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A Place of Caring: Politics of the HIV Testing Centre in the Red House Square, Taipei

I-Yi Hsieh

Abstract

The Red House neighbourhood in the Ximen shopping district, located on the south side of Taipei, has been the centre of the city's vibrant culture of sexual inclusivity and gay activism since the early 2000s. Next to the shining billboards at Ximen Square, the Red House presents itself as a reminder of the neighbourhood's historical transformation from a marketplace during the Japanese colonial rule in Taiwan (1895–1945) to a major pornography theatre in the 1970s–1990s, while emerging as a new urban centre for youth culture, entertainment and outdoor gay bars in the 2000s. Addressing issues of urban exclusion and inclusion, this paper focuses on an HIV testing booth located in the Red House area. Based on interviews with social workers and drawing analyses from archival research, this paper reflects on the politics of a place of caring. Providing 15-minute HIV testing sessions free for anyone in the gay community, the testing booth is an outpost of the Taiwan AIDS Foundation, a nongovernmental organisation that receives public funds. Despite the fact that HIV tests are now widely available for purchase – even accessible from vending machines – the testing booth's cosy, discretionary and friendly manner renders it a place of caring, where one can be attended by social workers as well as receiving a consultation.

Keywords: Taiwan, Taipei, Red House, AIDS, HIV test, care, LGBT

Introduction

In May 2019, same-sex marriage was legalised in Taiwan. The passage of the bill into a legal statute in the Legislative Yuan (the equivalent of parliament), establishing the recognition of same-sex union by marriage registration, marks

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a milestone for gender politics in Taiwan.¹ A hard-won victory of gender equity, the two years leading up to this 2019 legislation nonetheless speak to the challenges faced by LGBT activism in Taiwan. For what was passed in 2019 was merely an Act of Implementation pertaining to the Supreme Court's 2018 ruling, in which the prohibition of same-sex union was declared unconstitutional.² While the 2018 Supreme Court ruling consequently determined the amendment of civil law by the Legislative Yuan, this legal sovereignty was challenged by a referendum launched by a new coalition of conservatives that gathered support from evangelical churches and the conservative wing of the Taiwan Presbyterian Church, aligned with some in the Buddhist and Daoist communities. In the swift referendum at the end of 2018, the proposal opposing measures to amend the definition of marriage in the civil law won a majority. Given the result, the same-sex marriage legislation was compromised; the legislators in turn drafted a special "implementation act" pertaining to the Supreme Court's ruling without amending the civil law. This turn of events is characteristic of the dynamic of gender politics in Taiwan, as the equity movements can be best described as constantly confronting oppositions old and new. For the LGBT community in Taiwan, this shifting horizon of social inclusion and exclusion is rather familiar terrain.

Informed by this dynamic of inclusivity and exclusivity central to LGBT politics in Taiwan, this paper presents an analysis of the history of HIV in Taiwan in general and the ethics/politics of the HIV test booth located in the Red House neighbourhood in west Taipei in particular. This booth, known as "Gisney Land",³ is an outpost of the Taiwan AIDS Foundation, one among many that form a wide network of nongovernmental organisations that provide HIV tests, AIDS public education, support and care for HIV+ patients as well as drug abuse workshops and more. The Red House itself is an octagonal building first built in 1908, with a neo-baroque exterior covered by red bricks. Designated as a marketplace during the Japanese colonial period in Taiwan (1895–1945), the building was renamed the "Red House" in 1951 and repurposed into a theatre. Now surrounded by outdoor LGBT-friendly bars, shops and a music venue, the Red House epitomises the historical transformation of the Ximen district and its tangled relationship with gender politics in Taiwan. As the end of Japanese colonialism in 1945 was followed by the retreat of

1 The full legal statute, created in this 2019 May legislation, is entitled "Act for Implementation of J. Y. Interpretation No. 748," which was drafted in response to the Taiwan Supreme Court's ruling regarding the legality of same-sex marriage. The full content of the act can be found here: <https://mojlaw.moj.gov.tw/NewsContentE.aspx?id=196> (accessed 16 September 2019).

2 Full content of this Supreme Court ruling can be found at <http://cons.judicial.gov.tw/jcc/zh-tw/jep03/show?expno=748> (accessed 16 September 2019).

