

UC San Diego

UC San Diego Electronic Theses and Dissertations

Title

The politics of AIDS advocacy for Asian Americans

Permalink

<https://escholarship.org/uc/item/4kt7651b>

Author

Bui, Long T.

Publication Date

2008

Peer reviewed|Thesis/dissertation

UNIVERSITY OF CALIFORNIA, SAN DIEGO

The Politics of AIDS Advocacy for Asian Americans

A thesis submitted in partial satisfaction of the
Requirements for the degree Master of Arts

in

Ethnic Studies

by

Long T. Bui

Committee in charge:

Professor Natalia Molina, Chair
Professor Yen Le Espiritu
Professor Lisa Sun-Hee Park

2008

Copyright

Long T. Bui, 2008

All Rights Reserved

The thesis of Long T. Bui is approved:

Chair

University of California, San Diego

2008

TABLE OF CONTENTS

Signature Page.....	iii
Table of Contents.....	iv
Abbreviations.....	v
Notes on Terminology.....	vi
List of Tables.....	viii
Acknowledgements.....	ix
Abstract.....	x
Chapter One.....	1
Chapter Two.....	34
Bibliography.....	74

ABBREVIATIONS

ACS: AIDS related conditions
ACT UP: AIDS Coalition to Unleash Power
ADAMHA: Alcohol, Drug Abuse and Mental Health Administration
AIDS: APICAP: Asian Pacific Islander Community AIDS Project
ARV: antiretroviral
API: or A&PI: Asian and Pacific Islander
APIWA: Asian Pacific Islanders with AIDS/HIV
ASO: AIDS Service Organization
CDC: Center for Disease Control
DHHS: Department of Health and Human Services
FDA: Food and Drug Administration
FTM: Female to Male Transgender
GIPA: Greater Involvement of PLWHA
GWM: Gay White Male
HAART: highly active antiretroviral therapy treatment
HIV: Human Immuno-Deficiency Virus
HRSA: Health Resources and Services Administration
IDU: Injection Drug User
LGBT: Lesbian, gay, bisexual, and transgender people.
MTF: Male to Female
MSM: Men who have sex with men
NIH: National Institute of Health
NPO: non-profit organization or not-for-profit
Orgs: Organizations
PHS: Public Health Service
PSA: Public Service Announcement
SAMHSA: Substance Abuse and Mental Health Services Administration
TG: Transgender, an umbrella term which usually refers to those who chose alternative expressions of gender (with or without surgery) than their biologically determined one. Not to be seen as a strict synonym for transsexuals and transvestites and those who change genders only in appearance through their attire.
TJ: Tijuana
NIH: National Institute of Health
PHA: A new term People with HIV/AIDS
PLWA: People Living with AIDS.
SD: San Diego
WSW: Women who have sex with women

NOTES ON TERMINOLOGY

Since contemporary drug therapy advancements enable (but not cure) those with HIV/AIDS to have healthy and longer lives, a more suitable and correct term today for individuals infected with AIDS-related complications is People Living with AIDS (PLWA). For the sake of convenience, I will use this acronym interchangeably with PLWA (People Living with HIV/AIDS) since researchers and policy makers to include HIV. My desire is not to conflate the two but to recognize their close association. A lack of public and official consensus on language impinges the development of a specific generic descriptor for AIDS, resulting in plethora of different referential terms: *pandemic, epidemic, illness, STD, STI, ailment, disease, syndrome, viral infection* etc. For my own purposes, I will refer to HIV and AIDS by their respective names or describe them according to definitions laid out by the Center for Disease Control. HIV is primarily considered an infection from the HIV retrovirus while AIDS is a condition arising from various causes such as infection, genetic defection and/or the environment. AIDS (as well as other types of diseases) is characterized by an identifiable grouping of symptomatic signs that includes a compromised immune system which leaves one open to opportunistic infections such as pneumonia. As a result of the precipitous decline of mortality due to anti-retroviral treatments in the mid-1990's most medical officials now test for the overall health of infected persons through level of T-cell count only for full-blown AIDS and more commonly test the antibodies to HIV in blood serum to test for HIV seropositivity. Sometimes AIDS is referred to as a syndrome or sometimes as a virus itself ("the AIDS virus") which is technically a misnomer but this term does provide a direct associative linkage between the viral components of the AIDS (which is HIV and other invasive infections) and its resultant symptomatic manifestations.

Despite its pejorative sound, "disease" is currently the most fitting descriptor for AIDS since the term's definition fits most closely with AIDS even though AIDS is a creative, postmodern pathogen that sometimes defies clear definition. In general, AIDS is a severe immunological disorder caused by various strands of the retrovirus HIV, resulting in defective cell-mediated immune response that is physically manifested by increased susceptibility to opportunistic infections and to certain rare cancers, especially Kaposi's sarcoma. It is transmitted primarily by exposure to contaminated body fluids, especially blood and semen.

My choice of naming identification and identity depends on the context of a discussion at a given moment. Government officials often utilize the term "Hispanic" but, if possible, I employ "Latino/a" for more inclusivity or refer to specific ethnic groups such as "Mexican" or "Puerto Rican" for the sake of clarity as well as to separate out the broader classification of race (based on phenotype/geography) and ethnicity (political/tribal citizenship). This same reasoning however does not go for the undifferentiation between "African American" and "Black;" "Asian American" and "Asian Pacific Islanders;" and "American Indian" or "Native American" as there is still no consensus on which terms are best or politically correct. The constant switch between "Asian American" and "Asian Pacific Islander" is not one that I devised but comes out of the lexicon employed by my interviewees, and the politics of this substitution is discussed in my paper.

Much of the wording in official documents and surveillance surveys exclude the politicized identity term “gay” and instead delineates “homosexual” which is an outdated medical syllogism or MSM/WSW (men who have sex with men, women who have sex with women) as a broad umbrella for same-sex sexual practices, but these terms do not hold the same political or symbolic resonance as gay and lesbian so when I am discussing identity, I utilize identity categories and will sometimes refer to MSM as a government-recognized category encompassing all same-sex practices by people who may or may not identify themselves as gay or lesbian. Hence, I have a habit of capitalizing identities (Black rather than black) in order to denote political subjects rather than descriptors. When citing and quoting other authors, I follow their typographic preferences.

While many people differentiate between AIDS “activism”, “advocacy”, and “work,” I choose not to make these distinctions. In truth, AIDS activism has always been a form of advocacy on the part of concerned persons or people living with AIDS who were advocating for themselves or their communities; all of this of course was non-profit work but not in the commonsense of what people think of as non-profit work today which is heavily bureaucratized. Also, in the everyday process of making decisions in profit work, activists are called on to make difficult choices that are both personal and political. It is for these reasons I use activism, advocacy, service, and work interchangeably. Similarly, synonymous terms for advocates include social service providers, activists, volunteers and workers.

LIST OF TABLES

Table 1: City Demographics by Race in San Diego.....	8
Table 2: AIDS Population Percentages by Race in San Diego.....	29

ACKNOWLEDGEMENTS

This project is dedicated first and foremost to all the courageous activists who devote so much of their time, energy and lives to social causes. My ethnography benefited from the many voices. I would like to thank everyone at the Asian Pacific Islander Community AIDS Project. I sincerely am grateful to Jesse for allowing me to be part of this wonderfully organization. Thank you to all the other members who are so dear to me and who I consider a second family.

All of the graduate students and faculty in the department of Ethnic Studies at UCSD shaped my academic scholarship in some form and I have been fortunate and lucky to participate in such an exciting circle of colleagues, intellectuals and fun people!

My committee provided invaluable guidance and support. My chair Natalia Molina guided me throughout this whole project, motivating me to overcome many fears as well as owning my thoughts. Yen Le Espiritu inspired me in so many ways even before I even entered this department. Lisa Sun-Hee Park provoked me to become tougher and always consider the community in my research.

Lastly, I would like to mention my best cohort ever. To Angie, my writing partner, you have been my muse from the beginning, believing in me whenever I wanted to be my own worst enemy. Thanks to Ma for your heartfelt encouragement and friendship; you are my savior for everything. Thanks Tomoko for so much unconditional care and support; you truly are the “loveable” one. And thank you Cathi for sharing great insight, both personal and academic, and our lifestyles as two Tauruses.

ABSTRACT OF THE THESIS

The Politics of AIDS Advocacy for Asian Americans

by

Long T. Bui

Master of Arts in Ethnic Studies

University of California, San Diego, 2008

Professor Natalia Molina, Chair

This thesis looks at professional AIDS advocacy and the politics of community representation. Whereas such politics typically operates from an “insider” versus “outsider” paradigm, with emphasis on “authenticity,” contemporary social service providers are blurring the boundaries of who can serve as *representative* members of particular ethnic communities. Indeed, while governmental bureaucratization and co-optation of the “AIDS problem” stages group conflict among marginalized populations over scarce institutional resources, organizations such as the Asian Pacific Islander AIDS Coalition Project (APICAP) respond by moving towards more inclusive though ambivalent model of community work. As an agency designed to target Asian Pacific Islanders living with HIV/AIDS in San Diego, through ethnographic work, I trace its evolution from a panethnic organization requiring API representatives to an all-inclusive one comprised mostly of *non-Asians* even though the necessity of Asian American

representation remains paramount. I highlight APICAP as one example of a community-based organization struggling to move beyond essentialist and identity-based frameworks scholars while trying to forge cross-cultural alliances; this social service organization I believe epitomizes a new kind of politics of representation emerging from the post-Civil Rights AIDS era. My case study illustrates why community activism no longer signifies a politics produced through essentializing constructions of “communities of difference” and instead personal networks assembled around intersectional understandings of difference as well as critiques of social disenfranchisement. Lastly, it demonstrates how grassroots activism has changed conventional ideas about “the community” for the political demands of contemporary times.

Chapter One

We need alternative sources of funding. The odds are staked against us. We don't have the numbers to prove our need. We're not the Latino or Black community [italicized my emphasis]

—Tom, member of Asian Pacific Islander AIDS Coalition Project¹

The above statement comes from a most unlikely source. At first glance, it would seem the speaker is someone of Asian heritage in the manner with which the individual speaks; yet Tom is not Asian Pacific Islander but actually a white member voicing his concerns for an organization primarily conceived to empower APIs with HIV/AIDS. His frustration at the lack of importance placed on the Asian American community tells of the significant contributions of non-Asians engaged in what are perceived as minoritarian social causes. But behind Tom's invocation of the term "we" against the Black and Latino community, there is a double meaning in its reference to his position within APICAP *and* the larger Pan-Asian—even though Tom is not of Asian descent. With prior experience in the gay community of San Francisco among many other places, his understanding of community politics figures prominently as part of a much larger AIDS context. However, his facile gesture of racial solidarity is indicative of the fraught nature of such cross-cultural work, especially given the central role of gay white males have played in AIDS activism and the socio-political invisibility of Asian Americans within its particular history. At a minimum, Tom's positionality as a middle-class, professional gay white male troubles as well as underpins his activist commitments; highlighting the paradoxes of minority AIDS advocacy and its attendant issues of race, gender, class and sexuality.

¹ Interview with Tom on May 5, 2006 in San Diego.

My project examines professional AIDS advocacy for Asian Americans and the insights it sheds on community-based activism and political knowledge in the current moment. By professional advocacy, I mean a form of organizing where individuals advocate on behalf of those with HIV/AIDS within a bureaucratic or professional setting. This kind of public representation instantly brings up questions about *whom* and *what types* of people can speak for a certain community as well as issues around *how* to mobilize in that community's interest, especially such a community is not visibly present to articulate its collective interest. When certain communities such as Asian Americans with AIDS are effaced in public discourse, the form of advocacy necessary to rectify this problem is perturbing. Finding professional advocacy a site of incongruities *and* convergence in political interest, I demonstrate the ways advocates engage in an *ambivalent* politics of racial visibility, one that seeks to ensure its target group such as Asian Americans are not ignored at the same time as re-negotiating institutionalized categories of difference. I focus on the members' organizational discourse to show that minority AIDS advocacy is not a simple case of making marginalized "subaltern" groups more known or public, one assuming visibility as a remediation of social invisibility, but a form of politics attuned to the needs of marginalized communities even when those needs are not necessarily recognized as such in the public domain. This inquiry raises questions and critique of the institutional conditions in advocacy that in turn pose other difficult inquiries into how to address political invisibility without conceding to a "politics of visibility" that posits recognition as an unproblematic end goal (Markell 2003).

In getting at this issue, this thesis explores the Asian Pacific Islander Coalition AIDS Project (APICAP) in San Diego and the ways its member-activists see their community project in contradictory terms. Whereas APICAP is a community-based social service group targeting APIs with HIV/AIDS, its central mission is foremost aimed at what is broadly conceived as the “Asian American community.” Yet, members’ understandings of “the community” are often disparate even as they are unified through a common goal of serving their target group of APIHAs (APIs with HIV/AIDS) given the overlapping concerns of multiple identities and communities. Thus, while it began as a panethnic organization comprised mostly of APIs *for and about* APIs, the agency eventually turned into an ethnically diverse organizational body. The agency broadened its initial concerns with only Asian Americans in San Diego to Latinos in San Diego and Tijuana, Mexico. All of this did not occur spontaneously but rather came out of responses to the institutional challenges it came up against. What this all suggests is that APICAP’s obligations to social justice extends beyond just Asian Americans to reflect the agency’s desire to practice a more inclusive form of activism. Yet, since multiple tensions as well as alliances exist in community grassroots organizing (Võ 2005) what are the productive implications of such polyvalent organizing? How is this shift towards broad-based inter-community activism not necessarily an always radical political project for disrupting power structures?

The Asian Pacific Islander Community Project

The direction of this project is fueled by this overarching question: What kind of political framework or ideological impetus drives APICAP as an Asian American AIDS organization? What are the racial and gender and class politics its members must deal

with in advocating for Asian Pacific Islanders with AIDS. From this primary inquiry, other questions are raised: What are the unique challenges APICAP faces as an Asian-specific AIDS organization and, as such, what sort of politics is specific to it? What is generalizable and specific about it as a multicultural organization? More precisely, how is the organization reflective of larger trends but specific in its local context? Why would non-Asians even join an Asian American agency in the first place and invest so much in it? What kind of “identity politics” does the group negotiate and how do its struggles this present a new moment for re-conceiving this politics? Is it possible to conduct community-based work without reifying a community?

This thesis examines the politics of community-based AIDS advocacy, more specifically professional advocacy for Asian Americans. Whereas such politics has taken on a recognizable trajectory in mainstream public discourse, social services targeting Asian Pacific Islanders with HIV/AIDS has generally been conceived as another site of social organizing around race. But as I argue, the challenges in representing this heterogeneous subpopulation make it necessary to critically interrogate the hierarchal structure of the AIDS service industry which tends to demarcate groups by race, gender, sexuality, and citizenship status. Whereas the conceptualization of Asians in the U.S. as simply a racial minority hinders their consideration as a sexualized or even queer population, the tensions involved in representing this group are prominently evident, particularly when AIDS remains held up as a gay white male disease or more recently as an issue of “abject” minorities such as Blacks, Latinos and Native Americans but not Asians who are cast as “model minorities.” My study looks at a small agency targeting Asian Pacific Islanders with AIDS and the problems it faces in articulating the health

needs of its so called “invisible” constituency. As I argue, because the agency exists within a liminal space—institutionally and discursively—its serves as a prime site to critique the classificatory boundaries of AIDS social service institutions. It inhabits this space because Asian Americans are historically and ontologically erased from both racialized ideations of “people of color” and the implicit heteronormative whiteness of AIDS, Asian AIDS advocacy reveals a contradiction or rather caesura in knowledge-production, common beliefs, and political movement around “identity.” It is this gap which not only produces fissures within the organization itself but also creates a political tense field of critical ambivalence for allowing a plurality of interpretation, outreach and aims to emerge.

My ethnography of the Asian Pacific Coalition AIDS Project in San Diego investigates an organization that serves as an unofficial “home” to a wide array of community activists, many of whom are not Asian/Pacific Islander but find inspiration in an agency that reaches out to not only its main constituency but other needy groups, particularly the more prominent Latino population in San Diego. The organizational push for increased public representation of Asians with AIDS is one with filled with many conflicts but also many converging interests. It is here that I find this kind of organizing most productive in its refusal to settle within a complacent mode of advocacy work, in the dynamic relations forged among its participating members. In short, API advocacy is never just about Asian Americans but a range of issues and subjectivities that exceed the imperatives of the “Asian American” community even if such advocacy is heavily invested in the community’s interests. If anything, differences in members’ framework serve to activate fruitful coalitions because its keeps activist circles in a dynamic state.

Here I am against the idea of Asian American AIDS advocacy as simply providing social services to one racial minority group affected by disease. I believe the challenge of this kind of organizing is deeply tied up with what can be called “diversity management,” the institutional arrangement of communities within a particularly defined order. Whereas the AIDS pandemic is a phenomenon that truly imbricates many communities, the issues of those affected communities are inseparable and mutually constitutive of one another, since the system of funding groups based on comparative *perceptions of risk*, for instance, places a heavy burden on activists to circumvent such divisions even as they play into them.

