GOT BLOOD TO GIVE

Anti-Black Homophobia in Blood Donation

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To Mom, Auntie, and the benevolent ancestors of my bloodline.
Modupe-pupo
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Introduction

Blood and the Stories It Tells

**BLOOD STORY 1**

In the 1990s, I was in hospital. I was very sick from the effects of active ileocolitis (Crohn’s disease). During one particular hospital stay, I had severe anemia. The attending physician recommended a blood transfusion. My mom asked, “Is the blood safe?” Her voice echoes....

Why Blood? Why Blood Donation?

*GOT BLOOD TO GIVE* is about Black and BlaQueer and trans people and the social life of blood donation. Throughout this book, I use the terms “BlaQueer” and “AfriQueer” to reflect the ways people understand Blackness/Africanness and queerness as co-constructive to their identity. From the inception of public blood donation systems in Canada, blood donation has been fraught with troublesome, structurally questionable practices based on colonial manifestations of anti-Blackness, Afrophobia, and homophobia, which project disease onto the identities of “recognized strangers.” Historical national blood narratives have been deployed to determine purity of blood, purity of race, citizenship, and belonging. Often, these blood narratives depended on the physical legibility of identity, as well as extensive surveillance of people and their movements. In this way, the “recognizable stranger” remained already and always out of place. Narrations of blood and corresponding scientific discourses have been commissioned to prove bodily “truths” about the foreign/othered intruder. Blood donation provides an urgent site for interrogating the social and imagined spaces and places of Canada,
where recognition of those blood-bodies, already out of place, is complicated. Anti-Black realities — historical and contemporary — are often nationally and publicly obscured by narratives that frame Canada as innocent and free of the ugly conditions present elsewhere. Blackness and BlaQueerness is a site of convergence for racialization, sexuality, and space, which configures unique materialities of blood, place-making, and donation.

Blood is a life-maintaining fluid that moves through the vessels of the circulatory system. Flowing through the entire body, through veins, arteries, and capillaries, it provides 8 percent of our body weight. Blood carries “nourishment, electrolytes, hormones, vitamins, antibodies, heat, oxygen and immune cells to bodily tissues”\(^3\) and also carries waste matter and carbon dioxide away from body tissues. When blood leaves the body — if we have a nosebleed, cut our finger, scrape our knees, give birth, get a tattoo, lose a tooth, or are shot and killed by police — it appears uniformly red. A microscope, however, reveals that blood is a mixture of liquid and cells. Whole blood is approximately 55 percent plasma (the liquid portion) and 45 percent blood cells. However, it also includes platelets, cell fragments, molecules, and debris.\(^4\)

Blood is medicine. It can save or sustain life when taken from one body and transfused into another. Soon after the circulation of blood through the body was detected in 1628, blood transfusions were attempted.\(^5\) Now a routine medical procedure, transfusions rely on blood donation. Blood transfusions are used for a variety of reasons, such as to replace blood lost due to surgery or injury or to supplement a person’s internal blood supply if the body has difficulty producing blood. When health practitioners detect disease in blood, it is considered to be behaving aberrantly, and the disease is a divergent occurrence. Hematologists are tasked with exploring possible causes and interventions to interrupt the blood disease.

Of course, there are also culturally relevant understandings of blood through social, religious, and spiritual texts. Blood is not only biomedical but also socio-cultural-political, most notably when it moves outside of the body in voluntary or involuntary ways. In this book I focus on societal constructions of blood and blood awareness, insights, and comprehension as well their impact on Black and BlaQueer and trans lives. T. Anansi Wilson describes BlaQueer as a methodology, a gaze, and a space of sight.\(^6\) This gaze includes the intersecting, simultaneous,
always-in-motion experiences of race, sexuality, and gender. As our blood continues to be spilled in the streets, our blood always carries within it meaning and memory. Our blood has stories to tell.

What is it about blood that makes it so important? It is a life source, true, but how do we understand its purpose, use, and animation in our lives? The stories told about blood, and beliefs about what blood can tell us, are also a cornerstone of Black and BlaQueer and trans life. Blood remains an active metaphor shaping our lives. As metaphor, blood is applied to identities, national and community belonging, and determinations of authenticity. When we are engaged in activist organizing for justice, conversations about the blood that moves through our bodies and the metaphors, stories, and narratives embedded within require further interrogation and engagement. Commitments to Black and BlaQueer and trans life and liberation must also include blood talk.

