in *Critical Readings: Moral Panics and the Media*, edited by Chas Critcher (Maidenhead: Open University Press, 2006), 78.

¹⁹ Laura Downs, “Reply to Joan Scott,” *Society for Comparative Studies in Society and History* 35, no. 2 (April 1993): 449. See also, for example, Margot Francis’s discussion of the disjuncture between discourses of sexual identity and the realities of desire and sexual experience. Margot Francis, “On the Myth of Sexual Orientation: Field Notes from the Personal, Pedagogical, and Historical Discourses of Identity,” in *Queerly*

experiences of the epidemic were undoubtedly *shaped by* dominant discourses, but these experiences *are not reducible to* said discourses.

Compared to discursive analyses of the epidemic, less work has focused on gay men's lived experiences of the epidemic and how these experiences interacted with AIDS discourses. Jennifer Brier's *Infectious Ideas* offers an exception to this trend as she devotes a sizable portion of her text to an examination of how various U.S. gay periodicals and community AIDS workers re-imagined sexual liberation within the context of the epidemic and rejected the dominant anti-gay and anti-sex discourses of the mainstream in the process. Brier emphasizes AIDS as a dynamic political phenomenon in which the meanings attached to the epidemic were contested and politicized by a variety of gay community organizations and actors. Through safe sex education, the provision of essential services through ASOs, and direct-action activism alike, gay men reasserted sexual liberation and resisted the political status quo.²⁰ In placing gay experiences of the epidemic at the center of her analysis and highlighting the interconnected relationship between AIDS activism and ASOs, Brier's text serves as a foundational piece of scholarship for my work within the Vancouver context. While I build on Brier's extensive analysis of ASOs' safe sex campaigns, my analysis also emphasizes community caregiving efforts, which Brier does not extensively examine.²¹

My work also builds on Philip M. Kayal's analysis of early organizational caregiving responses to the epidemic in New York City in *Bearing Witness: Gay Men's Health Crisis and the Politics of AIDS*. Kayal's in-depth analysis of Gay Men's Health Crisis (GMHC), which was the largest ASO in the world in the 1980s, emphasizes that caregiving served both practical and political purposes by providing PWAs with support and care, while also challenging widespread homophobia and fear about AIDS. Furthermore, Kayal argues that caregiving served as the primary means of reaffirming gay community and identity in the early years of the epidemic, thus helping the

Canadian: An Introductory Reader in Sexuality Studies edited by Maureen FitzGerald and Scott Rayter, 1-22 (Toronto: Canadian Scholars Press, 2012).

²⁰ Jennifer Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (Chapel Hill: University of North Carolina Press, 2009), 1, 5, 14. My honours thesis also focused explicitly on gay media representations of the epidemic and found a similar advocacy for gay liberation and safer sex in the Vancouver context to that emphasized by Brier within the United States.

²¹ Brier, *Infectious Ideas*, 1, 4.

community cohere and mobilize. This affirmation of gay identity and community provided a foundation for activist responses to the epidemic that emerged in the late 1980s.²² I bring Kayal's insights on the practical and political impacts of organizational caregiving to my analysis of Vancouver's ASOs, but I also suggest that we need to make space for informal caregivers who looked after friends and partners outside of organizational contexts if we want to fully understand the value and pervasiveness of caregiving work. Additionally, Kayal does not exhaustively outline what these caregiving roles within GMHC looked like in practice.²³ In contrast, my work focuses on the intimate and private interactions between caregivers and PWAs as revealed in my oral history interviews.

Similarly, Deborah B. Gould's study of ACT UP New York, *Moving Politics*, examines queer activists' experiences of the epidemic with a specific emphasis on emotional affect. In utilizing oral history methods, focusing on the intimate experiences of gay community members engaged in grassroots mobilization, and explaining the emergence of ACT UP in relation to increasingly antagonistic government responses to the epidemic, Gould's book provides a useful model for my own work.²⁴ However, her analysis also privileges one form of community response – direct-action activism – over others and conceptualizes direct-action activism as distinct from other forms of queer mobilization in response to the epidemic. In this sense, I see Gould as representative of a larger trend in rendering direct-action AIDS activists hypervisible and omnipresent in narratives of the epidemic.²⁵ As Patton argues, direct-action AIDS activism was preceded by – and interacted with – other crucial forms of community organizing and mobilization that should also be conceptualized as activist in nature.²⁶ Building on the insights of Patton, Brier, and Kayal, I argue against Gould's assertion of direct-action activists' centrality by suggesting that we need to, first, conceptualize various community

²² Kayal, *Bearing Witness*, xv, xvii, 3, 5, 9, 24-5, 27, 35, 64, 80-1, 204.

²³ Kayal, *Bearing Witness*, 208.

²⁴ Deborah B. Gould, *Moving Politics: Emotion and ACT UP's Fight Against AIDS* (Chicago: University of Chicago Press, 2009), 2-6.

²⁵ Gould, *Moving Politics*, 61-2, 64, 71-3, 78, 80, 85-9, 121-2, 135-6, 150-3, 170; Tim McCaskell, *Queer Progress: From Homophobia to Homonationalism* (Toronto: Between the Lines, 2016), 200-1, 208, 241, 247-8; Dennis Altman, *The End of the Homosexual?* (Brisbane: University of Queensland Press, 2013), 58, 124-5; *United in Anger* [film].

²⁶ Patton, *Globalizing AIDS*, xvi-xvii, 1-2.

responses as more integrated than Gould suggests, and second, look beyond narrow definitions of activism to acknowledge the crucial role of caregiving in community responses to the epidemic.

In addition to Gould's work on ACT UP, I also engage with Benita Roth's analysis in *The Life and Death of ACT UP/LA* to emphasize the importance of analyzing the local sociopolitical context if we wish to understand the emergence of direct-action activism in Vancouver. Roth argues against the conflation of AIDS activism with ACT UP New York and reasserts the critical importance of geographical and historical context in shaping local responses to HIV/AIDS. According to Roth, ACT UP/LA was shaped by the specific history of gay and lesbian organizing in Los Angeles and by particular local conditions in the city during the epidemic, such as the indifference of county health authorities.²⁷ As a result, many of the actions that ACT UP/LA engaged in were aimed at achieving immediate local goals, and Roth thus argues that the rise and fall of ACT UP/LA can only be explained through an analysis of the Los Angeles context.²⁸ While her work does not extensively analyze the relationship between ACT UP/LA and caregiving or ASOs, Roth suggests that we must pay close attention to historical context in order to understand the local permutations of community mobilization efforts, and this is an insight that I bring to my analysis of the Vancouver context.

My project is situated within a robust body of literature on the history of sexuality in Canada. Recent scholarship has challenged the universalism often attributed to the U.S. context. Additionally, it interrogates the construction of sexual identities and the role of sexuality in the construction of Canadian identities and national myths.²⁹ Other major Canadian works have provided broad analyses of the gay and lesbian activist movements within Canada and the advancement of gay and lesbian rights. While these works do not focus solely on the AIDS epidemic, they have helped to situate my analysis of community responses to the epidemic in Vancouver within a larger geographic and

²⁷ Roth, *The Life and Death of ACT UP/LA*, 2-7, 12, 14.

²⁸ Roth, *The Life and Death of ACT UP/LA*, 9, 34-9, 161, 196-7.

²⁹ *Queerly Canadian: An Introductory Reader in Sexuality Studies*, edited by Maureen FitzGerald and Scott Rayter provides a strong overview of the state of the field in the Canadian context. Scott Rayter. "Introduction: Thinking Queerly about Canada," in *Queerly Canadian: An Introductory Reader in Sexuality Studies*, edited by Maureen FitzGerald and Scott Rayter (Toronto: Canadian Scholars Press, 2012), xvi-xviii.

historical context of queer political mobilization in Canada and provide evidence of how gay political responses to the epidemic in Vancouver built upon specific and pre-existing forms of community mobilization across the country.³⁰

Vancouver's AIDS epidemic has received very little academic attention thus far. Michael P. Brown's *RePlacing Citizenship: AIDS Activism and Radical Democracy* provides a rare exception to this lack of focus on the Vancouver AIDS context as a monograph-length case study of AIDS politics within the city. Brown's in-depth analysis of Vancouver's various AIDS service and activist organizations and programs – such as AIDS Vancouver, ACT UP Vancouver, and the Vancouver PWA Coalition – has been valuable to my work, which builds substantially on his insights. However, despite a brief chapter on the history of Vancouver's epidemic, the main thrust of Brown's analysis is geographical rather than historical, as he is primarily interested in exploring the relationship between space, the state, and citizenship in a specific temporal context rather than constructing a historical narrative of AIDS in the city. Indeed, Brown's work focuses on a very narrow time period between January 1992 and June 1993, which is near the end of the larger chronology that I analyze here.³¹ Furthermore, while Brown's analysis of the city's ASOs is commendable, his analysis of AIDS activism in Vancouver is problematic and overly dismissive. Thus, while my project builds on Brown's broader contextual evidence, my analysis diverges by examining gay men's experiences and grassroots understandings of the epidemic within a wider temporal context.

In general, AIDS scholarship has focused disproportionately on the United States, with a relative lack of analysis of the Canadian context as a whole. Indeed, North American AIDS scholarship has focused disproportionately on just three cities, specifically New York City, San Francisco, and, to a lesser extent, Los Angeles.³² This is problematic since the Canadian epidemic developed in different ways, at a slower pace, and in a different health care context compared to the American one. Additionally,

³⁰ Kinsman, *Regulation of Desire*; Miriam Smith, *Lesbian and Gay Rights in Canada: Social Movements and Equality-Seeking, 1971-1995* (Toronto: University of Toronto Press, 1999); Tom Warner, *Never Going Back: A History of Queer Activism in Canada* (Toronto: University of Toronto Press, 2002).

³¹ Michael P. Brown, *RePlacing Citizenship*, 3, 26-9, 32.

³² Michael P. Brown, *RePlacing Citizenship: AIDS Activism and Radical Democracy* (New York: Guilford Press, 1997), 32. For example: Gould, *Moving Politics*; Brier, *Infectious Ideas*; Benita Roth, *The Life and Death of ACT UP/LA: Anti-AIDS Activism in Los Angeles from the 1980s to the 2000s* (New York: Cambridge University Press, 2017).

Canadian scholarship has tended to focus on central Canada, and Toronto especially, leaving Vancouver doubly neglected.³³ As a result, very few in-depth studies have been undertaken on Vancouver's gay community or its AIDS epidemic specifically.

More work is needed on Vancouver's AIDS epidemic specifically as it provides a novel context in several ways. Prior to the epidemic, the city had boasted a variety of gay organizations, such as the Association for Social Knowledge, formed in 1964, and the Vancouver Gay Liberation Front, created in 1970, as well as gay periodicals, like *Gay Tide*. This placed Vancouver's gays and lesbians at the forefront of Canadian gay activism and liberation as they claimed a visible space within Vancouver's landscape. Facilitated by Vancouver's smaller size in comparison to Montreal or Toronto, these pre-existing gay and lesbian networks provided a community-based framework that would be crucial in combating AIDS in the years that followed.³⁴ Due to this heightened visibility, the city's small size, and the legacy of extensive organization, Vancouver was particularly poised to meet the demands of the epidemic within the broader Canadian context. Additionally, the HIV/AIDS epidemic did not have the same immediate effects in Vancouver as it had in San Francisco or New York City. While a mere 36 AIDS cases had been diagnosed throughout B.C. prior to 1985, the number of cases increased by nearly ten times in the three years that followed and reached nearly 1,000 cases by 1990. By the end of 1998, approximately 2,400 British Columbians had developed AIDS, and 2,000 of these individuals had died from the condition. The vast majority of these cases occurred in Vancouver, particularly among men who were having sex with men (MSM), with this population accounting for roughly 2,000 of the British Columbian AIDS cases.³⁵

³³ Ann Silversides, *AIDS Activist: Michael Lynch and the Politics of Community*, (Toronto: Between the Lines, 2003), 86; Kinsman, *Regulation of Desire*, 15; Smith, *Lesbian and Gay Rights in Canada*, 44-7, 52.

³⁴ Kinsman, *Regulation of Desire*, 230-5, 291; Miriam Smith, *Lesbian and Gay Rights in Canada*, 53-5; David M. Rayside and Evert A. Lindquist, "AIDS Activism and the State in Canada," *Studies in Political Economy* 39 (Autumn 1992): 49.

³⁵ A public health category designed to include men who engage in same-sex sex without necessarily identifying as gay (e.g., bisexual and straight men). While this may be a useful epidemiological category, I decline to use it due to its privileging of homogenizing medicalized categories over complex identities – no one, after all, identifies as a "MSM." Of course, the number of HIV+ British Columbians, including those who had not gone on to develop AIDS, was much higher. As of the end of 1998, the BCDC estimated that this number stood around 9,400: BC Centre for Disease Control, STD/AIDS Control. *HIV/AIDS Update: Year End 1998* ([Vancouver], 1999), 2, 6, 10-11, 14; Canada, Health Canada, Division of HIV/AIDS Surveillance, *AIDS in Canada: Annual Report on AIDS in Canada, December 1996* ([Ottawa], 1996), 7; 14-15; 18.

Vancouver was often on the leading edge of AIDS developments in Canada and North America as a whole. During the worst years of the epidemic in the late 1980s and early 1990s, Vancouver had the highest per capita rate of HIV infection in Canada.³⁶ It was also governed by the conservative and homophobic Social Credit Party, who actively avoided dealing with AIDS. For example, they were the only provincial government in Canada not to fully fund AZT, the only HIV treatment available at the time, in the late 1980s, which rendered treatment prohibitively expensive for many PWAs in the province.³⁷ This meant that Vancouver's gay community was particularly neglected, even within Canada, where per capita government expenditure on AIDS in the early years of the epidemic fell short of the modest sums provided in Reagan's U.S. and Thatcher's Britain.³⁸ Because of this, Vancouver also produced the quickest and most diverse grassroots response to the AIDS epidemic in Canada, starting with the formation of the country's first AIDS organization, AIDS Vancouver, in January 1983. When AIDS activism moved in a more radical, treatment-based direction in the mid-1980s, Vancouver was also at the forefront with the establishment of the PWA Coalition in 1986. These organizations allowed Vancouver to lead the way in Canada in terms of offering a wide array of testing and counseling services. However, the wide spectrum of organizations also produced an unusual degree of tension among AIDS organizations in Vancouver compared to those in Canada's other major cities.³⁹ Thus, Vancouver warrants study not only for its novelty, but also for its exemplification of extreme governmental indifference and fertile grassroots response.

By the mid-1990s, Vancouver was among the leading cities in the world for HIV research and remains a leader in this field to this day under the influence of the B.C. Centre for Excellence in HIV/AIDS.⁴⁰ Indeed, Vancouver has been the primary site of

³⁶ Rayside and Lindquist, "AIDS Activism": 55-6; Brown, *RePlacing Citizenship*, 43-4.

³⁷ Brown, *RePlacing Citizenship* 43-4, 47-8; Silversides, *AIDS Activist*, 142, 145; Raymond A. Smith, ed, *Encyclopedia of AIDS: A Social, Political, Cultural, and Scientific Record of the HIV Epidemic*, revised ed (New York: Penguin Books, 2001), 113.

³⁸ Rayside and Lindquist, "AIDS Activism and the State in Canada," 39-41.

³⁹ Raymond A. Smith, *Encyclopedia of AIDS*, 113; Silversides, *AIDS Activist*, 99, 142-3; Rayside and Lindquist, "AIDS Activism," 55-6; Warner, *Never Going Back*, 163, 251; AIDS Vancouver, "AIDS Establishes Fund," *Angles*, August 1984; Lloyd Nicholson, "Ten Year Itch: Still No Action After Living With AIDS for a Decade," *Angles*, May 1991; Bryan Teixeira, "Anger Fuels Creative Action: Let's Fight Back!!!" *Angles*, September 1990.

⁴⁰ Brown, *RePlacing Citizenship*, 31-2; Cindy Patton, "Rights Language and HIV Treatment: Universal Care or Population Control?," *Rhetoric Society Quarterly* 41, no. 3 (May 2011): 252.

testing for a new HIV prevention paradigm in recent years under the provincial government's "Seek and Treat for Optimal Prevention of HIV/AIDS" model. This model has seen the scale-up of a "treatment-as-prevention" (or TasP) approach to combatting HIV, which prioritizes the treatment of HIV-positive individuals with antiretrovirals province-wide and free of charge in order to combat HIV on a population level. As Cindy Patton notes, this shift toward population health has necessitated a turning away from individual-based rights and the lived experiences of those living with HIV, which had been at the center of earlier AIDS activism, and has produced a more institutionalized, dehumanized, cost-based approach to prevention in the city. It has also undermined broad political critiques articulated through responses to the epidemic by early community activists, who emphasized the epidemic's roots in racism, homophobia, and sexism – social issues that this new paradigm does little to resolve.⁴¹ Other scholars have emphasized that the implementation of treatment-as-prevention has come with increased surveillance, regulation, and re-medicalization.⁴² Given the size of both the city and its gay population, this has rendered Vancouver an especially medicalized context, dominated by one major research institution and a particular HIV prevention paradigm, which undoubtedly shapes the way the epidemic is remembered in the present.

My work also draws from a variety of theoretical sources, including feminist theory and gender history, particularly Joan Scott's assertion that "gender is a primary way of signifying relationships of power," to explain the differing values assigned to activism and caregiving in community narratives of mobilization.⁴³ In foregrounding how gender has shaped our understanding of the epidemic, I build on Cindy Patton's analysis in *Last Served? Gendering the HIV Pandemic*, which demonstrates how early constructions of the epidemic were deeply gendered and relied upon a presumption of the PWA as normatively male. Within this construction, women at risk of AIDS were portrayed as deviant exceptions in need of policing, while women in the "general public" were rendered "safe" but in need of protection. This dichotomy was inscribed along the

⁴¹ Patton, "Rights Language," 252-8; 263.

⁴² Adrian Guta, Stuart J. Murray, and Marilou Gagnon, "HIV, Viral Suppression and New Technologies of Surveillance and Control," *Body & Society* 22, no. 2 (June 2016): 83-5, 91-3.

⁴³ Joan W. Scott, "Gender: A Useful Category of Historical Analysis," *The American Historical Review* 91, no. 5 (1986): 1067.

lines of raced and classed assumptions about womanhood.⁴⁴ Drawing from feminist analyses of activism, social movements, and caregiving, I argue that gender has also implicitly shaped our understandings of community responses to the epidemic, which has ultimately allowed for the privileging of masculinized responses – such as direct-action activism – over equally important but feminized (and therefore less valuable) responses – such as caregiving.⁴⁵ My analysis of caregiving in Vancouver illustrates that historians must be aware of these gendered assumptions and how they continue to shape our analyses by illuminating certain types of political agency while obscuring other equally important political work. A critical understanding of gender is necessary to help us deconstruct these assumptions.

I also build on recent scholarship that emphasizes how scholars' biases in favour of masculinist definitions of political radicalism can distort our analyses of the past if we pursue radicalism uncritically. As Martin Meeker's analysis of the Mattachine Society illustrates, by favouring overt resistance and protest, historians overlook political work that may be more effective in producing social and political change within a given historical context. While earlier scholars lauded the visibly radical early iteration of the Mattachine Society, Meeker argues that it is the latter, more "respectable" version of the Society that had a greater political and social impact compared to its radical, Marxist predecessor. In short, Meeker suggests that the later Society's mask of respectability has fooled scholars into dismissing the organization's underlying and essential political impact during this period.⁴⁶ Building on Meeker's work, as well as Cindy Patton's work, I argue that the reason why HIV/AIDS scholarship so strongly foregrounds activism is because it reflects historians' idealization of protest and resistance in the present.⁴⁷ I further argue that caregiving responses to Vancouver's epidemic represent another

⁴⁴ Cindy Patton, *Last Served? Gendering the HIV Pandemic* (London: Taylor & Francis, 1994), 1, 5-9, 11-2, 49, 77.

⁴⁵ Zemlinskaya Yulia, "Social Movements Through the Gender Lens," *Sociology Compass* 4, no. 8 (2010): 629, 634; Myra Marx Ferree, "Filling the Glass: Gender Perspectives on Families," *Journal of Marriage and Family* 72 (June 2010): 420-1, 424, 430; Nona Glazer, "Overlooked, Overworked: Women's Unpaid and Paid Work in the Health Services' 'Cost Crisis,'" *International Journal of Health Services* 18, no. 1 (1988): 119-120, 125, 130-1.

⁴⁶ Martin Meeker, "Behind the Mask of Respectability: Reconsidering the Mattachine Society and Male Homophile Practice, 1950s and 1960s," *Journal of the History of Sexuality* 10, no. 1 (2001): 79-82, 88-9, 116.

⁴⁷ Cindy Patton, *Globalizing AIDS*, 3-4.

instance of presumably less-resistive political mobilization having a greater political and social impact compared to protest-based tactics.

My analysis of how Vancouver's gay men responded to the local epidemic on a grassroots level is based on 45 interviews conducted with a diverse group of older men and women born before 1970. Informants vary in race, HIV serostatus, and their relationship to the epidemic (for example, activist vs. non-activist; HIV-positive survivors vs. caregivers). The majority (approximately 85 percent) of these interviews were conducted with gay, queer, or Two-Spirit men by myself (approximately two-thirds of all interviews) in my role as project coordinator of "HIV in My Day," an ongoing community-based oral history project that collects stories of the early years of British Columbia's HIV/AIDS epidemic from long-term survivors and caregivers. Interviews were conducted at a local gay men's health office in the West End and were audio or audio-visual recorded, depending on interviewee preference. The overarching goal of these interviews was to collect information on how Vancouver's gay men experienced and responded to the first decade of the epidemic and how this shaped their contemporary views on HIV in the present. While the interviews were open-ended and conversational, with questions being adapted to address and expand upon individuals' unique experiences in a manner consistent with oral history methodology, we used an open-ended interview guide to ensure some consistency across a variety of interviewers. Questions included: How did you change your sexual practices in response to AIDS? How did your identity shape your experience of the epidemic? How did your community respond to the epidemic?

While other informants discussed these themes, fifteen informants spoke most extensively to themes of community activism and caregiving. Approximately one-third of the narrators were caregivers, while the other two-thirds were long-term survivors. As caregiving came up much more extensively in my interviews than did direct activism, I have supplemented my own interviews with five Vancouver-based oral history interviews from the AIDS Activist History Project to add depth to my analysis of activism in

Vancouver. I also draw on three biographies and memoirs by gay men that address the early AIDS years.⁴⁸

Additionally, I examine *Angles*, a local gay periodical that was published from 1983 to 1998, thus covering the full period under analysis in my thesis. At its peak circulation, *Angles* published between 15,000 and 20,000 copies a month, reaching a relatively wide audience within Vancouver and some other areas of British Columbia. As a volunteer-based paper, *Angles* accepted contributions from anyone willing to write for the paper, but maintained a commitment to gay and lesbian perspectives and sexual liberation.⁴⁹ In reality, this often amounted to the dominance of white male perspectives over the alternative voices of racial minorities and women, since the collective was largely composed of white men. *Angles* consistently reported on AIDS developments locally and internationally from its first monthly issue to its last, with their AIDS coverage reaching its pinnacle in the mid-1980s to early 1990s as Vancouver's epidemic also reached its climax. Ultimately, *Angles* served as a means through which Vancouver's gay and lesbian community could engage with and counter the dominant discourses propounded in U.S. and Canadian mainstream media. I use this publication to triangulate and add an additional dimension to the oral histories that are at the center of my analysis.