3 The social worker Wayne informed me that the name of the HIV testing booth, Gisney Land, was meant to convey the aim of creating a joyous and supportive space for the gay community. It takes reference from Disneyland and its appeal of wonder and happiness. Most of the social workers employed in the booth have either a medical or social work background. As members of the gay community, they expressed passion in working in the gay community to which they belong.

Chiang Kai-shek from mainland China to Taiwan in 1949, the Red House neighbourhood stood as a witness to this postcolonial transition into the Cold War. Nonetheless, as cultural studies scholar Chi Dawei argues, it was exactly at this postcolonial juncture that Taipei began to experience the emergent gay urban culture surrounding the Xingongyuan (the “New Park”) and the Red House in the Ximen district (Chi 2017). Set against this backdrop, the social workers at the HIV testing booth present an invaluable case pertaining to the convoluted path toward the creation of an alternative space of caring. From their experience, we are presented with a concrete picture of grassroots NGOs that work among the frictions embedded in the history of AIDS politics in Taiwan.

Echoing this special issue’s call for re-examining Asian urban life in its interweaving of poetics and politics, this paper ventures into addressing the confluence of urban history and spatial politics of gender inclusivity using field interviews and analyses of fictional narratives pertaining to the Red House district. The research methodology of this paper is informed by urban ethnography, which encompasses archival research and semi-structured interviews with social workers at the Taiwan AIDS Foundation – and with a playwright whose recent theatre production involves an AIDS hospice in Taiwan. My archival research focuses on the historical transformation of the Red House area, a context against which the spatial politics of gay urban socialising emerges in Taipei.

For the analyses drawn from literary depictions and selected dramaturgy, the effort is made to portray a vivid, concrete picture of the Red House and its adjacent neighbourhood. As the figures surrounding urban gay quarters tend to be rendered as shadowed, ghostly or invisible, with their voices muted in official archives, this essay intends to draw literary portraits of gay urban life in addressing the gay socialising space in Taipei – echoing what literary theorist Mikhail Bakhtin calls the *chronotope*, i.e., a socio-linguistic concept of time-and-space in literary configuration (Bakhtin 1981: 147).⁴ The concept of *chronotope* serves as a vantage entry point into analysing forms and senses of temporality and spatiality as social concepts embodied in literary rendition. One instance of such analysis is anthropologist Keith Basso’s use of the idea of *chronotope* in his research of Western Apache stories, in which he discusses the sense of place as being withheld in fictional accounts. For Basso, the stories themselves provide important moral narratives that reveal a deeper sense of time-space configurations, which are socially and culturally shared, as they

4 Also see Valentine Voloshinov’s discussion of literary creation as embedded in a sign system already recognised socially. In *Marxism and the Philosophy of Language*, he argues that literary accounts of the social world are essentially inseparable from existing political and ideological conventions. Thus, literary works can be analysed socially as much as narratives in other forms when it comes to the related context of politics, in which such linguistic practices are considered possible forms of communication (Voloshinov 1973).

are utilised in public communication in various forms (Basso 1984). In the following sections we will encounter discussions much in line with this idea, in which contemporary reflections (gathered at interviews) regarding the Red House district as a gay quarter are in a dialogic relation to the literary chronotope of the district's history as a sexually diverse neighbourhood since the Japanese colonial period. Such a methodology also speaks to the "science, technology, and society studies (STS)" community's strong aversion to the "two culture" division prevalent in social sciences in the post-WWII era, in which scholars oppose the separation of socio-cultural realms from the scientific and the medical configuration of our knowledge – however falsely asserted. The superficial divide of science and humanities fails to address the intricate interweaving of the cultural and the technological (Martin 1994).

In line with this discussion, STS scholars also point out the history of AIDS in the United States, as well as worldwide, as a social, cultural and moral issue as much as a medical one – given that the struggle of the HIV+ community is surrounded by stigma, IV drug use and gender politics that affect public health. The cautionary tale of AIDS politics in the United States, as told by Epstein and Farmer (2004), urges one to consider the web of AIDS knowledge and practice from below. For instance, Shilts's *And the Band Played on: Politics, People, and the AIDS Epidemic* (1998) and Epstein's *Impure Science* (1996) both illuminate problems layered in AIDS denial which led to the undertreatment of the pandemic in the early 1980s – as was also the case in South Africa in the 2000s. More specifically, Epstein focuses on the production of AIDS science in the United States in the earlier years of the pandemic when stigma, coupled with governmental negligence, resulted in a tremendous death toll. Given this history of the failure of "good science", Epstein opines that "the science of AIDS, therefore, cannot be analysed 'from the top down'". For, from the onset, AIDS has been