Blood Stories

*Got Blood to Give* tells a story, through many stories, about blood and the social life of donation. It weaves through various moments that connect and structure the climate within which donation occurs. As scholars, researchers, and community members, we need to be able to share the stories of our experiences, our research, and our communities. Some of these stories are difficult to relive, to tell, to experience again, and some of these stories incite a desire for something new, different, and transformative. This book shares some of these stories.

Black feminist, decolonial, and critical race theory, the practice of consciousness-raising, and Audre Lorde’s urging of “the transformation of silence into language and action”7 have pushed me to think narratively about blood (my own and others’) and donation. Speaking into the silence is a practice of both scholarly and activist illumination. Engaging with difficult knowledge can be uncomfortable and life-altering as it disrupts established ways of thinking and thus serves as a means of resistance to oppression. Narrative and storytelling can help guide the way. I am deeply influenced by Audre Lorde, bell hooks, Patricia Hill Collins, and other Black queer, trans, and feminist scholars and activists.

I am interested in how visual and cultural narratives reproduce blood knowledge, and more specifically the stories we tell ourselves about blood. Expressions of blood exist in language as metaphor, image,
and analogy. We use narratives to come to terms with core aspects of our lives. And within these narratives, we deploy blood expressions to convey emotion and at times conflict. For example, blood animates phrases expressing the difficulty of a task (getting blood from a stone), the uncontrollable desire to maim or kill others (bloodlust), responsibility for violent acts that cause injury or death (having blood on one's hands), money gained at the expense or suffering of others (blood money), an increase in aggression resulting from an exposed weakness (blood in the water), and intense loathing between people (bad blood). Some phrases also speak to the residue or blemish created by the material of blood (bloodstain), sex panic, shame, impurity, defects, and infection related to blood (tainted blood), and an embedded peculiarity and unique “homosocial” affliction (gay blood). In addition, the word “blood” has been used to articulate kinship (bloodlines), illustrate the preeminence of obligations to family (blood is thicker than water), express shock, surprise, frustration, or annoyance (bloodclaat), denote flawless and unblemished ancestry (pure blood), symbolize the forging of alliances (blood oath), and indicate levels of health, morality, reliability, and cleanliness (safe blood).

I use some of these colloquialisms in describing and discussing my blood stories and encounters. This storytelling is also theorizing. As Judith Butler states,

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

The blood stories and encounters I share are not separate or unconnected moments. Their conjunctural nature informs my realities of Blackness and my BlaQueerFemmeness. I include these blood narratives, stories, and encounters because they connect with larger discussions occurring within blood donation and anti-Black homonationalism. Conventionally, in colonial North America we are not to speak publicly about blood, including our own blood, suggesting that blood considered intimate and private, which may be part of a larger experience of hemophobia (a fear of blood). Blood becomes taboo, something not to be discussed in “polite society,” something not to be seen unless it is
being taken or spilled in specific circumstances. In contravention of this convention, I offer reflections of my personal experiences with blood. Blood interpellates and assembles differing and simultaneous forms of regulatory moments shaping the body, constructing identity, and determining belonging. My Black queer femme woman body (be)comes into being through various blood experiences of kinship, racialization, anti-Black violence, and the (sometimes violent) process of gendering and sexualization, simultaneously and intersectionally.

**BLOOD STORY 2**

When my period began at the age of twelve, my mother pulled me into the bathroom, produced a pad, and exclaimed, “You’re a woman now.” Bloodclaat! I burst into tears. The tears I remember clearly, but I’m not sure if they came from a sense of devastation, shame, or embarrassment with this declaration. I remember begging my mother not to tell anyone.

The start of my period changed how I moved in the world physically and psychically. My mother informed me of new codes of conduct and modes of behaviour that I was expected to self-regulate under her guidance. These hetero-institutionally framed regulations dictated through (and by) my mother were jolting and impacted my most important relationships in tangible and noticeable ways. I began my training in the “correct” ways to manage my period. My movements (and the company I kept) were more closely scrutinized, and I was placed under increased surveillance inside and outside the home, fundamentally disturbing my relationships with my father, brother, aunts, uncles, male and female cousins, and friends.