I observe a small non-profit designed initially to service a niche population as one case study. As a racially mixed organization, this agency found it necessary to carve out a strategic political position as an Asian-specific AIDS organization just to participate in the system of minority social services. The everyday demands of social service required its members to go beyond distinctions of community “insiders” and “outsiders” concomitantly as they sought to construct a legible “community of need” in order to advance their organizational concerns to the fore. Such a paradoxical style of mobilizing elucidates why in the current moment, community-based activism feel the need to resist cultural “authenticity” even as it also engages in moments of identity politics. For APICAP members, personal motivations for participating in advocacy are polyvalent insofar as everyone perceives position and purpose of APICAP differently even though even they recognize it as an API AIDS social service agency. Rather than taking this as a conflict of interest requiring closure, I believe these discursive interpretations help us to interrogate the core terms of “community-based” politics. Through the disparate voices

of practitioners, I show the multiple, contradictory and overlapping opinions professionals make in articulating their service to the community, which branch out to other communities in ways useful to its Asian-specific cause. Seen another way, the members of APICAP know their organization is clearly one centered on Asian Pacific Islanders, but as I discuss later, the agency is also a productive site for a commingling of individuals that inform and shape their network.

Methodology

I chose the Asian Pacific Islander AIDS Coalition Project (APICAP) as a case study because of the minimal amount of scholarly work available on AIDS advocacy for minorities, particularly APIs. Moreover, the agency's location in San Diego is a prime site to study since to date, while an enormous amount of literature exists on AIDS activism, this major metropolitan area remains glaringly left out due to the scant attention it has received. Given the bulk of scholarship focuses on historic epicenters like New York and San Francisco, and scholarly knowledge about professional AIDS advocacy is still very much in its infancy, examining such activism as it is shaped within local contexts such as San Diego enables an understanding of how activists in different cities address the pandemic.² San Diego, in particular, is not known on the national scene for racial politics, much less AIDS activism. In addressing the question of why racial minorities are politically invisible in a diverse as San Diego, I point to statistics where Asian Americans are constituted as the second largest minority group after Latinos in a

² Without discounting the significance of those aforementioned places, it is crucial that scholars investigate activism in different locales, especially those on the border,² because local context informs and shapes the kind of activism that engages people.

city with a sizable proportion of racial minorities according to the latest U.S. Census statistics (see Table 1 below).

Table 1: City Demographics by Race in San Diego

White	70.3
Black or African American	6.6
American Indian and Alaskan Native	1.6
Asian	10.5
Native Hawaiian and Other Pacific Islander	0.9
Hispanic or Latino (of any race)	26.7
Some other race	15.1

U.S. Census Bureau. Profile of General Demographic Characteristics: 2000.³

From its long legacy of Jim Crow-like practices, San Diego maintains a veneer of whiteness that conceals the city's racial politics. Its racial geography is compounded by the fact that various communities are isolated from one another by a "labyrinth of canyons, freeways and class divisions" that disguises how multi-faceted and multicultural the city really is (Mayhew 2005: 272). Unlike in other Californian metropolitan cities such as Los Angeles and San Francisco, San Diego is not necessarily known for its having a rich history of Asian American community activism. The contemporary topography of 'race' in the area is one enshrouded by its continuing ties to colonial, segregationist, anti-immigrant pasts (Davis et al 2003). And it is within this deceptive space I am speaking about minority advocacy and why it is so difficult to even mobilize for minorities in this city.

³ U.S. Census 2000. <<http://factfinder.census.gov/home/en/datanotes/expsf1u.html>> Accessed May 24, 2007.

A whole continuum of service organizations exists in San Diego County,⁴ but for this project I examine a community-based agency that concentrates primarily on social services for APIs but that is also, interestingly enough, actually comprised primarily of *non-Asian* staff and clients. As a participant-observer there for over a year, I was able to conduct seven formal and informal interviews as well as engage with informants on daily projects while collecting data from organizational archives, brochures, pamphlets, newsletters, fact sheets, memos, presentations and other publications. Ethnographic methods such as participant observation, interviews, and data collection provided me with a rich wealth of information. Analysis was further enhanced by statistical data such as those from public health surveillance reports by the San Diego Department of Health and Human Services. Through a “grounded theory in ethnography” (Charmaz and Mitchell 2001), I observed daily activities, removed from a pre-determined theoretical orientation, took notes at staff meetings, recorded community events, and the like. Grounded theory entails an interrogation of social realities from the ‘ground up,’ that is culling knowledge from the perspectives of individuals rather than starting from the imposition of epistemological frameworks onto social situations. At a basic level, this project comes out of my past involvement with advocates doing work for marginalized at-risk groups, bearing in mind the immense obstacles activists face in pushing forth their agendas. Without knowing anything about this agency or where I was going, I started from the simple initial interest in what made APICAP function.

⁴Here are just a few examples of diverse AIDS organizations in San Diego: some organizations serve hot meals (Mama’s Kitchen and Special Delivery San Diego), emergence services such as shelter or clothing (Center for Social Support and Education) free laundry service for people with AIDS (Auntie Helen's), and access to housing (Townspople, Inc.). Then there are of course a plethora of places and clinics where PWAs (People with AIDS) can receive free to low-cost medical services.

Initially, I began this project to understand why Asian Americans are ignored in AIDS public discourse but found my simple inquiry challenged by the everyday activities and discussions I engaged with at APICAP. Whereas my familiarity with API AIDS activism began through prior volunteer work with the Asian Pacific AIDS Intervention Team in Los Angeles/Orange County, where the entire staff consisted solely of APIs, but at I found APICAP in San Diego to be a more organizationally looser and racially variegated network of activists. This contrast between the two organizations became more apparent when I first observed a board of director meetings attended by a straight Latina, a Black gay male and a white straight male, along with the Filipino American director of APICAP, an assemblage of diversity I had not experienced at the previous before. At these meetings, conversation always focused on the “API community” but drifted into debates about the problems faced by other communities. Whereas these episodic moments of conversation seemed at first like digressions from the main topic, deviating from the issue of APIs with AIDS, I soon learned that they were part and parcel of the ongoing dialogue about APIWHAs rather than standing in as conversational tangents. In other words, the members’ various positionalities came to play contributive roles in figuring out the overall organization’s strategy of addressing API AIDS problem, because resolving it requires a wide diversity of voices informed by the larger backdrop of AIDS and its overlaps in community issues. At the same time, it this cacophony of voices results in the emphasis on some voices and certain concerns over others.

In this thesis, I first provide a brief overview on the impact of AIDS and AIDS activism. I then give a synthesis of the history of AIDS social service and professional minority advocacy. From a look at the precarious origins of APICAP, I turn to the

various ways community and community work are articulated, interweaving them into my discussion of how APICAP's evolution from an Asian-specific agency to an umbrella for all communities came about through the tensions it experienced as marginalized organizational site of conflicting interests. To sum up, chapter one situates APICAP as a non-profit organization within a particular social landscape while chapter two emphasizes the differing members' perspectives and their negotiations with such problems, struggles seen as both contentious and fruitful.

Community Activism beyond Identity Politics

It is common in popular thinking to perceive all community-based activism as simply politics of identity. For critics, identity politics originally grew out of the idea that a common social identity, assumed as fixed and stable, can serve as the grounds for claiming any kind politics concerned with subjugated communities. Generally, this form of organizing is seen by its opponents as only benefiting those aggrieved communities as their "politics of difference" or "politics of recognition" simply affirms them as different from mainstream society due to compensatory demands for past historical injuries (Markell 2003, Young 1990, Gitlin 1997). Contemporary models originate out of the tumultuous period of the post-Civil Rights era, with quintessential exemplars including second wave Feminism, Black Nationalism, Chicano nationalism, the American Indian Movement, the Yellow Power movement, gay liberation and other progressive uprisings comprising what are called "new social movements" (Habermas 1981, Farred 2000).⁵

⁵ New social movements are new in their assertion of autonomous identities and this differs from the instrumentalism of collective action theory. See Habermas (1981). Habermas's relies on a distinction between public and private spheres of culture/power as well as between New Left movements based on identity and the Old left (being Socialism and Marxist-influenced class-based forms of revolt) centered on proletarian assaults on capitalism. For a problematization of that model, see Edwards (2004).

For the large part, these counter-hegemonic movements provided the basic template for organizing under political, cultural and/or social identity, solidified through common experiences of oppression, marginalization and subjugation *as well as* resistance to those structural forces. As social phenomena however these liberation moments were not homogeneous but excellent case studies of diverse peoples uniting together for the purpose of freedom, solidarity and self-determination.⁶

Many of these struggles faced enormous criticism, derided for their perceived parochialism, sectarianism and reductionist paradigms. A precipitous decline in identity-based campaigns (and the rise of interest-based ones) since the early 1980's as well as proliferating dissension within existing social movements seem to show the dire consequences of a logic that made community-base struggles synonymous with identity politics and nationalism (Polletta and Jasper 2001). But perhaps the biggest point of criticism (from all sides of the political spectrum left or right) focuses on these struggles' seemingly rigid definition of communities and their political struggles, resulting in their frequent conflation with nationalism thereby atomizing them and making it appear separate from mainstream American politics rather than transformative of it (Schlesinger, Arthur. 1993).

In light of such issues, grassroots community activism consequently needed to encompass a wide repertoire of issues, topics and subjectivities in order to remain viable. At the heart of this transformation is a wholesale shift in terms of what types of people can be included in certain kinds of politics. The critical task in all this, according to

⁶ Black Nationalism provides an excellent case in point since Malcolm X and the Black Panthers galvanized many Asian (Americans) to revolutionary action; and Black Nationalism in turn found inspiration from revolutions happening in Asia such as Maoism, Japanese nationalism, and the Viet Minh uprising.

Nicholson and Seidman (1999) involves less the question of the utilitarian value identity politics (since there obviously is some political utility to it) but “figuring out how to generate its positive possibilities in an environment where civil rights has a different meaning than in an earlier time” (24). Put another way, since identity politics emerged out of the specific socio-historical context of the Civil Rights Movement, a re-conceptualization of community/social politics today is in order, one requiring us to contend with not only changing political environments but also group definitions insofar as communities are continually re-defined and evolving in response to their successes, failures and challenges within new social orders. One such example, for me, is the denaturalization of what it means to propel an “Asian American” activism in an age of AIDS.

Transforming Asian American Politics through AIDS

When we think of Asian American minoritarian politics, it is seen as some form of race-based solidarity where different ethnic subgroups coalesce against institutions such as the media, government and science that categorically lump them together (Espiritu 1991, 6).⁷ Activists in such social movements are seen as the public voice of the community they are representing. But this organizational typology has taken on more ambiguous meaning through current-day engagements brought on by the crisis of the AIDS, the decline of identity-based social movements, and the increasingly muddling of racial politics in the U.S. The complexity of contemporary minoritarian politics as it

⁷ One can think here of the moment when individual activists joined one another as “Asian Americans” to create a consolidated legal campaign against the murder of Vincent Chin, a Chinese man killed for being mistaken as Japanese. I am carefully trying to differentiate between race-specific and ethnic-specific causes here. Whereas ethnicity refers to Chinese, Japanese, and other markers of ancestral descent, the term race is applicable to almost an amalgamation of groups.

encounters the realities of AIDS activism points to the need to reappraise our understanding of community politics, a critical gesture that does not entail doing away with referents to historically marked communities like “Asian Americans” but rather studying their political vicissitudes and modalities. For instance, what does it mean for a heterosexual Chicana to invest in an Asian-specific agency that is heavily male and gay? What sort of valences resonates in that kind of cross-cultural work? Can an API-centered agency contain interests beyond those *typically synonymous with* Pan-Asian politics, namely those anchored in ideas around “Asian American-ness”? Why do advocates engage in particular community politics when they themselves do not come from those communities?

For some time now, even the term “Asian American” has come under scrutiny for its failure to encapsulate the diversity the entire community (Lowe 1996). For many, it inaccurately reflects demographic changes due to new immigration patterns and other effects of a changing socio-political climate (Aoki and Nakanishi 2001). These days, it is not uncommon to find scholars critiquing the term as nationalistic, heteronormative, and culturally limiting while sustaining the importance of an Asian American political project opposed to systemic forms of prejudice Asian-raced people still face in this country (Eng, Palumbo-Liu 1999, Lowe 1996, Okihiro 1994, Takagi 2000, Kibria 1998). Much that has been written about API activism has focused on “panethnic” campaigns, especially those in which various ethnic subgroups consolidated their identities qua “Asian Americans” to amass more political power. To be sure, there are certain times when a collective sense of socio-political identity is pivotal to coalescence. Because entire communities are collapsed together because of their similar treatments, they are forced to

amalgamate their myriad interests, opinions and agendas as *a unified community* in order effectively respond to dominant social forces such as racism (Saito 1998, Zia 2000, Vo 2005, Umemoto 2000, Kim 2000, Espiritu 1992, Kurashige 2000).⁸ For political projects around AIDS however antiracism cannot serve as the *modus operandi*, since other underlying issues such as homophobia are just as significant in shaping political action.

For this reason, I find minority AIDS advocacy an instructive site of investigation, since there is generally a paucity of work examining AIDS in relation to racial minorities. This blind-spot stands not because of a lack of actual political organizing but an empirical and analytical oversight. AIDS scholar-practitioner Eric Reyes (2000) believes this is so because, as he sees it, such activism actively transform “the categorical displacements resulting from the multiple marginalizations of race, gender, class, sexuality, age, marital condition, and residency status into tangible social power. In so doing, they reveal the challenge of HIV/AIDS for API communities also involves the transformation of the way we conceive of normative bodies as a project that intersects with racial and gender formation, sexuality, nationalism, and state power” (p. 248). Thus, Reyes finds such activism subversive to mainstream Asian American studies as those forms of activism pose contradictions for the discipline. Popular notions of the disease collide (even as they also align) with the way certain groups are already valued in society, so advocating on behalf of Asian living with AIDS in the U.S. would require a confrontation with the sort of identities normally associated with AIDS (male, gay, and white) and those associative

⁸ Whereas pan-ethnicity describes the process by which different ethnic subgroups collectivize under a political umbrella, many accounts of ethnic mobilizing make little mention of other organizing principles such as gender, class, and sexuality beyond race and ethnicity even though those factors are not ancillary but principal to anti-racist projects. For instance, the Asian American Women’s movement evolved out of the mistreatment and subordination of women by their male counterparts within the Asian American Movement.

of Asian Americans (healthy, productive, and heterosexual). It also demands a reassessment of what types of people can advocate for APIWHAs (Asian Pacific Islander with HIV/AIDS).

According to cultural theorist David Eng (1997), although AIDS activism has always been an informative domain of social inquiry, its regular elision from the empirical study of Asian and Pacific Islander community politics in the U.S. is “indicative of the difficulties we still face in Asian American studies to integrate systematically not only issues of queerness but of sexuality into our critical vocabulary and theoretical discussions” (41). Indeed, as I demonstrate later, such activism recasts the terms of conceiving and practicing a Pan-Asian politics. In the case of APICAP, it often uses its own grant money (primarily earmarked for Asian Americans) to provide service to Latino/as in San Diego and Tijuana, Mexico as *this* is the major racial group most hard-hit in region and the one that seeks help from them most. Furthermore, most of APICAP’s current staff, board of directors and members are non-Asians who are sympathetic to the Asian American cause. How then do such instances contradict the conventional pattern of panethnic organizing? It shows, for one thing, a shift from an *identitarian* logic (a politics based on commonality and sameness of identity) to a more unstable, relational alliances based on political interests.

The Rise of Minority AIDS Advocacy

AIDS Advocacy coheres around no singular social agenda (as it is informed equally by multiple concerns of racism, sexuality, drug abuse, incarceration, blood transfusion etc.) but rather a particular set of community practices, understandings and politics. It refers generally to when individuals with HIV/AIDS represent themselves *or*

they allow others to represent them in public discourse. Advocates push for better treatment, support and recognition for those living with disease. The AIDS advocacy movement grew out of the multiplex struggle between devastated populations and their attempts to wrest representational authority over the discursive meaning of AIDS away from the control of government, biomedical scientists and the media (Epstein 2003, 1996; Fox 2005, Stockdill 2003, King 1995). In the process of pushing for better representation for people living with AIDS, advocates changed not only the meaning of community representation but also politics. The impetus for minoritarian⁹ AIDS advocacy emerged out of the need for empowerment specific communities wrestling with a multiplicity of structural organizing forces such as racism, heterosexism, colonialism, and biomedicine (Watney 1994, Farmer 1992, Treichler 1999, Stockdill 2003, Epstein 1996). An investigation of AIDS activism demands a nuanced analytic attentive to relations of power and groups. As the epiphenomenon connecting “subaltern populations” given its prominence within popular imaginary, it is regarded as the pre-eminent disease of the postmodern milieu. As such, within the last two decades, the specter of AIDS has radically transformed public discourse by reinventing our way of thinking about subject and community formation (Watson 2000, 63-79).¹⁰

In the beginning, AIDS changed the course and character of gay politics, because from the mid-1980’s onward, local gay communities shifted their political orientation from simply affirming social identity or liberation to a new kind of politics broader in

⁹ By minoritarian, I am referring to racial minorities such Asian American, Latino, Native Americans and Blacks as understood in the U.S.