In conducting and analyzing oral history interviews about the AIDS epidemic, my project engages with scholarship pertaining to the complexities of trauma and memory, as analyzed extensively by Cathy Caruth and Jean-Francois Lyotard. According to these scholars, we must dispel any notion of accessing objective "truth" within traumatic histories, such as that experienced by the gay community during the AIDS epidemic, as these experiences are inherently inaccessible and resistant to representation.⁵⁰ Caruth suggests that attempts to narrate trauma in a representational mode can only fail as the experience is inherently one of contradiction and fragmentation and thus does not allow

⁴⁸ AIDS Activist History Project, (<https://aidsactivisthistory.ca/>); Ann Silversides, *AIDS Activist: Michael Lynch and the Politics of Community*, (Toronto: Between the Lines, 2003); McCaskell, *Queer Progress*; Altman, *The End of the Homosexual?*

⁴⁹ As of 1997, *Angles* was available at "hundreds of distribution points, from Bowen Island to Hope, from Whistler to White Rock... [and] also... in a variety of cities outside of BC." "Test for the Truth," *Angles*, October 1997; "A Statement of Principles," *Angles*, August 1987.

⁵⁰ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins University Press, 1996), 18-20; Jean-Francois Lyotard, *Heidegger and "the jews"* translated by Andreas Michel and Mark S. Roberts (Minneapolis: University of Minnesota Press, 1990), 23.

for internal understanding, never mind simple external narration. Indeed, any attempt to narrate the traumatic experience, according to Caruth, misses or betrays the “truth” of the experience, which cannot be simply seen or shown.⁵¹ Within the context of the Holocaust, Lyotard also suggests that attempts to represent trauma fail to adequately do so, as narratives are necessarily selective: that which is not actively remembered through a given narrative is essentially forgotten.⁵² In this sense, narrating trauma can also encourage a forgetting of its inherent unrepresentability, thus allowing for a minimization or dismissal of the full impact of the event. Lyotard further notes that collective, institutionalized forms of memory can only form through a selective, exclusive process of “wrapping-up” in which certain types of memories are emphasized and legitimated over others to produce a cohesive, homogenous narrative out of heterogeneous, non-referential memory. This “wrapping-up” fails to represent the “reality” of the traumatic event and is also highly political in the way it chooses certain forms of memorialization to legitimate ideology.⁵³

Christopher Castiglia and Christopher Reed bring these insights about trauma and memory to bear on the AIDS epidemic in *If Memory Serves: Gay Men, AIDS, and the Promise of the Queer Past*. Like Lyotard and Caruth, Castiglia and Reed argue that memory about the AIDS epidemic cannot provide a factual, empirical representation of the past and is always “incomplete, fragmented, affect-saturated, and for these reasons continually open to the imaginative processes of rearticulation, reinvention, and adaptation.”⁵⁴ In short, we cannot fully access “what actually happened” during the epidemic through memory; however, the ways in which AIDS is currently being reconstructed in memory may provide us with a means of assessing how dominant discourses within the gay community are shaping individual recollections of the epidemic in the present. Indeed, Castiglia and Reed note that collective memory of the epidemic is highly selective in order to replicate dominant discourses and sanction certain types of memory – specifically, ones that serve a conservatizing, de-radicalizing impetus – while

⁵¹ Caruth, *Unclaimed Experience*, 2-6, 27, 92.

⁵² Lyotard, *Heidegger*, 7-8, 20, 26.

⁵³ Lyotard, *Heidegger*, 3, 7-8, 20-1, 26.

⁵⁴ Christopher Castiglia and Christopher Reed, *If Memory Serves: Gay Men, AIDS, and the Promise of the Queer Past* (Minneapolis: U of Minnesota Press, 2012), 23.

others are denied space.⁵⁵ Castiglia and Reed thus emphasize that memories of the epidemic cannot be divorced from ideology and our current conservative political moment, as moralism greatly impacts the way AIDS is remembered, which in turn reinforces conservative ideology and sexual politics.⁵⁶

Caruth and Lyotard's problematization of representation and truth in processes of remembering has been echoed by historians. Scholars such as Joan W. Scott have challenged the uncritical use of personal experience as historical evidence and emphasized the importance of discourse and ideology in the constitution of subjectivity and experience. Similarly, within the context of AIDS, Cindy Patton argues that knowledge and individual experience of the HIV epidemic is shaped by the competing meanings assigned to the epidemic on national and global levels – by scientific discourses, for example – in addition to an individual's local and immediate context.⁵⁷ This has clear ramifications for oral history but it certainly does not undermine the importance of oral historical research. Rather than viewing oral narratives as empirical, objective fact, oral historians have increasingly emphasized the subjectivity of such narratives, which provides insight into individuals' interpretations of the past and understandings of their own identities through the lens of storytelling.⁵⁸ Similarly, scholars have emphasized that oral history allows for an examination of the complex relationships between past and present, and individual and collective memories, as dominant narratives and cultural myths interact with and shape individual recollections. Oral histories within this context can become a way of complicating dominant narratives, or forms of collective memory, that may eliminate nuance and variance in favour of homogeneity, while also offering a perspective into the formation of identities.⁵⁹ In short,

⁵⁵ Castiglia & Reed, *If Memory Serves*, 11-2, 40.

⁵⁶ Douglas Crimp, "Melancholia and Moralism: An Introduction," in *Melancholia and Moralism: Essays on AIDS and Queer Politics*, edited by Douglas Crimp (Cambridge, Massachusetts: MIT Press, 2002), 4-8, 12; Castiglia & Reed, *If Memory Serves*, 1-2, 9, 20.

⁵⁷ Joan W. Scott, "The Evidence of Experience," *Critical Inquiry* 17 (Summer 1991): 777; Patton, *Globalizing AIDS*, xix-xxii, xxv, 3. Other scholars, such as Laura Downs have argued that this idea of experience as socially constructed should not entail a negation of that experience's reality – experience can be both discursively constituted and real. Downs, "Reply to Joan Scott," 448.

⁵⁸ Elizabeth Lapovsky Kennedy, "Telling Tales: Oral history and the construction of pre-Stonewall lesbian history," in *The Oral History Reader*, eds. Robert Perks and Alistair Thomson (New York: Routledge, 2006), 272-3.

⁵⁹ Kennedy, "Telling Tales," 275-6; Alistair Thomson, "Anzac Memories: Putting Popular Memory Theory into Practice in Australia," in *Oral History* 2 (1990): 26, 31; Pamela Sugiman, "Passing Time, Moving

while oral history may not offer an unmediated window into the past, it has much to offer the historian in its subversion of dominant narratives and recovery of a multiplicity of perspectives on the past. My interviews were conducted with this view of oral history in mind and in a reflexive manner, in which the production of meaning and knowledge within the interview setting is recognized as a product of both the narrator and myself, and our respective subjectivities.⁶⁰ Since both myself and my informants were gay men, this may have resulted in a somewhat idealized construction of the story of our shared community; however, my narrators' stories also frequently problematized and complicated an idealized construction of Vancouver's gay community during this period.

Collectively, these sources allow for an analysis of how Vancouver's gay community responded to the AIDS epidemic and its accompanying homophobic mainstream discourses through interconnected forms of political mobilization, which were not limited to direct-action activism. In order to understand the particular local conditions that led to the emergence of direct-action activism in Vancouver, I argue that we must broaden our conception of activism and examine earlier, foundational forms of community mobilization in the city. Both within and outside of ASOs, looking after those who were sick and dying was the first, most essential, and most widespread political response to the epidemic, and direct-action activists built on this practical, political, and organizational work. Ultimately, the story of Vancouver's AIDS epidemic cannot be adequately told unless community caregiving efforts are placed front and centre.

Memories: Interpreting Wartime Narratives of Japanese Canadian Women," *Histoire Sociale/Social History* 37 (2004): 56-7; Alessandro Portelli, *The Death of Luigi Trastulli, and Other Stories: Form and Meaning in Oral History* (Albany: State University of New York Press, 1991).

⁶⁰ Kennedy, "Telling Tales," 279.

Chapter 2. “Facing it Together”: Foregrounding Early Caregiving Responses to Vancouver’s HIV/AIDS Epidemic

On June 15, 1986, the Vancouver Persons With AIDS (PWA) Coalition held its first annual AIDS Walk along the scenic Stanley Park seawall near the city’s gay neighbourhood in Vancouver’s West End. The event was conceptualized both as a means of raising awareness about HIV within the city and as a fundraiser for the recently formed AIDS service organization (ASO), whose main goal was to provide direct support to the city’s growing number of PWAs. Approximately one hundred people participated in the ten-kilometer walk – including a drag queen who completed the entire walk in high heels – and it was the first of its kind in Canada.¹ At the time, the PWA Coalition solely relied upon community fundraising to support their crucial services, and the AIDS Walk was an immediate success, raising \$7900 in 1986. Throughout the late 1980s and early 1990s, the AIDS Walk grew substantially, becoming a major and visible event in the city, one which included families, celebrities, politicians, and various musical and artistic performances. This growth was evidenced by the event’s increasing number of participants; while just over 100 walkers participated in the 1988 iteration of the AIDS Walk, this number grew to 4000 participants in 1991 and to over 10,000 participants in 1993. The event soon became the PWA Coalition’s largest source of funding, with the 1991 walk raising \$280,000. By 1996, similar AIDS Walks were happening in 120 cities across Canada, providing further evidence of the event’s success.²

The PWA Coalition’s AIDS Walk is just one example of the prominence and visibility of ASOs in the early years of Vancouver’s HIV epidemic as the support and caregiving programs foregrounded by organizations like AIDS Vancouver, the first ASO in the city, and the PWA Coalition were widely supported and celebrated by Vancouver’s

¹ British Columbia Persons With AIDS Society, “A 20-Year History of the British Columbia Persons With AIDS Society – 1986-2006,” 2006, 68; Gordon M., interviewed by Ben Klassen (Victoria, BC), December 20, 2017; “Walk for AIDS ’94,” *Angles*, July 1994.

² BC PWA Society, “20-Year History,” 10, 13, 68-9; Dan Gawthrop, “Celebs Join Community to Walk for \$100,000,” *Angles*, October 1990; “Walk/Run for AIDS ’93,” *Angles*, September 1993; “Walk for AIDS ’94,” *Angles*, July 1994.

gay community. Various other fundraisers were held to support these programs. For example, Doll & Penny's, a popular gay restaurant on Davie Street at the time, frequently hosted drag shows and other fundraisers benefitting ASOs.³ The visibility of Vancouver's ASOs was further enhanced by their involvement in the city's yearly Pride parade and through other large events, such as the city's AIDS Candlelight Vigil, which honoured those who had died of the virus and drew hundreds of attendees annually in the late 1980s.⁴ In short, ASOs and their organized caregiving efforts were a prominent, not hidden, feature of Vancouver's landscape at the time.

While the organizations that initiated many caregiving responses to the epidemic were highly visible from the mid 1980s into the 1990s, the actual day-to-day caregiving work that individuals did – both within and outside of these organizations – was much less visible. At its core, caregiving for PWAs was intensely private and intimate, often taking place within PWAs' homes and far away from the gazes of the public or wider gay community. Thus, despite the celebration of organizational caregiving efforts within Vancouver's gay community, the actual practical and emotional work done by caregivers was less readily apparent at the time and remains hard to spot in the archival record.

Oral history provides a means of accessing intimate caregiving roles and assessing the practical and political value of individual caregiving work. Through its emphasis on storytelling, multiple perspectives, and subjective experiences, oral history provides an intimate window – albeit a complicated and mediated one – into individuals' private lived experiences, which are rarely part of the archival record.⁵ Oral history thus serves as an ideal method for analyzing the intensely private work done by caregivers within Vancouver's AIDS epidemic.

Drawing from oral history interviews, this chapter foregrounds the essential and fundamental nature of caregiving among the various community responses to the

³ Tony C., interviewed by Ben Klassen (Vancouver, BC), December 6, 2017; "PWA Society," *Angles*, May 1989.

⁴ BC PWA Society, "20-Year History," 10.

⁵ Elizabeth Lapovsky Kennedy, "Telling Tales: Oral history and the construction of pre-Stonewall lesbian history," in *The Oral History Reader*, eds. Robert Perks and Alistair Thomson (New York: Routledge, 2006), 272-3, 275-6, 279; Alistair Thomson, "Anzac Memories: Putting Popular Memory Theory into Practice in Australia," in *Oral History 2* (1990): 26, 31; Pamela Sugiman, "Passing Time, Moving Memories: Interpreting Wartime Narratives of Japanese Canadian Women," *Histoire Sociale/Social History 37* (2004): 56-7; Alessandro Portelli, *The Death of Luigi Trastulli, and Other Stories: Form and Meaning in Oral History* (Albany: State University of New York Press, 1991).

epidemic in Vancouver. Caregiving responses were widespread and varied in the city, with many individuals adopting these roles within the institutional contexts of ASOs and healthcare provision as well as outside of these institutional contexts. Through initiatives such as AIDS Vancouver's buddy program and the Vancouver PWA Coalition's peer support programs, members of Vancouver's gay community provided thousands of hours of support and care to those who were sick, dying, and intensely stigmatized during the worst years of the epidemic. Additionally, many members of the community became de facto caregivers to HIV-positive friends and partners outside of these programs, which suggests that there is a need to look beyond institutional settings if we wish to fully comprehend caregiving within this context. Collectively, these various caregiving roles and responses represent a form of community mobilization that was essential to the health and resilience of Vancouver's gay community. Looking after those who were sick and dying was foundational to the gay community's response to the epidemic; political movements cannot exist, after all, without bodies to initiate and carry them out, which made caregiving efforts and networks necessary preconditions for other political responses to the epidemic in Vancouver. Ultimately, individual and organizational community caregiving efforts assisted the practical and material survival of gay men. By placing value on gay lives, caregiving also served as a political response to mainstream homophobic discourses that blamed and demonized gay men and devalued the lives of PWAs. Through my analysis of the practical and political significance of caregiving, I demonstrate that historians need to find better ways to engage with care and trauma within their analyses alongside other forms of political response, such as protest and resistance.

The historical significance of caregiving within the AIDS epidemic has not been the subject of extensive scholarly analysis. This historiographical gap can be explained by a variety of factors. As I have already alluded to, one factor is the relative invisibility of caregiving efforts in contrast to more visible forms of community mobilization. Both within and outside of ASOs, caregiving efforts generally took place within the private space of the home, which often leaves the nuances and impacts of caregiving outside of the archival record and partially hidden from historians' eyes.⁶ In contrast, political

⁶ Brown, *RePlacing Citizenship*, 134, 142.

activism took place in the hyper-visible and public space of the street, rendering it much easier to spot in various archival sources, such as newspapers. Thus, while both of these forms of community mobilization served important political purposes, the impacts of caregiving have often evaded historical scrutiny.

The lack of scholarly attention to caregiving can be further explained by the ways in which scholars privilege certain forms of political mobilization over others, which can in turn shape or slant their analyses. As emphasized by Martin Meeker, this has often meant over-emphasizing political radicalism, as historians of sexuality often gravitate toward the outlaw, the rebel, or the activist in their analyses, largely because these figures embody the political ideals of particular historians in the present – mainly, radical, liberationist, and confrontational politics. In contrast, this historical work tends to marginalize moderate or reformist political work without fully gauging the political impact of these activities. Meeker’s critical rethinking of the Mattachine Society draws attention to the ways in which notions of “radicalism” and “respectability” have framed previous scholarship on the organization. Meeker emphasizes that previous analyses of the Mattachine Society have told a story in which the organization started off as “radical” – as defined by an advocacy for sexual liberation and a commitment to socialist ideology – before embracing conservatism in the organization’s later years – as epitomized by a commitment to “respectability” and an embrace of heterosexual norms.⁷ As Meeker argues, this binary conception of the Mattachine Society obscures the fact that the later iteration of the organization was able to generate a greater degree of political change for gay communities despite a commitment to more conservative politics on the surface. Indeed, it was this “mask of respectability” that allowed the organization to expand, gain influence, and shift popular conceptions of gayness in its later years, while also providing essential social services to gay men that helped to foster the growth of gay communities.⁸ Ultimately, Meeker suggests, while categories of “radicalism” and “respectability” lie at the heart of ongoing political debates in the present, they can only take us so far in our historical analyses, since these labels may not tell us much about the actual political impact of an organization’s or movement’s activities in a given historical context. By

⁷ Martin Meeker, “Behind the Mask of Respectability: Reconsidering the Mattachine Society and Male Homophile Practice, 1950s and 1960s,” *Journal of the History of Sexuality* 10, no. 1 (2001): 79-80, 88-9.

⁸ Meeker, “Behind the Mask of Respectability,” 81-2, 89-90, 116.

extension, Meeker's analysis suggests that historians must examine and weigh the outcomes of various political actions rather than prejudging which forms of political mobilization have value over others.

Similar insights are provided in Nik Heynen's work on the Black Panther Party's understudied Free Breakfast for Children Program, which was responsible for feeding thousands of hungry children across the United States beginning in the late 1960s. Compared to other aspects of the Black Panther Party's radical, visible, and revolutionary politics, a breakfast program may appear rather mundane or insubstantial on the surface. However, as Heynen argues, in contributing to the material survival of black bodies within a hostile state, such quotidian programs were in fact essential to the health and sustenance of black communities and revolutionary politics alike.⁹ In short, for violently marginalized communities like those Heynen examines, survival through the meeting of day-to-day needs is not peripheral to political organizing, but rather a necessary precursor for revolutionary politics (that is, in order to have a political movement, you need living, breathing bodies). While such fundamental, survival-oriented work may be thought of as more about community care than about politics, even by those who are engaged in such work, it surely belongs at the centre rather than the margins of scholarly work on community mobilization.¹⁰ Like Meeker, Heynen thus argues that scholars' political biases or presumptions can lead to the marginalization of valuable political work that does not fit these preconceptions.

Thus, part of the lack of attention given to caregiving within the AIDS epidemic may be due to historians' political biases and presumptions, for example, in favour of protest and resistance over caregiving. Cindy Patton argues that the foregrounding of ACT UP-style activism at the expense of other forms of political responses to AIDS

⁹ Nik Heynen, "Bending the Bars of Empire from Every Ghetto for Survival: The Black Panther Party's Radical Antihunger Politics of Social Reproduction and Scale," *Annals of the Association of American Geographers* 99, no. 2: 407, 411, 413, 419.

¹⁰ Heynen, "Bending the Bars of Empire," 413. Jennifer C. Nash's notion of love-politics is also interesting to consider here since it suggests that there is a need to reconsider what gets counted as "political" and what political organizing might look like outside the bounds of identity politics. In this concept, loving, caring, and valuing marginalized lives is the substance of politics, not something peripheral to the political. See: Jennifer C. Nash, "Practicing Love: Black Feminism, Love-Politics, and Post-Intersectionality," *Meridians: Feminism, Race, Transnationalism* 11, no. 2 (2013): 1-24. This concept has also been applied within queer contexts: Elise Chenier, "Love-Politics: Lesbian Wedding Practices in Canada and the United States from the 1920s to the 1970s.," *Journal of the History of Sexuality* 27, no. 2 (2018): 294-321.

“relies on an idea of activism that valorizes the most theatrically oppositional work: street theater, posters, demonstrations, disruptions.”¹¹ Within the context of the AIDS epidemic, Meeker and Heynen’s work suggests that historians must analyze the impacts of various community responses to HIV/AIDS and ask how these responses mutually contributed to the survival of gay communities. Disposing of political presumptions and analyzing political outcomes allows for a reassessment of the value of caregiving.

Gendered constructions of activism and caregiving further contribute to the lack of academic work on caregiving efforts. Since the Industrial Revolution, social movements, activism, and radicalism have generally been constructed as masculine – and idealized – based on an assumption of “men as normative political actors” exercising rationality within public spaces.¹² In contrast, caregiving has been consistently constructed as feminine and placed within the supposedly apolitical and emotional space of the home and family, where it has often been taken for granted and undervalued. As Myra Marx Ferree argues, “Carework has long been important to feminist theory because the actual work of care is strongly tied to women, socially devalued, and incontrovertibly vital to society.”¹³ These gendered constructions do not simply produce notions of difference, but inscribe historically-contingent relationships of hierarchy and power which tend to grant more value to masculinity than femininity and more power to men over women.¹⁴ Within the context of the epidemic, the majority of caregiving fell to gay men who took up this undervalued women’s work in large numbers. While gay men challenged normative gender roles in many ways, we can imagine that these feminized caregiving roles were challenging to take up for many men who were socialized to see

¹¹ Patton, *Globalizing AIDS*, 3; Meeker, “Behind the Mask of Respectability,” 81-2.

¹² Zemlinskaya Yulia, “Social Movements Through the Gender Lens,” *Sociology Compass* 4, no. 8 (2010): 629, 634; Kayal, *Bearing Witness*, 100-1.

¹³ Myra Marx Ferree, “Filling the Glass: Gender Perspectives on Families,” *Journal of Marriage and Family* 72 (June 2010): 420-1, 424, 430; Nona Glazer, “Overlooked, Overworked: Women’s Unpaid and Paid Work in the Health Services’ ‘Cost Crisis,’” *International Journal of Health Services* 18, no. 1 (1988): 119-120, 125, 130-1; Naomi Gerstel and Sally Gallagher, “Men’s Caregiving: Gender and the Contingent Character of Care,” *Gender & Society* 15, no. 2 (April 2001): 197-8, 213; Edward Thompson, Jr., “What’s Unique About Men’s Caregiving?” in *Men as Caregivers: Theory, Research, and Service Implications*, eds. Betty Kramer, Edward Thompson, Jr. (New York: Springer, 2002), 25; Kayal, *Bearing Witness*, 100-1, 109.

¹⁴ Joan W. Scott, “Gender: A Useful Category of Historical Analysis,” *The American Historical Review* 91, no. 5 (1986): 1067, 1073; Myra Marx Ferree, “Beyond Separate Spheres: Feminism and Family Research,” *Journal of Marriage and Family* 52, no. 4 (November 1990): 868, 870.

this work as apolitical and less valuable.¹⁵ Given these gendered dynamics, it is not surprising that caregiving has been undervalued in scholarly work on the HIV/AIDS epidemic, despite its role in providing a foundation for other forms of political responses, especially in contrast to the value ascribed by historians to masculinized forms of political protest.