Most notably, while it was known within my immediate family that I was now menstruating, I was required to keep all evidence of my period hidden and out of sight. I was expected to control my newly unpredictable, blood-leaking body. There was to be no evidence of menstrual blood on or in the toilet. In addition, pads and tampons (unused and used) were to be “appropriately” stored and quickly discarded. Failure at these tasks was immediately brought to my attention, often harshly.
I had mixed emotions in relation with my period, largely because the freedom I had felt in my relationship with myself, my family, communities, spaces, and places was suddenly altered. Punitive and restrictive responses to the presence of blood were unsettling and confusing. I was expected to actively participate in my own surveillance.

Considered a normal and natural bodily function, menses and its accompanying narratives signal the process of becoming for a specific type of sexed (female) and gendered (woman) body. The onset of menses marks a threshold, a site of transition, in which a normatively conceived female body is said to move from girlhood to womanhood, from purity to uncleanliness, from the virgin to the inevitable whore. These, of course, are contested positions of femininity based on heterosexualizing articulations of the body.

Narratives about menstrual blood are considerably different from narratives that generally describe blood from, for example, a cut finger. Menstrual blood is understood to be similar to feces, another type of bodily waste that is dirty (as distinguished from tainted), unhygienic, and without productive purpose. In other words, menstrual blood is not considered “normal” blood, even though menstruation is considered a normal function. The blood from a cut finger, on the other hand, is not understood as dirty, though a question may be raised as to whether it is tainted. While menstrual blood is perceived as dirty, composed of detritus (pieces of the uterine lining), blood from a cut is not; instead, it is a sample of the lifeblood running through a person’s veins. Both may be considered tainted — a carrier of something that causes illness and possibly brings death. I unpack the tainted blood crisis in later chapters, but for now let me be clear that blood, though a naturally occurring biological substance, is also a fabrication whose narratives are used to tell a story about our “real” lives.

**Scientific Discourse**

Science has a definitional power, shaped through social and political commodities; it can discover and tell the truth about our bodies (and thus, it seems, our lives). A language of science is also shared through narrative:
Practicing scientists construct hypotheses by examining the world, experimenting with using the tools they invent, and interpreting what they find within the context of what they know. Scientists constantly make judgments in the course of their work. These judgments are rendered within a set of assumptions that may be influenced by cultural, scientific, and individual beliefs and values. Indeed, all of what we learn is contextualized by what we think we already know. Yet scientific discourse seems to turn away from the impact that social phenomena have on scientific endeavours.

Scientific narratives about Black and BlaQueer people have been used to serve our enslavement, exacerbate our health outcomes, and also bar us from donating blood. Science has claimed that Black and BlaQueer people are not quite whole. How does science uncouple itself from its colonial and anti-Black/Queer practice? Will scientists take a deeper interest in a decolonial and anticolonial practice in pursuit of liberating science from its Eurocentric constraints? Could an interdisciplinary understanding of narrative and storytelling help? Black and anticolonial studies scholar Katherine McKittrick argues:

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

Narratives help us to hold the potential for another way of knowing, one that allows for an interrogation of the types of power relationships that exist in society and are expressed through, in this case, blood and donation.

**Extractive Politics of Blood**

Blood is extracted from the body through medical procedures — collection of blood samples, use of leeches, blood donation, and more. It exits the body at menstruation and birth, and also indicates the presence of violence, disease, or trauma, as in the case of wounds. It seeps out
of the body due to physical or sexual violence — gun shots, stabbings, genocide, and war. I consider these aspects part of an extractive politics of blood. Surveillance of Blackness, along with Black and BlaQueer and trans people, extends beyond the institutions of policing, as do the extractive politics of blood.