a politicised epidemic, and that political character has had consequences: it has resulted in *multiplication of the successful pathways* to the establishment of credibility and *diversification of the personnel* beyond the highly credentialed. The construction of facts in AIDS controversies has therefore been more complicated and the routes to closure more convoluted. Credibility struggles in the AIDS arena have been multilateral: they have involved an unusually wide range of players. And the interventions of laypeople in the proclamation and evaluation of scientific claims have helped shape what is believed to be known about AIDS – just as they have made problematic our understanding of who is a "layperson" and who is an "expert". (Epstein 1996: 3)

Epstein's caution about the construction of AIDS science then turns to place great emphasis on grassroots activists, i.e., the nonmedical professionals, the "laypersons" whose intervention shifted the configuration of AIDS knowledge. Also documented in his book are activists and other members in the movement who not only criticised scientific research as fuelled by antigay assumptions, but whose involvement also proves that community-based AIDS

organisations are better-suited and more experienced than experts in elaborating and practising health knowledge – such as what exactly “safe sex” means. This reminder calls on the researcher to shift his/her focus from realms pertaining to “good science” to the actual players involved in constructing AIDS science. In the history of AIDS in Taiwan, as will be elaborated in the following sections, we are presented with a similar case echoing Epstein, in which the work conducted by activists and nongovernmental organisations substantially refines and advances AIDS knowledge and treatment.

With the aim of incorporating social and cultural realms into the discussion, this paper also applies a comparative angle to the case in Taiwan in its substantial divergence from that in the United States. Most significantly, the lack of universal health care in the United States sets it apart from Taiwan, where treatments for AIDS are fully covered by public healthcare. Mindful of this difference, this paper hopes to contribute to the literature of AIDS care with an attentiveness to the pandemic’s respective configurations regarding its exclusion from, or inclusion in, public health policies. Despite the fact that the universal healthcare system in Taiwan has been active since 1995, HIV screening measures still depend heavily on local NGOs – as their ability to reach out to communities outside of normative medical spaces outperforms governmental agencies. Providing socially engaged ways of caring, these NGOs reveal to us an understudied sphere of AIDS treatment that excels in forming and maintaining social relationships. To begin, I will first turn to the historical geography of the Red House district in west Taipei.

From Red House to Little Bear Village

The emergence of the Red House district as a gay-friendly space can be dated to 2006, when several bars and cafes with rainbow flags attached to their storefronts began conducting business in the piazza adjacent to the Red House building (Lo 2010: 3). One of the pioneering cafes was named “The Little Bear”, a new nickname with which many in the local LGBT community began to refer to the neighbourhood (ibid.: 2–3). This gesture toward an open identification with the gay community set up a huge contrast with the city’s former gay quarter, the Xingongyuan Park – which was prominent in the 1960s and 1970s – as the park was known to be a congregation place for gay men at night, with an atmosphere of human shadows moving quickly between park bushes under hues of dimmed light. The indistinguishable faces in the park were representative of the closeted, liminal identity of the LGBT community at that time (Lo 2010: 2, Chi 2017: 104–161). In the 2000s, this shift of spatial politics of the gay community from the closet to public visibility, along-

side the restoration of the Red House, nonetheless spoke to a century-long transformation of the district. From its onset in the early twentieth century, the Red House has been demarcated by urban exclusion and inclusion.

Originally designed to be a marketplace targeting Japanese shoppers (Matsuda 2006: 70–71, Huang 2004), a “model” for all other marketplaces, in 1908 the construction of the building of Red House was convened under the master plan to modernise Taiwan, which included other urban marketplaces and the newly constructed sewer system, road pavements, parks and slaughter houses. After 1945, the Red House was taken over by a Shanghainese businessman and turned into a Shanghai opera house called the Huyuan Theatre. In 1956, it was renamed the Red House Theatre. In 1963, it was changed again, into a movie theatre, where the first movie screening machine and large silver screen were introduced in Taiwan. The cinema played mostly black-and-white movies in genres of martial arts and Euro-American westerns.