¹⁰ For example, whereas queer activists have always pushed for a publicly visible gay identity, present day terminology in the service sector such as MSM (men who have sex with men) or WSW (women who have sex with women) serve to depoliticize gay identity. See Young and Ilan (2005).

scope, one inclusive of healthcare issues. While such advocacy found its greatest political voice in this population, AIDS advocacy redefined who can speak for whom for everyone (Sturken 1997, King 1995, Treichler 1999). Popular and effective in the face of government neglect, all-volunteer advocacy groups for PWAs (People with AIDS) sprouted, flourished and persisted until the institutionalization of AIDS social services later by the state during led to a proliferation of more professional community based orgs called ASOs or “AIDS Service Organizations” (Altman 1994: 19-27). These ASOs are usually what we associate with AIDS advocacy today since, by the 1990’s, the bureaucratic governmental consolidation of the “AIDS service industry” created a sea change in the way AIDS advocacy is conducted (Patton 1990: 7-9). Broadly speaking, state cooptation of the “AIDS problem” created a host of additional problems for aggrieved communities. A sudden availability of large grants and the proliferation of AIDS-specific organizations outside the gay community (such as those for people of color) shifted attention to social services as various agencies competed for pools of funding. In many urban cities, the demarcation lines of identity heretofore took on more acute dimensions as marginalized communities, while recognizing common interests in working together against an equal-opportunity pandemic, were pitted against one other as a matter of institutional survival (Burkett 1995, Parrow & Guillén 1990). Potential allies occasionally turned antagonist over badly-needed resources, thereby creating rifts in local activist settings.

Governmental institutionalization, while making available sizable sums of money for the first time, also exacerbated cleavages among disadvantaged social groups. By using identifying categories based on sexual and substance abuse behavior complemented

those already based on race, age, and gender within epidemiological and biomedical discourses. Classifications like IDU (intravenous drug user) to WSW (women who have sex with women) downplay the politicized dimensions of those categories and codify what Steve Epstein (2003) calls the “medicalization” of identities. Such language in effect de-links social practices from any sort of identification since subjects are recognized more by *what they do* than their positionalities.¹¹ Put another way, the political aspects of AIDS-shaped identities are erased for the comfortable “objectivity” of a scientific paradigm. Even as groups like Latinos, Blacks, gays, women, and transgenders are labeled as taxonomic objects, this homogenization I argue makes it even hard to mobilize for those groups because of the semblance of neutrality of advocacy work. The professionalization of AIDS advocacy coincided with the development of groups for people of color; and what made these organizations unlike those of the past is how they are not entirely about a geographically circumscribed “place” per se but about a local group or community’s shared sense of social space (ibid 32). The development of identity-based CBOs like the PACTO Latino AIDS Organization or Asian Pacific Islander in San Diego conformed closely to the concerns of their particular populations in the borderland region. Yet, what makes an Asian AIDS political project viable still, given the institutional and representational invisibility of APIs with AIDS? They are firmly grounded in the needs of the region where such communities are based and not just concerned with social groupings in and of themselves. To call such organizations

¹¹ According to Young and Meyer (2005) such terms are problematic because they obscure the personal dimensions of identity and community networks; variations in identity self-labeling and in social behavior.

“identity-based” then ignores their deep concerns with a panoply of issues (drug use, sexual behavior, immigration, language etc.) identities (transgender, women, disabled etc.) and sites (San Diego, Tijuana) beyond what their names immediately suggest.

The Beginnings of an Asian American AIDS Organization

Non-profit organizations such as APICAP appeared at an important moment in time. By then, seismic changes occurred in the kinds of public discourses presented around the disease in its second decade of documented existence. AIDS had become a household name, linked to the well-known profiles of celebrities like Rock Hudson and Magic Johnson; and though fear and stigma continued to mediate people’s reception of this disease, U.S. society writ large (and to a certain extent the Western World) had begun to steadily acknowledge its far-reaching social impact even though some populations were still closely linked to AIDS such as gays and drug users. In sum, the public representation of AIDS and those it affected dramatically changed. Around the late-1980’s, demographic reconfigurations at the national and local levels created a sea change in terms of what minority populations were considered AIDS affected populations. This transformation came about through a so called “browning” in the body politic as successive waves of immigrants from Third World countries entered the United States. Southeast Asian refugees, especially those fleeing from the war-torn countries like Vietnam, Laos, and Cambodia, came in massive successive waves to the U.S., eventually clustering in major metropolitan areas like San Diego (Zhou and Gatewood 2000, Võ 1994). This increased diversity occasioned a reevaluation of what it meant to be Asian in America but also in the “AIDS community” as there emerged a noticeable rise in cases of APIs diagnosed with HIV/AIDS. Despite their late entry and small numbers,

the increased presence of Asian Pacific Islanders living with HIV/AIDS instantiated a revision of the kinds of group readily assumed to be at high risk.¹² This seems difficult already when the County of San Diego regularly considers “minorities” as only Latinos and African Americans, usually collapsing Native Americans and Asians into a comprehensive category of “other” in surveillance reports.¹³

To avert the onset of a potential outbreak among this vulnerable population, Asian specific AIDS organizations appeared in places with large API communities such as Los Angeles, New York, and San Francisco.¹⁴ In San Diego, the need for a prevention services designed explicitly for Asian Americans sprang out of talks between the Legal Aid Society of San Diego and the Alliance Health Care Foundation in 1993, which identified the necessity for API AIDS services. Subsequently, various representatives from community organizations like the Union of Pan Asian Communities (UPAC) were called on to provide support and advice for a fledging collaborative project, now called Project HAPI (Health for Asians and Pacific Islanders), which found housing temporarily at a youth center located within the gay community. By year’s end, the Asian Pacific Islander Coalition AIDS Project formed into an independent non-profit corporation,

¹² AIDS surveillance reports reflect this upward immigration trend, since according to the most recent *California AIDS Surveillance Report*, Asian/Pacific Islanders are reported as third in the number of infections after whites and Blacks. This fact is not surprising given California holds the largest concentration of persons of Asian descent, and APIs are the fastest growing racial group in the country. Set to become a “minority-majority” state,” California in due course will have no single group prevail as a numerical majority, and thus will be first land contiguous state to do so. To add to this, more than a third of all Asian Americans live in California alone according to the 2000 Census.

¹³ It is not until the most recent reports that there are numbers reported for Asians and breakdown by ethnicity. See “County of San Diego’s HIV/AIDS Epidemiology Report.” *San Diego Health and Human Services*. 2006. <http://www2.sdcounty.ca.gov/hhsa/documents/2004HIV_AIDS_RPT.pdf> Accessed January 29, 2007.

¹⁴ Over the course of a few years, Asian-specific entities sprung up in San Francisco (Asian AIDS Project now the Asian and Pacific Islander Wellness Center); in Los Angeles (Asian Pacific AIDS Intervention Team) and in New York (Asian Pacific Islander Coalition on HIV/AIDS).

eventually moving to another location to better serve its constituency, a central area populated predominantly with working class Asian immigrants as well as Latino/as and East Africans.

A traditional pan-ethnic social service model characterized the agency in its embryonic stage. The initial corps of six staff member consisted mostly of women (75%) and all except one of API heritage. This pan-Asian front, in essence, presented a racially and gendered “correct” image of what an API social service agency supposedly “looks” like. As its name suggest, the Asian Pacific Islander *Coalition* AIDS Project brought together individuals from Asian/Pacific ethnic backgrounds, with the intention of creating a broad enough panethnic canvass of support for the scattered API communities in the entire county. Though the coalition’s conception came about through the benefaction and backing of mostly non-Asians throughout the county, the now mostly all-Asian agency found its organizational coherence in a construction of broad ethnic affiliations, where different sub ethnic groups previously submerged their differences to assume a common *panethnic* identity (Espiritu 1991, 3). As such, founding members were to draw on their own backgrounds as APIs to reach the disparate needs of Vietnamese, Chinese, Hawaiians, Filipinos and other groups within their broad constituency through use of their “insider” familiarity with language, religion, customs, and knowledge.

From the outset, a panethnic position was consistent with the prevailing “racial order” in the U.S. This meant bringing social services to “Asian and Pacific Islanders”—a blanket category encompassing peoples from a myriad of distinct linguistic and national cultures. As there existed no AIDS service centers explicitly targeted to such a heterogeneous population, the agency found it logical to position itself among the five

major “racial” umbrella groups (the others being Latino/as, Blacks, White and Native Americans). Whereas the 2000 Census places “Pacific Islanders” in a separate *racial* classification from “Asians,”¹⁵ the precarious incorporation of Pacific Islanders under the organization’s fold is a move in keeping with the traditional structural patterns of pan-Asian ethnic organizing, since Pacific Islanders traditionally are subsumed under the rubric of “Asian” anyways sometimes to the detriment of interests of the former (Kauanui 2005).¹⁶ Nevertheless, the fortifying frame of pan-Asianism that included Pacific Islanders stood initially as a somewhat solid political foundation. How to and who gets to represent this Pan-Asian community became a different matter as well.

Asian Americans as Unfathomable in Representation

Today, there is in place at least a substantial number of governmental organs monitoring and carrying out services for AIDS. The general tenor of the state, at the national, state and city levels, has tremendously changed towards the pandemic, with powerful institutions such as the DHHS and the NIH doling out policy directives and financial outlays in a concerted effort to allay infection, despite the current lack of a cohesive national policy for AIDS prevention.¹⁷ In San Diego, the wide array of services

¹⁵ For a history of how the “Native Hawaiian or Other Pacific Islander category diverged from “Asian” within the contentious political history of the U.S. Census see Espiritu and Omi (2000, 66-77).

¹⁶ At the heart of this problem of course lies the risk of aggregating various communities with little in common; and thereby obfuscating intra-group differences as well as subordinating the political interests, perspectives and needs of a smaller group to those of a much larger more powerful one—outside the obvious fact that “Asian” itself is not a coherent or fixed category either.

¹⁷ The Centers for Disease Control (CDC) is “the agency primarily responsible for HIV and AIDS surveillance activity, epidemiological studies, and analysis and reporting of trend data, public information and education, and prevention, including HIV testing and counseling.” Under the DHHS, the National Institute of Health (NIH) is a research institute which works closely with other agencies such as the CDC, the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), The U.S. AIDS Drug Assistance Program (ADAP), the Substance Abuse and the Mental Health Services Administration (SAMHSA) within the complex of the U.S. Public Health Service (PHS) in researching and funding AIDS related activities, as well as the Office of Minority Health, the Ryan White CARE Act. See Vanderveen (1991) for the origin of this structure.

sponsored by local health departments, along with those by non-profits, sometimes defies enumeration. But despite the extensive reach of this social service apparatus, the mode through which certain populations like the API community are represented continues to pose barriers for effective prevention measures at the grassroots community level of service. Representations then imbue symbolic meaning in regimes of power by demarcating groups differentially (Omi & Takagi 1996, Lei 1998, Kibria 1998, Jo 2004). The tenacious belief that APIs don't need government support underwrites the portrayal of Blacks and Latinos as both culpable for their HIV/AIDS problems as well as *needy* of state remediation. Since representations play a central role in maintaining what anthropologist Faye Harrison calls a "political economy of racism" (1995), the state's oversight of health issues facing Blacks, Latinos and Native Americans (and in arenas like education and employment) are masked by the depictions of those communities as pathogenic in contrast to the ways APIs are envisioned as culturally and medically innocuous. For APIs, their held up status as "model minorities" is inconsonant with the stigmatization ascribed to disease and government-funded social services. In conjunction to the reality that APIWHAs more likely to be gay and/or female, this dimension lends *another* added layer of marginalization.

That hyper-invisibility is evident in comparisons with another small population, American Indians.¹⁸ Take for example the fact that though AIDS rates for Native Americans and Asian Americans are comparable (the rates for both populations is low

¹⁸ Throughout this thesis, I am aware that there is a politics in using Native American, American Indian, Indigenous and Tribal peoples interchangeably but, as there is no consensus to what term is most appropriate, I do so tenuously. In fact, groups that often solicit sympathetic responses such as veterans, women, and children found themselves at the receiving end of favorable policy target as opposed to more stigmatized populations.

hovering around 1-2%), and the two populations are interchangeably labeled as “silent” or “invisible” minorities, Native Indians are more likely to be targeted by public policies and provisions that benefit them from drug and AIDS programs (Donovan 2001: 97).¹⁹ The public impression that indigenous peoples are naturally diseased and needy of government assistance, as opposed to Asian Americans as self-sufficient and sanitary, makes the treatment of both groups incommensurate.²⁰ Of course, Native Americans do not necessarily *benefit* from “targeting” policies because of the enduring problems they have continually faced since the days of colonial encounter (Vernon 2001). There are not necessarily major differences between the health conditions of APIs and Native Americans (although biological play a significant part). It is the unnoticed system of categorizing communities that makes it appear as though certain populations are prone to disease, when in actuality the conditions of institutionalized poverty, colonialism and racism are to blame for their vulnerability.

Hence, there is no “compelling government interest”²¹ in the everyday health problems of APIs since this particular community of color is construed as un-needy of outside help because of their mediating racialization. While policymakers consistently

¹⁹ According to Donovan, from 1980-1994 Native Americans were 96% targeted for benefits through public law provisions, much higher in comparison to drug users (44%) and gays who benefited from no policies.

²⁰ I also understand that the overemphasize on Native Americans stems from their involvement with the federal Bureau of Indian Affairs; and the fact that there are perhaps some commercial or political profit to be made from healthy populations of indigent tribal peoples.

²¹ Since part of its logic finds justifiable recourse in “benign neglect” as an institutionalized and accepted way of dealing with racial minorities without the need for state intervention or draining of state resources—as long as that group is not an imminent threat to the “general population.” If the explosion of HIV/AIDS within racialized communities somehow “escaped” public attention for years, this is not because of scientific miscalculation or underestimation, but due to the sheer insouciance on the part of the state and mainstream society in owning up to their responsibility for the welfare of communities in need, much like how they turned the other cheek while the AIDS ravaged the lives of those deemed undesirables and expendable in society early on in the pandemic’s history.

overlook APIs as a target group, including in San Diego, infection rates have risen exponentially in recent years. Between 1999 and 2003 alone, diagnoses among APIs alone increased by 34%, more so than any other demographic (Choi et al 2005).²² Even as Asian Pacific Islanders constitute a small subpopulation, forming only 1.2 % of all AIDS cases, in San Diego County, they are continually spotlighted by county officials for as *the* group to “watch for” an imminent outbreak at any moment. Despite concerns of a sharp jump in seropositivity rate, the customary indifference by the county’s leadership shows their unwillingness to invest in costly and “speculative” prevention needs, adopting instead take a “wait and see” attitude. Startling new statistical facts attest to not only fact that Asians are getting HIV/AIDS every year, but to the absence of culturally-specific preventive measures and literature explicitly aimed at APIs, which may partially explain those marked infection increases (Chng & Collins, 2000). Aside from AIDS, generally there is poor access to quality healthcare for Asian Americans (Ngo-Metzger et al 2004) with differential treatments between the foreign-born and native born (Dhooper 2003) as well as disparities among ethnic subsets (Chen 2005).

Political Invisibility: A Community Dilemma

While the purpose of the enterprise seemed straightforward at first, with typical hardships of any non-profit within the initial years such as budgeting and logistics turning up, this formative period proved most taxing because of the limited efficacy of its organizers to sway community opinion about APIs with HIV/AIDS, in light of a dearth of epidemiological data collection (the central responsibility of county health officials).

²² The gains for rest are as follows: 21% for Native Americans, 8% for African Americans and 7 % for Latinos.

Despite the best of efforts like informative meetings, multicultural councils, public service announcements; community informational sessions, activities and presentations—entrenched ideas about the API community buffeted the agency’s ambitions. It sought to find its *target clients* (APIs with HIV and/or AIDS)²³ but achieving this daunting task turned out not to be so easy. Asian Pacific Americans were simply not “coming out” to disclose their status or getting tested; and the few that did were numerically significant enough to bolster providers’ demands for more funding for their fledgling agency; and as they soon discovered, a key hindrance to successful growth was that APIWHAs were simply “epidemiology unfathomable” (Dworkin 2005). Initial efforts by APICAP to reach out to its target demographic were moderately successful. Despite running focus groups for Filipino gay men to talk about their issues, a needs-assessment survey to get “community feedback” directly on what APIWHA need, a youth of color mini-conferences, health workshops at churches, schools and clubs—APICAPS struggle for quantification usually devolves into a “politics of ethnic enumeration” (Espiritu 1992, 114). The difficult task of accounting for “the numbers” consistently plagued and stifled the organization’s development, so much so that the agency consciously decided not to run a strict course of catering any strict line of pan-Asian politics so as to remain adaptive to institutional changes, financial loss, and political opposition. To be sure, Asian

²³It is helpful here to distinguish between this organization’s two constituent bodies. APICAP maintains an Asian American “front” by all appearances by always focusing on its *target constituency* versus its *actual constituency*, the everyday clients who utilize APICAP’s services that include non-APIs. Indeed, they remain *politically* invested in advancing the “collective” interests of APIs—even if Latinos are actually the biggest beneficiaries of their services—because the Asian Pacific Islander community benefits from having such an organization to articulate their needs and, more importantly, to validate their existence within the public arena. Indeed, this population’s status as a scientific *possibility* “out there” waiting to be discovered means that only through empirical documentation can APICAP rationalize its claims in representing a legitimate community. Without evidential data that members of this group exist in large quantity, the validity of APICAP’s existence, and to a certain extent the existence of Asian Pacific Islanders with AIDS/HIV are summarily called into question.