**BLOOD STORY 3**

April 2024 marks the fifty-eighth anniversary of Steve Reich’s tape-loop experiment, *Come Out*. On a spring day in 1964, police in Harlem’s 32nd precinct tried to beat a confession out of two Black teenagers for a crime they did not commit. The young men, Wallace Baker and Daniel Hamm, were repeatedly bludgeoned with billy clubs while in custody, beaten with such force that they were taken to a nearby hospital for X-rays. In an interview at the nearby Friendship Baptist Church a few days after the incident, the 18-year-old Hamm recounted being brutalized in shifts by six to 12 officers over the course of the night, along with the fact that “they got so tired beating us they just came in and started spitting on us.” But even after hours of abuse, the cops weren’t about to allow Hamm to be admitted for treatment, since he was not visibly bleeding. Thinking fast, Hamm reached down to one of the swollen knots on his legs where the blood had clotted beneath his skin: “I had to, like, open the bruise up, and let some of the bruise blood come out to show them.” And utilizing just that one sentence, composer Steve Reich made one of the most visceral pieces of music of the 20th century.¹²

“Come out to show them” speaks to the ways in which identifying the harm and crisis of anti-Black racism — as demonstrated through police brutality, medical malpractice, and continued coloniser projects — is a useful and necessary activist practice. However, it is not important only as a demonstration to those that would participate in our further harm and kill us, but also as a call for us to move and engage differently, to know that the system is working as it was designed to and therefore it is up to us to think anew and create processes and practices of care that will ensure and protect our Black and BlaQueer and trans life.
Various definitions of crisis involve confrontation, quandary, urgency, and turning point — moments of change. Stuart Hall, in his analysis, identifies the need to consider other “conditions of existence.” I am particularly interested in these other conditions and what we can learn about our existence in and through this otherness. I use Hall’s guidance in this book; each of the moments I discuss, from personal stories to a large-scale tainted blood disaster, captures the various definitions of crisis.

Jafari S. Allen, building on Hall’s work, argues that when “proximal moments” occur, through their simultaneous and connected (in)visibility, “‘new’ ideas and practices emerge and [therefore] take on added significance precisely because of this articulation.” I argue that our experiences of blood are proximal moments with which we must engage. These moments work collaboratively, putting pressure on one another, pushing toward something else. Through BlaQueer and trans lenses that offer more insightful engagement with blood donation practices, blood facilitates conjunctural possibilities and thus new conditions for blood discourses.

HIV and AIDS

Blood stories can indicate how our identities and bodies are positioned against and beyond normative societal considerations of what is appropriate, decent, legitimate, or proper — be that proper object, proper subject, proper matter, proper body, proper relationships, and even proper blood. Dorothy Nelkin, a sociologist of science, states, “Blood is more than a biological substance; it is also a cultural entity with complex social meanings that vary in different cultures and change over time. The social meanings placed on the body and on body parts often relate to the structure and strains of social relationships.” These social relationships also include experiences with HIV and AIDS. It is important to engage with the messy, complicated narratives folded into the matter of blood and blood donation, including the narrativization of HIV and AIDS, tainted blood, and high risk.

In the 1980s, thousands of people in Canada were exposed to HIV and hepatitis C through contaminated blood products, plunging Canada into a public health crisis. I discuss this crisis and the ensuing effects in detail in this book. One of the main implications of the tainted
blood crisis was the renewed dominance of science in systems of social control, particularly in dictating appropriate behaviours, thus creating a connection between these behaviours and determinations of who was considered “human.” Sylvia Wynter details how considerations of “the human” often move beyond distinguishing a mere biological being to contentious matters of racial exclusion and violence.\(^{17}\)

The formation of HIV and AIDS knowledge occurred early in the identification and regulation of the virus and disease.\(^{18}\) Science, medicine, and biology became the expert voices in detailing the truths about HIV and AIDS as well as in fearmongering about how the new disease would impact the population. In 1993, in response to blood recipients and family members who were infected with HIV or hepatitis C through tainted blood, the federal government established the Commission of Inquiry on the Blood System in Canada (also known as the Krever Commission). The narratives that were established about safe and tainted blood, HIV and AIDS, and blood donation are important in understanding the historical and contemporary circumstances that dictate blood donation practices in Canada, including who is and is not considered an ideal blood donor. These circumstances include homonationalism, when white queers are included in normative narratives of good-gay subjects, at the direct expense of Black and other racialized queers. Critiquing and disrupting homonationalism means examining the cost of gay inclusion for queer racialized others.

Black and BlaQueer disposability — of our bodies — is rooted in understandings of blood-human relationality. It is always about the blood. And blood donation practices in Canada speak to larger blood discourses that have been evident since colonialism and confederation. The debates on who should and can donate blood are a continuation of colonial blood discourses. Though there remains a disconnect between how blood is present in our daily discursive utterances and how we do and do not think about blood’s defining force in our own lives, blood’s cultural expression and biomedical substance are connected domains in need of attention.