Since the Japanese colonial era, the neighbourhood surrounding the Red House, particularly at the proximity of Sansui Street, had been the city’s prostitution quarter until 1997, when governmentally regulated legal prostitution was banned (Wu 1997).⁵ Some thus called this area an “auction market for pleasure” (ibid.: 47), where

trans-dressing male prostitutes could be spotted [in the neighbourhood] around 1960, who would sing songs and loiter [at the area] for customers. (Wu 1997: 49)

The confluence of prostitution,⁶ same-sex sexual encounters, and theatre entertainment rendered the Red House neighbourhood a sex district in the city.⁷ In the 1980s, with many new movie theatres appearing in the Ximen district, the Red House cinema began showing soft pornographic films in an effort to compete with the other new theatres in the area (Lo 2010: 7). It was also by this time that the soft porn theatre became a congregation spot for gay men in Ximen. While the presence of prostitutes in the neighbourhood was addressed in novels published in 1960, the Red House Theatre’s proximity to old gay quarters⁸ in the city earned it a reputation for being a popular social space for gay men, where sexual encounters were common and expected in the dark space (Wu 1997: 49).

In the early 2000s, with the aim of constructing the city’s cultural heritage, a new wave of conservation was launched to restore the architectural beauty of the Red House. The area remains, however, a space characterised by its mixture of entertainment and sexual culture. This sexual culture has cohabit-

5 Wu cites Ke Ruiming’s *Taiwan Fengyue* (Ke 1991: 119) in support of the account of the area around Sansui street as a sexual quarter from the Japanese colonial period until 1997.

6 Including legal brothels regulated by the government and illegal ones.

7 Some mentioned the existence of trans-dressers in the Japanese colonial era, who provided sexual services in the teahouses. But it is unclear whether there were such establishments in Ximen or around the Red House at that time (Wu 1997: 48). See also Ke 1992: 119.

8 Such as the public park of Xingongyuan and another nearby movie theatre called Xinnanyang.

ed with gay sexuality since the Japanese colonial era, while the Red House and its environs have appeared constantly in the queer literature in Taiwan as well. As Chi Tawei notes, the public culture pertaining to the Taiwan Tongzhi literature published in 1980s and 1990s actually indicates a readership – and thus a shared sense of the existence of gay culture – prior to the publication dates. Given this reasoning about the prolonged historicity of readership, Chi argues that the emergence of same-sex urban culture in Taiwan should be likely dated to the 1960s, while the origin of this public history can be pushed even farther back into the 1950s (Chi 2017: 22–23). Chi’s observation on queer readership as existent in the 1950s and 1960s corroborates the archival record of Red House. This urban history can be said to serve as the backdrop against which an HIV testing booth can be located in a vibrant gay district in the city.

May we shake hands? Early cases of HIV in Taiwan

With the first case of AIDS diagnosed in 1981, the crisis that swirled up globally in the early 1980s caught up with the community in Taiwan in 1984 when an infected American visited the island. In 1985, the first local HIV+ person was diagnosed: a Malaysian Chinese recently returned to Taiwan (Zhang 1995: 50). The epidemic worsened in Taiwan in 1987, as the number of infected rose tremendously. In addition to this, a female HIV-positive person and an infant were diagnosed as infected with the virus in the same year; there were also 40 cases that appeared to be transmitted through blood transfusion (*ibid.*). While the AIDS crisis undoubtedly has had a tremendous impact on the LGBT community globally, the virus’s particular history in Taiwan differs from the mainstream narrative dominant in the United States. This is due to the fact that the Taiwanese public healthcare system began to incorporate AIDS medical treatment and HIV tests into public health policies in the 1990s, in dramatic contrast to the earlier history of the AIDS community’s exclusion from public health in the U.S.

Before the acronym “AIDS” (Acquired Immune Deficiency Syndrome) was coined in 1982, the U.S. Centres for Disease Control and Prevention reported unusual clusters of pneumonia in five homosexual men in Los Angeles in June 1981. With this finding, 1981 is generally considered to be the year when the AIDS epidemic began in the United States. Indeed, the period of 1981–1985, the earlier years of the AIDS epidemic in New York and around the United States, is now infamously known for its death toll largely due to the government’s negligence, coupled with the stigma of AIDS as a “gay disease”. Treatments were scarce, as AIDS was excluded from public health policies. The

rising number of deaths in 1983, of 1112, was met with anger from activist movements organised by patients and the families of those who had been infected. The activists combated the stigma as well as demanding that the disease be taken seriously as a public health issue.