Americans are invisible in almost every social medium and discourse in the United States from film to congressional politics etc. Their invisibility within AIDS discourse then is one specific form of invisibility where AIDS is commonly linked to whiteness and gayness. To understand also why APIs with HIV/AIDS are not unfathomable as legitimate subjects of AIDS public discourse, it is necessary to understand the process of “targeting” in public policy. According to Mark Donovan (2001, 7-8), certain groups are more likely to be selected as target populations for state public policies and consequently funding. He lists four propositions through which the government orchestrates its decisions and aims: 1) TARGET LINKAGE: groups that can be credibly linked to a problem. 2) CAUSAL LINKAGE: groups that are linked to first-order policy effects (precedence). 3) POPULATION POWER: groups that are politically mobilized or are represented by politically active advocates are more likely to be selected for benefits and less likely to be selected for burdens than un-mobilized groups or groups that lack political advocates. 4) POPULATION IMAGE: groups that carry value-laden stereotype, whether positive or negative (7-8).

By all measures, Asian Americans do not constitute a “target population” for AIDS policymakers. First, inadequate data collection hinder any credible *target linkages* between this group and the pandemic. Secondly, their belated documentation in government records and public health studies prohibit the making of any *causal linkages*. Third, because they are unable to wield a political power as major voting bloc from a lack of national pan-ethnic spokespersons, Asian Pacific Islanders (along with Native

Americans) assume the status of “invisible” or “low-visibility” minority.”²⁴ Yet, while APIs are sometimes cited as a population worth targeting, their small numbers and positionality relative to other racial groups means reduced potency in terms of policy considerations. Indeed, there is a disparity between the percentage of APIs in the general San Diego population and the percentage identified as infected (see Table 2 below).

Table 2: AIDS Population Percentages by Race in San Diego

<u>Group</u>	<u>% County Total Pop.</u>	<u>% of People w/ HIV/AIDS</u>
White	67 %	62 %
Black	6 %	13 %
Asian/Pacific Isl.	9 %	2.3 %
Hispanic	27 %	22 %
Native American	0.9 %	0.9 %

Source: U.S. Census Bureau and Health & Human Services Agency.²⁵

Community activists are responsible for demonstrating the needs of their constituency so as to receive grant monies by supplying hard evidential data of a population’s level of risk. This data come in a variety of forms such as 1) showing the number of your case-load or how many people you already service or 2) the number of quantitative studies like surveys. Either way, accurately proving the number of any group of people with HI/AIDS is just as elusive as proving how many people *will have it*

²⁴ Together, the two groups make up only 6% of the total U.S. population (see table 1.2). Whereas Asian Americans are increasing rapidly in population and status, indigenous communities are more and more marginalized as a result of the mass exodus of Indians from tribal reservations and a subsequent influx into major cities; and despite efforts of Pan-Indianism, they are outnumbered and drowned out by other more visible minorities in the urban context. See “native Americas as the Invisible Minority.” Walter C. Fleming, “Politics in the Mainstream: Native Americans as the Invisible Minority,” In *The Politics of Minority Coalitions: Race, Ethnicity, and Shared Uncertainties*, eds. Rich; P. 233-246.

²⁵ U.S. Census Bureau and Health & Human Services Agency (County of San Diego) *HIV/AIDS Epidemiology Report 2006*. <ww2.sdcounty.ca.gov/hhsa/documents/AnnualReport2006.> Accessed July 6, 2006.

in the future or how many *might possibly* have it or *might* get it to determine risk levels. Despite all the surveys disseminated throughout the years, APICAP never produced the data needed to “justify” their institutional existence and monies for API prevention. In reality, the directive to prove the existence of APIs with AIDS is counterintuitive and counterproductive, since it is estimated that more than one fourth of all positive persons currently *have* HIV/AIDS but *do not know that they do*.²⁶ The burden of generating incontrovertible “proof” or evidence then is placed on community-based agencies as the county health officials fails to do so. Yet, my contention is not to suggest that the state health officials get the statistics “right.” After all, the preponderance of Latinos and Blacks in reports actually makes those communities invisible too by rendering their multitudinous concerns mute under the objectifying denseness of data and the state’s undisputed ownership over such matters. That so much attention goes into “need-assessment” studies diverts and deflects effort to *remedy* the already known problems facing those communities—poverty, crime, discrimination, drugs, poor medical care, low occupational skills, inadequate schools (Parrow and Guillen 1990, Burkett 1995, Cohen 1999).

But despite valiant efforts otherwise, the problems of institutional representational continue to pose a huge obstacle for minority AIDS advocates, so much so that minority organizations designed to advocate for communities of color are deficient in leveraging power, which incidentally creates major troubles, chief among them money. Encumbered by scarce funding for their day-to-day maintenance,

²⁶ Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention. “What Is HIV?” Atlanta, GA: CDC, DHHS. Retrieved July 25, 2007. <<http://www.cdc.gov/hiv/pubs/faq/faq1.htm>>.

APICAP's members find themselves generally "overworked, underpaid, and burnt-out"—an ongoing condition that saps much of their productive energy. So consuming is the overall project of validating the existence of APIWHAs (and the agency) that an inordinate amount of time is spent justifying its intentions. Adversity in landing large "minority" grants *because it is Asian-specific* exemplifies this problem. APICAP's applications to these minority grants continually make mention of the "invisibility" of APIs with HIV/AIDS and hence the need for services based on *insinuated* rather than *established* needs, in light of the county's failure to fully track seropositivity.²⁷ Yet, instead of taking its all these limitations as reason for its stunted organizational group, as this reflects a deficit model of political power, APICAP utilizes to its transform itself into a more encompassing if restricted also to catering the needs of Asian Americans. So where does agency lie in this bureaucratic setting when APICAP must continually balance its commitments towards an invisible API community and the larger AIDS community? The significance of such a difficult balance I believe lies in the epistemological contributions it offers about community-based organizing. By making the concept of advocacy contingent, what constitutes a "community" is continually contested.

Up until 2001, APICAP had the chance to collaborate in a three-year collaboration effort sponsored by Center for Disease Control called Ohana-Jamii with two other organizations to develop a focus study of at-risk groups and develop intervention strategies. Working with the Union of Asian Communities (UPAC), the

²⁷ Seropositivity refers to the level of antibodies in blood samples. This term is used to classify between HIV and AIDS status, and the level of infection within a population.

premier community health agency for Asian Americans, and the San Diego Urban League, a non-profit health organization, Ohana-Jamii targeted three main populations: 1) target 1,200 African American female substance users to 2) provide community level interventions to 300 Filipino men 3) provide cultural competent interventions to 500 Southeast Asian Youth all to improve their knowledge about risky behavior. The success of the alliance was tempered by the fact only it targeted only a few groups were selected in highly gendered, ethnic and age specific terms. On the one hand, there is a collective good when organizations like APICAP and UPAC use their capabilities to help those outside their main constituencies like African American female substance abusers. On the other hand, what is left open the question of who constitutes “African American females” or for that matter “Southeast Asian Youth” and “Filipino men”--categories of classification that require scrutiny since it is the objectifying structure of AIDS service bureaucracy and discourse that made the needs of Asian Americans to appear disparate from those of African Americans in the first place.

That “cultural competency” measures came to play a central role in the development of media materials speaks to the urgency of paying attention to cultural differences and the significance of inter-community collaboration but also the power of maintaining social ordering and group assignments. These collaborations are, however, at risk of capitulating to bureaucratic systems; for in the need to address specificity, there is always a danger in making things appear too generalizable. There are benefits to juxtaposing Southeast Asian Youth and Filipino men’s needs to Black females, since that radically poses the issues of Asian Americans in relation to African American problems with AIDS. The problem of course is highlighting others who are inconspicuous under

this schema. APICAP seeks to intervene in the API community but Asian American women are ignored in much of its activities. While true API males (mostly men who have sex with men, heterosexuals make up a disproportionate of API AIDS cases (80%), the hidden risks of women make them an even more vulnerable group, their mode transmissions hidden through domestic abuse, sex work, and even employment at message salons (Nemoto 2003). Very rarely are programs offered by APICAP devoted to women, transgenders, the disabled and this reflects the organization's male, gay bias that requires address.

Chapter Two

In the first decade of APICAP's existence, the immense stress and job insecurity of daily pressures led many members to move on to more lucrative positions working for the city or professional careers elsewhere. APICAP began with five employees of Asian descent but lost them all within the first decade of the agency's existence. An exodus of original members, coupled with the groups' image as an institution catering to Asian clients hindered its procurement of public funding and recognition, and demanded the agency constantly reconsolidate itself. To meet evolving challenges head on, APICAP diversified itself to devise a broader network of community linkages, one not narrowed to pan-Asian interests, given the limitations of such an approach. Not discounting the fact that APICAP has *always* helped anyone in need—regardless of race, gender, sexuality, class or ethnicity—and all of its projects were cross-cultural in nature, the point I am suggesting here is that organizational crises created increased pressures to design programs for “people of color” instead of just limiting them to Asian Pacific Americans; and in the process of doing so transform what it means to do pan-ethnic work simultaneous as diluting concentrated efforts. Furthermore, acceptance of non-Asians into the group of course began as individuals from the community outside developed interest in what they saw as a struggling but important organization.

Special circumstances encouraged a more diverse body of members. This includes Blacks, Native Americans, Latinos, whites, heterosexuals, gays, bisexuals, transgenders, (ex) drug users, immigrants, and native-born citizens, in part because the presence of

Asian American communities in San Diego is less pronounced and discernible than those in places like Los Angeles or San Francisco.²⁸ Because there is an open acceptance of anyone willing to help, outside their ethnicity and other attributes, identity-based organizing here plays out as cross-exchange of racial, gender, class, and sexual affiliations.²⁹ There are no qualms, for instance, with the fact that in APICAP there is only one licensed medical doctor, whose credentials easily allows the agency to hold more professional legitimacy, is a white middle-aged male. Encountering minimal resistance (though not without some reservation) from the community wherever he goes, Tom's expertise as a doctor enables him to speak on behalf of "Asian Pacific Islander" health needs in many public forums but *not speak for them*. For a professional social service, Tom's authority as a medical doctor is highly essential, from his official duties with filling out grant applications to raising money. In meetings with potential wealthy corporate funders from the local Indian reservations such as Viejas or private donors at a recent Republican fundraising event, he manages to raise a couple of thousand dollars if not future promises to endorse or pay for APICAP events. Accompanying him on some of these trips, I found myself amazed by how his public persona as an educated male doctor gained him entrée into elite circles of commerce and local government occupied by whites, while also help attain professional credibility whenever he requests money

²⁸ In fact, during the mid-1980's belated attempts by city leaders to institute an Asian historic thematic district in line with the city's vision of a multiculturalism was a dubious venture to designating an official Asian American community by aggregating different ethnic enclaves together (that no longer live in proximity to one another) and the fact that San Diego was the only major city in the western part of the United States without a "thriving Historic Asian District". See (Saito 2003, Vo 2004). There are no "officially" recognized API enclaves such as a Chinatown, though people recognize unofficial Little Saigons and Little Manilas all over the county.

²⁹ My previous work with a local organization in Orange County with the Asian Pacific Islander AIDS Intervention Team, gave me insight into how similar organizations operate in different cities as APAIT tends to have more Asian ethnic staff and volunteers.

from ethnic organizations such as the Vietnamese Youth Alliance (VAYA). Such activities are openly accepted because many recognize the racial politics of his face-to-face community interaction plays a secondary role to the racial politics APICAP is forced to confront as an organization.

Advocacy work is multidimensional and intersectional because the character of professional AIDS advocacy is inherently messy, sometimes as a result of harsh working conditions. Against the popular perception of community leaders as privileged and elitist, I found class cleavages not to be the case in APICAP. While staff hold varying college degrees or educational credentials, these forms of cultural capital came under duress of grant providers for licensed “professionals.”³⁰ With adequate financial supplies in dire shortage, none of APICAP’s “staff” receive any livable income from working in the organization because the vicissitudes of non-profit work make employment sporadic, unreliable, and intermittent. In fact, staff members show up to “work” even when there is no compensatory payment, because they are dedicated to the cause itself. As one member makes clear, during his training sessions for getting appointed to the county’s HIV/AIDS planning council, a “real” income is only necessary to the extent that it enables one to continue volunteering for free, something worth doing for its enjoyment: “Most of those people are in high places. They don’t know what’s happening on the ground. We

³⁰ Grant proposals for example would ask for the type and advanced degree a case manager has to deal with “clients” as well as what the organizational capabilities for staff sensitivity and diversity training. Commonplace terminology like staff inaccurately reflects the core members and their special relationship of APICAP, since it insinuates the social setting of non-profits naturally follows a corporate style of management and activity. Thus, the façade of a business model (such as having a “Board of Directors,” ‘staff,’ and ‘clients’) belies the special circumstances of non-profit organizing and bespeak the ways such work is simultaneously bureaucratized and politically neutralized. Such pressures run up against reality of non-profit agencies, which cannot utilize any kind of gainful source of income other than donations; and are consistently under-funded and therefore understaffed.

[advocates] do it ‘cause we’re passionate about it. Not the money.”³¹ This passion demonstrates a more *synergistic* process at play, one more complicated than appearance suggests, and especially so since APICAP never actively recruits its members; they enter by their own choice to do unpaid hard work for a cause dear to them. Because it is “professional” without necessarily requiring its members to bear educational degrees, APICAP practices a pragmatic informal style of activism that gives its members the freedom to stand in as unofficial professional spokespersons. This means that Asian and non-Asian members are allowed bring in their own unique subject positionality to bear on organizational politics without always being questioned why they are there. This political openness allows for form of organizing not necessarily narrowly itself to ‘race’ as a central subject of action (Saito and Park 2000). And yet, APICAP is continually classified as a *race-based* minority agency, despite much work in the arenas of STI prevention and sex-education training, through its role in community-wide entities like the multiculturalism liaison board. In conjunction with the Office of AIDS, the Multicultural Liaison Board (MLB) is a collaboration of communities whose advisory board consists of 12 members, each representing one of the primary “communities of color”: Native American, Asian-Pacific Islander, Black and Latino. The director of APICAP is automatically given the task of acting as one of the representatives of the API community (the other is someone from Asian health services). What this advisory task force provides is a forum for community representatives to share their thoughts and opinion about what to do about minorities and AIDS. However, the board’s multicultural structure atomizes communities at the level of representation, even if it is not so in

³¹ Interview on September 22, 2006 in San Diego.

private discussions. This levels much to be desired in terms of bringing to light the multiplex issues of APA's against their designation as a racial minority group; since this consignment underplays their gender, class and sexual concerns.

A Flexible Politics of Representation

At the broad level of institutional representation, APICAP is installed as an engine of advocacy for a certain racial minority but internally, its politics of representation is much more complicated. Another white male member, Mitch, is a board director and representative for the agency at county HIV planning meetings, an official position he takes up with great confidence, given his familiarity with the power structure, but this role is not one without controversy. Despite Mitch's efficacy in promoting the organization, he continues to stress the importance of having Asian faces at these public forums to prevent their obfuscation. As he comments:

We need an Asian voice on the planning committee....We need to tell them 'look, when you're talking about the Asian American community, you're talking about forty different cultures and languages here. A Korean may look at a Chinese and they may not be thinking the same thing. The committee has forty seats and sixteen are reserved for HIV positive people. They decide who gets money but there are rules that you have to follow when you go there. You should always bring a book and know what's in that book. So when they ask you why the Asian community needs money, you can show them the statistics from the county. You can say, 'Look at the reports' and show them.³²

The pressing mandate for "Asian" voices is not a complete denial of Mitch's contributions at these planning meetings but it does suggest the power of a disjunctive power at work in advocacy, since Asian invisibility is fully displayed when a White man is the "official" representative for them in public sites. Mitch's endorsement for more

³² Interview with Mitch on October 13, 2006 in San Diego.

API representation speaks to his criticism about the status quo; and while allowing whites to speak *for* collective interests of racial minorities would appear already fraught with controversy, such endeavors have taken precedence given the dire needs for volunteers in a resource-limited environment. And still, allowing white activists the privilege of acting as minority spokesperson remains problematic. Since Asians are very much invisible in this arena, Mitch is caught up with the historical practice of allowing whites to serve as the universal representatives of people of color, especially in public health, which then reify constructed notions of difference through its institutionalized practices of whiteness (Molina 2005, Briggs & Briggs 2001, Shah 2003, Oppenheimer 2001, Treichler 1999).³³

This is not to say that there is a deficit model at play: that because there is a lack of Asian Americans in San Diego willing to work in APICAP, whites and other non-Asian activists are called in to substitute for those absent voices. Rather, Mitch and Tom are two examples of liberal whites working towards institutional change, *in spite of* their own cultural outsider status. Thus, simply restricting individuals to help “their own” belies the complexities of grassroots activism. Even as the “AIDS service industry,” as Cindy Patton (1990) calls it, patterns itself fundamentally along the lines of identity such that community AIDS-related institutions are *explicitly* designated as gay men’s health centers or Native American clinics, grassroots activists continue to contest the boundaries which hierarchically demarcate them for what Iris Marion Young (1990) calls an “anti-bureaucratic politics.” In doing so, they highlight community-based activism as a relational process and “not just competitive or cooperative” environment (Lipsitz 1998,

³³ Paula Treichler (1999) extensive work documents the early popular imagery of AIDS “undesirables” or “high-risk groups” such the 4-H club, which comprised of Haitian refugees, gays, drug users, and hemophiliacs. See Treichler (51).