Blood and disease discourses further inform the formations of sex, sexuality, race, gender, family, community, and nation, facilitating context-bound meanings. These configurations are coterminous; context and meaning are perhaps more complicated than “safe blood” discourse conveys. Blood and donation narratives are neither simple nor simply coherent.
Canadian Blood Services

Taking up historical and cultural narratives of blood allows for connections to be made, meanings to be explored, and knowledge to be uncovered. To engage in a layered reading of Blackness and blood, it is necessary to interrogate seemingly unconnected documents to facilitate a more complicated and nuanced reading of gay-blood political and legal activism and the queerness of Blackness. National narratives provide information on the signification of blood, indicating how colonial and slave societies, such as Canada, influence the production of blood use and blood meanings.

The first public blood donor clinic commenced during wartime, which instituted blood donation part of a nation-building narrative. In postwar 1946, the Canadian Red Cross Society shifted to a voluntary blood collection system. Thousands of people became infected with HIV and hepatitis C in the 1980s as a result of contaminated blood products. The Krever Commission’s report on the tainted blood crisis, released in 1997, described a breakdown in disciplinary technology embedded in the very fabric of the Canadian Red Cross Society. The Krever Commission demonstrates the interconnections between nationalist agendas, biomedical institutions, scientific discourse, “and the varied sexual subjects, cultures, and practices that become visible and targeted in new ways.”

As a result of the Krever Commission’s recommendations and growing calls from Canadians for the opportunity (and the right) to bank their own blood, the federal government created a new blood agency, Canadian Blood Services (CBS), in 1998. The tainted blood crisis and the establishment of CBS further solidified blood donation and blood agencies as an important part of national blood stories.

CBS is a not-for-profit, charitable organization that manages the blood supply in Canada. It was established to restore public confidence in the blood system by distancing the blood system from the deadly failures of the Canadian Red Cross Society’s program and reframing the blood system as one that is trustworthy and safe (and therefore untainted). Regulated by Health Canada and funded by the provinces and territories, CBS assumed responsibilities for blood donor recruitment, blood donation management, administration of quality control standards, health risk management, and educational programs. It also became responsible for the surveillance and monitoring of all aspects of
the blood system and supple. Therefore, it was argued, CBS will be able to respond quickly if another bloodborne disease threatens the general public.

However, CBS was not created outside of previous blood stories, narratives, and practices of blood quantum, blood protection laws, miscegenation, and the one-drop theory. It remains embedded within these previous blood moments. In other words, these previous blood moments became the contemporary history or preexisting realities fueling the racialized-sexualized blood phobias of CBS’ current practices. In response to a recommendation from the Krever Commission (and to fulfill its commitment to provide a clean and healthy blood supply), CBS instituted a donor questionnaire as part of the larger screening process. While many may be familiar with the formal ban on blood donations from gay and bisexual men, which was in place from 1998 to 2022, few are familiar with the questions concerning Africa (and Blackness) on the donor questionnaire that served to ban blood donations from people of African descent from 1998 to 2018.

Men who have sex with men (MSM) were banned from donating blood at the onset of CBS in 1998. These permanent blood deferrals were met with protest and legal challenges meant to encourage changes to donor eligibility criteria, which finally occurred, for the most part, in 2022. In order to effectively address the concerns about MSM blood deferral, it is necessary to acknowledge the diverse nature of the MSM community in Canada. Sexuality, sexual identity, race, gender identity, and geography are not separately occurring identity markers. Black MSM (cis and trans) are negatively impacted by a number of questions on the donor questionnaire. Therefore, I enter discussions of “gay blood” by centring experiences of Black queer, gay, and bisexual men. Black queer and trans communities in Canada face intersecting forms of homophobia and transphobia through systems of anti-Black racism and structural white supremacy both within LGBT communities and the larger Canadian national imaginary.

The tainted blood crisis now informs the national desire for a safe blood supply. In fact, blood safety is where the discourse begins; health and cleanliness are understood as the common base of measurement — the site from which measurement begins. Yet the language of cleanliness and health is itself tainted by the long history of medical racism and homophobia. Much racist and homophobic science has been debunked.
as nonobjective, yet racism and homophobia continue to drive the supposedly objective narratives of safety in the blood system.