Close proximity to trauma and profound loss also helps to explain the relative silence around caregiving efforts within scholarly work on community mobilization in response to the epidemic. In short, foregrounding caregivers' experiences involves foregrounding negative affect, trauma, and personal loss, which can be challenging for scholars to interpret without falling into tropes of struggle and survival.¹⁶ While a focus on resistance and protest allows for the foregrounding of empowerment, agency, and resiliency, intense and inescapable experiences of loss often complicate notions of agency within caregivers' experiences. For instance, recalling his time as a caregiver, Paul H. notes: "When, sitting inside, I look back... It's a time of great pain and failure... It doesn't feel like guilt for surviving. It feels like guilt because I didn't do enough... What I recall is not a sense of success, but a sense of profound failure."¹⁷ This sense of failure and unresolved loss pervaded many of my narrators' experiences of caregiving, providing a marked contrast to activists' experiences, which often serve as a productive call to arms. Indeed, experiences of burnout and withdrawal from the community were common as the burden of loss became unbearable, and several of my narrators moved away from the city to escape the ghosts that embodied this sense of loss.¹⁸ Given the traumatic nature of these experiences, many of my narrators noted that they avoided talking about these experiences in their day-to-day lives. As Gordon notes, "There's a lot of denial. I have... very close friends who I see in Vancouver from time-to-time and there's whole parts of our lives that we don't really talk about, because it's too painful – you know, it's too

¹⁵ Kayal, *Bearing Witness*, 109; Betty Kramer, "Men Caregivers: An Overview," in *Men as Caregivers: Theory, Research, and Service Implications*, eds. Betty Kramer, Edward Thompson, Jr. (New York: Springer, 2002), 8. Unfortunately, I had not identified this as a major theme at the time when I conducted my interviews, so I was unable to ask explicitly about this experience.

¹⁶ Heather Love, *Feeling Backward: Loss and the Politics of Queer History* (Cambridge, Mass: Harvard University Press, 2007), 147, 162-3.

¹⁷ Paul H., interviewed by BK.

¹⁸ Gordon M., interviewed by BK; Tony C., interviewed by BK.

overwhelming. We all have our own lives and issues to deal with, you know.”¹⁹ Beyond the “unpleasantness” of narrating experiences of loss, experiences of death and trauma can be challenging for survivors to articulate, given the “painful” and “overwhelming” nature of these processes. Trauma theorists argue that experiences of trauma may be inherently unspeakable or impossible to convey through words. As Patton suggests, “No story of AIDS has ever been adequate; no story of trauma can ever really tell the truth.”²⁰ This means that caregivers’ experiences may be doubly obscured by narrators’ reluctance to attempt to narrate their traumatic experiences and by the very impossibility of this narration. Historians who have little experience engaging with trauma in their work would therefore find interpreting caregivers’ stories extremely difficult.

While HIV caregiving has received limited academic attention, my analysis builds on the work of scholars who have emphasized the importance of caregiving work in the early years of the AIDS epidemic. This scholarship has generally emphasized caregiving efforts within early ASOs. For example, in *Globalizing AIDS*, Cindy Patton argues that the concept of AIDS activism needs to be broadened to include the caregiving efforts of early ASOs, since caring for sick bodies was necessarily the first form of community response to the epidemic. Patton notes that caregiving responses to the epidemic began before the virus even had a name and helped the gay community coalesce and build organizational infrastructure, which was a necessary precondition for the articulation of more overtly activist-oriented responses to the epidemic.²¹ Similarly, in *Infectious Ideas*, Jennifer Brier argues that the work of early ASOs should be conceptualized as political and that this work provided the necessary foundation for other forms of gay community responses to the epidemic, such as direct-action AIDS activism.²² While both Patton and Brier acknowledge the importance of caregiving responses to the epidemic, they mostly emphasize caregiving within ASOs and do not extensively analyze what caregiving looked like on the ground or outside of institutional contexts. In this chapter, I build on

¹⁹ Gordon M., interviewed by BK. The “unspeakable” nature of this trauma was also commented on by several of my other narrators: Michael D., interviewed by BK; Darren L., interviewed by BK; Paul H., interviewed by BK.

²⁰ Caruth, *Unclaimed Experience: Trauma, Narrative, and History*, 18-20; Lyotard, *Heidegger and “the jews,”* 23. Patton, *Globalizing AIDS*, 6.

²¹ Patton, *Globalizing AIDS*, 2-4, 11-7.

²² Brier, *Infectious Ideas*, 4-5, 14-15, 34, 43, 45-6, 158-9.

their critical insights by examining in detail caregiving in practice, both within and outside of Vancouver's ASOs.

Additionally, Philip M. Kayal's *Bearing Witness: Gay Men's Health Crisis and the Politics of AIDS* extensively examines the critical importance of early caregiving responses to the epidemic in New York City. Formed in 1982, Gay Men's Health Crisis (GMHC) grew to become the largest ASO in the world throughout the 1980s, with a principal focus on providing care and support to PWAs in the city. By 1993, the organization was providing services to over 3000 PWAs every year.²³ Like Patton and Brier, Kayal emphasizes the political importance of caregiving efforts within GMHC and argues that caregiving served as both a practical solution to the pervasive indifference of governmental and medical institutions, which left many PWAs without support and care, and a means of countering the underlying and widespread homophobia that made this indifference possible. While mainstream institutions blamed gay men and demonized PWAs, caregiving served as a means of celebrating gay identity and reaffirming gay community, thus helping the community mobilize and reject despair.²⁴ Kayal thus exhaustively outlines the political ramifications of AIDS caregiving, but spends only three pages discussing the actual practice of caregiving, concluding that "what occurs on the individual level, within and between people... is often left unarticulated and underreported."²⁵ Building on Kayal's analysis of caregiving as a political response, this chapter particularly aims to articulate the intimate and private interactions between caregivers and PWAs.

Before moving on to a discussion of how Vancouver's gay community responded to HIV/AIDS, it is important to outline the shape of the community at the outset of the epidemic. While Vancouver did have an extensive history of gay community organizing pre-AIDS, the period directly before the start of the epidemic was one in which many within the West End's gay community flirted with mainstream acceptance and respectability rather than liberationist politics.²⁶ In the late 1970s and early 1980s, police

²³ Philip M. Kayal, *Bearing Witness: Gay Men's Health Crisis and the Politics of AIDS* (Boulder: Westview Press, 1993), 1-2.

²⁴ Kayal, *Bearing Witness*, xv, xvii, 3, 5, 9, 24-5, 27, 35, 64, 80-1, 204.

²⁵ Kayal, *Bearing Witness*, 208.

²⁶ Kinsman, *Regulation of Desire*, 230-5, 291; Miriam Smith, *Lesbian and Gay Rights in Canada*, 53-5; David M. Rayside and Evert A. Lindquist, "AIDS Activism and the State in Canada," *Studies in Political*

oppression and bathhouse raids remained the norm in some cities, such as Toronto, which helped to politically mobilize the gay communities in these places.²⁷ In contrast, the relationship between the police and gay community members in Vancouver's West End was mediated by a Gay/Police Liaison Committee beginning in 1975 and an annual softball game that was played between community members and police officers. This did not mean that the relationship between gay men and the police was completely without tension, but it did mean that Vancouver's gay community generally benefited from a lesser degree of discrimination. As Michael D. suggests, "Toronto had the bathhouse raids in the early '80s. We didn't have that here. The police were pretty easy-going. Every now and then they would go down to Stanley Park and harass the gays in the bushes and what not, but they were pretty low-key, and I always thought the community had pretty good relationships with them."²⁸ Men from across Canada moved to the West End because of this relative state of acceptance and the freedom that it offered.²⁹ Indeed, many of my narrators recalled the years preceding the epidemic as a carefree, sexually-charged, and exciting time, although one that was not particularly activist-oriented. For example, recalling his first impression of Vancouver in the early 1980s, Dakota notes: "Vancouver had fourteen gay bars at the time. *Fourteen*. All in the West End, one down in Gastown... I thought I'd died and gone to heaven... I loved it... It was amazing. Absolutely amazing. And the bathhouse life was very vibrant at the time."³⁰

The growth of mainstream acceptance and respectability within Vancouver's gay community was also evident in the mobilization of many of the city's gay, white, middle-class men in support of the expulsion of sex workers from the West End in the early 1980s, as Becki Ross and Rachael Sullivan argue. As Vancouver's gay population gained

Economy 39 (Autumn 1992): 49; Michael W., interviewed by BK; Richard Banner, AIDS Activist History Project, interviewed by Gary Kinsman and Alexis Shotwell, October 28, 2014.

²⁷ McCaskell, *Queer Progress*, 97-8, 105-8, 137-44, 154.

²⁸ Michael D., interviewed by Ben Klassen (Vancouver, BC), November 24, 2017.

²⁹ Becki Ross and Rachael Sullivan, "Tracing lines of horizontal hostility: How sex workers and gay activists battled for space, voice, and belonging in Vancouver, 1975-1985," *Sexualities* 15, no. 5/6 (2012): 607; Brown, *RePlacing Citizenship*, 34-7; AIDS Vancouver, "30 30 AIDS Vancouver Campaign: Before 1983 - The Gay Founding Fathers," Feb. 28, 2014, <https://www.youtube.com/watch?v=1V8tAYq70Ng> (accessed February 22, 2018). This was also mentioned by many of the narrators in my interviews who moved to Vancouver for this very reason. For example: Dakota D., interviewed by Ben Klassen (Vancouver, BC), November 17, 2017; John D., interviewed by Ben Klassen (Vancouver, BC), December 4, 2017; Tony C., interviewed by Ben Klassen (Vancouver, BC), December 6, 2017.

³⁰ Dakota D., interviewed by BK.

a degree of sociopolitical acceptance and upward mobility, and established community institutions in the West End, they mobilized to protect this fledgling respectability by distancing themselves from sex workers and public sex. While a small number of gay men, including several of those involved in the local gay liberation periodical *Angles*, aligned themselves with tenets of sexual liberation and the interests of other sexual outlaws, many in Vancouver's gay community aligned themselves with a moralistic crusade to remove sex workers from the West End, which culminated in the banning of prostitution in the area in 1984.³¹ This provides a convincing example of the rejection of sexual liberation and embrace of homonormativity by some of the city's gay men in the years immediately preceding the start of the epidemic and reflects a broader body of literature that argues that the radical intentions of the gay liberation movement in the late 1960s and early 1970s had given way to an emphasis on inclusion and respectability by the early 1980s.³²

The excitement of community building and the promise of mainstream acceptance in these years was sharply disrupted by the beginnings of the HIV/AIDS epidemic in Vancouver, which brought an unprecedented degree of uncertainty and fear to the city's gay community. As rumours of the epidemic's impact on gay communities in New York, San Francisco, and Los Angeles intensified, concrete, usable information remained painfully scarce. As Paul C. outlines, "We didn't know what [HIV] was. We didn't know what caused it. We didn't know how it was spread."³³ This uncertainty is not surprising, given that the earliest medical and scientific discussions of the health crisis emphasized the at-risk nature of gay men – through terms such as "gay cancer," "gay plague," and "gay-related immune deficiency (GRID)" – without explaining the immunological causes

³¹ Ross and Sullivan, "Tracing lines of horizontal hostility," 606-7, 609-11, 616; Fred Gilbertson and Richard Banner, "Hustling... Two Sides of the Same Coin," *Angles*, December 1983; Hoddy Allen, "Shamers at Corners are Victims and Victimizers in Prostitution Dispute," *Angles*, May 1984.

³² Gould, *Moving Politics*, 51-2, 83-4; McCaskell, *Queer Progress*, 27, 38-9; Altman, *End of the Homosexual*, 54; Brier, *Infectious Ideas*, 15; John Preston, "Gay Men and Sex in the 1980s," (Cornell University Archives), 1987; Douglas Crimp, "How to Have Promiscuity in an Epidemic," in *Melancholia and Moralism*: 44-52.

³³ Paul C., interviewed by Ben Klassen (Vancouver, BC), November 6, 2017. Indeed, initial theories on the cause of infection blamed the use of poppers (alkyl nitrites), which were (and still are) used by many gay men who bottom. Michael D., interviewed by BK; AIDS Vancouver, "Fight Fear With The Facts." 2nd edition, July 1984.

of the epidemic nor the means of transmission.³⁴ Uncertainty further fueled the fear that many gay men felt in the early years of the epidemic. When accompanied by a positive HIV diagnosis, this fear could be paralyzing, as Nazim notes: “It was a scary time, that’s what it was, basically, because there was not a lot of information and there was, of course, a lot of stigma. And we just didn’t know how it would end up being. And then when we did realize that we were positive, it was even more scary.”³⁵ Given the much greater visibility of AIDS in places like San Francisco and New York in the early 1980s, some gay men attempted to deal with these intense emotions by imagining the epidemic as occurring to other people in other places, rather than within Vancouver’s gay community, as a form of avoidance.³⁶ In short, a combination of fear, uncertainty, and a lack of good information often produced immobilization and avoidance, thus limiting individual and community responses to HIV/AIDS in the earliest stages of the epidemic.

As the epidemic in Vancouver intensified throughout the 1980s, the demand for community-based support and caregiving also grew. The strain on community resources created by the growing number of those who were sick was compounded by a variety of social factors. Especially in the early years of the epidemic, fear, intense stigma, and social ostracization directed at HIV-positive individuals was the norm, both outside of and within parts of the gay community. Homophobia and AIDS-related stigma often overlapped and stories of HIV-positive individuals losing their jobs or homes when their diagnosis was discovered were commonplace.³⁷ Recalling the intense homophobia of this period, Jim shared a story about the reaction of a deceased friend’s family: “His family... wanted to show the whole family what being gay can do to you and they insisted on having an open coffin funeral. He was severely emaciated – it was stunning. [They] ship[ed] his body and coffin back to New Brunswick so the whole family could see what gay people deserved.”³⁸ As Jim’s story indicates, for many gay men who already had

³⁴ Raymond A. Smith, *Encyclopedia of AIDS: A Social, Political, Cultural, and Scientific Record of the HIV Epidemic*, revised edition (New York: Penguin Books, 2001), 338. The viral cause of the epidemic was not fully identified until the mid-1980s.

³⁵ Nazim M., interviewed by Robert Ablenas (Vancouver, BC), October 16, 2017.

³⁶ Robert A., interviewed by Ben Klassen (Vancouver, BC), October 5, 2017.

³⁷ Rob Joyce, “In the Name of Love: Supporting Gay Men With AIDS,” *Angles*, June 1985; Harry Hill, “A New Kind of Sharing,” *Angles*, May 1987; Brown, *RePlacing Citizenship*, 126; Jim M., interviewed by BK; Darren L., interviewed by Ben Klassen (Vancouver, BC), October 23, 2017.

³⁸ Jim M., interviewed by Ben Klassen (Vancouver, BC), May 31, 2018.

tenuous relationships with their biological families, an HIV diagnosis often entailed rejection by and estrangement from their families.³⁹ Moreover, as the epidemic ravaged the city's gay population, whole social networks were destroyed, leaving those who survived without many of their friends and partners, and thus even more isolated. Early reactions from the provincial government and medical institutions were slow, frequently indifferent, and occasionally hostile.⁴⁰ For example, Gordon recalls the response of the provincial government as intensely homophobic: "The Socreds were in power at the time... [Their] brilliant idea was... [to] basically, put us on a rock and let us die. So, there was a lot of hostility at the provincial level about gay information, how to have [safe] gay sex."⁴¹

Community caregivers stepped into this vacuum of isolation, stigmatization, and homophobia to take up the essential work of looking after those who were sick and dying. Over the duration of the epidemic, a wide swath of Vancouver's gay community was drawn into these various caregiving roles, with many people taking up these roles within local ASOs. Indeed, of my forty-five interviewees, only two were involved in direct-action AIDS activist organizations, while approximately half were involved in various caregiving activities. This indicates that many members of Vancouver's gay community were doing valuable political work outside of overtly activist settings, and this work demands critical analysis. Like the breakfast programs Heynen analyzes, community caregiving for those who were sick or dying was a fundamental aspect of gay community survival, both in a material sense – by improving the likelihood of survival for those who were HIV-positive – and a political one – by legitimizing and valuing gay lives.⁴² Indeed, as Paul H. suggests, the epidemic rendered gayness itself a political act: "I think HIV made being gay political. It was a political act... [T]here was a huge sense that the

³⁹ This was noted by some of my other informants and has also been noted by scholars. Darren L., interviewed by BK; Tony C., interviewed by BK; Gordon M., interviewed by Ben Klassen (Victoria, BC), December 20, 2017; Brown, *RePlacing Citizenship*, 125-6, 136.

⁴⁰ Brown, *RePlacing Citizenship*, 127, 129; Paul H., interviewed by B.K.; Daphne S., interviewed by Ben Klassen, Vancouver, BC, November 21, 2017.

⁴¹ Gordon M., interviewed by BK. An unnamed Social Credit MLA had proposed sending gay men and PWAs to a former leper colony, while Peter Dueck, then provincial Health Minister, openly suggested that gay men should "help their own kind." Brown, *RePlacing Citizenship*, 48; Tom Barrett, "AIDS Comment No Slur, Dueck Says," *The Vancouver Sun*, June 11, 1987, B3; Keith Baldrey, "Advocate of AIDS Colony Remains Mystery," *The Vancouver Sun*, March 30, 1994, B5.

⁴² Patton, *Globalizing AIDS*, xvii.

society wasn't responding, and... we had to respond on a personal level, to take care of ourselves, but we also had to respond in order to move society towards being more compassionate and caring for us and for others as well."⁴³ Within a context of government apathy, virulent homophobia, and widespread fear, any community response that placed value on the lives of gay men, especially those who were HIV-positive, must therefore be thought of as political.⁴⁴ Such a conception allows for a reconsideration of caregiving efforts in response to the epidemic in Vancouver.

While mainstream medical and governmental institutions struggled to come to terms with and adequately respond to the epidemic initially, Vancouver's ASOs were quick to respond and shoulder the burden of support and care.⁴⁵ In fact, the swiftness of Vancouver's community response to the epidemic was second-to-none within Canada, as the city was consistently on the forefront of HIV/AIDS organizational developments in the country, beginning with the formation of the country's first ASO, AIDS Vancouver, in 1983.⁴⁶ AIDS Vancouver emphasized caregiving from the outset and set up support groups during the earliest years of the local epidemic, when the number of sick and dying was still small. These early programs primarily emphasized emotional support for people who were living with HIV as well as their loved ones. While an emphasis on community education was also a top priority for the organization throughout the epidemic, more and more resources were shifted toward support services, ultimately becoming the organization's top priority as the number of HIV-positive individuals increased within the city.⁴⁷ These various support services were expanded substantially when AIDS Vancouver received federal funding in 1985, which allowed for the hiring of a full-time support services coordinator; these services were accessed by a wide range of community

⁴³ Paul H., interviewed by Ben Klassen (Vancouver, BC), October 30, 2017.

⁴⁴ Brier, *Infectious Ideas*, 1, 4. While Brier emphasizes the relationship between AIDS activists and those working in ASOs, her emphasis is largely on ASOs safe sex campaigns rather than on caregiving efforts.

⁴⁵ Brown, *RePlacing*, 40-2, 47-8.

⁴⁶ Raymond A. Smith, *Encyclopedia of AIDS*, 113; Silversides, *AIDS Activist*, 99, 142-3; Rayside and Lindquist, "AIDS Activism," 55-6; Warner, *Never Going Back*, 163, 251; Brown, *RePlacing*, 31-2.

⁴⁷ "AIDS Vancouver Support Group," *Angles*, December 1983; Joseph Glinksy, "Support Fosters Hope," *Angles*, October 1984; AIDS Vancouver, "AIDS Establishes Fund," *Angles*, August 1984; Brown, *RePlacing Citizenship*, 51.

members, especially as the rates of diagnosis accelerated in the late 1980s and early 1990s.⁴⁸

One of the most prominent forms of support that AIDS Vancouver provided to the city's growing HIV-positive population was the buddy program in which trained volunteers, or "buddies," provided one-on-one practical, social, and emotional support to those living with the virus (also called "buddies"). Modelled after similar programs that had been launched previously in response to the epidemic in San Francisco and New York, AIDS Vancouver formally launched the buddy program in 1984 and expanded it throughout the 1980s and early 1990s as the demand for this service increased, reaching 45 volunteers by 1987 and 93 volunteers by 1993.⁴⁹ By the early 1990s, approximately half of these volunteers were gay men, while the other half consisted of lesbian women and straight men and women, with the proportion of non-gay volunteers increasing as AIDS Vancouver gained a positive reputation across the city.⁵⁰ As the program expanded, the organization had a hard time finding a buddy for everyone who needed one, given the large demand. Gordon, who formerly coordinated the buddy program, recalls, "The demand for buddies always outstripped the number of volunteers, so it would become a matter of triage."⁵¹ Volunteers within the program were required to complete an intensive training process, which took place over two consecutive weekends and covered a wide variety of information, including fundamental details about the virus and basic counselling skills. Following the training process, volunteers were matched with an HIV-positive buddy (or "client") based on that buddy's specific needs and potential shared interests.⁵²

The roles taken up by volunteers within the buddy program were varied, complex, and multi-faceted, and generally revolved around the specific and immediate needs of each HIV-positive buddy. Indeed, the program privileged flexibility over a rigid

⁴⁸ Neil Whaley, "Feds Fund AIDS Group," *Angles*, May 1985; Scott M., interviewed by Ben Klassen (Victoria, BC), December 21, 2017; Gordon M., interviewed by BK.

⁴⁹ Kayal, *Bearing Witness*, 4, 181; Holtzberg and Welsh, "Work and Service"; Brown, *RePlacing Citizenship*, 122, 125; Hill, "A New Kind of Sharing"; Gordon M., interviewed by BK; Brown, *RePlacing Citizenship*, 128-9.

⁵⁰ Brown, *RePlacing Citizenship*, 128-9; Gordon M., interviewed by BK.

⁵¹ Gordon M., interviewed by BK.

⁵² Hill, "A New Kind of Sharing"; Gordon M., interviewed by BK; Jim M., interviewed by BK; Dakota D., interviewed by BK.

structure, so that individual buddies could respond and adapt to the unique contexts and varying requirements of HIV-positive individuals in the city and provide various forms of emotional and practical support.⁵³ Practical support could take the form of cleaning a buddy's apartment, shopping for groceries, assisting in financial or legal matters, driving a buddy to appointments, or advocating for a buddy in a healthcare context. In cases where volunteers were placed with buddies who were further along in the virus's progression and dealing with associated cognitive issues, help could also take the form of watching over the buddy to ensure their safety.⁵⁴ Social or emotional support, on the other hand, tended to involve simply spending time with a buddy, listening to them, and helping them cope with their illness in a less formal manner, thus acting as "a cross between a big brother, a psychoanalyst and a guardian angel."⁵⁵ Indeed, *Angles* journalist Harry Hill suggested that "the most important quality a buddy can have is to be a good listener."⁵⁶ This emotional support could take the form of going for a walk, having coffee, or watching TV together.⁵⁷ As Gordon puts it, "Sometimes it would just be a matter of just going over to their place and visiting. They just wanted to have some company... One of the buddies I volunteered with just wanted to have someone come and watch a game show on TV... We'd watch that and have some tea and a little chat."⁵⁸ Regardless of the form of support provided, volunteers were expected to spend a substantial amount of time – at least four hours a week – with their buddy and commit to engaging in the program for a year. The intensity and duration of these relationships often led to their becoming intimate and meaningful for both the volunteer and the client.⁵⁹

Buddy program volunteers filled the enormous gap left by the state, the medical establishment, and many families, all of whom struggled to adequately respond to the needs of those living with HIV in Vancouver. Generally, the provision of emotional and practical support for the sick and dying is the domain of governmental, familial, and health institutions, but these typical avenues of support were disrupted by the prevalence

⁵³ Gordon M., interviewed by BK.