210). That relationality gives context to the great effort with which Mitch promotes APICAP, an effort tempered by his self-questioning role in speaking for APIs at the County's Department of Health Services Planning Council:

I mean I can stand there and say the API community needs money but they won't take me seriously because they'll ask how that affects me personally *since I'm not Asian*. That's why we need to have an Asian person there to represent and speak to them. Currently, there are no Asians on the council so there's no one to advocate on behalf of the community. I don't wanna sound racist but I guess I will...I *look* like the government...the government is run by white men and they look like me so I usually get what I want...it's harder for Asians to come out and tell their family they have AIDS. Imagine how hard it is to do that [participate openly in politics] with the community.³⁴

In pointing out the absence of Asian Americans in contrast to the omnipresence of whites, Mitch brings a personal awareness of the differential treatment of groups by larger social processes and his own privileged whiteness within all that. The inclusion of conscientious non-Asians members such as Mitch, who are aware of the specificity and generality of the Asian American community, generates a more critical community politics, one that brings voice to APIs through a broad umbrella coalition of individuals grounded in the needs of the API community, whether or not they are even API. There are of course a dangerous downsides to the lack of Asian-identified community representatives as this further renders the community more invisible, but APICAP engages in a *flexible* strategy of political representation, where a white man acting as a proxy for Asian American communities at public council meetings brings into bold relief, for everyone at the meeting, the palpable absence of APIs at the table. The multiculturalist premise of such meetings are disrupted when there are no persons there to

³⁴ Interview on Mitch on August 4, 2006 in San Diego.

speak on the API community's behalf other than a vocal white male, whose outspoken remonstrations often disturb the placid mood of such public forums. Instead of passively "standing in" for what many would consider a place for a "real" Asian American voice, attending these meetings merely as a substitute only to let things go on as they normally would, Mitch helps to make evident the absence of the API community through his adamant demands for more representation. Of course, as Mitch explained to me, there are hierarchical levels of power even in the advocacy community, difficult to displace, even though AIDS social service is supposed to assist everyone in need:

If you have mostly gay white men coming down there and showing up [to council meetings], they'll [the council] do what those guys say....the gay white community, actually, the gay community itself... in the government, they're a very strong advocacy group when it comes to securing rights for gay community...for HIV or rights in general.³⁵

While this flexible politics of representation seems merely reactive to bureaucratically-conditioned coercions, I want to re-emphasize that members are drawn to this organization for personal reasons, particularly as those reasons are shaped by individuals' sense of community context, and that the overwhelming conditions of despair. Known as a troublemaker, Mitch has a long history of disrupting city council meetings while fighting for underdog social causes. He sees an advantage to advocacy, especially the kind practiced by groups like ACT UP which Mitch once belong to, but his understanding of advocacy has taken on a more bureaucratic form.

People won't like you. I've gone to the federal government over [the head] the city and they get mad at me but I don't care because I'm there to make sure they do what they have to do ... You can do advocacy work on the local level, on the state level or the national level. And if you want to help a client, you have to work with other agencies in order to help this

³⁵ Interview with Mitch on August 4, 2006 in San Diego.

client and that's part of advocacy work. Let's say there's a situation and I need you go to the Center to advocate on behalf of APICAP to allow us to become part of their prevention program. That's advocacy work when you're advocating on behalf of that agency.³⁶

Because Mitch comes from a more radical activist background, his framing of advocacy is informed by a consideration of all the problems with professionalizing practices that define the state of AIDS advocacy today. At the same time, the bureaucratic trappings of social service-type advocacy make it necessary for APICAP to work as one with other organizations a part of a heavily clientele-based network. Its members are called to bring their own unique voices to the table but only as it is helpful to the overall aims of the organization not weaken it. At the same time, this mingling of voices might appear cacophonous. I would make the argument, however, that this conflict of interest is not simply discordant but politically productive in exposing the exigencies of advocacy, enabling fruitful dialogue and critiques of structural inequities, thereby pushing the limits of advocacy towards better change.

API Advocacy as Site of Political Critique

From a certain perspective, the diversity of membership at APICAP is not unique because it exemplifies many of the changes already occurring in community-based organizations throughout the country. With identity politics and progressive activism always under constant attack, minority organizations are increasingly turning multicultural³⁷ to avoid the controversial charges of ethnocentrism. The HIV/AIDS

³⁶ Interview with Mitch on August 4, 2006 in San Diego.

³⁷ While there is no definitive meaning for it, for the most part 'multicultural' refers to a political discourse and ideology (multiculturalism) in which social groups, whether based on race, gender, class, nationality, are valorized as *equally* distinct and *identically* similar entities. This commensurability renders processes of racialization, heterosexism and sexism transparent by reifying social groupings through the scope of

issue attracts recovering drug users, the queer-identified as well as the closeted, non-professionals to para-professionals, grassroots activists, friends of sex workers, medical caregivers to home caretakers, and others among the panoply of those calling themselves advocates. Some are compelled out of their own struggles with sexuality while others are drawn by their experiences with drug use and/or racism. At a minimum, APICAP embodies a special kind of coalition-building but not in the typical sense as a temporary amalgamation of *whole groups coming or joining together as one* for utilitarian gain but a gathering of individual from all walks of life and backgrounds, oftentimes having little in common other than the fact they are all bound together through some collective sense of social justice rather than always motivated through self-interest, and engaging in some sort of struggle for power. In this coalition, there is a lack of an always identifiable “community interest” driving it, much like those interests propelling classic social movement frameworks; instead, it points to a new perspective that highlights “collective identity” where activists enact their political commitments as “empowered individuals than as members of formal groups” (Taylor & Raeburn (1995: 254). APICAP’s members are proud are highly aware of who they are and where they come from; beyond the perception that it is just another minority agency, even as it is targeting a particular minority.

When my interviewees mention service to community, their disparate portrayal of “the community” brought into sharp relief various issues of gender, sexuality, race, and

culture or civil rights under a liberal-democratic paradigm. Multiculturalism is partially an extension of the early 20th century model of ethnic pluralism as a result of latter-day efforts to pacify competing demands by politicalized communities. See Kimberle Crenshaw. (1995). “The Identity Factor in Multiculturalism.” *Liberal Education* 81(4): 6-11; Joan Scott. (1992). Multiculturalism and the Politics of Identity. *October*, 61: 12-19. Leti Volpp, L.. (1996). “Talking ‘Culture’: Gender, Race, Nation, and the Politics of Multiculturalism.” *Columbia Law Review* 96(6), 1573-1617.

ethnicity insofar not one of my interviews defined “the community” the same way as another. But what I found interesting, despite these differences, is how all members of APICAP see it as a radical political space. For white members like Mitch and Tom, APICAP is a potent institutional site for pushing forth the needs of many marginalized communities, such that it rubs up against the social service power structure: “We are fighting for the Asian community” as they continually remind me. For Asian-identified members like Sandra (who I will discuss later), it stands as a philanthropic space for all communities. Then there are those members like David who see APICAP as an antiracist network for primarily people of color. Since the days as a famous drag performer, David finds the gay institutions in San Diego very unsympathetic to people of color issues; their abiding racism he believes serves as a structural obstacle to the participation of the racialized in AIDS activism. In many conversations I had with him, David makes much mention of the racial tensions he experiences within the AIDS service industry and gay community in contrast to the homey comfort he feels in “the APICAP family”:

There’s a whole lotta racism in the gay community in San Diego. That’s why I don’t volunteer at Being Alive [the largest and most famous AIDS service organization in San Diego]. They all full of white men. They think that now that they have this power, they don’t need to help those below them....That’s why I only go to APICAP. They treat me like a person.³⁸

Being Alive, the biggest and most influential AIDS service organization in San Diego, is a major ally of APICAP but David’s antipathy towards this agency, born from his own personal history with them, is indicative of the fraught nature of community activism. While APICAP is known for having many gay members, it is defined not as a gay

³⁸ Interview with David on October 1, 2006 in San Diego, CA.

institution but an Asian one. This in turn marks it off as a minority organization, which then allows it to access funding under legislative programs like the Minority AIDS Initiative. Interestingly enough, APICAP is the only organization with which David chooses to affiliate, because he considers it the only place where he can openly express his personal opinions and politics as an older gay Black man. For him, APICAP stands for something more than just social services for the API AIDS community; it is a critical site for anti-racist activism in general against the dominance of the whites within the gay and AIDS community. David elects to distance himself from African American community-based organizations, not because they are ineffective as sites for voicing his own concerns with Black issues, but because APICAP is a unique space where he feels safe enough to speak his mind and where his opinions are fully respected, whereas in other places he will need to clamor for attention just to get heard. In short, APICAP is the most comfortable place for him to express his opinions as an elderly gay Black man, so much so that he feels he can help more people under the auspices of this less-exclusive organization. “Why would I have to [join those Black groups]?” he tells me, “I can just help whoever in APICAP. I don’t need to go to them. And anyway, I don’t feel like I have to.”

Yet, David’s attachment to APICAP is not purely political. When he nearly died of severe dehydration in his apartment many years ago, the three core members of APICAP (Maria, Elmer, and APICAP’s director Jesse) saved him by taking him to the hospital: “The doctors said I would’ve died if I didn’t get to hospital that day. I would’ve died if it wasn’t for them. If I didn’t have APICAP, I wouldn’t have a reason to live. I didn’t have my family, I didn’t have no children, I just wanted to die but now I

have a purpose and that's to help people.” The conflation of APICAP as a life-long family of friends who had rescued him from the brink of death tells of the human dimension that must always be taken into account when discussing community-based advocacy. The “community” here represents, at a deeper level, a kind of second home for David, a place where one's politics is entwined with personal concerns. It is this sense of a second “home” that makes the organization such a wonderful place for David to express himself.

Advocacy as Hub of Activism(s)

Differences in individuals' personal politics are highly accepted in APICAP, even when they are brought to bear on matters directly related to the organization's own politics. Because APICAP's community activities stretch beyond the API community, the agency acts as a *hub of* community exchange rather than as a *node* of special interests. Consider for example a contestation that occurred between at a Board of Directors meeting between an older white member Mitch and Kenny, a younger Black man, over the topic of levels of discrimination people with HIV face. When Mitch made the comment that “gay men with HIV are discriminated against in the gay community,” an African American board member named Kenny called the generalizing comment into question by adding, “Well, imagine being gay Asian, Black or Latino with HIV” to which Mitch responds, “I'm saying HIV; I'm not talking about that.” As liberal-minded as Mitch sees himself, at this very moment he is reminded of race even though he is only supposedly talking about just “gay men.” The intercourse between the two men is highly reflective of the tensions created by the separation of race, gender sexuality such that Mitch, who in other instances is highly cognizant of the racism in AIDS discourse, will

bypass HIV/AIDS as an issue about people of color because he partially speaking for his own sense of discrimination as a positive gay white man. In tandem with his own identity as a gay African American, Kenny's work as a security guard for the incarcerated, many of whom are positive people of color, gives him a positionality to bridge this schism.

Though race holds primacy in the U.S. political scene (Omi & Winant 1994), AIDS discourse underlies multiple markers of social difference, holding them in tension in ways that do not always address the variegated needs, interests and desires of impacted communities, given the ever-present danger of flattening. As critical race theorist Kimberly Crenshaw (1991) warns us, essentialist promulgations of community sit in tension with the larger goal of collective social justice because "it frequently conflates or ignores intra-group differences" and this in turn "contributes to tensions *among* groups" (1242). These tensions manifest because community differences are homogenized at the level of political representation. Such exchanges, like the one between Mitch and Kenny, display a dynamic, I believe, that potentially reveals one instance for thinking about political praxis. As Kandice Chu insists, the efficacy of Asian Americanist politics is in its critique of structural forces not moored in some a delimitation of some uniform identity, community or subject. That means that advocacy must focus on critiquing the conventional systems of knowledge demarcating AIDS by race, gender etc. This propels movement beyond a constrictive "politics of identity." Of course, there is nothing inherently problematic about an identity politics paradigm unless it refuses to see the intersectional complexities of identity, community and subject formations. That complexity is already evident when we consider the fact that whereas David may join

APICAP out of his personal experiences with the racist treatment of minorities in the gay/AIDS community, a white gay male such as Tom or Mitch will do so out of a more comprehensive awareness of AIDS and its history.

What makes this agency “community-based” then when it is not fully embedded within the community it is supposedly serving: the Asian American community? To be sure, what is called the “Asian American community” is a fragmented population, and what APICAP offers a lens through which we can truly envision its “multiplicity, heterogeneity, and hybridity” as Lisa Lowe calls it, one more diverse in more ways than internally. Whereas the push for more specific services to the Asian American has meant a diversification of organizational membership and programming of APICAP, I am contesting the idea of “diversification” as an always positive thing, considering the ever present dangers of appropriation by elite interests, so much so that seeking to make an absent group like Asian Americans more “visible” risks further making them more invisible through an elaborate condensation of representations. Yet, it is this “rubbing up against” the grain of conventional thinking that members must grudgingly accept as activists in the community.

Philanthropy without Boundaries

As an APICAP volunteer for many years, Sandra is continuously frustrated people’s assumption about what kinds of community activities are seen as appropriate for her as a heterosexual woman. Such ideas, she believes, derive from outmoded notions of identity politics where advocates must come out of the particular population for which they are advocating. Even as the APICAP tends to downplay the fact that HIV/AIDS is not mostly gay issue, it remains largely by association a gay issue. So whereas an

organization like APICAP represents an ideal place for people of color to mobilize, it is also by association taken only for *queer* people of color. When Sandra attended AIDS walk most recently, an event she has organized for the past few years, she is confronted by her own family and friends about the legitimacy of her involvement in this cause:

There's one time one year, I was by myself at AIDSWALK and I still did it because I'm passionate about that. I remember one year when I was at Pride and I saw my cousin and her parents. My cousin is a lesbian and she's active in the community and I remember being shocked because I didn't know. I sometimes get that...comments like why I'm there. What? I can't be there because I'm not gay. It's not just the gay community. People always ask, being insensitive, is she gay or lesbian. To me, can it just be about the cause. Do you have to be this or that? You need everybody so if we all unite and support each other. It [AIDS] could also be about an ethnic group. It could be me or my mom who is HIV or gay... but I see no boundaries in my community work. It's all about working together because we need to. The whole picture is that we're all in this together, especially if you doing non-profit work, it shouldn't be exclusive or about if you are directly affect. Do I count if I'm not the person being served in the community? They still need the representation and the support. For that one person who questions why you're there, there's three people who are there trying to help others because they're passionate. People don't know that AIDS affects everybody.³⁹

For Sandra, the singular importance of volunteerism surpasses the need for the maintenance of community boundaries. Presuppositions of AIDS as a gay issue create a structural impasse for her as a heterosexual female volunteer to fully engage in such a contentious issue since people assume she must be gay in order to do so. Even with the “de-gaying” of AIDS discourse since the 1990's as the disease began to affect more heterosexuals, there is still a lingering association to AIDS with gay activism and subjects. This linking produces serious obstacles to the holistic consideration of the plurality of AIDS communities . As Sandra goes on to say, it is necessary to consider the

³⁹Sandra interview on August 18, 2006 in San Diego.

far-reaching influence of the disease in spite of a funding system that selectively allocates money among various groups:

It goes like this...money usually goes to [gay] whites or people of color and when people think of people of color, it's usually Black. But when it comes to activism, without the different people there for representation, the funding [for those communities] is non-existent. They [the clients] still need the representation and the support.

In this configuration, Asian Americans are poignantly missing; and as I mentioned earlier institutionalized stereotypes make “Asian” bodies un-representable within public health discourse leading to oversights in government epidemiology even though they are categorically classified accordingly. The need for representation is pivotal given entrenched stereotypes that inhibit their inclusion within AIDS policy rationales.⁴⁰ Countering this effacement requires more than inserting Asian/Pacific Islanders back into the larger political picture. Since Asian Pacific Islanders are overlooked because of their small numbers and ideation as ‘model minorities,’⁴¹ the creates a conceptual space to think of the unique implications of a project centered APIWHAs.⁴² Since they are precluded from much AIDS discourse about minorities, there emerges in this moment for thinking about the uniqueness of an API-based AIDS project. But whereas such a project is not exclusively anchored in the needs of the API community, as is the case in a

⁴⁰ As Donovan (2001) writes: “If a population is detached from a problem, viewed as neither its source nor sufferer, it is unlikely to be selected as a target population, because lawmakers will not be able to publicly rationalize its inclusion...it is relatively easy for lawmakers to justify singling out groups that are perceived as being obviously linked to a problem. Once such a link is established, decisions about how populations will be treated by policies depend on whether populations are viewed as causing problems or enduring their effects” (25).

⁴¹ The model minority myth is the idea that Asian Americans are a politically quiescent but economically successful group. While other groups such as Jewish Americans, Cuba Americans and Arab Americans are seen as successful “minorities” who supposedly “made it,” it is only Asian Americans who are seen as neutral, innocuous and stolid in the political arena.