The CBS donor questionnaire reveals a language of blood — a language that is theorized and explored throughout Got Blood to Give. The questionnaire is a socially coded product and the questions within are historically situated. It embodies a particular history that must be revisited and explored as anti-Black homophobic measures of purity persist.

**Black Analysis and Queered Discursive Blood Practices**

The conjunctural nature of my blood moments informs my experiences of Blackness, gender, and sexuality in Canada. So many stories about blood encompass personal experiences, with skinned knees, lost teeth, childbirth, miscarriage, and abortion; national experiences, with war, colonialism, and imperialism — the birth, rise, death, and obliteration of nations; and social experiences, with drug use and needle play as well as vaginal and anal sexual intercourse.

The use of blood, as well as its narrativization, provides theoretical insights, which is why blood must be treated as a text in need of further interrogation. The language of blood has its own collection of signs and symbols. I explore and engage in narratives of blood and donation through the field of Black studies, which includes Black feminist thought, Black feminist science studies, Black disability studies, and BlaQueer and trans diasporic analytics. Reading for Blackness and BlaQueerness and transness in Canada is an active and ongoing scholarship — a reading practice I engage in through the discourses of blood and blood donation. While the archival material I focus on centres the experiences of cis gay men, it is important to note that there is little material on the experiences of trans people with donation in those early days. However, this research provides the foundation for further work that highlights the unique and specific entanglements for BlaQueer and trans folks and others. My work centres the significations of HIV and AIDS that are coded through anti-Black racism and homophobia and found in safe blood discourse and justifications. I deliberately reference and mention BlaQueers and trans folks throughout this book to refuse participating in their ongoing erasure and to call future research interventions into existence. Black studies is a multidisciplinary analysis of the lives of
Black and BlaQueer and trans people. It is simultaneously historically informed and forward-looking, a discipline in which to critically analyze Blackness in relation to sexuality, gender, class, health, and — in this case — blood and donation. Blood, Blackness, BlaQueerness, and transness are metaphor and also lived materiality; this book celebrates not only the culture of Blackness and BlaQueerness but also the science, technology, and medicine of Blackness, BlaQueerness, and transness. As such, I use BlaQueer diasporic analytics as the necessary tool for this book’s epistemological innovation. This method of analysis follows a long tradition of Black radical scholarship, including Black studies, Black feminist studies, BlaQueer studies, Black trans studies, and Black disability studies as analytics of intervention that disrupt colonial norms.

BlaQueer diasporic analytics facilitates the work of disordering, unsettling, and disturbing the binaries and analogies that do not help us change the conversation or our actions. It acknowledges the flux of diasporic and queer identities and histories to engage with uncomfortable places and spaces of fluidity and instability while grappling with belonging and unbelonging and the practices of being welcomed and excluded. An analysis of why BlaQueer people are still framed as a problem in healthcare must be rooted in a fluid intersectional perspective. I discuss this theoretical perspective more fully in Chapter 2.

Blood donation in Canada, the national stories that the blood agencies (Canadian Red Cross Society and CBS) tell us about blood safety (including the significations of HIV), the stories we choose to believe, and the stories we refuse are all deeply generative. I am specifically interested in how BlaQueer and trans diasporic people and their blood are narrativized through the stories and metaphors of “safe” blood and a “reliable” blood system. Blood donation is more than just the medico-technical aspect of transfusing blood into a patient. Blood moves, and its narratives and discourse also move us.

Chapter Overview

*Got Blood to Give* is unique in that it focuses on blood as text and metaphor requiring conjunctural theoretical and methodological interventions. I detail how blood, in its Black and BlaQueer and trans state, interrupts and intervenes normative deployments of gay blood discourses and health policy and protocols. In the following chapters, I reflect upon and
offer innovative insights into how we envision inclusion, exclusion, and participation within colonial institutions, specifically through how blood is constitutive in these sense-makings. I reflect on the stories we tell ourselves about our blood, and the stories told to and at us about our blood. I document who is sacrificed in their desires for inclusion. At the beginning of each chapter, I share a blood story to help ground the content.