⁵⁴ Brown, *RePlacing Citizenship*, 125, 130-1, 133; Jim M., interviewed by BK; Gordon M., interviewed by BK; Hill, "A New Kind of Sharing."

⁵⁵ Hill, "A New Kind of Sharing."

⁵⁶ Hill, "A New Kind of Sharing."

⁵⁷ Brown, *RePlacing Citizenship*, 131; Jim M., interviewed by BK; Hill, "A New Kind of Sharing."

⁵⁸ Gordon M., interviewed by BK.

⁵⁹ Hill, "A New Kind of Sharing"; Jim M., interviewed by BK; Gordon M., interviewed by BK.

of stigma, homophobia, and fear in the early years of the HIV epidemic.⁶⁰ In the face of intense moralism and anxiety, buddy program volunteers stepped into this vacuum to meet the immediate needs of PWAs and assist them in their survival efforts. In other instances, buddies helped PWAs die with dignity and with someone holding their hand. Reflecting on the impact of his role as a buddy, Jim notes:

To take half a day off and spend it with Greg and give him that amount of joy was nothing for me, but was immensely important for him... Each time I would get into my car and drive to Greg, I would think, okay, the Saturday's shot. And then Greg and I would do whatever – read magazines, shoot the shit, go into town for tea, lie out in the backyard... whatever. And I'd come back feeling, "Oh my god, how could I have potentially resented losing a Saturday to Greg when I just made his whole week by visiting him..." But to be able to do that for someone makes you feel really good. And Greg was so thankful.⁶¹

Buddy program volunteers thus provided an essential point of connection, empowerment, and intimacy for PWAs, helping to counteract feelings of isolation, shame, and marginalization that were imposed by many mainstream discourses and institutions. As Jim's reflection also highlights, however, volunteering as a buddy could empower the volunteer as well and make them feel like they were making a difference. This sense of mutual empowerment was also emphasized in an *Angles* article on the buddy program, which concludes with a volunteer noting, "I'm doing something for other people *and* for me that is making us all feel better."⁶² In short, community empowerment and a sense of "caring for one's own" in spite of immobilizing fear and stigma is the ultimate legacy of AIDS Vancouver's buddy program.

AIDS Vancouver was not the only local ASO to prioritize support and care for PWAs; in fact, the Vancouver PWA Coalition/Society largely broke off from AIDS Vancouver in order to focus more explicitly on meeting the immediate needs of the city's PWAs, which included support of various forms. Formally breaking off from AIDS Vancouver in early 1986, the PWA Coalition was the first AIDS organization in Canada that was run by PWAs for PWAs and was built on "the premise that there is life and hope

⁶⁰ Brown, *RePlacing Citizenship*, 125.

⁶¹ Jim M., interviewed by BK. Buddy's name is a pseudonym.

⁶² Hill, "A New Kind of Sharing."

after diagnosis.”⁶³ The support provided by the Coalition was thus quite different from that provided by AIDS Vancouver.⁶⁴ Instead of providing support through a client-based system, such as the buddy program, the PWA Coalition emphasized peer support among its HIV-positive membership within the context of a “self-help, self-care organization operated by and on behalf of those diagnosed as persons with AIDS/ARC [AIDS-related complex], dedicated to improving the quality of life of those affected by HIV/AIDS through mutual support, education, resource referrals, social activities, advocacy and public speaking.”⁶⁵ While the organization included a number of HIV-negative staff members, the emphasis was ultimately on an organization run by PWAs for PWAs. In this model, PWAs were not just the passive recipients of services, but also the active providers of them. Indeed, the coalition viewed peer support as a powerful alternative to client-based models of support, which were viewed as creating relationships of reliance and passivity rather than empowerment. In contrast, by encouraging PWAs to advocate for themselves, the coalition promoted a profound rejection of victimization and a reclaiming of agency for PWAs. Peer support was provided both within structured settings, such as weekly support groups and programs, and unstructured ones, as members were encouraged to “drop by” and “hangout” at the PWA office. As the number of PWAs in the city increased, so too did the PWA Coalition’s membership, reaching over 1,200 members by the early 1990s.⁶⁶

Like the buddy program, the PWA Coalition’s peer support programs had a profound impact on many of the city’s PWAs. On the most basic level, the organization’s peer support provided a strong sense of community and comradery for those who were

⁶³ Sharon Holtzberg and Michael Welsh, “AIDS Vancouver, PWA Coalition: Work and Service,” *Angles*, January 1987; Warner, *Never Going Back*, 251; Rayside and Lindquist, “AIDS Activism,” 56.

⁶⁴ John K., AAHP; Holtzberg and Welsh, “Work and Service.”

⁶⁵ Vancouver PWA Society, “PWA Society,” *Angles*, May 1989. While the origins of peer support models are difficult to pin down, similar models were adopted in the 1970s and early 1980s among individuals with mental illnesses as de-institutionalization intensified and former patients resisted top-down psychiatric models and built peer support-based communities. Larry Davidson et al., “Peer Support Among Individuals With Severe Mental Illness: A Review of the Evidence,” *Clinical Psychology: Science and Practice* 6, no. 2 (1999): 167; Laysha Ostrow and Neal Adams, “Recovery in the USA: From Politics to Peer Support,” *International Review of Psychiatry* 24, no. 1 (2012): 71-2. In contrast, Patton argues that this model of support and empowerment borrowed from gay culture’s “coming out” paradigm and the testimonial aspects of programs like Alcoholics Anonymous. Patton, *Last Served?*, 112.

⁶⁶ Brown, *RePlacing Citizenship*, 51, 100-3; Rick W., interviewed by Ben Klassen (Victoria, BC), December 20, 2017; Dakota D., interviewed by BK.

battling the virus. As Rick notes, “I think probably the biggest thing for me was just – it may be a worn-out cliché – but just being in the trenches with people, like facing it together.” Rather than facing the horrors of the epidemic in isolation and imposed stigma, peer support provided a community for PWAs and a loving environment within which they could face the realities of the epidemic collectively. This sense of community and support could be life-giving for PWAs and contribute to their material survival, as Dakota suggests:

The support group would be an outlet for people to vent, share... come up with the different things that they’re trying... I found that... lifesaving for me, because just the opportunity to go and share what’s been happening this week... You know, people weren’t necessarily able to offer solutions or such, but... I always felt lighter when I left the meeting because I’d just shared. It took the burden off my shoulders. I put it out, let it go.⁶⁷

Similar sentiments were echoed in an *Angles* article on the organization’s support programs, with the writer highlighting the organization’s “loving emphasis on self-help and self-care... My buddy has so recovered his sense of self-love through his association with the PWA Society... Walking into the PWA offices, this love fills the generally grey surroundings and lifts them to glow.”⁶⁸ In a hostile environment dominated by stigma, homophobia, and indifference over the very lives of PWAs – an environment in which many PWAs would have felt utterly powerless – peer support efforts gave voice and agency to PWAs and restored value to their lives, thus contributing to their resilience and ability to cope with the numerous challenges of the epidemic.

The PWA Coalition’s emphasis on peer support provided an environment in which local PWAs could collectively face all of the varied realities of the epidemic, whether this involved struggling to survive, coping with the loss of friends and partners, dealing with illness, or facing one’s own mortality. For many PWAs who were given mere months or years to live by their doctors, “facing it” also meant learning to cope with the inevitability of death. As Rick argues, while death may have been inevitable, peer support provided a profound alternative to dying in shame and isolation, since other

⁶⁷ Dakota D., interviewed by BK.

⁶⁸ Elle, “HIV-Positive Persons: In the Face of Death, We Can Learn, We Can Connect,” *Angles*, December 1989.

PWAs were engaging with similar challenges around sickness and mortality in a manner that non-peers might not be familiar with:

Getting involved with something like PWA, the point wasn't that we were going to survive till we were seventy-two. The fact was that we were going to take care of each other until we died. So, I think having people around you who understand what you're going through and understand because they're going through it... I had to do it with people who were living and dying with it.⁶⁹

Rick's words remind us that while PWAs had minimal agency over their own life or death in the early period of the epidemic when effective treatments were lacking and prospects of survival were exceedingly low, they did have some degree of agency over how they chose to die. The PWA Coalition provided a supportive space in which Vancouver's PWAs could choose to face death in their community, not alone.

While the support programs provided by the PWA Coalition and AIDS Vancouver were the two most-discussed forms of organizational caregiving among my narrators, there were also other HIV support programs established. As the demographics of the epidemic shifted and many non-gay, non-white PWAs moved into mainstream ASOs that were formerly dominated by white, predominately middle-class gay men, support-oriented ASOs catering specifically to the needs of gay PWAs also emerged, such as Friends for Life in 1993. In a manner similar to the initiation of the Black Panther Party breakfast program, organizations also arose to provide the most basic forms of material support – such as food – to PWAs, foremost among these being A Loving Spoonful, which originated in 1989. The primary purpose of A Loving Spoonful was to deliver meals to PWAs throughout the city rather than providing extensive emotional support in most instances, but this material support was undoubtedly essential for many PWAs who were unable to work, living in poverty, and often without secure access to healthy food.⁷⁰ Collectively, these various forms of organizational caregiving and support represent a broad community mobilization effort to meet the immediate and essential needs of PWAs in Vancouver.

⁶⁹ Rick W., interviewed by BK.

⁷⁰ Nazim M., interviewed by BK; Scott M., interviewed by BK; John D., interviewed by BK; A Loving Spoonful, "About Us," [alovingspoonful.org](http://www.alovingspoonful.org/files_2/aboutus.php), http://www.alovingspoonful.org/files_2/aboutus.php (accessed June 18, 2018); Friends for Life, "About Us," [vancouverfriendsforlife.ca](https://www.vancouverfriendsforlife.ca), <https://www.vancouverfriendsforlife.ca/about> (accessed June 18, 2018).

As the epidemic progressed, support-oriented organizations similar to AIDS Vancouver and the PWA Coalition formed to combat the epidemic in culturally sensitive ways and provide support within racialized communities. These new organizations, including the Asian Support–AIDS Project (later renamed Asian Society for the Intervention of AIDS, or ASIA) and the Black AIDS Network, articulated “great concerns about the way that HIV/AIDS is being handled or mishandled within our enclaves.”⁷¹ Since mainstream gay institutions in Vancouver, including ASOs, were dominated by white, middle-class men, racism and white privilege frequently acted as a barrier to accessing support services for non-white gay men. As Nazim recalls:

Being a darker-skinned person within the gay community was a second-class citizen... I was always aware that I belong and yet I am different... Within my community I felt like a second-class citizen because I was gay, and then within the gay community... there was one aspect of me that was not mainstream... There is white privilege within the community.⁷²

Ultimately, Nazim’s sense of being a “second-class citizen” contributed to his reluctance to seek out support from ASOs after testing positive, which demonstrates the extent to which racial barriers existed within ASOs at the time. In addition to addressing the barriers of racism and white privilege, these organizations also addressed HIV-related support and education in a more culturally-specific manner that acknowledged diverse understandings of sexuality and identity, since much of this nuance was often missed in messaging and support services that were aimed largely at white men who explicitly identified as gay. In contrast, within racialized communities, gay community norms around sexual identity and sexual liberation were sometimes at odds with individuals’ diverse cultural norms and understandings.⁷³ Thus, as noted by the Black AIDS Network, these organizations attempted to “identify our own problems, develop our own solutions and put them into action.”⁷⁴

⁷¹ “Community: HIV/AIDS and Non-Stream Minorities Group Forms,” *Angles*, September 1992; “HIV Is Not Just a White Thing: Asian Support - AIDS Project,” *Angles*, January 1994; Lance McFall, “ASIA Makes a Difference,” *Angles*, May 1997; “Community: Black AIDS Network,” *Angles*, August 1993.

⁷² Nazim M., interviewed by BK.

⁷³ “HIV Is Not Just a White Thing”; McFall, “ASIA Makes a Difference.” Similar developments towards culturally sensitive prevention and support efforts, particularly for non-gay-identified MSM were also occurring at this time in the U.S. Patton, *Fatal Advice*, 97-8, 111-2; Brier, *Infectious Ideas*, 6-7, 47-69.

⁷⁴ “Community: Black AIDS Network.” *Angles*, August 1993.

In addition to these various ASOs, a great deal of caregiving for PWAs ultimately fell to a small group of healthcare providers in Vancouver, some of whom went far beyond the provision of sterile healthcare to take up a social or emotional support role to PWAs. As Paul H. describes, some members of Vancouver's gay community intentionally took on these healthcare roles as a means of helping their community and confronting the horrors of the epidemic: "I thought I had to be part of the solution. I had to do something about this. As people began to get sick, friends began to get sick... I didn't know what to do. So, I thought that becoming a nurse would be... the best possible solution as far as doing something about the epidemic."⁷⁵ When PWAs became too sick for their loved ones to look after, or when they lacked much of a support network to begin with, they would end up at St. Paul's Hospital. Here, some frontline healthcare workers took on caregiving roles and saw PWAs through the worst phases of their illness, which often culminated in death. Formerly a nurse at St. Paul's, Paul H. extensively discussed the details of his role as a healthcare provider at the time. Often, this might simply mean "being there" for PWAs when their friends, family, and other support networks were not. Telling a story of a gay man in his early twenties succumbing to AIDS-related pneumonia, he recalls, "He was lying, he was dying, and he was alone. And I remember sitting with him through the night so he wouldn't be alone as he fought the panic of not being able to get enough oxygen."⁷⁶ Being with a person as they died was neither a glamorous nor celebrated part of HIV/AIDS-related caregiving, but – not unlike PWAs facing death together in peer-oriented forms of support – it served as a means of valuing and honouring the lives of PWAs, thus countering pervasive narratives of stigma, homophobia, and moralism.

Community caregiving efforts were not limited to ASOs and healthcare providers, of course, as a major portion of this work was done outside of these organizational contexts by the friends, partners, and families of PWAs. This type of caregiving, often occurring in the privacy of individuals' homes and shrouded by the intimate and personal nature of these relationships, may not be as visible to historians through the conventional archive due to the informality and lack of organizational infrastructure of this type of

⁷⁵ Paul H., interviewed by BK.

⁷⁶ Paul H., interviewed by BK.

support. Indeed, many of the providers and recipients of this type of care may not have recognized this support as caregiving so much as just being a good friend or good partner when intimate relationships were involved. These roles were often difficult to distinguish from one another, as Jim discusses in regard to a friend for whom he provided care: “I combined the technical aspects of what he needed with caregiving with being a friend... I got him to get better medical help – kind of served as an advocate for him.”⁷⁷

Nonetheless, the caregiving roles occupied by the friends and partners of PWAs often looked quite similar to those undertaken by volunteers within ASOs, even if these forms of support were not viewed in the same terms. This similarity is made clear in an *Angles* article on local caregiving efforts written by Harry Hill:

Patrick considered getting involved in the official buddies programme and being matched with someone, but with friends testing positive and getting sick he felt his first responsibility was to them. He has been acting [as a] buddy to friends who are having difficulty adjusting to life with AIDS and ARC, although the friends might not think of the relationship in those terms. “When my friends call I try to make myself available,” he said. “Often all they want is reassurance that people love them and to know they’re not alone.”⁷⁸

From Hill’s perspective, Patrick’s de facto role in providing support to his friends was synonymous with the role of volunteers in the “official” AIDS Vancouver buddy program, and no less valuable despite its lack of visibility.

As discussed by several of my HIV-positive narrators, these forms of caregiving were often essential for PWAs and relied upon even more heavily than the caregiving and support services provided by ASOs in many instances. For example, speaking of his sources of support, Scott notes: “I got involved with Loving Spoonful for a while and I went to AIDS Vancouver a lot – that was a good resource. And mostly just my friends. At that time, I had already had a few friends who had been positive for fifteen years before I became positive. So, I knew that long-term survivors existed and that I would be okay, so there was that hope.”⁷⁹ Similar to the peer support offered by the PWA Coalition, Scott’s HIV-positive friends helped him to learn about and face the epidemic. Similarly, John states that his support largely came from his “chosen family,” a term used

⁷⁷ Jim M., interviewed by BK.

⁷⁸ Hill, “A New Kind of Sharing.”

⁷⁹ Scott M., interviewed by BK.

by lesbians and gays to describe the intimate circle of close friends who provide the love and support expected of, but not always provided by, one's biological family. "I'm very fortunate to have amazing people as my chosen family," John notes. "I did have a partner for twelve years at that time, who was also HIV-positive... We were supportive of each other... I'm lucky enough to have friends that have stuck with me."⁸⁰ As these accounts suggest, the support and care accessed by PWAs often involved a combination of organizational support and more informal support from one's chosen family. This latter, less visible form of support from friends and partners was extensively relied upon and essential to the survival of many HIV-positive men.

In combining elements of health advocacy and emotional support, the caregiving roles played by PWAs' friends and partners closely resembled the roles played by "buddies" and "peers" in more formal caregiving contexts. While these roles varied from case-to-case, depending on the needs of the PWA in question and the stage of the virus's progression, they generally involved practical forms of support, such as accompanying HIV-positive friends or partners to doctors' appointments. Speaking of a partner and two of his friends, Jim notes, "I played a really active part in [their] medical care. I went with them to the doctors' and when they didn't have the sense or wherewithal to ask questions like, 'How long will it take for me to feel better? ...What are the potential side effects?...' They didn't just ask those questions routinely, and I knew to ask all that sort of stuff."⁸¹ In this sense, partners and friends could play a crucial role in advocating for PWAs and ensuring that they got better access to good healthcare, which could have a profound impact on sustaining their lives. This health advocacy role was especially important when PWAs were in the latter stages of their illness and dealing with major health issues.⁸² Caregiving for HIV-positive partners and friends also involved far more than this advocacy role and frequently involved extensive emotional support. Not unlike the peer support provided by the PWA Coalition, this support could be mutual in cases where friends or partners were both battling the virus. For example, reflecting on his partner's death, Dakota recalls, "I lost my fellow – like we were doing this together. We

⁸⁰ John D., interviewed by BK.

⁸¹ Jim M., interviewed by BK.

⁸² For example, Jim also told a story of encouraging a very ill friend to change his HIV treatment regimen, which ultimately resulted in his health improving immensely. Jim M., interviewed by BK.

were battling this AIDS thing together... So, that made it much easier for us to kind of do that together, supporting one another.”⁸³ As Dakota’s reflection reminds us, like caregivers in AIDS Vancouver’s buddy program and the PWA Coalition’s peer support network, “being there” for HIV-positive partners and friends also often involved sitting with loved ones as they became sick and died. Beyond purely practical forms of support, friends and partners thus played a crucial role in just “being there” for PWAs and helping them cope with the emotional weight of the illness.

Compared to caregivers within organizational contexts, however, the caregiving roles played by friends and partners were often much more extensive, intimate, and demanding. While a buddy program volunteer might spend an afternoon or two with their HIV-positive buddy every week, caring for an HIV-positive friend or partner was often a full-time job that could consume the entirety of one’s day-to-day life. Indeed, my narrators’ stories are filled with examples of the sacrifices made by partners and friends of PWAs to provide care, whether this meant commuting from Vancouver to Seattle on a regular basis to look after an ailing partner or moving across the country to be with a loved one who was recently diagnosed.⁸⁴ The weight of these roles could be immense, especially as the health of the HIV-positive friend or partner declined, often resulting in cognitive issues and horrific deaths, which meant that some of my narrators had to leave their caregiving roles within ASOs in order to focus on supporting partners or friends.⁸⁵ For example, Gordon notes, “I was running the buddy program... and I resigned. I realized my very best friend... had been positive for some time, and his health was suddenly starting to deteriorate. Health issues were accumulating and my experience told me this is going to get a lot worse really fast.”⁸⁶ Furthermore, while a volunteer caregiver at an ASO or a healthcare provider may have had the option of removing themselves from these roles if the weight of the work became too heavy, this was not an option for many individuals who were caring for loved ones. As Paul H. discusses:

I didn’t have the option of burning out or collapsing. It’s not that I wasn’t burnt out – I was – and it’s not that I didn’t collapse. It’s that even though you did burn out, you still had to continue. There was no out. There’s no

⁸³ Dakota D., interviewed by BK.

⁸⁴ Nazim M., interviewed by BK; Jim M., interviewed by BK.

⁸⁵ Jim M., interviewed by BK; Dakota D., interviewed by BK; John D., interviewed by BK.

⁸⁶ Gordon M., interviewed by BK.

escape. There's no, "I resign from this," because it's not just a job, it's people – it's your life... There was no "No." It's like when there's a war going on. You can't, you know, call someone up and say, "I think I'd rather not be here. I'm leaving." There's no way to leave.⁸⁷

As Paul's story makes clear, even if he had stepped away from his role as a healthcare provider at St. Paul's – as Gordon had from his role at AIDS Vancouver – he would not have been able to escape the weight of providing care to PWAs since many of the people who were sick and dying were his friends and loved ones. This intimacy meant that caregiving to friends and partners was often constant, inescapable, and traumatic in a way that other forms of caregiving were not. Undoubtedly, relationships between buddies and peers within ASOs could also become very intimate and were absolutely necessary, especially for PWAs who were more isolated, but friends and partners of PWAs often provided care in a closer and more demanding proximity. This traumatic and intensely private experience of caregiving outside of organizational settings also belongs at the centre of narratives of community mobilization in response to Vancouver's HIV/AIDS epidemic.

In addition to assisting the material survival of many PWAs, these various community-based caregiving efforts collectively served as a means of countering mainstream constructions of the epidemic that frequently demonized gay men, and became a source of pride for many members of Vancouver's gay community. Faced with intense fear, stigma, and homophobia, caregiving served as a means of reaffirming the value of gay love and rearticulating community togetherness for many gay men.⁸⁸ It also served as a means of countering negative mainstream understandings of the epidemic – as voiced by governmental, medical, religious, and familial institutions – that painted the gay community as hedonistic, immature, and immoral. It was the gay community, not mainstream society, who predominately responded to the epidemic in a caring and ethical manner, which granted the gay community the "moral high ground" in debates over the meanings of the epidemic.⁸⁹ As Michael D. notes, "The way the community came

⁸⁷ Paul H., interviewed by BK.

⁸⁸ Hill, "A New Kind of Sharing." These mainstream constructions are outlined extensively by Patton and others, and discussed in my introduction. For example: Patton, *Sex & Germs*, 6, 16, 18-9, 28, 83; Weeks, "AIDS: The Intellectual Agenda," 78.