⁴² So racialized is the popular/biomedical discourse on AIDS that for the first decade of the pandemic it appeared as though people of color, especially those classified as Asian, were completely unaffected.⁴² This led to one famous incident where an epidemiologist falsely came to the conclusion that Asian people were somehow immune to infection at an AIDS conference (Stoler 1998, 66)

hybrid organization like APICAP, and whereas its members do not all hail from that community, what does it mean to call APICAP “community-based” or pan-Asian for that matter? While a recuperative project seeks to make APIs more conspicuous, a more radical project recognizes their “embedded-ness” insofar as the community’s needs are never separate from those of other communities. This would explain Sandra’s contradictory explanation as to why she volunteers for APICAP:

There’s that part of me, being Filipino. I wanted to connect and do something Asian American but I think of my volunteer work is more broad than that. I see it as meeting different social community needs. Some people do the ‘cause its ‘ethnic’ but I do it because that’s out of diversity such as the blind community etc.

In this quote, Sandra expresses a profound desire to connect with Asian American politics but finds that politics rather encompassing of all communities. Comparisons between her work around AIDS with the blind evidences the range of her volunteerism. But despite this, by articulating the needs of APIWHA as another disadvantaged population needy of help, Sandra not only downplays the intense political nature of AIDS work but finds herself caught in the problematic logic of multiculturalism as an organizing framework, one where different groups are made simplistically homologous to one another. Her identity as a Filipino American compels her to take up Asian-specific causes yet she accepts a universalizing position of altruism in which everyone is seen as basically the same. Needless to say, this balancing act compels her participation in a diverse repertoire of community involvements: At the current moment, Sandra concurrently belongs to four community-based organizations outside of APICAP that include the Jewish Center to assist the elderly, the Leukemia & Lymphoma Society, and the San Diego Center for the Blind among others. To her, APICAP is unique in its

specific political/community focus even though as it is consistent with the overall aim of philanthropic charity. While analogies to the blind, elderly and those with Leukemia/Lymphoma seems at odds with discussion of minorities with AIDS, it is important to remember that in spite of APICAP's highly-charged political stance, it still provides free public goods such as free meals, medical references and counseling not unlike those other supplied by non-profit organizations to which Sandra also belongs. Thus, for Sandra, APICAP is primarily a social service organization specializing in Asian American AIDS interests; whereas for other members it is first and foremost an Asian American organization that happens to give out social services. Seen either way, there is a general consensus that APICAP exists to help both a particular niche population *and* the general "community" broadly defined. This dual-role of a specific political focus while engaging more broadly is best exemplified by APICAP's flexible practices with other community entities.

Making Cross-Community Connections

Like Sandra, every representative in APICAP belongs to three or more organizations in San Diego. This helps to explain why, APICAP as an organization operates almost all of its programs in conjunction with other community organizations. Collaborating with closes allies like the Indian Health Clinic or the gay Center of San Diego enables it to cast a wide net in terms of service not only attracts larger grants but also deflect any suspicion that the agency only caters to one small demographic. In many ways, APICAP's politics relies on its ability to advance a public projection of Asian Pacific Islanders living with HIV/AIDS. At the same time, it is actively seeks to help all poor and racialized communities, such as by sending representatives to a Borders health

conference or co-running the only AIDS clinic in Tijuana, bringing supplies back and forth across the border. This transnationalism creates a more fluid conception of “community-based” work not simply restricted to a local or nation-bound context. From transporting much needed medicines for poorly-equipped Mexican clinics to providing services and education in Spanish, APICAP works closely with Mexican AIDS agencies⁴³ to ameliorate the deleterious effects of HIV/AIDS and other related health problems in the Baja California region, most of which bear some impact on San Diego’s population. This cross-border commitment revised traditional notions of community-based activism, and tells why at a national HIV summit conference this year, APICAP appointed Kenny, an African American member, as its representative, while Elmer, a Pacific Islander, attended a Border Health Foundation Migrant Project on behalf of APICAP rather than appointing more “obvious” representatives who are Latino.

Thus, one does not need to be of a particular community to represent it, as is the case of advocacy for prisoners, drug user, or domestic violence. But this cannot mean community-based advocates should not possess some critical knowledge about what or who they are representing. Inasmuch as the fight against AIDS necessitates a multi-pronged approach, it is absolutely imperative advocates are not limited to just helping their target constituents, since this does little in actually transforming the broad political schema of separating communities. Yet, with its claim in attending to Asian-specific needs, APICAP can offset charges of redundancy, since it attends to some of the same immigrant populations as other agencies. On the one hand, federal mandates prohibit

⁴³The group they mostly work with is CLINICA ACOSIDA, an organization whose acronym in Spanish simply means the Alliance Against AIDS. It is currently Tijuana’s only gay community-based HIV/AIDS clinic for a city population on the cusp of a major outbreak.

discrimination of services to any persons requesting them. On the other hand, federal or private funding to such organizations is dependent on the types and volume of clients they serve; and herein lays the structural contradiction that those agencies must straddle. They are compelled to use their constrained resources to assist everyone seeking use of their services; yet they must frequently substantiate their organizational presence by the large pool of *target* constituents they serve. And here lies the conundrum with which an API-specific agency such as APICAP must wrestle. While minority organizations may give benefit to clients outside their target constituency, those minority organizations do not receive extra funding for that service *nor* are they even capable of doing so when they are already beset by so many other contending issues.

Relying on other community-based groups to serve APIs then is not a viable or practical option. It follows that an organization designed *specifically* for Asian Americans such as APICAP must be in place in order to ensure a bare minimum of services for this highly under-served population. But its labeling as an *Asian* community-based agency means there is less financial support for it because the assumption is they mostly service APIs or that APIs do not need it even though that is not always the case. Even though the overwhelming great percentage of APICAP clients are Latinos (nearly 70%), the majority of grants aimed at the Latino population funnel directly to Latino-specific institutions like Bienestar because funders do not consider the burden of social services in their uneven distribution across all community groups. Satisfying the objectives set for financial support proves difficult for organizational entities like APICAP, its validation hinging to a large extent on its ability to publicly represent its constituency despite their low visibility. Despite their categorization as “minority” agencies, small advocacy groups

like APICAP cannot procure huge sums of money purely on the basis of their names alone as other minority organizations. It lacks the symbolic capital (as well as the critical mass in membership) for major political clout. Simply changing its name of the organization to downplay its Asian specificity will not detract from the ever arching mission to halt the AID epidemic by empowering *all* impacted communities.

Identity deployment proves a useful concept to introduce here. It describes the process by which political actors strategize their group's collective identity. According to Mary Bernstein's (1997), "identity deployment" as a conscious organizational strategy means political organizations can celebrate or suppress difference (meaning their internal differences or general difference from mainstream society) depending on social conditions. In this way, organizations may choose to accentuate or downplay social differences. Bernstein's perspective offers insight into minority AIDS institutions in their adherence to certain identity labels as they organize under the specific banner of representing "Latino" or "Black" or "Asian/Pacific Islander" interests. There are moments when APICAP finds it is necessary to heighten its Asian-ness for gainful effect. For large "minority" contracts such as those offered by the Center for Disease Control, APICAP will subcontract its services to allies with bigger cache such as Bienestar, a Latino AIDS agency, or the American Indian Health Center. For smaller or ethnic-specific grants, it will play up its pan-Asian public image to bring attention to APIs as a disadvantaged group. In this balancing act, APICAP can serve its target constituents while trying its best to assist its everyday constituency. This is why in almost every grant APICAP submits to its potential donors, such as the one most recently submitted to the

Centers for Disease Control; it mentions the “neediness” of the API community, its invisibility,

It is for this reason, the rhetoric employed in many of APICAP’s press publications, letter correspondences and funding applications uses a carefully crafted language to reflect its constituency’s needs in such a way as to make it apparent based on that community’s heterogeneity. This need is inferred through its own meticulous self-referentiality insofar as the wording of it is used verbatim in almost everything APICAP publishes as shown below:

What is the need [for Asian advocacy]? Composed of 49 ethnic groups with over 100 languages, the API community in the United States is faced with the daunting task of addressing the issue of HIV/AIDS. Each ethnic group comes with complex issues stemming from its unique culture, religion and language. Falsely stereotyped as the “Model Minority,” API’s are not immune to the larger health-related problems like substance abuse and the HIV/AIDS epidemic. How does APICAP address this need? Since our inception, APICAP has provided advocacy, referrals and support to HIV infected Asian Pacific Islanders, their family members, and friends within San Diego County, as well as providing HIV/AIDS education to the community at large about aspects of living with HIV/AIDS that are unique to Asian Pacific Islanders. Our commitment is to continue to work with various organizations and community groups to ensure a safe environment, where individuals may become self-sufficient and confident in the face of this growing and silent epidemic [italicized my emphasis].

The vocabulary of sociological literature is explicit here with passing references to “model minority” a tool for legitimately characterizing the Asian Pacific Islanders as a community in need. Playing up the diversity and the “uniqueness” of each subgroup makes the case the more compelling given their lack of sheer numbers or critical mass. Making explicit the diversity of Asian Pacific Islander communities through this forceful rhetoric is one way in which APICAP can stand out in its representation.

Toward Institutional Change

Since funding from government institutions and philanthropic foundations operate on a need-based formula logic, certain groups may receive bloc grants running for a certain number of years but may not find any form of monetary support in other periods. ‘Dry’ moments define a funding process defined by uneven cycles, resulting in time-consuming and laborious efforts to continuously look for funding, thus distracting from their immediate objectives like providing social service goods. Collaborating themselves with other community orgs helps to keep a foothold within the public domain as all APICAP members support a organizational politics which breaks away from the divide-and-rule logic and competitiveness of modern bureaucracy. All ASOs in San Diego (to varying degrees) meet the needs of people not from their target populations; not only because federal law prevents discrimination but also because of entangling demographic overlaps. The funding process however plays out acrimoniously when communities are apportioned money based on *who* they are, all the more reason why inter-organizational coalitions are so vital to sustain non-profit organizations.

During a recent meeting with representatives from San Diego’s Gay, lesbian, bisexual and transgender center, APICAP’s executive director describes the unique circumstances facing his struggling organization: “There’s a lot of politics [in this type of work]...we can’t access a lot of sources of funding. We know how AIDS impacts African Americans, we can’t refuse that. They [city officials and agencies] say we don’t have the number of cases [for APIs]...well so what? They should be thankful we’re here for the community and we’re not using the county’s money. We will call our own

personal resources to house clients...we do what we have to do.”⁴⁴ The meaning of this statement is threefold: It showcases APICAP’s realistic commitment to prioritize other racialized communities because not doing so otherwise flies in the face of present day circumstances (Blacks are only 5% of the County’s population but 14% of all diagnosed AIDS cases). Nationally, African Americans compose only 12% of the U.S. population but *over half* of all new reported HIV/AIDS cases! Not surprisingly and for good reason, the majority of prevention funding targets African Americans. Nevertheless, this major support results in reductions of support for other groups, when all groups deserve attention since concentrating on one ignores the dynamic of HIV infection in relation to one another. Secondly, Jesse believes the push for more public awareness (and money) for the API community is rooted in an uphill battle for recognition since pan-Asian organizations are given short shrift anyways in the government’s hierarchy of minority needs. Third, it enumerates the many sacrifices community activists are compelled to make in the absence of readily available resources, at the cost of incurring personal expenses just to assist People Living with HIV/AIDS get bus passes or make medical visits, find housing and food—though the activists are usually working-class themselves. Yet, in the resource-strained economy of non-profit social service, every community merits special attention because if group-based politics is reduced to “recognition politics,” social justice gets swept under the rug for ideological warfare (Fraser 2000).⁴⁵ Understanding social equity in terms of “power” (instead of simply redressing cultural or

⁴⁴ Meeting on July 20, 2006 in San Diego, CA.

⁴⁵ According to Fraser (2000), this tends to “displace struggles for [economic] distribution. Largely silent on the subject of economic inequality, the identity model treats misrecognition as a free-standing cultural harm: many of its proponents simply ignore distributive injustice altogether and focus exclusively on efforts to change culture” (110).

economic grievances) shapes a broader understanding of why groups should not fight one another for an *equal* “share of the pie” for scarce resources because not all groups and their rights claims are equally situated in the “competing culture” of state resources (Minow 1995: 361). And yet, organizational empowerment is dependent on a racial schema that already prioritizes certain groups at the expense of others and so the dictates of power structures are always challenging to overcome.

Elmer, a Native Hawaiian case manager for APICAP, finds this system of group classification troublesome. He is especially troubled when the Minority AIDS Initiative program, run by San Diego County, distributes federal funds unequally to social service organizations in San Diego among six officially recognized minority groups recognized by the federal government: Asians, Hawaiians and other Pacific Islanders, Alaskans and Native Americans, Hispanics and African Americans. As a Native Hawaiian, Elmer finds himself vacillating among the identity categories of Asian, Hawaiian/Pacific Islander and Native American—uneasy distinctions made all the more untenable by the fact that Asian Pacific Islander Coalition Project encompasses two of these categories by its title alone. Elmer’s identification as an Asian/Pacific/Native actually enables him to host tribal-focal programs such the Four Winds Talking Circle for People with Disabilities through APICAP. Additionally, he is able to work with Operation Samahan Inc., a health community center primarily run by the Filipino Americans that offers social services to low-income, underserved families in addition to working with the San Diego American Indian Health Center. Through such work, as Elmer tells me, “We get more if we collaborate...we’re very good at collaborating and have a rich history with other

groups.”⁴⁶ Collaboration makes accessing funding much easier when members like Elmer traverses the same categories that are used arbitrarily to enumerate the amount of funding various communities should get. Elmer’s case shows that while many scholars are arguing our entry in a “post-identity politics” era (Farred 2000, Fuss 1989), the “fluidity” of the movement is not always an easy task, given the ongoing challenges of identity as a bureaucratically accepted social construction.⁴⁷ However, because Elmer is also an openly positive gay man, most of his work centers on gay HIV-positive men. Even though APICAP is racially diverse, it is today heavily male, and so much of the organization’s focus has largely emphasized male gay issues at the expense of other issues, particularly those of women. The creation of support programs for gay Filipino men helps make APICAP appear more specific in its focus, warding off accusations of community “flattening” (Pritchett 2005; Gitlin 1997; Hekman 2000, Tomasky 1996), but that specificity is always runs the risk of occluding other specific subpopulations in need. Overall, the need for specific foci is partially informed by organizational dynamics but also by institutional privileges inasmuch as gay males are already heavily catered to in AIDS advocacy. In that regard, I believe APICAP utilizes a constrained form of agency bound within institutionalized conditions; and that the negotiations it is most able to contend with as a social service organization lies within its ability to sometimes circumvent the very restraints to which it must concede. If, as some see it, we are in a

⁴⁶ Interview with Elmer on May 5, 2006 in San Diego, CA.

⁴⁷ To do with away with notion of Asian American as a conceptual pivot for collective identity, Lisa Lowe (1996) warns, would “jeopardize the hard-earned unity” such politics originally engendered (83). Lowe goes on to say that only rethinking “racialized ethnic identity” *in terms of differences* can enable crucial alliances with others, even though the necessary essentializing of Asian American identity reproduces more oppositions and subsuming of other non-dominant subgroups....to the degree that the discourse generalizes Asian American identity as male, women are rendered invisible; or to the extent that Chinese are presumed to be exemplary of all Asians, the importance of other Asian groups is ignored.” (ibid, 71).

current period of post-identity politics, this does not also mean we are in a moment of “post-race” or even post-sexuality, gender and class moment as those markers of difference are still salient. There is still always some form of identity politics within community-based organizing. While Elmer is vehemently opposed to community division, he is not immune to having particular attitudes about the status of certain groups of people. For one, Elmer dislikes the fact that immigrants take away much needed resources from the native born.

We need to help those who need it. It’s all county politics. The county chooses who they want to help. Let’s see...if you’re a U.S. American citizen, you have to meet a set of criteria to get them to help you. If you’re an [illegal] immigrant, you just show your green card and you get it like that. I mean, Mexico counts as a third world country. The people can apply to global aids fund. Why is the U.S. spending its money on people from Mexico? I just hate the process. I don’t hate them [the illegal immigrants]. I hate the process. I know I mean they’re here for health reasons but the county favors them...the border people. But if they’re draining the social services here for citizens... it’s not good. Native American people were the ancestors [in this country] but they don’t get anything. The county ignores us.⁴⁸

In a meeting with two other APICAP members,⁴⁹ he revealed even more disdain of the favoritism displayed towards undocumented Latino immigrants in San Diego’s AIDS service community. The following is an excerpt from his meeting with Mikey and James, an African American, who all came together to discuss the controversial annual report of the county's distribution of federally-funded Minority AIDS Initiative (MAI) money, a summary whose numbers supported the reality that Latinos were given the highest priority whereas Blacks, Asians and Native Americans were accorded less priority in that order. In the discussion, the three friends discuss the “privileging” of

⁴⁸ Interview with Elmer on June 23, 2007 in San Diego, CA.

⁴⁹ Meeting June 30, 2007 in San Diego, CA.

illegal immigrants, the vast majority of whom receive a large quantity of social services, while U.S. citizens are given short shift:

James: "I can't believe they gave more funding to Latinos but none to the rest of them [other racial groups]. That ain't enough for nothing."

Mikey: "They're using it wrong but no one's gonna stop them. In Miama, some of the AIDS groups had to pay back the government, because they were using federal money wrong. They were using it for immigrants."