In May 1983, the U.S. Congress passed the first bill to fund AIDS research and treatment – \$12 million for agencies within the U.S. Department of Health and Human Services. In July 1983, the U.S. Public Health Service began to open National AIDS Hotlines.⁹ But it was not until March 1985 that the U.S. Food and Drug Administration began to license the first commercial blood test, ELISA, which was used to detect HIV antibodies; following suit, blood banks started screening the blood supply.

Thus, 1985 marked a special year in the history of the AIDS pandemic. It was the year when the disease first caught the public's attention – most significantly, then-U.S. President Ronald Reagan mentioned AIDS publicly for the first time. With theatre productions, memoirs and novels also beginning to come out that year, the narratives surrounding the illness were further deepened; nonetheless, it was undoubtedly a time when the HIV test was novel, and the prognosis was grim. Defying the social and cultural stigma of AIDS, many works of fiction and memoirs were written during this time, often by patients who died young, speaking not only to the hardship and secrecy but also to a community of caring. Kenny Fries, for example, addressing narratives about the cusp of the pandemic, e.g., *Eighty-Sixed* by David Feinberg and *The Irreversible Decline of Eddie Socket* by John Weir, says that these stories, if read more closely, show

how the gay community, built on secrecy, competition, and caring, morphed into an example of how a long-despised and marginal group learned to take the power to change into its own hands. (Fries 2017)

In 1990, four years after the first positive diagnosis of HIV in Taiwan, with the “Regulations of the AIDS Prevention” declared by the then-Bureau of Health (now the Centres for Disease Control and Prevention, C.D.C.),¹⁰ AIDS medications began to be incorporated into the public health system, in contrast to the case in the United States. The unique combination of a universal healthcare system and the attention that the public health professionals paid to the AIDS community has brought about a different history of the epidemic in Taiwan.

In *May We Shake Hands?* – a collection of stories about the earlier cases in the AIDS crisis in Taiwan – journalist Yiping Zhang writes about the peak years of the epidemic, around 1985–1987, when the government's slow imple-

9 All materials drawn from the archive of HIV.org, <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline> (accessed 3 July 2019).

10 The Taiwan Centres for Disease Control is currently under the Ministry of Health. It was first established in 1999, on a smaller scale, and named the Bureau for Disease Control. In 2013, it was restructured into a higher rank of the governmental bureaucracy.

mentation of thorough HIV screening in blood banks, prisons and clinics met with criticism (Zhang 1995: 59).¹¹ In 1985 HIV screening tests had already been approved by the U.S. FDA, initially based on measuring antibodies in reaction to the HIV virus in one's body (Cui 2006: 115–16).¹² These screening tests for HIV have since become widely available at medical centres sanctioned by Taiwan C.D.C. or at local medical services (lower-level publicly funded clinics providing basic medical treatments; Cui 2006: 71). Anonymous HIV screening tests are also available at the Taipei Sexual Disease Prevention Centre (TSDPC), and the Taiwan Department of Health designated eight medical centres for anonymous HIV screening and counselling in 1997. The origin of TSDPC can be traced to the Vietnam War, as it was initiated in 1969 for the treatment of U.S. marine troops being flown to Taipei (about 200 soldiers every week) for short breaks from the battlefield (*ibid.*). Set against the backdrop of the Cold War coalition between Taiwan and the United States, the TSDPC received assistance from the World Health Organisation, and it dealt mostly with syphilis in its early days. The TSDPC was also structured to collaborate more with local NGOs; thus, in the case of HIV prevention records, social workers of HIV NGOs would even approach people in bars or brothels for virus screenings. In 1988, TSDPC added a specialist tasked with HIV screening. This history of social outreach campaigns delivering tests for sexually transmittable diseases during the Cold War era can be said to be the onset of social workers' participating in the AIDS testing efforts in Taiwan.