⁸⁹ Paul H., interviewed by BK. These homophobic mainstream understandings of the epidemic were often discussed in local media sources, including in *Angles*: Fred Gilbertson, "'Gays Deserve AIDS' Doctor

together and took care of its own – and how ridiculous the people who stood on the sidelines screaming, ‘This is god’s revenge’ – it made them look idiotic. That was really the turning point for the gay community... You could feel that sort of pride.”⁹⁰ As Michael suggests, the loving response of Vancouver’s gay community to the epidemic, which centred on taking care of its own, helped to delegitimize callous, hateful mainstream discourses, while also generating a sense of togetherness and pride that enabled and impelled additional community responses to the epidemic, such as activism.⁹¹

Through organizational and non-organizational efforts alike, caregivers provided potentially lifesaving and widespread support to PWAs in Vancouver and filled the gap left by unresponsive mainstream institutions. They restored value to PWAs’ lives, disrupted stigmatizing, homophobic mainstream discourses, and reasserted community solidarity by “facing it together.” In short, the practical and political impact of caregiving efforts in Vancouver was immense, as they served as a necessary first response to the crisis of the epidemic while also providing an institutional and political foundation for later forms of community mobilization. Caregiving demands additional scholarly attention within the context of the HIV epidemic and the relative lack of this attention tells us a great deal about our presumptions as historians. By gazing at the past through our own masculinized, resistance-centered political ideals in the present, historians can impose narrow parameters for ideal or “useful” political action, which can result in our missing other valuable political work. In order to avoid this, historians must look at the outcomes of various political responses – as Meeker suggests – rather than presuming the usefulness or ineffectiveness of any political response within a given historical context. The marginalization of essential caregiving responses within scholarship on the HIV/AIDS epidemic suggests that there is a need for us to critically examine and deconstruct the political presumptions we bring to bear on our historical subjects in order to make greater space for acts of care and experiences of trauma alongside overt political

Claims,” *Angles*, October 1984; David Myers, “AIDS Imperils Straights,” *Angles*, June 1985; Adam Jonathan Con, “A Not So Friendly Church in the Heart of the West End,” *Angles*, June 1987; “Baldrey, “AIDS Colony,” *Vancouver Sun*.

⁹⁰ Michael D., interviewed by BK.

⁹¹ Patton, *Globalizing AIDS*, xvii, 3-4.

resistance and protest. Doing so will allow for the illumination of vital political work – such as the dirty, traumatic, and intensely personal work of caregiving – in previously overlooked places.

Chapter 3. Situating the Direct-Action AIDS Activist: The Development of Organizational Responses to Vancouver's Epidemic

The figure of the radical direct-action AIDS activist dominates scholarly and popular work on the HIV/AIDS epidemic in the United States and Canada. From documentaries, memoirs, and artistic and journalistic work, to scholarly analysis and digital archives, this figure – epitomized by the confrontational, visibly queer, media-savvy, and sensational street activism of groups such as ACT UP (AIDS Coalition to Unleash Power) – looms large in most narratives of the epidemic.¹ Emerging in the mid-to late 1980s in major cities across Canada and the United States, direct-action activism was a response to the inaction and conservative backlash of mainstream governmental and medical institutions to the growing health crisis during the early years of the epidemic as the death toll rapidly climbed.²

Direct-action AIDS groups' governance, tactics, and underlying goals are often described as prime examples of militant political radicalism. These organizations eschewed organizational hierarchy or firm structures in favour of radically democratic

¹ The list of various non-scholarly works includes: *How to Survive a Plague*, directed by David France (New York City: Sundance Selects, 2012); *United in Anger: A History of ACT UP*, directed by Jim Hubbard (New York City: 2012); *BPM (Beats Per Minute)*, directed by Robin Campillo (Paris: Memento Films, 2017); David France, *How to Survive a Plague: The Inside Story of How Citizens and Science Tamed AIDS* (New York: Knopf, 2016); Ann Silversides, *AIDS Activist: Michael Lynch and the Politics of Community*, (Toronto: Between the Lines, 2003); Tim McCaskell, *Queer Progress: From Homophobia to Homonationalism* (Toronto: Between the Lines, 2016); Dennis Altman, *The End of the Homosexual?* (Brisbane: University of Queensland Press, 2013). Scholarly work includes: Jennifer Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (Chapel Hill: University of North Carolina Press, 2009), especially chapter five; Deborah B. Gould, *Moving Politics: Emotion and ACT UP's Fight Against AIDS* (Chicago: University of Chicago Press, 2009); Douglas Crimp, *Melancholia and Moralism: Essays on AIDS and Queer Politics*, edited by Douglas Crimp (Cambridge, Massachusetts: MIT Press, 2002); Michael P. Brown, *RePlacing Citizenship: AIDS Activism and Radical Democracy* (New York: Guilford Press, 1997); Benita Roth, *The Life and Death of ACT UP/LA: Anti-AIDS Activism in Los Angeles from the 1980s to the 2000s* (Cambridge: Cambridge University Press, 2017). Two archival examples are the ACT UP Oral History Project, coordinated by Jim Hubbard and Sarah Schulman (<http://www.actuporalhistory.org/>) and the AIDS Activist History Project (<https://aidsactivisthistory.ca/>).

² Other examples of these organizations include DAGMAR in Chicago, ACT NOW! in Toronto, and over one hundred ACT UP chapters across Canada, the United States, and beyond, including one in Vancouver. Gould, *Moving Politics*, 4, 11, 55-6; McCaskell, *Queer Progress*, 247-8; Brown, *RePlacing Citizenship*, 57-62.

governance and consensus-based decision-making. In the case of ACT UP New York, this involved the use of various committees and caucuses, which strengthened the voices of marginalized groups – including women, ethnic minorities, and the working class – within an organization that was dominated by white, middle-class gay men.³ The tactics used by such organizations were militant in the sense that they emphasized political engagement outside of the electoral realm by advocating for political change through direct-action street activism and the disruption of public space.⁴ Finally, these organizations wholeheartedly rejected social norms around sex and gayness – as well as dominant mainstream explanations for the epidemic – by affirming sexual liberation, celebrating queerness, and drawing attention to the social causes of the epidemic and of health outcomes in general. In order to meaningfully combat HIV/AIDS, direct-action AIDS groups argued, work had to be done at the social roots of the epidemic, which required the dismantling of homophobia, sexism, racism, and poverty, and, ultimately, a rethinking of pervasive social and economic inequalities.⁵

The example of ACT UP New York illustrates how influential direct-action activist organizations were in some U.S. and Canadian contexts, as they were able to instigate a great deal of change in a relatively short period of time. Between 1987 and 1992, ACT UP's direct-action tactics resulted in: forcing the U.S. Food and Drug Administration (FDA) to overhaul and expedite its drug approval process, which made experimental treatments more readily available to those living with HIV; bringing the experiences of HIV-positive people to the forefront of governmental and medical HIV/AIDS policy-making; expanding the clinical definition of AIDS to be more inclusive of women's unique symptoms; forcing pharmaceutical companies to lower the costs of HIV/AIDS treatments; and, on the most basic level, rendering the epidemic visible and political.⁶ As the tagline on the AIDS Activist History Project website concludes, "*AIDS activists changed the world. They organized, strategized, and put their*

³ Gould, *Moving Politics*, 145, 178; Brown, *RePlacing Citizenship*, 60-62; Brier, *Infectious Ideas*, 160-2, 168-79; *United in Anger* [film]; *How to Survive a Plague* [film].

⁴ Brier, *Infectious Ideas*, 157; Gould, *Moving Politics*, 5.

⁵ Gould, *Moving Politics*, 5, 178, 257-9, 263, 334; Patton, *Globalizing AIDS*, 20-1; Brier, *Infectious Ideas*, 3, 156-7; *United in Anger* [film].

⁶ Gould, *Moving Politics*, 4-5; Brier, *Infectious Ideas*, 157-8, 165-6, 172-5; *United in Anger* [film]; *How to Survive a Plague* [film].

bodies on the line.”⁷ Given the array of achievements mentioned above, this statement does not seem at all hyperbolic.

Drawing from my own oral history interviews, additional interviews from the AIDS Activist History Project, and a variety of archival sources, this chapter traces the emergence of direct-action AIDS activism in Vancouver.⁸ Despite being short-lived and relatively small, the impact of direct-action activist organizations in the city, such as the Coalition for Responsible Health Legislation (CRHL) and ACT UP Vancouver, was significant, but they were not the only organizations doing important political work in Vancouver. Indeed, I argue that Vancouver’s direct-action AIDS activist organizations built on the political foundation established by the city’s earlier AIDS service organizations (ASOs) through their caregiving networks and safe sex education programs that reaffirmed sexual liberation. The city’s two main ASOs, AIDS Vancouver and the PWA Coalition, frequently took up roles that blurred the line between activism and care, despite maintaining an apolitical façade. Vancouver’s later activist organizations built on this essential early organizational and political work, and crucial continuities and overlaps existed within various community organizations’ political goals if not political tactics. Furthermore, I argue that the development of various political responses to the epidemic in Vancouver mirrored the trajectory followed in other Canadian and U.S. contexts, but that political mobilization in Vancouver ultimately developed in response to the particular local political conditions faced by the city’s gay community. While the CRHL and ACT UP Vancouver’s radical, confrontational, and sensational tactics resembled – and were undoubtedly inspired by – those utilized by activists elsewhere in the United States and Canada, these organizations emerged specifically as a response to the socially conservative and homophobic political policies, including the threat of quarantine, in place under Bill Vander Zalm’s provincial Social Credit party. Ultimately, the complex development of gay community responses to the epidemic in Vancouver can only be explained through an analysis of the shifting local political context in the city and the community’s particular sociopolitical needs.

⁷ AIDS Activist History Project, “Home,” <https://aidsactivisthistory.ca/> (accessed February 19, 2018).

⁸ Direct-action activism in Vancouver has not been extensively analyzed with the notable exception of Michael Brown’s analysis in *RePlacing Citizenship*: Brown, *RePlacing Citizenship*, 58, 75-7.

Direct-action AIDS activism, and ACT UP in particular, has been the subject of a great deal of strong scholarly work. For example, two recent documentaries, *United in Anger*, directed by Jim Hubbard, and *How to Survive a Plague*, directed by David France, extensively outline the formation and actions of ACT UP New York. *United in Anger* utilizes oral history interviews from the ACT UP Oral History Project and archival footage to document the homophobic political context encountered by ACT UP and highlight the organization's major demonstrations up until the end of 1992. Similarly, *How to Survive a Plague* utilizes archival footage to follow ACT UP's yearly development beginning in 1987 and trace the organization's role in contributing to treatment breakthroughs. The film also discusses ACT UP's eventual fracturing in the mid-1990s as the Treatment and Data Committee split off to focus directly on treatment activism and research. Both films emphasize the national and local factors that contributed to the emergence of ACT UP, including the lack of available HIV treatments, the accelerating number of deaths nationally and in New York specifically, and the conservative responses of federal and local governments alike.⁹ ACT UP's wide-ranging political goals and targets are also clearly demonstrated in these documentaries, both of which illuminate the organization's struggles with the National Institutes of Health (NIH), Food and Drug Administration (FDA), Catholic Church, and pharmaceutical companies. The use of archival footage viscerally illustrates the direct-action, provocative tactics that made ACT UP's demonstrations successful and also captures the excitement and energy of being involved in the organization.¹⁰ While these documentaries contextualize ACT UP in many ways, they do not extensively examine the organization's relationship to pre-existing ASOs in New York.

Deborah Gould's *Moving Politics* analyzes the relationship between ASOs and ACT UP and places the emergence of AIDS activism in the U.S. within a broader trajectory of gay community responses to the epidemic. Taking ACT UP New York as her primary case study, Gould argues that the gay community's first responses to the epidemic in the early 1980s were often typified by uncertainty, internalized conflict, and a persistent emphasis on respectability. By emphasizing this notion of respectability,

⁹ *United in Anger* [film]; *How to Survive a Plague* [film].

¹⁰ *United in Anger* [film]; *How to Survive a Plague* [film].

Gould complicates what she calls the “heroic narrative” of early grassroots responses to the epidemic in which gay men, lesbians, and their allies mobilized against an indifferent, homophobic government, formed AIDS service organizations (ASOs) to look after each other, invented safe sex, and lobbied for government funds.¹¹ Gould argues that early community responses to the epidemic reflect a much greater degree of ambivalence than the heroic narrative suggests, as these responses were inflected by elements of uncertainty, fear, shame, and a desire to be accepted within mainstream society. As evidence of these forces, Gould emphasizes that many leaders within the gay community in the early 1980s, as well as many early ASOs, encouraged gay men to embrace respectability centered around sexual restraint and even monogamy rather than advocating for a return to the tenets of gay liberation. Gould suggests that these early responses relied on an assumption that the best way for gay men to combat the epidemic was by “cleaning up” and “behaving” in order to prompt a mainstream governmental response, which foreclosed the possibility of more confrontational political responses to the epidemic within the gay community during this period.¹²

Gould attributes the emergence of ACT UP to the intensification of government indifference and right-wing backlash to the epidemic over the course of the 1980s, which resulted in the growth of hysterical anti-gay sentiment and the threat of enforced HIV-testing and quarantine in many places.¹³ Within this increasingly oppressive context, Gould argues, community responses premised on gay responsibility were clearly failing to produce change and a shift toward anger, radicalism, and direct-action AIDS activism was necessary. In short, as the politics of acceptance and respectability wore thin, “fury replaced shame,” with the assignation of blame for the epidemic shifting from an internalized focus on gay promiscuity to the indifference and hatred of government and medical institutions.¹⁴ Gould argues that it was the *Bowers v. Hardwick* Supreme Court decision, by which Georgia state laws prohibiting homosexual acts were deemed

¹¹ Gould, *Moving Politics*, 24, 56-7.

¹² Gould, *Moving Politics*, 61-2, 64, 71-3, 78, 80, 85-9. An implicit assumption of this argument is that early community responses to the epidemic were ineffective and inadequate, as I discuss further below.

¹³ Gould, *Moving Politics*, 10-11, 49-50, 118, 236. The literature on HIV/AIDS as a moral panic is useful to think about here as well. See, for example: Weeks, “AIDS: The Intellectual Agenda,” in *Moral Panics and the Media*.

¹⁴ Gould, *Moving Politics*, 136.

constitutional and “sodomy” was discussed in the same terms as rape and incest, that catalyzed the shift from gay shame to gay rage, destroying any fragile notions of mainstream acceptance. This shift toward anger within the gay community became a new consensus supported by community leaders and organizations, leading in turn to an increasingly politicized view of the epidemic and the emergence of direct-action AIDS activism that looked radically different from earlier community responses.¹⁵

While Gould portrays AIDS activism as distinct from earlier forms of community mobilization, this claim has been challenged by other scholars. In *Globalizing AIDS*, Cindy Patton presents a very different narrative of AIDS activism, placing the emergence of organizations like ACT UP within a longer trajectory of gay community mobilization in response to the epidemic. Patton expands the parameters of activism within the U.S. context to include the early organizing efforts of ASOs alongside the political tactics of ACT UP and describes these as separate but related waves of community activism. In this sense, AIDS activism did not begin in 1987 with the emergence of ACT UP but can be traced back to the start of the community’s response to the epidemic, before the syndrome or virus even had a name.¹⁶ The first wave of activist responses within early ASOs solidified gay communities, promoted safe sex education, and filled a crucial gap in providing services to PWAs at a time when institutional responses were ineffective. However, as these early organizations became reliant on government funding, they were increasingly forced to refrain from overtly political activities and, as a result, shifted toward providing services to PWAs. This led to the emergence of a second wave of activism in the mid-1980s, led by PWAs who were dissatisfied with existing activist responses, advocated for improved treatments, and mobilized behind emerging HIV-positive identities.¹⁷

Patton argues that while ACT UP did diverge from earlier community responses in their theatrical tactics and attempts to illuminate the underlying structures of power that produced the epidemic, the organization emerged within an existing milieu of competing community activisms and was not independent of the mobilization that preceded it. Indeed, she argues, “before ACT UP could make minimal sense as a

¹⁵ Gould, *Moving Politics*, 121-2, 135, 150-3, 170, 239.

¹⁶ Patton, *Globalizing AIDS*, 2-4.

¹⁷ Patton, *Globalizing AIDS*, 11-7, 19-21.

coalition raging against government and industry inaction, affected bodies had to accumulate into a class, and the disease that bound them together had to find a name.”¹⁸ In short, ACT UP built on the foundation provided by earlier forms of gay community mobilization. Patton further argues that our tendency to view ACT UP’s activism as distinct from that which preceded it is a result of our own political biases in favour of a particular style of protest-based activism over other forms of political mobilization.¹⁹ As I discuss below, Vancouver’s history reflects Patton’s outline of a range of overlapping political and organizational responses within the gay community, with ASOs gradually being joined by PWA and direct-action activist organizations over time.

Similarly, Jennifer Brier challenges Gould’s notion of ACT UP’s uniqueness, suggesting that we need to view direct-action activism in the U.S. as part of a broader spectrum of gay political responses to the epidemic. Like Gould, Brier lauds the contributions of organizations like ACT UP, noting for example that these organizations were partially responsible for major antiretroviral treatment breakthroughs in 1996 that transformed HIV from a death sentence into a chronic condition, at least for those who had access to said treatments. Like Patton, Brier argues that AIDS activism had more in common with initial community responses to the epidemic – within ASOs and the gay press, for example – than other scholars have suggested.²⁰ Indeed, she asserts that direct-action activism expanded upon, rather than diverged from, the work of these earlier community responses. Counter to Gould’s emphasis on gay respectability in the early years of the epidemic, Brier argues that early community responses within the queer press and ASOs demonstrated a rejection of respectability and dominant norms, and a radical reassertion of sexual liberation through safe sex. Thus, these early community responses were intensely political and were in fact also a form of activism, according to Brier, which laid the foundation for the emergence of direct-action AIDS activism in the late

¹⁸ Patton, *Globalizing AIDS*, 3-4.

¹⁹ Patton, *Globalizing AIDS*, 3. As I discuss more extensively below, particularly in my third chapter, this emphasis on the uniqueness of direct-action activism is also a result of scholars’ gendered assumptions.

²⁰ Brier, *Infectious Ideas*, 1, 4, 158. While treatment breakthroughs occurred at this time, the cost of early treatments was extremely high, which meant that initial access was highly variable both across and within various national contexts.

1980s.²¹ I argue below that the Vancouver context is also more accurately characterized by continuity and overlap than rupture and separateness.

The extent to which the broad trajectories of AIDS activism mapped out by Gould, Patton, and Brier apply to various Canadian and U.S. contexts is unclear. For example, in *The Life and Death of ACT UP/LA*, Benita Roth argues that we must analyze local contexts if we wish to understand the emergence of various direct-action activist organizations. Since ACT UP was ultimately a loose coalition of various local chapters, Roth warns that the broader movement cannot be conflated with ACT UP New York and argues that the emergence, actions, and eventual demise of ACT UP/LA were shaped by the specifics of the Los Angeles context, such as the history of gay and lesbian organizing in the city and the slow responses of local health authorities.²² While ACT UP/LA engaged in many national actions in coalition with other ACT UP chapters, they also engaged in many local actions that were aimed at achieving immediate local goals, such as the establishment of an AIDS ward in the city. Roth also emphasizes that the organization's demise was more a result of shifting local conditions, including the deaths of several prominent members of ACT UP/LA, than a response to ACT UP New York's own fragmentation.²³ Roth's argument highlights the critical importance of historical context in shaping local responses to HIV/AIDS, as she states that "scholars [must] pay attention to the politics of place in exploring the actions of social movement participants and the trajectory of organizations. Local histories and relationships among political actors condition social movement activism and mean that actors working in coalition but situated in different physical spaces face different challenges."²⁴ While her work does not extensively analyze how ACT UP/LA built on the foundation of pre-existing ASOs, Roth suggests that we must pay close attention to historical context in order to understand the nuances of community mobilization efforts in various places, and this is an insight that I bring to my analysis of the Vancouver context.

In examining organizational responses to the epidemic in Vancouver, my analysis builds on Michael Brown's *RePlacing Citizenship*, which extensively examines the

²¹ Brier, *Infectious Ideas*, 5, 14-15, 34, 43, 45-6, 159.

²² Roth, *The Life and Death of ACT UP/LA*, 2-7, 12, 14.

²³ Roth, *The Life and Death of ACT UP/LA*, 34-9, 161, 196-7.

²⁴ Roth, *The Life and Death of ACT UP/LA*, 9.

activities and impacts of Vancouver's main AIDS service and activist organizations. Having spent a year-and-a-half studying AIDS Vancouver and the Vancouver PWA Society in the early 1990s and conducting 120 interviews with people who worked for, volunteered for, or received services from these local organizations, Brown's analysis of the historical emergence, structure, and political importance of these ASOs is invaluable to my work.²⁵ However, his discussion of AIDS activism in the city is much more critical. Citing ACT UP Vancouver's short existence, the lack of media coverage, and the generally negative sentiments of community members toward the organization at the time of its demise, Brown argues that ACT UP was unsuccessful in the Vancouver context and failed to have much impact in comparison to earlier ASOs. One of Brown's main critiques of the organization is that ACT UP Vancouver's goals were more narrow than activist organizations elsewhere in the United States and Canada, since education and advocacy for HIV-positive people was already being undertaken by other local ASOs, leaving ACT UP with the sole role of critiquing the provincial government.²⁶ As Roth's analysis illuminates, however, measuring the success of direct-action AIDS activism in Vancouver in relation to activism in other contexts may obscure the particular sociopolitical conditions that Vancouver's gay community faced and the ways in which the city's AIDS activists engaged with these specific conditions. Indeed, given the virulent homophobia and antipathy of the Vander Zalm government – which culminated in the proposal of quarantine legislation in 1987 – I argue that local AIDS activists' militant focus on this sole target was not a weakness, but a legitimate and useful response to the particular political conditions in Vancouver that complemented and built upon the work of existing ASOs.

In order to understand the conditions that led to the emergence of the CRHL and ACT UP Vancouver, it is critical to analyze the organizational and political work done by the city's earlier ASOs, since AIDS activist organizations were shaped by and built upon this earlier infrastructure. As discussed in the previous chapter, AIDS Vancouver was extensively involved in crucial caregiving efforts within the city, but they also engaged in other valuable organizational work. Granted, this work often appeared apolitical at first

²⁵ Brown, *RePlacing Citizenship*, 27.