Elmer: "I know some people who are not using the funds correctly here [in San Diego]."

Mikey: "Yeah, but do you have the proof? You need that to show that they're using the funds inappropriately."

Elmer: "I mean I could but I'm not gonna...."

Mikey: "Here they give to the Latinos, but most of them aren't citizens but no one cares."

James: "They need to give it to all the groups, not just the Latinos. I mean the Blacks hardly got anything."

Elmer: "They're using it wrong. I know those how those groups run things. Their financial stuff is messed up."

Mikey: "Yeah but you don't have the proof. Without the documents saying they're using the fund wrong, you can't say people are doing illegal things."

Elmer: "I mean I could get them but I'm not saying they can't use services but the funding should go to people here first."

Mikey: "In Miami, you got Haitians and Cubans. They're gonna use it because the organizations already do all that [for them]."

Elmer: "What we need to tell the government, is why is it that citizens have to go through all this bullshit to get treatment and services and [illegal] immigrants have to just show up. I'm sorry but we have to be concerned with our citizens first. If I went to the president, I would say, 'why are we using our money to help the foreign people when our people need help. Right now, they're trying to make everyone get a master's to do case work.'"

Mikey: "That's gonna put alot of people out of work."

Elmer: "A whole lot."

By exposing AIDS social services as field of political contention and not just one of philanthropic goodwill for all, the three men point out an imbalanced system that puts strains on U.S. citizens to prove their eligible for AIDS social services whereas undocumented immigrants are given much freedom to access services. Outside the

absence of any sort of structural critique (e.g., why Latinos are prioritized or why immigrants should get free services), the collective sense of resentment is less about any sort of harbored anti-immigrant prejudice or inter-minority rivalry than about the inequities blatantly evident in service hierarchies. Yet, what is unique about this discussion is the fact that it took place primarily because APICAP is an AIDS organization residing within a borderland region (half of the staff reside in Tijuana and travel back and forth across national borders everyday to work). This gives Asian “American” advocacy a different valence than that operating in other places inasmuch the immigration issue is heightened in this geographic area. Moreover, San Diego is one of the largest U.S. metropolitan cities where African Americans constitute a small proportion of the populace, thus Latinos hold the primary minority voice.

What the above conversation illustrates is that advocacy is a precarious terrain defined by a restrictive structure that divides groups based on enumeration of privileges. Because an “invisible” population is its prime constituency, APICAP stands out for me as a place to make trenchant critiques of the racial politics of the AIDS service system in San Diego. This is not to say bureaucratic critique can not come from anywhere else but APICAP’s productively tense environment as a meeting ground for individuals from various walks of life working who do not mind working for an “underdog” organization provides an prime site for interrogating the hierarchy of minority AIDS advocacy, one shaped by the positionality of APIWHAs and their advocates who occupy the bottom strata. Certainly, there is an educational benefit to classifying AIDS populations by identificatory labels such as APIWHA but the differential value placed on such labels are bound up the investments of state money, community rivalries, and elite interests. As

Elmer told me in another separate interview I conducted with him, the HIV Priority setting council of San Diego frequently pays lesser attention to him compared to other minority community representatives because he is advocating on behalf of the Asian American community.

They [HIV planning committee] need fresh faces. New blood. They're sick of my face. Whenever I go, they say you're not ready yet [to present publicly], so we more faces. We need young faces. The community is changing; the face of the community is changing. Nowadays, people are healthier. They can live longer...I'm not Ryan Care funded so I can't do case management. Only referrals. Anybody can be a case manager, but the county likes to pick those they like or sponsor. We need representation from all over the community. Different types of voices. We need young people tellin' them what programs are needed. They just did a health survey, African American API women are not getting proper coverage. And you know what group surprised me? API women. They feel they're not receiving adequate service. Did you know over 50% of API women feel they're not getting adequate help? I mean, it's great for Latina women to get services they need. But did you know Caucasian women are not being serviced either? Caucasian gay men are but not women. Whatever I used to do when I used to work for the county, I can't do now with APICAP.⁵⁰

Even though Elmer is biased against undocumented immigrants in favor of the native-born, he recognizes the racial and gender disparities in domestic social services as well as the requirements for more youth representation overall. And even though he himself will not be the one to spearhead programs for API women (or even Caucasian women), he is strongly in favor of more providing services for them. On the other hand, he is extremely restricted in what he can or cannot do as a community-based advocate. That Elmer cannot provide the same kind of services (even though he is credentialed in that specialty) at APICAP like those he once did while working for the government is telling of the government's over-determining role in shaping the system of social service in San Diego.

⁵⁰ Interview with Elmer on June 23, 2007 in San Diego, CA.

Non-profit community-based organizations then are seen as always supplementary, secondary or subordinate to governmental agencies even though advocacy began first from within marginalized communities who were neglected by the government. In the face of state control, having officially-recognized certifications as a case manager will not necessarily make one a legitimate case manager. In the face of such challenges, it is with amazement resource-strained agencies like APICAP continue to still work well with others. This is of course one of the central ways community-based activists accrue collective power.

Working from a Heterogeneous Sense of ‘Home’

Cross-organizational collaborations are myriad in San Diego, driven by a collective sense of shared affection for one another even if there is much inter-group competition. Even though early political theories on social movements stressed instrumentalist (such as resource mobilization, framing, and political process theories) approaches to explain the impetus for social activism (Bernstein 1997, 533), as Shane Phelan (1994) makes apparent, the “ground for common action cannot be ‘identity’ but must be shared commitments...sympathy and affinity rather than identity...[since] Identity politics, as a politics arising out of the specific oppressions faced by each of us, need not result in a politics shared only by others sharing those oppressions...” (155).⁵¹ Social identity plays a central role in determining how we see ourselves and others. At the same, individuals’ identities are embedded within a larger socio-political context. As

⁵¹ Shane Phelan (1994) makes the observation, “In the end, identity politics will always be either a nationalist politics or a ‘practice politics of the open end.’ Doing a better identity politics does not mean finding the best definition of our identities so as to eliminate problems of membership and goals; it means continual shuffling between the need for categories and the recognition of their incompleteness. No one can decide simply on the basis of identity—any identity—whom any of us will able to with work” (154).

the longest serving member of APICAP, Maria came to APICAP with years of experience with AIDS group Being Alive and the Red Cross, as a training instructor, a founder of Mama's kitchen, a board director for the PACTO Latino, and co-founder of Christie's Place, a shelter for women and children affected by AIDS. As a 1.5 generation Mexican American, Maria brings a unique perspective to her case manager role for the many Latinos seeking support at APICAP. Her activism is equally informed by her identity as a Mexican American woman within a political field defined by her immigration experiences, family and personal contacts. To get a glimpse of Maria's activist experience, an excerpt from an interview I conducted with her is significant to quote at length here:

I've been working for 20 years with people with HIV and AIDS and I was always involved in the community helping, I mean helping, you know I used to work with women...I've been working with people who are in trouble with the law, they take the kids away from them 'cause of the drugs' and you know stuff like that. I've been doing different stuff. I've been working as a volunteer with the Cancer Association for people with cancer. I was unhappy at home and a way of dealing with my unhappiness was helping somebody...that was what I was doing all the time. You know with Asians, for Filipinos if something happens at home you cannot go outside and tell people what you are going through...I've been working with the Latino community. I work with everybody. I try to work with the African American community, especially people of color. I work for PACTO Latino as a board director, I work for women and children center, it's more Caucasian there. I co-founded Christie's Place [a shelter for women and children affected by AIDS] hoping that place for people of color and for women and that was my dream.

In pressing the importance of advocacy, Maria provides details of her professional background, replete with a rich history of experience to back up her community activist credentials. Her trajectory is propelled by a deep feeling of discontent in her own personal life. The desire to enter volunteerism and the perceived importance of it directly

ties up with her sense of the “community” as almost like a second home. This is confirmed by a side remark about Asians as unable to go outside to tell people their problems. This individual reference of knowledge gained through familial experiences and a past marriage to an Asian male helps then to explain her transition into APICAP.

I started [working] with APICAP about eight years ago as a volunteer and the reason why I like working at APICAP is because I see a lot of Asian Pacific Islanders. You know I know what happens. Being married to an Asian Pacific Islander I know how it is and I know how the Asians are...they don't really want to talk about it about HIV... they're really smart but I see a lot of denial in that community. First, I started working with Latinos you know...we used to be like that too but now we are more open. And Asian Pacific Islanders they are in denial, they don't want to talk about HIV, they don't wanna talk about sex, they don't wanna talk about gay issues, they don't wanna talk about nothing. It is why I choose to work for APICAP.

In stressing the significance of her work, Maria shores up certain suppositions (e.g., “I know how the Asians are...”) in differentiating between the openness of Latinos and the cultural reserve of Asians; and this kind of rhetoric gestures toward the serious denial of APIs in regards to AIDS, sex, and gay issues even if it downplays the seriousness of those issues in the Latino community. To be sure, Maria fully understands Latinos’ reticence towards broaching those same taboo topics, but her status as a Latina involved in “community-based” work for Asian Pacific Islanders Americans requires careful vigilance in the articulation of her positionality within a community assumed as not hers by virtue of racial identity. There is much to be interrogated about the certain aspects of Maria’s comments, but in the convoluted context of her social work, what it means to “be” a representative of the Asian American community is highly contingent on the kind of strategic presentation she can produce (about herself and her constituency) to a public audience. It is for this reason there is much emphasis on cultural differences and why she

brings in so many personal examples to buttress her own standing in the community even though it is obvious she has a very long history of volunteering.

As a heterosexual female in an organization comprised mostly of gay men, Maria's presence brings to light its centralization of male interests relative to the lessened presence of women. But this presence should not be underplayed because the females contribute substantially to the organization's sustainability. A vital member of APICAP for nearly a decade, Maria utilizes her skills as a bilingual case manager for the numerous Latino/as who seek support through APICAP because of their connection to her. She is both the "mother" and emotional core of the organization, an individual without whom many programs and daily operations cannot occur. Maria in turn is attracted to the organization because of a deep and abiding socio-emotional connection to "Asian culture." Further elaborating on this cross-cultural identification, it is evident Maria's personal experiences of "culture" are actually and deeply shaped by political conditions. When I asked her why she doesn't work for Bienestar or other Latino organizations in order to work more closely with Latino clients, she responds in this way:

It's funny that you ask me that but I was married for thirty three years with an Asian person...and something in me...I'm not Asian but you know I eat Asian food I live more live more like Asian than Mexican. I learn a lot of things. See, in the beginning when I got married I cooked Asian food and I cook Mexican food. I have to cook you know Filipino food. And then I give up. I'm not going to be cooking this and that. It's harder so I start learning how to...we eat rice everyday, we eat a lot vegetable, fish, noodles and started you know eating more Asian food than Mexican food. My children know and think they're Asian. They say they're Asian, especially in a lot of areas where there's a lot of Asian people but my kids they know they're Mexican, because I'm Mexican. They really talk about being Asian. You know my mother in Law was Chinese, Filipino, so my kids the other day I hear telling the other day, that 'I'm Chinese also because my grandma is Chinese so they are proud to be Asian. My mom never teach me that because in Mexico, you are used to being around

Latinos but here I learned how to accept people from different beliefs, cultures. You, know. I'm really open.⁵²

This quote reflects ambivalence about Maria's self-identity insofar her adoption of "Asian" culture through marriage displaced certain elements of a rooted and assumed core Mexican identity. At the same time, it is here that I must suggest this emphasis on "Asian-ness" can partially be explained by her perceptions of me as an Asian American interviewer. But from the outset, Maria makes it known it is her kinship ties led her to become attracted to join APICAP. A previous marriage to a Filipino American cited as one of the major motivations for joining the agency. What is underscored in all this is a wish to see the commonality of cultures across their differences. In the linguistic sense, the central problem lies in her articulation of that desire, only because her own individual experiences serve as the grounds for justifying community interventions. But the comparisons are unbalanced in making Asians appear more passive, conservative, and less advanced in comparison to Latinos. My goal in pointing out these biases inherent in such comments is not to fault or critique Maria's wording or even the legitimacy of her participation, but use it as a starting point for discussing the sensitive and intense environment of advocacy that determine what can be assumed, said, or discussed.

For Maria and for her fellow APICAP members, their grassroots work is not necessarily impinged by dilemmas of "cultural authenticity" because they are acutely aware that AIDS is not issue revolving around any single community, even if each community bears disproportionate problems relative to their relationship with the epidemic. Indeed, longtime activists like Maria, with decades of activist experience,

⁵² Interview with Maria on July 22, 2006 in San Diego, CA.

witnessed firsthand the historical morphology of AIDS as a lesson in the dangerous pitfalls of any sort of essentialist thinking. For her, there was never any tension between the group APICAP is supposed to represent (APIWHAs) and the broader community they are in fact serving proactively and by de facto. Her marriage to a Filipino American military officer and her own cultural identification with Asians (despite any problematic readings of this); marks a social location or standpoint, as feminist scholars might call it, in all its gendered, sexual, racial and class signification inform her activism as a working-class, middle-aged Latina. Her biggest motivations, as she revealed to me, for doing all of this non-profit work is for the good of community. This of course points to minority AIDS advocacy as something more than simple corrective to public health oversight of racialized communities. It is very much tied to the complexities of personal identity, emotion and experience. Maria is evidence of both the powerful structural and institutional conditions which draw and even push people to certain social causes. At the same time, she is also an example of the strong motivations on the part of individuals to shape their own activist community.

Much like David, who feels ostracized by the gay white community and ignored in the African American community, Maria feels her natural leadership skills are not fully appreciated in many other community sites, particularly those powerful institutions centered on the servicing Latinos or women. What she finds in APICAP is a somewhat “open” organizational space to which she is personally connected, where she is allowed room to freely work without having to define her role in narrowly defined terms. As a case study, Maria exemplifies much of the “border-crossings” and messy politics happening in APICAP insofar as she symbolizes a cross-section of various community

politics all at once, attentive to both the specific needs of specific communities as well a commitment to social equality for all. Maria continues to maintain close if uneasy ties with those organizations she affiliates with (Being Alive, Bienstar, PACTO Latino, Christie's Place etc.). Maria displays a flexibility that parallels the flexibility with which APICAP operates, as almost everything the agency did was in connection or conjunction with other groups. While it would've been beneficial for me to look at other organizations and conduct a study with a more comparative approach, interesting enough, each member of APICAP is part of two or more community orgs, so instead of offering a localized scope of things, my site registers a significant nodal point in discussing the broader context of HIV/AIDS activism in San Diego. In many ways, active members like Maria active in a range of activity and activisms, epitomizes much of what APICAP is all about, while balancing her role as an advocate for specific communities.

Conclusion

In community-based advocacy, there is a confluence of multiple concerns around race, gender, sexuality or class that are not always equally addressed. The neglect is not entirely attributable to individual or organizational oversight but also to the way service institutions are constructed in which certain populations are prioritized and markers of community difference emphasized. Consequently, there exist qualitative differences among forms of advocacy, particularly for different groups. The challenges of mobilizing for the Latino or Black community are distinct, if sometimes overlapping, with those for Asian Pacific Islanders. In the case of the Asian Pacific Islander AIDS Coalition Project; by understanding the ambivalent nature of its work, we can begin to recognize the satisfaction of community needs as contingent upon power structures.

Minority AIDS advocacy, at least in the San Diego context, opens up a space for talking about communities in a more complicated manner, to focus more on institutional systems, personal struggles and structural conditions than simply focusing on them as if they were static entities. Providing social services for Asian Americans with HIV/AIDS entails a radical shift in our epistemological frame. A changing social climate has pushed an advocacy of representation that centers on more collaborative efforts across communities.

What it means to do community-work, at the current moment is complicated, bound up with questions of how to mobilize a politics around a particular population (Asian Americans with HIV/AIDS) with a plethora of issues, identities and concerns but seen as un-needful of help. Professional advocates in the same organization, as I have shown, will have similar understandings of “the community” they’re all supposedly working for even as they all implicitly recognize subtle differences in their relationship or perspective to that community. This multi-perspective opens up the presumed stability of the category of “community” underwriting our frameworks about community-based politics. Today, a politics concerned with social groups, be they about women or drug users or racial minorities, must contend with what Black feminist scholar Patricia Hill Collins calls the knowledge of “intersecting oppressions” that expose the underlying forces subtending marginalized communities, rather than assuming social groups as inert bodies of commonly shared values or culture. My critical ethnography, through an analysis of community-based activism, sees such analysis as vital in fully grasping the special circumstances of AIDS advocacy. At certain times, the need for race as an organizing tool of discourse or practice is evident even if it is done at the expense of ignoring other pertinent factors.

Some twelve years after its start, APICAP remains a viable part of local efforts to push public consciousness the concerns of a particular group in ways not necessarily exclusive or reductive to the community itself. Advocates recognize how their politics lies in a larger penumbra of community issues like nationality, race, class, gender and sexuality beyond the obvious concerns of Asian Americans. APICAP represents a kind of organizational advocacy that is race-specific but applicable to other populations, an interesting trait that emerges only because *it is an* Asian American AIDS agency, a unique kind of CBO that can serve as a valuable site to critique the normative structure of AIDS activism. This is not to suggest other forms of organizing are without complex dimension. My point here rather is to suggest how an organization built around Asian American and AIDS issues lends itself to more ambiguous frameworks for thinking about the politics of AIDS, given the precarious nature of mobilizing for Asian Americans with HIV/AIDS, particularly in San Diego. This in itself opens us up to alternative lenses to conceptualize community politics in ways that resist essentializing or fixing communities. In a post-identity politics era, where contending issues among minority populations often intersect, professional AIDS activists are forging new forms of community-based politics resistant to the forces that circumscribe them.