In Chapter 1: Blood Epistemologies, I explore how narrative deployments of blood define and signify belonging and unbelonging — inclusion and exclusion. Particularly, I probe the cultural meanings of blood that underpin contemporary beliefs about safe and unsafe blood. I explore these beliefs through an examination of scientific racism, Canada’s first public blood donor clinic, and the significations of HIV and AIDS, alongside colonial medicine and negrophobia.23

In Chapter 2: BlaQueer Analytics and Technologies of Blood, I identify why BlaQueer diasporic analytics is the only way to understand the unfolding dynamics of blood materialities and donation. It allows for the identification of meaningful patterns for a more robust understanding of blood donation in Canada, applied to two assessments: the interconnection between Black studies and blood studies, and the interconnection between Black studies and science studies. For my exploration of the complicated narratives folded into blood, BlaQueerness, and blood donation to be productive, it is crucial to engage an analytic that takes up racialized sexuality and can criss-cross many boundaries.

Chapter 3: Structural White Supremacy, Homonalationalism, and Gay Blood Activism explores the political and legal activism to have gay blood included in the national blood supply. I discuss how this kind of activism employs the tenets of homonationalism, including claims of sexual exceptionalism, regulation of gay identity, and discourses of racial neutrality and colour blindness. I explore four sites of gay whiteness and how Blackness and BlaQueerness is deployed: the court case between CBS and Kyle Freeman, a white gay man who confessed to lying on the donor questionnaire in order to donate blood; Xtra Magazine’s coverage of gay blood bans, including the Freeman case; Egale Canada’s role of intervenor in the Freeman case, as well as the role the organization has played in keeping gay white in seminal Canadian moments; and the Canadian Federation of Students’ blood donation advocacy.

A BlaQueer diasporic assessment of the screening process occurs in Chapter 4: Blood Donor Questionnaire and Anti-Black Homophobia.
Why are health questionnaires used in medicine? What is their function and how does it serve us? Examining the CBS donor questionnaire from 1998 to 2018, I focus on those questions that relate to HIV and AIDS and queer and trans experiences. The chapter explores the racist homophobic and transphobic significations of HIV in the donor screening tool and identifies how blood donation discourse conveys information about who makes the “ideal” blood donor. The chapter ends with an exploration of how the parameters of a safe blood supply and a safe donor rely on AfriQueer-phobia.

My final offering is Coda: Blood Notes Toward Disordered Desires. In these pages I offer some insights into my experiences as a BlaQueer femme engaging the national blood agency in attempts to initiate changes. I also reflect on how diversity, equity, and inclusive excellence in blood donation is operationalized, and in doing so, I wonder what embodying a spirit of disorder would bring us.

**Conjunctural Moments**

*Got Blood to Give* simultaneously poses two questions. It is as much of a question for us — do we got blood to give? — as it is a question of whether the blood we got would be accepted if given.

This book is a practice of epistemic disobedience in the study of blood and the practice of donation. My goal is to question the hegemonic assumptions we often take as natural, normal, or scientific, consider these assumptions in relation to the wider world of thought and experiences, and contemplate the impact on local and global conditions. I have been thinking and actively writing about Black and BlaQueer and trans people, blood, and donation since 2000, but this book is not an end result. Over the decades I have changed and learned more about these intersecting and interlocking conjunctural moments. It has been an intellectual and activist journey worth cultivating, one that has helped me deepen my understanding of the relationship between theory and practice. It is my hope that the blood stories in this book will promote dialogue and reflection on the concepts, principles, and actions that are foundational to donor liberation and blood justice. I hope you are encouraged to develop insights, identify patterns, and reflect critically on your life experiences with blood and donation.
Blood arranges differing yet simultaneous regulatory moments that shape the body, construct identities, and determine belonging. My BlaQueer femme body comes into being through blood stories of kinship, racialization, anti-Black violence, and donation. Even while I have developed a familiarity with and a knowing of my own blood, there are still moments when the sight, presence, and introduction of blood (mine or others', fluid or metaphor) is a surprise. These blood experiences work conjuncturally in my becoming, each dependent on the other for a more nuanced construction of my blood-body identity(ies) and my (still in process) blood sense of self. Blood products$^{24}$ and stories about their use exist alongside personal stories and experiences with blood as well as national state policies and laws based on determination of blood status. We all have identities that blood has already formed for us.