²⁶ Brown, *RePlacing Citizenship*, 29, 58, 66, 68-9, 74-9, 189.

glance. AIDS Vancouver relied on community funding in its early years, and by the summer of 1984, they announced their intention to register as a charitable organization with Revenue Canada in order to expand their fundraising capabilities. Writing of this development in *Angles*, the organization noted that it would have a profound impact on the range of its activities in the future, since Revenue Canada restrictions stated that charitable organizations were not allowed to engage in political activities: “We must refrain from those kinds of actions which Revenue Canada considers to be political... We do see our role as providing accurate information, discouraging hysteria and harassment... contributing to research and, above all, supporting those who are psychologically or physically affected with AIDS.”²⁷ This commitment to avoiding direct political action was only strengthened over the duration of the 1980s as AIDS Vancouver expanded and became reliant on government funding; in this context, political action or overt governmental criticism would jeopardize both the organization’s charitable status and its funding.²⁸ Thus, AIDS Vancouver’s avoidance of direct political action was not due to a fundamental, ideological embrace of respectability, but political necessity. If the organization wished to continue running and expanding its crucial support and education programs, it simply had to avoid overt politics. Given the ramifications of any political statements, AIDS Vancouver dealt with violations of the “no politics” policy strictly. For example, Bob Tivey, the long-time spokesperson for AIDS Vancouver, was fired in 1987 for making a political statement in response to a proposed provincial quarantine bill.²⁹ Rather than overtly engaging in political matters, AIDS Vancouver continued to focus on expanding their essential HIV support and education efforts throughout the 1980s and 1990s.³⁰

²⁷ AIDS Vancouver, “AIDS Establishes Fund,” *Angles*, August 1984.

²⁸ Fred Gilbertson, “Gov’t Funds AIDS Vancouver Staff,” *Angles*, November 1986. Reliance on government funding had a similar impact on ASOs within the U.S. context as the 1980s progressed, according to Patton, leading to a greater degree of institutionalization and an emphasis on service provision for PWAs over more radical political goals: Patton, *Globalizing AIDS*, 13.

²⁹ Brown, *RePlacing Citizenship*, 29, 43, 51; AIDS Vancouver, “30 30 AIDS Vancouver: 1983 – The Forum,” Feb. 28, 2014, <https://www.youtube.com/watch?v=f5wJXYxNu88> (accessed February 22, 2018); Dan Guinan, “Bob Tivey Fired, Alan Herbert Resigns: Political Shuffle at AIDS Vancouver,” *Angles*, September 1987. I discuss caregiving and support in much greater detail in the second chapter.

³⁰ Such work, especially as it overlaps with caregiving, has often been constructed as feminine and therefore less valuable than more confrontational political work. This is a claim I refute in my third chapter. Ferree, “Filling the Glass,” 420-1, 424, 430; Glazer, “Overlooked, Overworked,” 119-120, 125, 130-1

Although they complied with Revenue Canada's rules, a close examination of AIDS Vancouver's early safe sex materials demonstrates their embrace of sexual liberation and rejection of respectability politics. In Vancouver, *Angles* played a major role in promoting safe sex by discussing various sexual practices and their associated levels of risk in explicit terms, eroticizing condoms, and encouraging readers to reach a "personal decision [on] what is an acceptable level of risk."³¹ AIDS Vancouver also extensively promoted safe sex in a manner that ran counter to mainstream norms. Empowering Vancouver's gay population through education and information was a primary goal of the organization from the outset, as they held community information sessions beginning in 1983, provided safe sex workshops starting in 1986, and produced advertising campaigns that also emphasized safe sex.³²

Scholars have stressed the radical political importance of these early, grassroots, safe sex efforts. For example, Jennifer Brier argues that early safe sex efforts provided an initial political response to the epidemic – pre-dating direct-action AIDS activism by a number of years – that "offered alternatives to the dominant conservative ideology of the era."³³ While ASOs and the gay media persistently debated the meaning of sexual "safety," Brier's analysis demonstrates that even early discussions of safe sex were framed by sexual liberation and a celebration of gay identities.³⁴ Likewise, Cindy Patton argues that safe sex was used as a means of challenging dominant moralistic discourses of the epidemic and provided "a new, politically resistive space of identity for many gay men."³⁵ However, Patton also complicates this notion by arguing that many safe sex efforts became divorced from the tenets of sexual liberation and fundamentally failed to challenge an underlying normal-deviant binary, in which only gay men – and other sexual deviants – were required to change their sexual practices. According to Patton, even the more celebratory iterations of safe sex tended to portray the early years of gay liberation

³¹ Dan Guinan, "Talking Dirty: Negotiating What Feels Safe," *Angles*, June 1988. See also: Bill, "AIDS 'Bizarre But Not So Bad'," *Angles*, March 1985; Dan Guinan, "Making Sense of Condoms," *Angles*, March 1987. Also discussed in my introduction.

³² Robert A., interviewed by BK; Paul Craik, AIDS Activist History Project, interviewed by Gary Kinsman and Alexis Shotwell, October 30, 2014; Hody Allan, "Safer Sex Workshop Succeeds," *Angles*, August 1986; AIDS Vancouver, "1983 – The Forum."

³³ Brier, *Infectious Ideas*, 43.

³⁴ Brier, *Infectious Ideas*, 14, 34, 45-6. Patton also discusses the essential role of gay media in getting basic information out to gay communities in the earliest years of the epidemic. Patton, *Fatal Advice*, 99.

³⁵ Patton, *Last Served?*, 114. See also: Patton, "Rights Language," 256-7; Patton, *Inventing AIDS*, 42.

as hedonistic and encouraged gay men to grow up in terms of their sexual practices.³⁶ Ultimately, these early grassroots prevention efforts were incorporated within mainstream public health campaigns. Simultaneously, another wave of safe sex promotion emerged in the late 1980s in conjunction with direct-action AIDS activist organizations, such as ACT UP, which finally promoted safe sex explicitly as a means of sexual and gay liberation.³⁷

Admittedly, AIDS Vancouver's advocacy for safe sex was tentative in the earliest stages of the epidemic, when information on the epidemic's causes and routes of transmission were still scientific unknowns.³⁸ Nonetheless, a close examination of AIDS Vancouver's early information pamphlets demonstrates that the organization was beginning to embrace safe sex and sexual liberation, and reject respectability, at this early juncture. AIDS Vancouver began producing pamphlets in 1983 that contained the latest scientific knowledge on risk practices within a generally sex-positive, liberationist framework. However, given the many scientific unknowns associated with the emerging epidemic, early pamphlets also recommended caution and behavioural change until more was known, as illustrated provocatively in "Fight Fear With Facts":

Now more than ever, ignorance, hypocrisy and arrogance about sex are to be repudiated. If anything, be even more genuinely affirmative about your sexuality... There is nothing 'immoral' or 'sinful' about celebrating your enjoyment of swimming in the ocean. If, on the other hand, your favourite beaches have posted undertow or oil spill warnings, it is prudent to avoid swimming in those areas as long as the signs are up. Like many people who are sexually active with many different partners, many gay men are currently having to face certain health risks that are increasingly associated with sexual or lifestyle preferences. In the interest of public health, it is important to know what those risks are and how they can be minimized.³⁹

While this excerpt may read as vaguely moralistic due to the suggestion that promiscuity should be avoided until other means of minimizing risk were known, given the lack of medical knowledge available at this time, AIDS Vancouver's celebration of sexuality and

³⁶ Patton, *Fatal Advice*, 98-106.

³⁷ Patton, *Fatal Advice*, 96, 108-9.

³⁸ Patton notes that the earliest period of safe sex promotion in the United States was "a period of extreme scientific uncertainty" (96), during which many questions around what was actually "safe" persisted. Patton, *Fatal Advice*, 96, 100.

³⁹ AIDS Vancouver, "Fight Fear With The Facts." A similar message of caution is also put forward in: AIDS Vancouver, "What Are My Chances?" Spring 1984. Patton suggests that behavioural change was initially viewed as an alternative to biomedical interventions, which were sorely lacking in the earliest years of the epidemic. Patton, *Fatal Advice*, 97.

disavowal of sexual “arrogance” is starkly non-judgmental. Rather than renouncing gay sex or promoting shame, this pamphlet advocated for intelligence in sexual decision-making and reasserted pride in gay identity, thus sowing the seeds of a liberationist response. As Brier argues about the U.S. context, community debate over the meanings of terms such as “safety” and “promiscuity” were extensive early in the epidemic, but these discussions tended to be framed by an over-arching affirmation of sexual and gay liberation.⁴⁰ In short, rather than demonizing promiscuity in order to preserve respectability and fragile mainstream acceptance, AIDS Vancouver urged caution as a means of self-care rather than as a trade-off for acceptance. The tentativeness of AIDS Vancouver’s early assertions quickly disappeared, as more was learned about the emerging epidemic and various risk practices, and was replaced by an overt emphasis on condom use and sexual liberation as an alternative to limiting sexual partners.⁴¹

Given the widespread and immobilizing fear experienced by many of those within Vancouver’s gay community in the early years of the epidemic, safe sex education served as a foundational and vital political response to the epidemic by promoting gay resistance and community cohesion and helping to alleviate some of this immobilizing anxiety through information. For example, reflecting on the impact of safe sex, Gordon notes, “I think a lot of people were very afraid but when more knowledge became available and some of that fear was able to be tempered somewhat, [there was] a lot more opening to each other.”⁴² The safe sex practices promoted by AIDS Vancouver and *Angles* were taken up by many within Vancouver’s gay community in the mid-1980s, providing a liberationist alternative to the sexual conservatism promoted by dominant mainstream institutions at the time.⁴³ For many within the community, safe sex was conceptualized as an ethical alternative to abstinence premised on mutual care. As Paul H. discusses: “The consensus was that safer sex... was the way to go. That’s how people responded... You

⁴⁰ Brier, *Infectious Ideas*, 14, 43.

⁴¹ Bob Tivey, “AIDS Affects Everyone,” *Angles*, July 1985; Bob Tivey, “Bath Issue Bubbles at AIDS Conference,” *Angles*, January 1987; Allan, “Safer Sex Workshop Succeeds”; AIDS Vancouver, “What Are My Chances?” Patton extensively traces the evolution of safe sex messaging in the U.S. as more scientific evidence became available. Patton, *Fatal Advice*, 97-112.

⁴² Gordon M., interviewed by BK. See also: Paul C., interviewed by BK; Nazim M., interviewed by Robert Ablenas; Robert A., interviewed by BK; Paul H., interviewed by BK; Smith, *Encyclopedia of AIDS*, 338.

⁴³ In contrast, Gould’s analysis minimizes the impact of early safe sex efforts in order to cast later AIDS activists as the group that truly reignited sexual liberation within the community. Gould, *Moving Politics*, 80-9.

could get publicly or privately shamed... if you weren't practicing safe sex – this was something you were doing that was wrong... Not only was it a health practice, it became an ethical and moral practice as well.”⁴⁴ As Paul implies, individuals within Vancouver's gay community were not always able to live up to this ethical ideal; indeed, several of my narrators described the challenges of consistently practicing safe sex in the 1980s and the guilt and fear that often accompanied any lapses.⁴⁵ Although not always consistently practiced, the popularization of safe sex practices allowed for a re-assertion of sexual liberation and a celebration of gay identity at a time when promiscuity and gayness were re-stigmatized. This reclaiming of sexuality and gay identity through safe sex helped to alleviate immobilizing fear and enable future activist responses to the epidemic through the fostering of sexually resistive spaces within which activist responses could be articulated.

While AIDS Vancouver continued this political work under an apolitical veneer, Vancouver's second major ASO, the Vancouver PWA Coalition, frequently blurred the line between the support-oriented services of early ASOs and the overt political protests of later activist organizations, particularly in the Coalition's early years.⁴⁶ While there was a certain degree of overlap between the services provided by the Coalition and AIDS Vancouver, especially in providing support services to PWAs, the Vancouver PWA Coalition initially positioned itself as a political alternative to AIDS Vancouver's apparent apoliticism. As discussed by Warren Jensen, the initial spokesperson for the organization, the Coalition's goals explicitly combined aspects of activism and care:

The coalition operates a support group for persons with AIDS... where they can meet others like themselves in a relaxed and friendly environment. We host alternative therapy workshops for those who wish to explore options such as meditation, nutrition, holistic therapies, experimental drugs and stress reduction... The coalition organizes political activities for those PWAs and their supporters who want to take action to press for a viral

⁴⁴ Paul H., interviewed by Ben Klassen (Vancouver, BC), October 30, 2017.

⁴⁵ Tony C., interviewed by BK; Michael D., interviewed by BK.

⁴⁶ The organization later changed their name to the Vancouver PWA Society, then to the British Columbian PWA Society, and finally to Positive Living BC in 2011.

testing lab in Vancouver and for the release by Ottawa of promising experimental drugs.⁴⁷

As this last goal of the organization makes clear, the PWA Coalition was not at all adverse to political mobilization in its early years. Members of the Coalition began importing experimental treatments for personal use during this period and travelled to Ottawa to present a petition to the federal government for the release of experimental HIV treatments in June of 1986.⁴⁸ Much of the organization's activism was aimed at addressing local concerns, however. Foreshadowing the direct-action tactics of later groups, roughly a dozen members of the PWA Coalition traveled to Victoria to picket the provincial legislature in March 1986 to advocate for the opening of a viral testing lab in Vancouver in what Gary Kinsman describes as "the first... AIDS activist action across the Canadian state."⁴⁹ These political tactics were successful in these instances as they resulted in the building of a viral testing lab in Vancouver, announced in September 1986, and the gradual release of AZT throughout 1987.⁵⁰ A similar action was undertaken in September 1989 when the PWA Society held a rally at Bill Vander Zalm's Christian amusement park, Fantasy Gardens, to protest homophobic remarks made by two B.C. cabinet ministers.⁵¹ This confrontational political period of Vancouver PWA's existence was fairly short-lived as the organization soon secured government funding and became more reliant on the state in the process. This meant that, like AIDS Vancouver, the Vancouver PWA Coalition had to distance itself from positions that were too critical of

⁴⁷ Warren Jensen, "'Always Here When You Need Us,' Dogwood Monarchists Tell PWAs," *Angles*, May 1986. According to Patton, PWA-led organizations emerged during this same period within the U.S. context: Patton, *Globalizing AIDS*, 14-6.

⁴⁸ "Ottawa Rules Drugs Worse Than AIDS," *Angles*, August 1986.

⁴⁹ John Kozachenko, AIDS Activist History Project, interviewed by Gary Kinsman and Alexis Shotwell (Vancouver, BC), October 29, 2014. Also discussed in: Richard Banner, AIDS Activist History Project, interviewed by Gary Kinsman and Alexis Shotwell (Vancouver, BC), October 28, 2014. This occurred at the same time as treatment activism was emerging elsewhere in the United States and Canada, and was part of a shift wherein PWAs "bec[a]me active participants – consumers of medical care – rather than passive victims." Cindy Patton, *Globalizing AIDS* (Minneapolis: University of Minnesota Press, 2002), 2.

⁵⁰ Brown, *RePlacing Citizenship*, 63; McCaskell, *Queer Progress*, 231; David Myers, "Viral Testing Lab Said to Be Imminent," *Angles*, May 1986; Rob Joyce, "Names for Hope: Public Pressures Government to Release Compassionate Drugs," *Angles*, June 1986; "Ottawa Rules Drugs Worse Than AIDS," *Angles*, August 1986; David Myers, "Gov't Okays Viral Lab Limits Promising Drug to 60," *Angles*, October 1986; Kozachenko, AAHP. Prior to the opening of the lab in Vancouver, facilities only existed in Montreal and Ottawa, which meant the HIV tests had to be sent from Vancouver to these other sites, resulting in long wait times for results. Additionally, this made it difficult for extensive clinical trials to be conducted in Vancouver, which meant reduced access to experimental treatments.

⁵¹ Paul C., interviewed by BK; Dan Guinan, "Fantasy AIDS Rally," *Angles*, September 1989.

the government for fear of jeopardizing their funding, although the organization continued to effectively advocate for the health of HIV-positive individuals over the duration of the epidemic through more conventional political channels, such as lobbying efforts.⁵² Nonetheless, the Coalition's early activist period complicates narratives that imply a sharp distinction between service-oriented and activist-oriented organizations. These early activist actions were largely formulated in response to the particular local conditions faced by Vancouver's gay community, particularly the homophobic Vander Zalm government, and served as a model for later AIDS activism in the city.

While the direct-action phase of the organization soon waned, the Vancouver PWA Coalition continued to foreground treatment activism well into the 1990s by educating their members on various treatment options, running their own drug trials, and advocating for access to experimental treatments.⁵³ Outlining the organization's perspective on treatment options in *Angles*, PWA spokesperson Kevin Brown noted, "We're tired of this attitude that PWA's are already dead but they're just too stupid to lie down. We wanted to do something."⁵⁴ Thus, the PWA Coalition decided to take treatment issues into their own hands by establishing the Treatment Information Program, which provided the latest news on drug trials and promising treatments, and empowered its members to challenge the expertise of medical professionals. When the federal government refused to conduct clinical trials on experimental treatments, the PWA Coalition was happy to conduct their own.⁵⁵ Support groups within the organization could also become impromptu spaces of information sharing, as Dakota recalls: "the support group would be an outlet for people to vent, share, come up with their different things that they're trying. 'Oh, I've tried this. I've tried that. This is helping, that's helping.' So, you know, it was also... information sharing."⁵⁶ Collectively, these actions

⁵² Brown, *RePlacing Citizenship*, 29, 51-2, 66, 70; Robert A., interviewed by BK; Dan Gawthrop, "Social Democrats Take a Stand on Gay Rights – The NDP: Coming Out at Last?" *Angles*, May 1990. This transition was marked by a name change from a "coalition" to a "society" (Vancouver PWA Society) with more organizational structure. Kozachenko, AAHP.

⁵³ "Answers, Please," *Angles*, April 1998.

⁵⁴ David Myers, "PWA's Study Lecithin," *Angles*, January 1988.

⁵⁵ Brown, *RePlacing Citizenship*, 102-3; "Vancouver PWAs Research New Drug," *Angles*, September 1987; Myers, "PWA's Study Lecithin." Treatment activism has often been associated with direct-action activist organizations like ACT UP New York, whose Treatment and Data Committee promoted knowledge and lay expertise on HIV treatments, ultimately leading to the democratization of HIV-related knowledge beyond the confines of medical professions. Brier, *Infectious Ideas*, 162-3, 168.

⁵⁶ Dakota D., interviewed by Ben Klassen

allowed members within the PWA Coalition to assert agency over their own health and to politically mobilize against the slow response of the medical establishment in a powerful way.

In summary, many of the goals that would later be championed by direct-action activists in Vancouver were already being advocated for by the city's first ASOs in the early years of the epidemic, including a demand for greater government funding for HIV medications and the release of experimental treatments, the promotion of safe sex education, and the reassertion of sexual liberation. Indeed, the PWA Coalition also modelled the direct-action tactics that would later be taken up by the CRHL and ACT UP. While ACT UP Vancouver would come to articulate these goals in a particularly forceful and confrontational manner, it is crucial to acknowledge that the organization built on the political foundation established by these earlier ASOs and that the boundary between direct-action activism and earlier community responses was quite porous.

Gay community responses to the epidemic in Vancouver shifted in the mid- to late 1980s in response to shifting local and provincial conditions as the rates of infection and death skyrocketed and a sharp right-wing shift occurred within the provincial government under Bill Vander Zalm, who came to power in 1986 after taking over for retiring Social Credit premier, Bill Bennett. Under Vander Zalm, a new brand of social conservatism rose to the forefront of provincial politics as the government responded to the epidemic by blaming gay men, refusing to fund safe sex campaigns and HIV treatments, and ultimately attempting to pass quarantine legislation that could have been used to forcibly detain people who were HIV-positive.⁵⁷ A perceptible shift toward anger was occurring within the community in response to these local developments, and the continued inaction and homophobia of the provincial government. As Paul C. suggests, "the community was starting – was getting out of the shock and... finally becoming angry."⁵⁸ Existing channels of community mobilization, largely reliant on government funding, were not viewed as providing an adequate outlet for this growing anger. As discussed above, early AIDS organizations, such as the PWA Coalition, had engaged in activist ventures on occasion, but the main thrust of the organization was to achieve other

⁵⁷ Brown, *RePlacing Citizenship*, 43-4, 47-8.

⁵⁸ Paul C., interviewed by BK. Many other narrators shared similar perceptions of this time.

outcomes, such as lobbying for better access to treatments and providing support to PWAs, as Janis Kaleta recalls:

My understanding was that the PWA Society and... AIDS Vancouver, were doing tremendous work in terms of supporting people who were HIV-positive and people with AIDS in advocating for them, in researching the treatment options, but they were also getting government funding to do so. There was a conscious decision that they could not engage in political activism or advocacy, and there were people within who wanted to have that avenue and who knew of ACT UP organizations in the States.⁵⁹

Thus, as anger about local conditions intensified over time and organizational alternatives came into focus in the United States, confrontational activism was increasingly viewed as a necessity by many within Vancouver's gay community.

Local conditions, particularly the Social Credit party's proposal of Bill 34 and the associated threat of quarantine, provided the catalyst that ignited this latent activist sentiment within Vancouver's gay community, as the threat of quarantine presented "a rallying cry – a point for people to mobilize against."⁶⁰ While the bill made no explicit mention of HIV/AIDS, it granted the provincial government the ability to quarantine any person suffering from a communicable disease who was "likely to, willfully, carelessly or because of mental incompetence, expose others to the disease or the agent."⁶¹ Given the Vander Zalm government's pre-existing homophobic, moralistic response to the epidemic, this led many within Vancouver's gay community to believe that the bill would be used to quarantine gay men. Indeed, as Paul C. recalls, such quarantine provisions had already existed in B.C. prior to Bill 34; thus, the bill was viewed as a means of fomenting homophobia, further stigmatizing marginalized populations and propagating hysteria around HIV:

There were already provisions in the Health Act for quarantining someone... It was totally unnecessary and it was just sort of a way to get attention to stigmatize the community, because of course this would play to

⁵⁹ Janis Kaleta, AIDS Activist History Project, interviewed by Gary Kinsman and Alexis Shotwell (Vancouver, BC), October 29, 2014.

⁶⁰ Robert A., interviewed by BK. Indeed, Bill 34 seemed to serve a similar catalyzing function as the Bowers v. Hardwick decision did in the United States: Gould, *Moving Politics*, 121-2, 135. My narrators consistently mentioned the threat of quarantine in BC in their stories even if they were not involved in activist responses to the bill. Clearly, this development left a deep impression on Vancouver's gay community and is part of its collective memory.

⁶¹ Government of British Columbia, *Health Act: Revised Statutes of BC, 1979* – Chapter 161, <http://www.bclaws.ca/civix/document/id/92consol16/92consol16/79161>.

[the Social Credit] constituency – you know, the moral, social conservative, right-wing segment. And then they think, well, nobody’s gonna stand up for gay people, or, you know, people with AIDS, and sex workers, and IV drug users... So, they figured, oh good, we can just do this here and make it look like we’re actually doing something when of course all we’re doing is fanning the fires of hatred without doing anything to stop the crisis from worsening.⁶²

Writing in the *Vancouver PWA Coalition Newsletter*, Nicholas Gray, a local PWA, noted that while the bill did not produce radical legal change, “[a] glance at the current governments [sic] record with AIDS related concerns does not make me feel secure. This little ‘re-wording’ of the Health Act may be where it starts, but hwere [sic] will it lead us?”⁶³ Bill 34 viscerally crystallized the pre-existing apathy and homophobia of the provincial government for all to see, which spurred a more activist-oriented response. *Angles*’ amplified this activist impulse, providing swift, extensive coverage that compared the proposed bill to Japanese-Canadian internment, concentration camps, and the Holocaust, while positioning this initiative within the larger context of AIDS hysteria and homophobia.⁶⁴ Collectively, this coverage reaffirmed the idea that a threat of this degree demanded a response that went beyond caregiving or lobbying.