BIBLIOGRAPHY

- Acker, Joan. "Revisiting Class: Thinking from Gender, Race and Organizations." *Social Politics* 7:2 (2000): 192-214.
- Alcoff, Linda, Michael Hames-García, Satya P. Mohanty, and Paula M. L. Moya, Eds. *Identity Politics Reconsidered*. New York: Palgrave MacMillan, 2006.
- Altman, Dennis. *AIDS in the Mind of America*. Garden City, N.Y.: Anchor Press/Doubleday, 1986.
- 1994. *Power and community: Organizational and Cultural responses to AIDS*. London; Bristol, PA: Taylor & Francis, 1994.
- Alvarez Jr., Robert R. "The Lemon Grove Incident: The Nation's First Successful Desegregation Court Case." *The Journal of San Diego History* 32:2 Spring (1986).
- Aoki, Andrew and Don Nakanishi. "Asian Pacific Americans and the New Minority Politics." *Political Science & Politics* 34:3 (2001): 605-610.
- Benhabib, Seyla. "From Identity Politics to Social Feminism: A Plea for the Nineties." *Radical Democracy: Identity, Citizenship, and the State*. Edited by David Trend, New York: Routledge, 1996. 27-34
- Bickford, Susan. "Anti-Identity Politics: Feminism, Democracy, and the Complexities of Citizenship." *Hypatia* 12:4 (1997): 111-131.
- Burkett, Elinor. *The Gravest Show on Earth: America in the Age of AIDS*. Boston: Houghton Mifflin Co., 1995.
- Bystydzienski, Jill M. and Steven P. Schacht, eds. "Introduction." *Forging radical alliances across difference: Coalition Politics for the New Millennium*. Rowman & Littlefield Publishers, Inc., 2001.
- Center for Disease Control. "Notice to Readers: National Black HIV/AIDS Awareness Day." *Morbidity and Mortality Weekly Report*. 55:04 February 3 (2001):105.
- Charmaz, Kathy and Richard G. Mitchell. "Grounded Theory in Ethnography." *Handbook of Ethnography*. Edited by Paul Atkinson, Amanda Jane Coffey, Sara Delamont, John Lofland, Lyn H. Lofland. Thousand Oaks, Calif.: Sage Publications, 2001. 160-173.
- Chay, Deborah G. "Reconstructing Essentialism." *Diacritics* 21:2/3 (1991): 135-147.

- Chng, Chwee L. and John R. Collins. "Providing Culturally Competent HIV Prevention Programs." *American Journal of Health Studies*. 16:1 (2000): 24-33.
- Chuh, Kandice. *Imagine Otherwise: On Asian Americanist Critique*. Durham: Duke University Press, 2003.
- Cohen, Cathy J. *The boundaries of blackness: AIDS and the breakdown of Black politics*. Chicago: University of Chicago Press, 1999.
- . "Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics?" *Sexual Identities, Queer Politics*, Edited by Mark Blasius. Princeton: Princeton University Press, 2001.
- Crenshaw, Kimberle. "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." *Stanford Law Review* 43:6 (1991): 1241-1299.
- . "The Identity Factor in Multiculturalism." *Liberal Education* 81: 4 (1995): 6-11.
- Davis, Mike, Kelly Mayhew and Jim Miller, eds. *Under the Perfect Sun: The San Diego Tourists Never See*. New York: New Press; W.W. Norton, 2003.
- Deutsch, Nathaniel. 2001. "The Asiatic Black man: An African American Orientalism?" *Journal of Asian American Studies* 4(3): 193-208.
- DeSipio, Louis. "More than the Sum of its Parts: The Building Blocks of Pan-ethnic Latino Identity." *The Politics of Minority Coalition: Race, Ethnicity, and Shared Uncertainty*. Edited by W. Rich, 177-189. Westport, Conn: Praeger, 1996.
- Donovan, Mark C. *Taking Aim: Target Populations and the Wars on AIDS and Drugs*. Washington, D.C.: Georgetown University Press, 2001.
- Dworkin, Shari L. "Who is Epidemiologically Fathomable in the HIV/AIDS Epidemic? Gender, Sexuality, and Intersectionality in Public Health." *Culture, Health & Sexuality* 7:6 (2005): 615-623.
- Epstein, Steve. "Sexualizing Governance and Medicalizing Identities: The Emergence of 'State-centered' LGBT Health Politics in the United States." *Sexualities* 6:2 May (2003): 131-171.
- . *Impure Science: AIDS, Activism, and the Politics of Knowledge*. Berkeley: University of California Press.
- Espiritu, Yen Le. "The Intersection of Race, Ethnicity, and Class: The Multiple Identities of Second-generation Filipinos." *Identities* 1:2-3 (1994): 249-273.

- Espiritu, Yen Le and Michael Omi. "Who Are You Calling Asian?": Shifting Identity Claims, Racial classification, and the Census." *Transforming Race Relations: A Public Policy Report*. Edited by Paul Ong. Los Angeles, CA: LEAP and UCLA Asian American Studies Center, 2000. 43-101.
- Farmer, Paul. *AIDS and Accusation: Haiti and the Geography of Blame*. Berkeley: University of California Press, 1992.
- Farred, Grant. 2000. "Endgame identity? Mapping the new Left roots of identity politics." *New Literary History* 31:4 (2000): 627-648.
- Fee, Elizabeth and Daniel M. Fox. 1995. AIDS and chronic disease. *AIDS: Readings on a Global Crisis*. Edited by Elizabeth Rauh Bethel. Boston: Allyn and Bacon, 1995.
- Fox, DM. (1986). AIDS and the American health polity: the history and prospects of a crisis of authority. *The Milbank Quarterly*, 64 Suppl 1, 7-33.
- Friedman, Samuel R. and Susan Kippax, Nancy Phaswana Mafuya, Diana Rossi, Christy Newman. "Emerging Future Issues in HIV/AIDS Social Research." *AIDS* 20:7 (2006): 959-65.
- Fraser, Nancy. "From Redistribution to Recognition? Dilemmas of Justice in a 'Postsocialist' Age." *New Left Review* 212 July/August (1995): 68-93.
- Fuss, Diana. *Essentially Speaking: Feminism, Nature and Difference*. New York: Routledge, 1989.
- Gamson, Josh. "Silence, Death, and the Invisible Enemy: AIDS Activism and Social Movement 'Newness.'" *Social Problems* 36:4 (1989):351-365.
- Gitlin, Todd. 1997. "Organizing across Boundaries: Beyond Identity Politics." *Dissent* 44:4 Fall 1997: 38-41.
- Habermas, Jurgen. "New Social Movements." *Telos* 49 (1989): 33-37.
- Harden, Jacalyn. *Double Cross: Japanese Americans in Black and White Chicago*. Minneapolis: University of Minnesota Press, 2003.
- Hekman, Susan. "Beyond Identity: Feminism, Identity and Identity Politics." *Feminist Theory* 1:3 (2000): 289-308.
- Jennings, James, ed. *Blacks, Latinos, and Asians in Urban America: Status and Prospects for Politics and Activism*. Westport, Conn: Praeger, 1994.

- Kauanui, Kehaulani J. "Asian American studies and the 'Pacific question.'" *Asian American studies after Critical Mass*. Edited by Kent A. Ono., 123-143. Malden, MA: Blackwell Publishing, 2005. 123-143.
- Kenny, Michael. *The Politics of Identity: Liberal Political Theory and the Dilemmas of Difference*. Cambridge, UK; Malden, MA: Polity Press, 2004.
- Kibria, Nazli. "The contested meanings of 'Asian American': racial dilemmas in the contemporary US." *Ethnic and Racial Studies* 21:5 (1998): 939-958.
- Kim, Claire J. *Bitter fruit: The politics of Black-Korean conflict in New York City*. New Haven: Yale University Press, 2000.
- King, Neal. "HIV and the Gay Male Community: One Clinician's Reflections over the Years." *AIDS, Identity, and Community: HIV epidemic and Lesbians and Gay Men*. Edited by Gregory M. Herek and Beverly Greene. Thousand Oaks, Calif.: Sage. 1995.
- Kurashige, Scott. "Pan-ethnicity and Community Organizing: Asian Americans' United Campaign against anti-Asian Violence." *Journal of Asian American Studies* 3:2 (2000): 163-190.
- Lien, Pei-te, M. Margaret Conway, and Janelle Wong. *The Politics of Asian America: Diversity and Community*. New York: Routledge Press, 2004.
- Lipstiz, George. *The Possessive Investment in Whiteness: How White people Profit from Identity Politics*. Philadelphia: Temple University Press, 1998.
- Lott, E. "After Identity Politics: The Return of Universalism." *New literary history* 31:4 (2000): 665-678.
- Lisa Lowe. "Heterogeneity, Hybridity, Multiplicity: Marking Asian American Differences." *Diaspora* 1 (1991): 24-44.
- Immigrant acts: On Asian American cultural politics*. Durham: Duke University Press, 1996.
- Maeda, Daryl J. "Black Panthers, Red Guards, and Chinamen: Constructing Asian American Identity through Performing Blackness, 1969-1972." *American quarterly* 57:4 (2005): 1079-1103.
- Markell, Patchen. 2003. *Bound by Recognition*. Princeton, N.J.: Princeton University Press.
- Mayhew, Kelly. "Life in Vacationland: The 'Other' San Diego." *Under the perfect*

sun: The San Diego Tourists Never See. Edited by Mike Davis, Kelly Mayhew and Jim Miller, 71-160. New York: New Press; W.W. Norton, 2003.

McFerson, Hazel M., ed. *Blacks and Asians: Crossings, Conflict and Commonality*. Durham, N.C.: Carolina Academic Press, 2006.

Minow, Martha. "Rights and Cultural Difference. *Identities, Politics, and Rights*. Edited by Austin Sarat and Thomas R. Kearns. Ann Arbor: University of Michigan Press, 1995. 347-365.

Mouffe, Chantal. "Feminism, Citizenship, and Radical Democratic Politics." *Social Postmodernism: Beyond Identity Politics*. Edited by Linda Nicholson and Steven Seidman. Cambridge; New York: Cambridge University Press, 1995. 315-331.

National Research Council (U.S.). *The Social Impact of AIDS in the United States*. Panel on monitoring the social impact of the AIDS epidemic; Committee on AIDS Research and the Behavioral, Social, and Statistical Sciences, Commission on Behavioral and Social Sciences and Education, National Research Council Washington, D.C.: National Academy Press, 1993.

Nemoto, Tooru and Mariko Iwamoto, Serena Wong, Mai Nhung Le and Don Operario. "HIV Risk among Asian Women Working at Massage Parlors in San Francisco." *AIDS Education and Prevention* 15:3 (2003): 245-256.

Nicholson, Linda and Steven Seidman, ed. "Introduction." In *Social postmodernism: Beyond Identity Politics*. Cambridge; New York: Cambridge University Press, 1995. 1-38.

Okamoto, Dina G. "Toward a Theory of Panethnicity: Explaining Asian American Collective Action." *American Sociological Review* 68:6 (2003): 811-842.

Okiihiro, Gary Y. *Margins and Mainstreams: Asians in American History and Culture*. Seattle: University of Washington Press, 1994.

Omatsu, Glenn. "The 'Four Prisons' and the Movements of Liberation: Asian American Activism from the 1960s to the 1990s." *The State of Asian America: Activism and Resistance in the 1990s*. Edited by Karen Aguilar-San Juan. Boston: South End Press, 1994. 19-69.

Omi, Michael and Howard Winant. *Racial Formation in the United States: From the 1960s to the 1990s*. New York: Routledge, 1994.

Oppenheimer, Gerald M. "Paradigm Lost: Race, Ethnicity, and the Search for a New Population Taxonomy." *American Journal of Public Health* 91:7 (2001): 1049-55.

- Palumbo-Liu, David. *Asian/American: Historical Crossings of a Racial Frontier*. Stanford, CA: Stanford University Press, 1999.
- Patton, Cindy. *Inventing AIDS*. New York: Routledge, 1990.
- .Sex & Germs: The politics Of AIDS*. Boston: South End Press, 1985.
- Perrow, Charles and Guillén, Mauro F. *The AIDS Disaster: The Failure of Organizations in New York and the Nation*. New Haven, CT: Yale University Press, 1990.
- Phelan, Shane. *Getting Specific: Postmodern Lesbian Politics*. Minneapolis: University of Minnesota Press, 1994.
- Prashad, Vijay. *Everybody was Kung Fu Fighting: Afro-Asian Connections and the Myth of Cultural Purity*. Boston: Beacon Press, 2001.
- Pritchett, Wendell E. "Identity Politics, Past and Present." *International Labor and Working Class History* 67 Spring (2005): 33-41.
- Quinn, Sandra C. "AIDS and the African American Woman: The Triple Burden of Race, Class, and Gender." *Health Education Quarterly* 20:3 (1993): 305-20.
- Rushing, William A. *The AIDS epidemic: Social dimensions of an infectious disease*. Boulder, CO: Westview Press, 1995.
- Saito, Leland and Edward J.W. Park. "Multiracial collaborations and coalitions." *Transforming race relations: A public policy report*. Edited by Paul M. Ong. Los Angeles, CA: LEAP Asian Pacific American Public Policy Institute and UCLA Asian American Studies Center, 2000. 435-474.
- Saito, Leland. "Reclamation and preservation: The San Diego Chinese mission, 1927-1996." *The Journal of San Diego History* 49:1 (2003).
- San-Juan Jr. E. "The Limits of Ethnicity." *Asian American Studies: Identity, Images, Issues*. Edited by Esther M. Ghymm. New York: P. Lang, 2000. 9-27.
- Schlesinger, Arthur. *The Disuniting of America: Reflections on a Multicultural Society*. New York: W.W. Norton & Co, 1993.
- Scott, Joan W. "Multiculturalism and the Politics of Identity." *October* 61 (1992): 12-19.
- Seidman Steven. "Identity and Politics in a 'Postmodern' Gay Culture: Some

- Historical and Conceptual Notes.” *Fear of a Queer Planet: Queer politics and Social theory*. Edited by Michael Warner. Minneapolis: Univ. Minn. Press, 1993. 105-42.
- Shilts, Randy. *And the Band Played on: Politics, People, and the AIDS Epidemic*. New York: St. Martin's Press, 1987.
- Spivak, Gayatri. *In Other Worlds: Essays in Cultural Politics*. New York: Methuen, 1987.
- Stockdill, Brett C. *Activism against AIDS: At the Intersections of Sexuality, Race, Gender and Class*. Boulder, Colorado: Lynne Rienner, 2003.
- Stoler, Nancy. *Lessons from the Damned: Queers, Whores and Junkies respond to AIDS*. New York and London: Routledge Press, 1989.
- Takagi, Dana. “Maiden voyage: Excursion into Sexuality and Identity Politics in Asian America.” *Contemporary Asian America: A Multidisciplinary reader*. Edited by Min Zhou and James V. Gatewood. New York: NYU Press. 2000. 547-559.
- Takaki, Ronald. *Strangers from a Different Shore: A History of Asian Americans*. Boston: Little, Brown, 1989.
- Tomasky, Michael. *Left for Dead: The Life, Death and Possible Resurrection of Progressive Politics in America*. New York: Free Press, 1996.
- Treichler, Paula A. *How to have Theory in an Epidemic: Cultural Chronicles of AIDS*. Durham, NC: Duke University Press, 1999.
- Umemoto, Karen. “From Vincent Chin to Joseph Iletto: Asian Pacific Americans and hate crime policy.” *The State of Asian Pacific America: Transforming Race Relations. A public policy report*. Edited by Paul. M.Ong. Los Angeles, CA: Leadership Education for Asian Pacifics, 2000. 243-278.
- , “On Strike! San Francisco State College strike 1968-69: The Role of Asian American Students.” *Amerasia Journal* 15:1 (1989): 3-41.
- Vernon, Irene S. 2001. *Killing Us Quietly: Native Americans and HIV/AIDS*. Lincoln: University of Nebraska Press, 2001.
- Võ, Linda T. *Mobilizing an Asian American Community*. Philadelphia, PA: Temple University Press, 2004.
- Volpp, Leti. “Talking ‘Culture’: Gender, Race, Nation, and the Politics of Multiculturalism.” *Columbia Law Review* 96:6 (1996): 1573-1617.

- Watney, Simon. *Imagine Hope: AIDS and Gay Identity*. London; New York: Routledge, 2000.
- Worth, Dooley. "Minority Women and AIDS: Culture, Race & Gender." *Culture and AIDS*. Edited by Douglas A. Feldman. New York: Praeger, 1990. 111-136.
- Young, Iris Marion. *Justice and the Politics of Difference*. Princeton, N.J.: Princeton University Press, 1990.
- Zhou, Min and James V. Gatewood. "Mapping the Terrain: Asian American Diversity and the Challenges of the Twenty-First Century." *Asian American Policy Review* 9 (2000): 5-29.