In response to Bill 34, Vancouver’s first direct-action AIDS activist organization, the Coalition for Responsible Health Legislation (CRHL), formed in 1987. While the CRHL emerged during roughly the same period as other AIDS activist groups throughout the U.S. and Canada, it formed as a direct response to local conditions, specifically the proposal of Bill 34. Unlike earlier AIDS organizations in Vancouver, this new organization was primarily committed to directly confronting the provincial government

⁶² Paul C., interviewed by BK. Also discussed in: Paul Craik, AAHP; Richard Banner, AAHP. Indeed, existing provisions allowed for “the isolation or modified isolation or placing in any hospital or building provided for quarantine or isolation of a person having a reportable communicable disease or the quarantine of a person who, while susceptible to a reportable communicable disease, has been exposed to it.” However, Bill 34 clarified and extended aspects of this existing legislation, by defining what constituted a health hazard, for example: Government of British Columbia, *Health Act*, 1979; Keith Baldrey, “New Quarantine Power Called Frightening to AIDS Sufferers,” *The Vancouver Sun*, July 8, 1987, A1.

⁶³ Nicholas Gray, “Quarantine!: A Personal Reaction from Nicholas Gray,” *Vancouver PWA Coalition Newsletter*, Issue 11, August 1987, 4.

⁶⁴ Dan Guinan, “No to Quarantine’ Says Health Coalition.” *Angles*, October 1987; Dan Guinan, “Quarantine... Really?” *Angles*, August 1987; Dan Guinan, “B.C. Moves to Quarantine: ‘Willfully, Carelessly or Because of Mental Incompetence?’” *Angles*, February 1988; Dan Guinan, “Rally to Stop AIDS Bill,” *Angles*, December 1987.

for its role in exacerbating the epidemic.⁶⁵ Regarding the organization's activities, Paul C. outlines:

... we actually ended up having some demonstrations against this quarantine law... which was amazing – getting people out into the streets actually protesting. And we had one before it was passed and then another demonstration – a smaller one – after it was passed to let people know that we still didn't agree with the legislation. And in the meantime, we'd also gone to bars and had leafletted at bars.⁶⁶

While the organization did engage in some other activities – for example, leafletting and marching in Vancouver's gay pride parade – the main thrust of the organization was toward direct-action street activism in response to Bill 34.⁶⁷ The first of these demonstrations occurred in September 1987 and included approximately two hundred people marching with placards through the streets of Vancouver and rallying in front of the Vancouver Art Gallery in opposition to the bill. Here, the CRHL proposed alternative responses to the epidemic in contrast to quarantine, such as increased funding for local ASOs, promotion of condom use, and the provision of clean needles for IV drug-users. This first rally also included prominent members from the Vancouver PWA Coalition and AIDS Vancouver, which further demonstrates the blurriness between ASOs and activism in Vancouver.⁶⁸ Still, the scale of this political action does render the CRHL quite different from earlier community responses in Vancouver. Additional CRHL protests followed in November and December 1987 at the Grey Cup parade and a Social Credit fundraiser, respectively, with both demonstrations drawing large crowds.⁶⁹

While earlier ASOs were by no means exclusively composed of gay men, the CRHL also expanded upon this by bringing various communities together who had not

⁶⁵ As mentioned above, the PWA Coalition had also engaged in AIDS activism prior to the CRHL, but this was not the organization's main purpose. *RePlacing Citizenship*, 63-4, 70-3.

⁶⁶ Paul C., interviewed by BK.

⁶⁷ Craik, AAHP.

⁶⁸ Guinan, "'No to Quarantine' Says Health Coalition." AIDS Vancouver spokesperson Bob Tivey was fired for the remarks he made at this first rally.

⁶⁹ The Socred fundraiser was headlined, ironically, by Dionne Warwick. Dan Guinan, "Rally to Stop AIDS Bill," *Angles*, December 1987; Richard Banner, "Quarantine?: 'That's Not What Friends Are For,'" *Angles*, January 1988; Richard Banner, "Monumental Stupidity," *Angles*, January 1988; Patti Flather, "AIDS Law Protesters Jeer Socred Fundraiser," *The Vancouver Sun*, December 3, 1988, A14. Warwick's 1985 single with Elton John and others, "That's What Friends are For," raised millions of dollars for AIDS research and prevention.

mobilized collectively in the recent past.⁷⁰ For example, as the bill held obvious implications for the rights of sex workers – due to narratives that had frequently portrayed them as vectors of disease – many local feminists also mobilized against it, including the organization POWER (Prostitutes and Other Women for Equal Rights).⁷¹ Also included in the organization were many lesbians (including a collective called Dykes for Dykedom), members of trade unions, and various public health professionals.⁷² The range of groups involved in the CRHL is notable because these groups had generally been doing political work separately in the preceding years. As Paul C. notes: “It brought us together, a lot of coalescing, a lot of groups in the queer community who had been working separately before... because I think they were realizing... that this is sort of the thin edge of the wedge, you know... We were all sort of in the cross-hairs of the far right, so they knew that we all had to come together to fight.”⁷³ Prior to this, even within the queer community, lesbians and gay men had often worked separately, as Richard recalls: “I remember that that was probably the first thing where we were working closely with a lot of women – lesbian – organizers. I think that brought together lesbians and gay men.”⁷⁴ In this sense, Bill 34 unintentionally united many marginalized groups in opposition to the Social Credit party’s social conservatism through the shared threat of quarantine. Coalition-building and solidarity across these various groups was a major political development that continued to manifest in later community responses to the epidemic, such as within ACT UP, which ultimately strengthened these forms of political mobilization.⁷⁵

⁷⁰ For example, Brown found that approximately half of the volunteers in AIDS Vancouver’s buddy program as of the early 1990s were women. Brown, *RePlacing Citizenship*, 128-9.

⁷¹ Joan Sangster, *Regulating Girls and Women: Sexuality, Family, and the Law in Ontario, 1920-1960*, (Toronto: University of Toronto Press, 2001), 88-90, 103, 129; David Hugill, *Missing Women, Missing News: Covering Crisis in Vancouver’s Downtown Eastside* (Halifax: Fernwood, 2010), 56-7; Patton, *Last Served?*, 5-7, 11-2, 49; Brier, *Infectious Ideas*, 133, 136, 138.

⁷² Indeed, BC’s health minister and Vancouver’s chief medical officer both admitted that “irresponsible prostitutes” and people with tuberculosis, not PWAs, were the main targets of the bill. Guinan, “‘No to Quarantine’ Says Health Coalition”; Guinan, “B.C. Moves to Quarantine”; Kozachenko, AHHP; Craik, AAHP; Paul C., interviewed by BK; “Untitled,” *Kinesis*, October 1987, 3; Baldrey, “New Quarantine.”

⁷³ Paul C., interviewed by BK. Women’s reproductive rights were also a target of the Socreds, according to Brown: Brown, *RePlacing Citizenship*, 46.

⁷⁴ Banner, AAHP.

⁷⁵ The inclusion and foregrounding of women’s voices in the CRHL is also significant due to the fact that social movements and activism have generally been constructed as masculine, which has often led to the marginalization of women’s voices within various movements. Yulia, “Social Movements,” 629, 634.

Despite the strong political opposition of these various communities to quarantine measures, Bill 34 was passed by the provincial government in January 1988. According to Vancouver's chief medical officer, John Blatherwick, the bill did leave the possibility of quarantine open for HIV-positive gay men who continued having sex, but it was never used for this purpose. Nonetheless, some members of the community saw the passage of the bill as a major setback for the community, as John notes: "I felt real dread. It was just like, a battle lost; and having to respond to it now that it is legislation, but then also understanding that we would have to fight it case by case."⁷⁶ Still, the vocal and militant disapproval of those within the CRHL ensured that quarantine measures would not be used frequently, if at all. As Dan suggests: "We [were] fighting back. So, it was part of that whole activism thing. 'We're fighting back. We care about ourselves. We're standing up for ourselves. We are a community.' Just those very broad messages were very important to get out."⁷⁷ The CRHL was therefore an outlet for the gay community and other affected communities to stand up for themselves in the face of moralistic, right-wing backlash on a local level. While they were unsuccessful in preventing the passage of Bill 34, the CRHL succeeded in mobilizing these communities and challenging the underlying homophobic ideology of the provincial government. In challenging these condemnatory mainstream understandings of the epidemic, the CRHL both built on and extended the political foundation laid by AIDS Vancouver and the PWA Coalition in the epidemic's earlier years.

Following the passage of Bill 34, the CRHL slowly faded away, which is not surprising given that the organization explicitly formed to protest the passage of the bill. Nonetheless, many of the main players in the CRHL also became involved in ACT UP Vancouver when this organization formed in 1990, and ACT UP built upon the CRHL's foundation. As Richard describes, "I think that after the Bill passed the CRHL just kind of faded away because it was so narrowly focused and the people in it were so diverse... The more activist people who kind of met each other around the CRHL were the ones who then became involved in ACT UP."⁷⁸ As ACT UP tended to draw the "more

⁷⁶ Kozachenko, AAHP.

⁷⁷ Dan Guinan, AIDS Activist History Project, interviewed by Gary Kinsman and Alexis Shotwell, October 29, 2014. Also discussed by: Paul C., interviewed by BK; Craik, AAHP.

⁷⁸ Banner, AAHP. Also discussed in: Kozachenko, AAHP.

activist” individuals from the CRHL, it should not be surprising that many saw ACT UP as a more radical extension of the political approaches initially utilized in Vancouver by the PWA Coalition and CRHL. For example, Paul C. recalls, “ACT UP at this time was a lot more militant than the Coalition for Responsible Health Legislation... So, there was more militancy and more boldness on the part of people in the queer community around ACT UP.”⁷⁹

ACT UP also built upon the CRHL’s coalition-based politics, drawing individuals from diverse communities and with differing political backgrounds. Like the CRHL, women were extensively involved in ACT UP, many of whom brought extensive backgrounds in political organizing within women’s movements. As Janis recalls: “There were also a lot of women – young women, young dykes – involved in the prison justice movement, radical dykes who immediately would see the appeal of something like this. There were Downtown Eastside people, I say in the sense of you know non-middle class, white gay men living with AIDS.”⁸⁰ The organization also included some Indigenous members and many PWAs, including some who were active with the PWA Society.⁸¹ Collectively, this meant that while gay men dominated ACT UP, they were not the only voices present within the organization by any means. Indeed, ACT UP’s leaflets made this commitment to inclusivity explicit, noting that “ACT UP is an inclusive organization. People who participate in ACT UP are from diverse communities. We welcome anyone and everyone willing to join us in the AIDS struggle.”⁸²

In comparison to the CRHL, ACT UP’s goals were simultaneously narrower – in terms of focusing predominately on issues related to HIV – and broader – in terms of critiquing the Social Credit policy as a whole rather than a single piece of legislation. As the number of annual AIDS cases in the province peaked in the early 1990s, the continued inaction of the Social Credit government again warranted a more

⁷⁹ Craik, AHHP.

⁸⁰ Kaleta, AAHP. Again, this is significant since many social movements have been constructed to exclude or marginalize women: Yulia, “Social Movements,” 629, 634. Other ACT UP members brought political backgrounds in the anti-nuclear movement, socialism, and earlier queer movements. Craik, AHHP; Kozachenko, AAHP.

⁸¹ Robert A., interviewed by BK; Paul C., interviewed by BK; Kozachenko, AAHP.

⁸² ACT UP Vancouver, “Untitled Leaflet [1].”

confrontational political response.⁸³ Regarding the organization's broad objectives, John outlines, "We were involved in other actions other than just AIDS-related, but it was primarily about HIV and responding to the provincial government."⁸⁴ This emphasis on HIV-related issues is reflected in the organization's specific goals, as Paul C. suggests: "We had a lot of demands, you know... Things like safer sex education, and gay rights, and, you know, condoms in the prisons, and teaching prisoners how to clean, you know, their IV drug – their rigs and stuff like that."⁸⁵ Thus, while the Social Credit government continued to blame gay men and other marginalized populations for the spread of HIV, ACT UP articulated alternative and concrete approaches for dealing with the epidemic on a provincial level.⁸⁶ Like direct-action AIDS activists elsewhere, ACT UP's critiques also went beyond HIV-specific issues to emphasize the social underpinnings of health disparities. Counter to the government's strategy to blame the victim, ACT UP Vancouver argued that homophobia, misogyny, racism, colonization, and poverty needed to be challenged in order to truly combat the epidemic.⁸⁷

While the organization's goals were mainly aimed at achieving local targets, ACT UP Vancouver's political methods and structure were largely inspired by ACT UP chapters elsewhere in the United States and Canada, as they made use of sensational direct-action tactics, civil disobedience, and a "'by whatever means necessary' approach... to the fight against AIDS."⁸⁸ The organization's demonstrations were designed to disrupt public space and garner attention for ACT UP's messages through the use of die-ins, marches, and provocative artistic imagery, such as red paint or ketchup to symbolize the blood of PWAs and illustrate the impact of the provincial government's

⁸³ Brown, *RePlacing Citizenship*, 43; BC Centre for Disease Control, *HIV Annual Report, 2014* (Vancouver, 2015), 29.

⁸⁴ Kozachenko, AAHP.

⁸⁵ Paul C., interviewed by BK.

⁸⁶ Many of these goals and critiques of the Social Credit government's moralism were also stated explicitly in the leaflets ACT UP produced at the time along with other goals, such as the release of experimental treatments, funding for AZT, and increased government funding for ASOs. ACT UP Vancouver, "Untitled Leaflet [2]," 1990; ACT UP Vancouver, "World AIDS Day – Target: Victoria," 1990; ACT UP Vancouver, "Peanuts from Perrin: What AIDS Strategy?" 1991.

⁸⁷ ACT UP Vancouver, "We Are Not Silent." While ACT UP shared many specific HIV-related goals with local ASOs, ACT UP was much more explicit about articulating this deeper social critique of the epidemic.

⁸⁸ Tom Patterson, "ACT UP Starts Up," *Angles*, August 1990. Indeed, basic training in civil disobedience methods was provided by the organization. ACT UP Vancouver, "Some Do's and Dont's if the Police Come Around," 1990.

homophobia and indifference. ACT UP also extensively produced leaflets, which served as an additional means of disseminating their goals, promoting alternative solutions to the epidemic, and critiquing the Social Credit government. These leaflets explicitly drew from the work of ACT UP New York's art collective Gran Fury in making use of provocative, political, and eye-catching visuals that demanded a response from the viewer.⁸⁹ Structurally, the organization built on the activist tradition of the civil rights and women's movements in its utilization of affinity groups, which broke up the organization into small sub-groups to enhance intimacy and support, provide safety during civil disobedience actions, and offer as a safety valve for certain members who wished to engage in disruptive protest on a particular issue when other members of the group did not. This meant that demonstrations ranged in scale, with some involving the majority of the organization's members and other community members, while others involved a single affinity group of fewer than ten people.⁹⁰ This approach to political organizing had certain strengths and weaknesses, as Paul C. recalls: "If someone wanted to have a demonstration... other people in the group would say, 'Well, go ahead and organize it.' Which was kind of cool but kind of problematic in a way. It was good as far as anybody could organize an action and do it. The problem of course was that you didn't always get the whole organization behind you participating in it."⁹¹ Indeed, after an initial wave of larger demonstrations in the organization's first months, ACT UP Vancouver's protests typically drew a small core group of activists, many of whom were also involved in *Angles* and other forms of queer activism.⁹²

Nonetheless, in the year following the organization's first meeting in July of 1990, ACT UP Vancouver was prolific, holding nearly a dozen demonstrations against the Social Credit government and in support of their own goals. These included a die-in

⁸⁹ ACT UP Vancouver, "Did You Know That..."; ACT UP Vancouver, "Unnamed Leaflet [2]"; Brown, *RePlacing Citizenship*, 62-3; Gould, *Moving Politics*, 239-40; Brier, *Infectious Ideas*, 174-5; Douglas Crimp, "Cultural Analysis/Cultural Activism," in *Melancholia and Moralism*: 38-9; ACT UP Vancouver, "He Kills Me." Another good example of ACT UP Vancouver's use of provocative visuals is: ACT UP Vancouver, "Educating Rita: Social Credit AIDS Policy is a Disgrace," 1991.

⁹⁰ *United in Anger* [film]; Roth, *The Life and Death of ACT UP/LA*, 15-6. The largest of these demonstrations at Robson Square on August 1, 1990, involved about 75-150 people. Brown, *RePlacing Citizenship*, 65; Paul Dayson, "ACT-UP Protests Gov't Inaction," *The Ubyyssey*, August 2, 1990.

⁹¹ Paul C., interviewed by BK.

⁹² This core group in Vancouver was composed of about a dozen individuals. Paul C., interviewed by BK; Guinan, AAHP; Kaleta, AAHP; Kozachenko, AAHP.

at Robson Square on August 1, 1990; a demonstration outside a Social Credit fundraiser at the Queen Elizabeth theatre on August 24, 1990; a demonstration outside a Social Credit party convention on October 11, 1990; a protest at the Grey Cup Parade on November 24, 1990; an occupation of John Blatherwick's office on November 30, 1990; a demonstration at Vander Zalm's state of the province address at UTV on January 29, 1991; an action at the BC legislature on March 11, 1991; a protest at the Canadian AIDS conference on April 14, 1991; a demonstration outside the Socred leadership convention on July 19, 1991; and another die-in on Robson street in October 1991.⁹³

Despite this period of intense activity, ACT UP Vancouver's existence was a short one, as the organization quickly faded into the background following the election of a left-wing provincial New Democratic Party (NDP) government in October 1991 that was much more supportive of gay and lesbian issues than the Social Credit party had been.⁹⁴ As past members of the organization note, there were multiple reasons for the organization's demise. ACT UP's militant tactics alienated many of their potential allies who were also organizing against the Social Credit government, prompting criticism from other local ASOs, for example.⁹⁵ Additionally, the election of an NDP government eliminated ACT UP's primary target, the Social Credit party. In short, as local political

⁹³ Another action for which I have been unable to determine the date involved adding a zero to the city's cement centennial monument to provocatively demonstrate 1000 cases of AIDS in BC. These actions are discussed extensively in general in: Paul C., interviewed by BK; Craik, AAHP; Kozachenko, AAHP; Brown, *RePlacing Citizenship*, 65-70. Specific actions also discussed in, for example: Lyn Cockburn, "Acting Up Out of Sheer Frustration," *The Province*, September 16, 1990, 35; Paul Craik, "ACT UP Strikes Again: Let the Fags Die..." *Angles*, January 1991; Paul Dayson, "AIDS Activists Protest Premier: BC's Health Care Policies are Targeted in an Angry Demonstration," *The Ubyyssey*, February 1, 1991; Lloyd Nicholson, "Ten Year Itch: Still No Action After Living With AIDS for a Decade," *Angles*, May 1991; "Socred Convention Delegates Pursued by Protesters," *The West Ender*, July 25, 1991, 2.

⁹⁴ Emerging out of the socialist Co-operative Commonwealth Federation (CCF) in 1961, the NDP had long been the dominant left-wing party on both a provincial and federal level. Over time, the party moved closer to the centre of the political spectrum, but also had some notable political victories, including in the British Columbia provincial election of 1972. The party embraced a more liberal stance on gay issues beginning in the early 1980s. Indeed, Canada's first openly gay MP, Svend Robinson, was a member of the NDP and was first elected in Burnaby, B.C. in 1979. Jean Barman, *The West Beyond the West: A History of British Columbia*, 3rd ed. (Toronto: University of Toronto Press, 2007), 345-6, 355-6; Gordon Hak, *The Left in British Columbia: A History of Struggle* (Vancouver: Ronsdale Press, 2013), 2, 64-5, 81-2, 119-121, 140, 163, 170-1; Fred Gilbertson, "Increased Effort to Win Gay Vote: NDP Party Supports Rights for Gays," *Angles*, September 1984; Craig Kaczorowski, *gltq Encyclopedia*, "Svend Robinson," http://www.gltqarchive.com/ssh/robinson_svend_S.pdf (accessed August 22, 2018).

⁹⁵ For example, the Vancouver PWA Society was sometimes critical of ACT UP. Janis Kaleta, "Vancouver Police Attack Act-Up Rally," *Socialist Worker* 160, October 1990, 3; Tom McFeely, "A Mob Most Vile: As Gays Assault the Vander Zalm's, Stats Foil Their Case," *British Columbia Report*, September 10, 1990, 19.

conditions improved, the need for ACT UP's style of activism declined. With a more liberal and responsive government in power, many felt that more could be achieved through legislative means, which made direct-action activism less necessary.⁹⁶ Other members faced potential jail time if they continued to engage in civil disobedience, having used up their "get out of jail free cards." Especially for HIV-positive members of the organization, health issues and burnout also contributed to the organization's short shelf life.⁹⁷

Given the organization's brief existence, relatively small size, contentious politics, and smaller list of achievements compared to some other AIDS activist organizations, it is tempting to write ACT UP off as being ineffective in Vancouver. Indeed, some former members of the organization were critical of ACT UP or even saw it as a failure. Reflecting on the organization as a whole, Janis suggests that ACT UP did not fit within Vancouver's political culture: "I don't think it was a success. I think that we failed, but not because of anything we did. We failed because conditions [weren't] ripe at the time." Similarly, Richard indicates that ACT UP Vancouver's focus was too narrow: "I don't think that ACT UP ever had a lot of presence in Vancouver, partly because shortly after 1990 the Social Credit government lost power and the NDP came in."⁹⁸ These reflections echo Brown's argument that the organization was simply a poor fit within the Vancouver context.⁹⁹

Despite these critiques, ACT UP played a crucial role in drawing attention to AIDS-related issues in Vancouver, as a brief overview of media coverage on the organization reveals. ACT UP's theatrical demonstrations were covered extensively by local queer, feminist, student, and mainstream media alike, with widely diverging levels of support and criticism expressed in these various publications. For example, while some *Angles* writers argued that ACT UP's tactics were ultimately counter-productive, others suggested that alternative community responses were too passive and did not leave space for a productive expression of anger.¹⁰⁰ In the mainstream media, ACT UP's reception

⁹⁶ Robert A., interviewed by BK; Kaleta, AAHP; Banner, AAHP.

⁹⁷ Paul C., interviewed by BK; Craik, AAHP.

⁹⁸ Kaleta, AAHP; Banner, AAHP.

⁹⁹ Brown, *RePlacing Citizenship*, 29, 58, 66, 68-9, 74-9, 189.

¹⁰⁰ *Angles* coverage of the organization was extensive and fairly mixed. For example: Patterson, "ACT UP Starts Up"; Allen Braude, "Acting Up Against Government Inaction," *Angles*, April 1991; Dan Guinan,

was also quite mixed, ranging from sympathetic descriptions of the organization's actions as "reasonable" to overt disapproval.¹⁰¹ University, feminist, and left-wing papers tended to be supportive of the organization's efforts, with one article in the local feminist periodical *Kinesis*, for example, describing the organization as "innovative" and praising ACT UP for providing "an analysis of how homophobia, racism and sexism have affected the government's (lack of) response to AIDS."¹⁰² In contrast, the local right-wing press covered ACT UP in an expectedly critical manner and were typically dismissive of the organization's tactics and goals, preferring to blame gay men for the ongoing epidemic instead.¹⁰³ Whether media coverage demonized or championed the organization, ACT UP was very successful in drawing local attention to HIV and generating a conversation around this issue in Vancouver, as Robert notes: "The logic of engaging in some of this in-your-face stuff is to just get media attention, in part – get conversation started even if people are referring to those assholes or shit-disturbers. It's still playing a part in a conversation."¹⁰⁴ In garnering extensive media attention and catalyzing discussions about the epidemic and its local impacts, ACT UP's provocative tactics were successful.

Additionally, while ACT UP was not solely responsible for catalyzing shifts in provincial AIDS policies, many of the organization's HIV-specific goals, as outlined above, were in fact achieved over time. In short, ACT UP's narrow and local focus on the homophobic, moralistic policies of the Social Credit party was effective, as many of these

"Sacred Government Spits on People With AIDS: ACT UP Spits Back," *Angles*, September 1990; Nicholson, "Ten Year Itch"; Bryan Teixeira, "Anger Fuels Creative Action: Let's Fight Back!!!" *Angles*, September 1990; Christine Cumming and Paul Craik, "Feedback: ACT UP Writes Back," *Angles*, July 1991.

¹⁰¹ Positive portrayals include: Cockburn, "Acting Up Out of Sheer Frustration"; Jeff Buttle, "AIDS Activists Won't Stop Confrontations, Protests," *The Vancouver Sun*, September 13, 1990, A17. Negative portrayals: Harold Munro, "Rubber-Gloved Police Cart Away Protester," *The Vancouver Sun*, July 20, 1991; Greg McIntyre, "ACT UP Five Face Possible Police Charges," *The Province*, August 26, 1990, 6. Neutral or mixed portrayals: Greg Rasmussen, "AIDS Militancy Vowed," *The Province*, July 22, 1990, C11; Don Hauka and Barbara McLintock, "AIDS Activists Jeer, Chant at 'Sacred Bigots,'" *The Province*, October 12, 1990, 6; Shaffin Shariff, "Anger Alone Isn't Enough: ACT UP's Antics Get Attention – But More Constructive Action Now is Needed," *The Vancouver Sun*, July 11, 1990, A11.

¹⁰² Christine Cumming, "ACT UP: United in Hope and Anger," *Kinesis*, November 1990. See also: Kaleta, "Vancouver Police Attack Act-Up Rally"; Dayson, "ACT-UP Protests Gov't Inaction"; Paul Dayson, "AIDS Activists Protest Premier: BC's Health Care Policies are Targeted in an Angry Demonstration," *The Ubyyssey*, February 1, 1991.

¹⁰³ McFeely, "A Mob Most Vile"; Tom McFeely, "Baiting the Trap: The Premier Broadcasts His Crafty Election Strategy," *British Columbia Report*, February 11, 1991, 6-7.

¹⁰⁴ Robert A., interviewed by BK.

policies changed quickly as a result of the group's actions. Regarding the various achievements of the organization, Paul C. outlines:

...after ACT UP started forming, the whole issue of quarantining, and stuff... it was gone... they didn't talk about quarantining us anymore. They actually started talking about safe sex education... When the NDP got in, we actually got anti-discrimination legislation brought it – got the human rights commission brought back... AZT got fully funded, and other medications were released, you know... And the other thing too was that I think we helped – in a small way, we actually helped to bring down the Social Credit government. [laughs] We helped contribute to that.¹⁰⁵

Clearly, ACT UP cannot be given all of the credit for these policy shifts, as other ASOs were advocating for many of the same goals through other tactics; nor can they be credited with bringing down the Social Credit government singlehandedly, given that disapproval of the party was widespread at the time. For instance, the Vancouver PWA Society also played a critical role in shaping the NDP's election platform in these years through lobbying and extensive conversations with party officials, and their demands bore a striking resemblance to those made by ACT UP. Similarly, AIDS Vancouver had been advocating for safe sex education in schools since the mid-1980s.¹⁰⁶ Nonetheless, the fact that this shift in provincial HIV politics occurred immediately following ACT UP's brief, prolific period was not merely coincidental, since many of these goals had been championed by other local ASOs since the mid-1980s with minimal success. Many of ACT UP's specific goals – around safe sex education, funding for experimental treatments, and the addition of anti-discrimination protections for gays and lesbians within the provincial Human Rights Code, for example – were explicitly built into the provincial NDP's campaign promises in the lead-up to the 1991 election.¹⁰⁷ Still, while other local ASOs also articulated these goals, ACT UP's direct-action tactics and local

¹⁰⁵ Paul C., interviewed by BK.

¹⁰⁶ David Myers, "Condoms Poked," *Angles*, February 1987; Gawthrop, "Social Democrats Take a Stand on Gay Rights," *Angles*, May 1990; Mike Harcourt, "Letters: Harcourt on Dueck," *Angles*, October 1989. The Social Credit party, and Vander Zalm in particular, were also mired in scandal at this time which further intensified dislike of the party. Barman, *The West Beyond the West*, 351-2. The public and sensational tactics of ACT UP, however, likely heightened existing disapproval of the Social Credit government.

¹⁰⁷ The NDP's extensive social reform platform also included such promises as protections for women's reproductive rights, settlement of outstanding land claims with Indigenous populations, expansion of environmental protections, and protection of tenants' rights. New Democratic Party of British Columbia, "A Better Way For British Columbia: New Democrat Election Platform" (Burnaby: British Columbia New Democrats, 1991).

focus allowed the organization to “force the issue” and ensure that these promises were made explicit and kept by the incoming provincial government.¹⁰⁸

Ultimately, political change around HIV-related issues in Vancouver was the result of multiple organizations using differing tactics to catalyze change. As the sole organization in Vancouver to consistently employ direct-action, militant tactics at the time, ACT UP had a special role to play in these political developments. The complimentary nature of the differing political tactics utilized by Vancouver’s ASOs was explicitly mentioned by many local narrators. For example, John recalls, “I heard a remark made from the PWA Coalition that was like, ‘Either you can talk to us and deal with us, or there’s this other organization out there. We will do things legally, but you might have this activist response.’”¹⁰⁹ As this suggests, ACT UP could be wielded as a threat by other ASOs to exert pressure on the government within discussions on HIV policies. While organizations and community members frequently disagreed on “proper” or “effective” political tactics at the time, utilizing these tactics in tandem sped up the rate of political change in Vancouver, as Richard notes: “Some people... thought that [lobbying for funding] was a more productive way of spending their time than being out organizing on the street... I think we supported each other and created a political milieu in which more could happen. I think either one of them without the other probably would have accomplished less.”¹¹⁰ ACT UP’s militant tactics can thus be seen as complimentary to the lobbying efforts of other ASOs, as these differing political tactics allowed for political pressure to be exerted on the government through multiple channels, which increased the ability of Vancouver’s gay community to enact political change. The complimentary nature of these grassroots political responses should not be obscured by some scholars’ tendencies to idealize the radical and sensational tactics of direct-action

¹⁰⁸ Indeed, some *Angles* contributors argued that these same tactics would be needed to ensure the NDP kept these promises. Richard Banner and David Jacobs, “Expectations High But Will an NDP Government Deliver?” *Angles*, November 1991. These promises were explicitly made in the NDP’s pre-election promotional material, corresponding to promises 39, 44, and 45. NDP of BC, “A Better Way For British Columbia.” These promises were ultimately kept by the NDP government. For instance, human rights protections for gays and lesbians were added in June of 1992. Richard Banner, “NDP Government Makes Good On an Old Promise, Offers Protection From Discrimination to Lesbians and Gay Men: The Rights Step,” *Angles*, July 1992; Hak, *The Left in British Columbia*, 2.

¹⁰⁹ Kozachenko, AAHP.

¹¹⁰ Banner, AAHP.

activists, and thus view them as separate from earlier community responses.¹¹¹ Even narrators who were not involved in ACT UP and may have been critical of the organization at the time seemed to view ACT UP's role in a positive light with the benefit of hindsight. For example, Michael D. suggests, "In hindsight, I think it was needed. At the time I remember being very uncomfortable with it."¹¹²

Beyond these specific and tangible political impacts, ACT UP also helped to provide a rallying cry within Vancouver's gay community and a call to mobilize and resist that may have had a more diffuse impact. ACT UP's forceful and highly visible response to the epidemic helped to cultivate pride and resistance within the community, which impelled further political mobilization and strengthened a sense of solidarity. As Paul C. outlines, "ACT UP... was probably successful in mobilizing the community, of creating a culture of resistance... It raised our own self-confidence as a community. I think that was really important... because we had been through so much in that decade, so much that was so harmful and so negative. So, [it taught] us if you struggle, you can win."¹¹³ ACT UP thus helped to counter homophobic and moralistic mainstream discourses with positive and empowering narratives of gay agency and resistance. For those who did become involved in the organization, ACT UP provided a space in which individuals were encouraged to reject dominant homophobic narratives and accept themselves, while also bringing many into a fuller sense of community.¹¹⁴ Of course, the foregrounding of caregiving, safe sex, and other political efforts by local ASOs also contributed to cultivating community solidarity and resistance, and one did not have to agree with or adopt ACT UP's tactics to be influenced by these positive representations. Nonetheless, the image of visible, confrontational HIV activists practicing civil disobedience in public space served as a particularly stark embodiment of this culture of resistance.

Overall, direct-action AIDS activist organizations in Vancouver emerged out of the fertile ground provided by the city's existing ASOs and as a response to shifting local

¹¹¹ Patton, *Globalizing AIDS*, 3-4; Meeker, "Behind the Mask of Respectability," 81-2; Yulia, "Social Movements," 629, 634.

¹¹² Michael D., interviewed by BK.

¹¹³ Paul C., interviewed by BK.

¹¹⁴ As discussed by: Paul C., interviewed by BK; Robert A., interviewed by BK.

political conditions. While the CRHL and ACT UP Vancouver formed at roughly the same time as many activist organizations elsewhere in the U.S. and Canada, organizational development in Vancouver can only be understood through an analysis of the local context, since AIDS activist and service organizations alike were principally and necessarily responding to local issues and needs. The caregiving and safe sex education efforts of AIDS Vancouver, for example, addressed the immediate needs of the city's gay men by providing support to the sick and information – within a sexually liberating framework – to the anxious and immobilized. Along with the PWA Society, AIDS Vancouver thus helped to reaffirm gay identities, establish local community networks, and mobilize the city's gay men in response to the crisis. Building on this existing political foundation, the CRHL formed as a direct response to Bill 34 and the intensifying homophobia of the provincial government. Similarly, ACT UP's emergence was also related to shifting local politics, particularly the persistent antipathy of the Social Credit government as rates of AIDS continued to skyrocket in BC; when these local conditions again shifted with the election of a provincial NDP government in 1991, ACT UP Vancouver's presence declined. In short, local AIDS organizations were responsive to local conditions, and this intensely local focus was what made them successful in many instances. Just as Roth argues for ACT UP/LA, we must examine local sociopolitical conditions if we wish to understand organizational developments in response to the HIV/AIDS epidemic in a given historical context.

Building on Patton and Brier, I have also argued that we need to see the range of organizational responses to the epidemic in Vancouver as integrated and related rather than separate. As Robert summarizes: “I think [ACT UP] played a part and I don't think they or anyone else deserves single-handed credit... Things were better with ACT UP doing the things that they did, as successful or unsuccessful as any, or all of them, may have appeared.”¹¹⁵ The CRHL and ACT UP Vancouver did present a departure in some respects from earlier forms of community organizing by emphasizing visible resistance and protest. However, the line dividing AIDS activist organizations from earlier ASOs in Vancouver was porous. Early ASOs also generated essential political responses to the epidemic by promoting sexual liberation through safe sex and fiercely advocating for

¹¹⁵ Robert A., interviewed by BK.

improved treatments for PWAs. Indeed, it was one of these early ASOs, the Vancouver PWA Coalition, that first pioneered the use of direct-action political tactics in Vancouver. Thus, while ACT UP Vancouver was able to achieve many of its goals over the course of its short existence, they did not achieve these goals in isolation from ASOs. The diverse organizations I have discussed in this chapter, although utilizing differing tactics, were fighting for many of the same goals pertaining to gay rights, sexual liberation, access to treatments, and more extensive governmental responses to the epidemic. Collectively, these differing yet complementary political tactics produced profound shifts in provincial HIV policies. In this sense, looking at direct-action AIDS activist organizations in isolation from other organizational responses to the epidemic obscures how direct-action activists built upon and interacted with the often-complementary responses of earlier ASOs. Historians must expand their definitions of activism to make space for this longer, complex trajectory of gay community organizing within our narratives of HIV/AIDS in order to capture the nuances of how gay communities responded to, mobilized against, and ultimately survived the epidemic

Chapter 4. Conclusion: Rethinking Activism and Making Space for Multiple Political Responses

Overall, this thesis has examined the complex and varied ways in which Vancouver's gay community responded to AIDS and institutional inaction in the early years of the epidemic, and has emphasized the need to make more space for caregiving and trauma in our understandings of gay community mobilization. My narrators' stories steered me away from an exclusive focus on protest and direct-action activism and toward a broader spectrum of community responses to the epidemic, foremost among these being the immense political contributions of caregivers and early ASOs in the city. These early forms of community mobilization demand additional attention and indicate that gay political responses to Vancouver's epidemic did not begin with direct-action activism in the late 1980s but can be traced back to the earliest years of the epidemic. By making space for trauma and care work in our analyses alongside acts of protest and resistance, the vital work of community caregivers and service-oriented organizations can be given the prominence it rightfully deserves.

My analysis of the intensely personal, intimate, and often hidden work of caregiving demonstrates that care work belongs at the centre of narratives of Vancouver's epidemic. However, the value of caregiving has been overlooked by some scholars due to a variety of factors. As Meeker, Patton, and others argue, scholars' idealization of masculinized protest and resistance can obscure other forms of political mobilization that may be equally effective or important in a given historical context. This is especially true of caregiving work, which has been constructed as feminine, apolitical, and less valuable.¹ Historians are generally also much more adept at narrating stories of agency and resiliency – such as those of many activists – compared to unspeakable and unresolved experiences of trauma, which are at the heart of most caregivers' stories.²

¹ Meeker, "Behind the Mask of Respectability," 81-2, 89-90, 116; Heynen, "Bending the Bars of Empire," 407, 411, 413, 419; Patton, *Globalizing AIDS*, 3-4; Yulia, "Social Movements," 629, 634; Ferree, "Filling the Glass," 420-1, 424, 430; Ferree, "Beyond Separate Spheres," 868, 870; Glazer, "Overlooked, Overworked," 119-120, 125, 130-1.

² Caruth, *Unclaimed Experience: Trauma, Narrative, and History*, 18-20; Lyotard, *Heidegger and "the jews,"* 23.

Despite these challenges, my analysis of caregiving demonstrates that it was an essential and foundational first response to the epidemic that demands further scholarly attention. Through initiatives such as AIDS Vancouver's buddy program, the Vancouver PWA Coalition's peer support programs, and the provision of informal care to HIV-positive individuals by friends and partners, Vancouver's gay community mobilized to provide support and care to those who were sick, dying, and stigmatized during the worst years of the epidemic. While governmental, medical, and familial institutions struggled to meet the urgent needs of PWAs, community-based caregivers stepped into this vacuum. This work served a practical purpose in helping to sustain the lives of those who were sick, but it also served a crucial political purpose; in asserting the value of PWAs' lives, caregivers challenged mainstream discourses that blamed and dehumanized HIV-positive individuals and gay men alike. In place of these discourses, caregivers promoted gay love and community togetherness, while also generating crucial organizational networks and contributing to the material survival of Vancouver's gay men, thus providing a political foundation for other forms of community mobilization.

Building on Brier, Patton, and Roth's work in the U.S. context, I have also placed the emergence of direct-action AIDS activism in Vancouver within a broader trajectory of local organizational responses to the epidemic, which often overlapped substantially. I have argued that Vancouver's AIDS organizations developed primarily in response to shifting local political conditions and that we must examine the local context if we wish to understand the emergence of various community responses to the epidemic.³ The sexual liberation advocated for by activist organizations in Vancouver beginning in 1987 had already been promoted by AIDS Vancouver in their vital safe sex workshops and educational materials since 1984, which crucially addressed local gay men's immobilizing anxieties about the emerging epidemic and reasserted the value of gay community. Similarly, the direct-action tactics taken up by the CRHL and ACT UP were first utilized by the PWA Society, an ASO that frequently blurred the line between support-oriented services and political activities, in 1986. Thus, both the CRHL and ACT UP Vancouver built on the foundations provided by Vancouver's earlier ASOs. These

³ Brier, *Infectious Ideas*, 14, 34, 43, 45-6; Patton, *Globalizing AIDS*, 2-4, 11-7, 19-21; Roth, *The Life and Death of ACT UP/LA*, 2-7, 12, 14, 34-9.

activist organizations also served as responses to the intensifying homophobic policies of the Social Credit government in the late 1980s and early 1990s as provincial AIDS diagnoses continued to accelerate, which necessitated a more confrontational political response locally. As the epidemic progressed, ASOs and AIDS activist organizations continued to advocate for shared goals, albeit through diverging political tactics, and mutually contributed to large-scale provincial AIDS policy shifts in the early 1990s, particularly with the election of the NDP in 1991. Thus, AIDS activists played a part in producing political change in Vancouver, but this change was ultimately the result of multiple organizations using differing tactics to catalyze change within a context of shifting local needs. Emphasizing difference and rupture between ASOs and activist organizations in Vancouver obscures the important ways in which these organizational responses were in fact integrated and overlapping in their critiques of local political conditions.

The question of how we should tell the story of the epidemic as scholars is an increasingly important one as AIDS recedes from the realm of lived experience into that of history, at least from the perspective of younger queer people.⁴ Ultimately, my work demonstrates that scholars must expand their definitions and narratives of activism within the context of the epidemic to include other essential forms of community responses to HIV/AIDS, such as caregiving and safe sex education, and to leave space for the valuing of care work and trauma alongside protest and resistance. We need to remember, as Castiglia and Reed argue, “the remarkably vibrant and imaginative ways that gay communities responded to the catastrophe of illness and death,” and these imaginative responses were not limited to direct-action activism.⁵ Acknowledging this broader range of political responses allows for a meaningful engagement with the varied experiences of those who lived through the epidemic – the vast majority of whom did not engage in direct-action activism in Vancouver – and also illuminates a range of political possibilities in the present. As we face social inequalities and health disparities in the present and future, the overt protest and resistance of ACT UP offers one potential political solution, one that we see currently reflected in the militant tactics of

⁴ Tucker Shaw, “The long run. Wasn’t that long ago.,” Twitter Post, September 17, 2018, 5:01PM, https://twitter.com/tucker_shaw/status/1041839578469093376.

⁵ Castiglia and Christopher Reed, *If Memory Serves*, 3.

organizations such as Black Lives Matter.⁶ But what other political interventions might exist? What role, for example, might caregiving – and a radical ethic of love and community – have to play in intervening in other health crises within and outside of gay communities? As Vancouver encounters another epidemic within another highly stigmatized population in the ongoing opioid crisis, these questions are not merely obtuse or theoretical, but of utmost political importance.⁷

⁶ DiMera, “Black Lives Matter Toronto Embodies the Spirit of Pride,” *dailyextra.com*.

⁷ Nick Eagland, “B.C. Opioid Crisis: Last Week was Vancouver's Deadliest of 2018,” *The Vancouver Sun*, August 3, 2018, <https://vancouversun.com/news/local-news/b-c-opioid-crisis-last-week-was-vancouver-deadliest-of-2018> (accessed October 3, 2018).

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Appendix

Interview Guide

- 1. Icebreakers: When did you become involved in the community or start engaging in “gay life”? How would you describe your relationship to the gay community?**
- 2. Did you have any experience with gay culture before AIDS?** Prompts: What did the community look like at the time?
- 3. When did you first hear about HIV/AIDS?** Prompts: How did you hear about it? What was your initial reaction? Did you immediately recognize the severity of this news?
- 4. What sources of information did you use to learn about HIV/AIDS?** Prompts: Were there any good sources of information/knowledge that you were aware of? Any less reliable sources? How much did you know about HIV/AIDS at the time?
- 5. How did you respond to AIDS personally?** Prompts: How did your behaviour change over time? Did your perceptions of sex shift at all (e.g., limiting sexual partners, practicing safer sex, quitting bathhouses)? Did you change other elements of your behaviour, such as drug use patterns?
- 6. How did your identity shape your experience of the epidemic?** Prompts: Other than your sexual orientation, did any other aspects of your identity shape the way you experienced the epidemic? (e.g., race, class) Did AIDS alter your identity? Did AIDS influence your relationship to the gay community?
- 7. How did the epidemic manifest in your personal life?** Prompts: What was it like in those days? What impact did it have on you and your partners/friends? How did you respond to this? How did this change over time?
- 8. What were your perceptions of mainstream responses to the epidemic?** Prompts: What did governmental/medical responses look like? Were they adequate in your view?

What options were available in terms of treatment and how did these early treatments affect you?

9. How did the public react to the epidemic? Prompts: Did this entail an intensification of discrimination, stigma, and homophobia? Did you experience this at all? What was being said about AIDS within the mainstream discussions/media? Did this influence your perspective on the epidemic?

10. How did gay men survive the epidemic? Prompts: How did the gay community respond to the epidemic? What was being said about AIDS within the gay community? Did you participate in any community mobilization or grassroots response to the epidemic?

11. Were you involved with any aspects of AIDS activism or care? Prompts: Were you a member of any of the prominent local AIDS organizations (e.g., AIDS Vancouver, PWA Coalition, ACT UP)? What kinds of activities did you engage in? Who else was involved in AIDS activism/care (e.g., what role did lesbians, feminists, or people of colour play in this)?

12. How did the community deal with this intense burden of care and support? Prompts: Did you experience fatigue/burnout at all? Did others?

13. How has the community emerged from the epidemic? Prompts: Did AIDS ultimately damage the community or make it stronger? All of the above? How should we remember the epidemic as a community? What did we learn from the controversy/adversity we faced during the epidemic?

14. How have your perspectives on HIV and prevention changed over time? How has the introduction of HAART and TasP shaped this? How do you feel about these biomedical interventions? Have they signalled an “end of AIDS?”

15. Do you have any advice for health professionals, specifically in regards to how current prevention and/or support efforts can be improved?

16. Do you have any advice for future generations who have not experienced the epidemic? Prompts: Have we, as a community, done a good job of remembering the “lessons learned” from the epidemic? How can we do a better job of this?

17. Is there anything you wanted to discuss that we didn't cover in our questions?