The end of martial law in Taiwan in 1987 marked the beginning of a flourishing activism targeting various social, cultural and political issues. Previously criminalised, gay rights activism now seized the opportunity and began to grow exponentially. In 1998, the Taiwan Tongzhi Hotline Organisation, the first nongovernmental organisation for LGBT rights, was established. Its website states that the Taiwan Tongzhi Hotline was initiated in the aftermath of an incident of a gay teen who committed suicide. Among such NGOs, the Taiwan AIDS Foundation was established in 2004, focusing on issues including AIDS tests, treatment, counselling and education. These nongovernmental organisations often are supported by mixed financial resources drawn from both C.D.C. funds and private donations. The HIV testing booth that this paper focuses on is emblematic of this system: a loosely connected network of social workers, advocates and doctors who work in this liminal space between

11 This is a book collection of Zhang's journalist essays published in newspapers from the mid-1980s to mid-1990s, in which she interviewed many HIV+ patients in the early days of the epidemic.

12 This method includes enzyme-linked immunosorbent assay (ELISA), also known as an enzyme immunoassay (EIA) and PA (particle-agglutination) tests. Both tests detect HIV antibodies and antigens in the blood. However, if a person is tested as HIV+ on an ELISA test, this could also be a false positive because certain conditions such as Lyme disease, syphilis or lupus may produce a false positive for HIV in an ELISA test. With concerns about false positives, these initial screenings often require a companion test utilising western blot, also called the protein immunoblot, which is able to detect specific proteins by visualising the target antibody through methods such as staining, immunofluorescence and radioactivity.

the state and society. Several long-standing NGOs, the Tongzhi Hotlines included, show that local AIDS-advocate NGOs have prioritised socially engaged, community-based practices. In this way, they seek out ways of cohabiting with animosity while continuing to carry out work related to human rights and gender equity.

The ways in which the AIDS pandemic changed the gay community is a subject of great importance in the Tongzhi literature in Taiwan, and Tawei Chi once proclaimed that “AIDS sets up a water-shed moment for the new and old Tongzhi literature” (Chi 2017: 386). Chi cites a scene in the story “Human Buddha”, in which two men meet in an empty, practically deserted gay spa. All of the customers were terrified by the AIDS pandemic and had fled from gay saunas (*ibid.*). Here, the evocation of the gay sauna as a socialising space illuminates urban gay spatiality. Drawn to present a convincing scene for the readers, the gay spa, appropriated in the novel as a fictional urban space for sexual encounters, is underlined by the configuration of a sense of time-and-space – a chronotope, in other words – which is defined by sexuality. Launched to invoke a mirroring effect of such an urban space in the reader’s mind, the trope can be seen as a widely shared “enactment” of urban poetics. The dystopian fear that accompanied the arrival of the AIDS epidemic further provides a nuanced image about the shifting aura of the gay sauna in relation to a sense of comfort and homosexual desire materialised and rendered visible in literary depiction. It also speaks to a milieu of panic shared by members of the gay community, serving as a better context for us to understand the consequent development of various activist groups’ shift toward prioritising HIV as their central task.

Undetectable equals untransmittable

In recent years, Taiwan C.D.C. has prioritised “pre-exposure prophylaxis” (referred to hereafter as PrEp) among AIDS prevention measures. According to the official statistics released by Taiwan C.D.C., the application of PrEp has shown positive results in the decrease in the number of new HIV infections. In 2005, the number of AIDS virus infections reached 3,377, the highest of all years; in 2017, however, it had fallen to 2,513 cases, and in 2018, the cumulative cases from January to October were only 1,647.¹³ There has been a steady decline in the number of AIDS cases since. Many believe that this positive record could hardly have been achieved without the efforts of grassroots activist groups, as much of the preventive work relies on social workers and

13 See Huang / Huang 2019 and their discussion of the report released by the Taiwan Liver Disease Prevention & Treatment Research Foundation (<https://www.liver.org.tw/journalView.php?cat=60&csid=754&page=1>, accessed 9 July 2019).

volunteers who enter local communities, parties, rural parks and even summer beach parties, where the knowledge and means of AIDS prevention are scarcely available. The popular phrase used in introducing PrEp, and in how this medical treatment functions is “U=U”, which stands for “undetectable equals untransmittable”.¹⁴

When I sat down with Wayne – the social worker and manager of the HIV testing booth at Red House Square – in May 2019, many people came in and out of the space for anonymous testing and counselling while the interview was conducted. It has been a major theme for the booth to introduce the campaign of PrEp to those coming in to be tested, as well as the significance of “U=U”. In my later visits to the space, in addition to Wayne, who has worked for the Taiwan AIDS Foundation for nine years, there were also two part-time social workers assisting with the screening process. All the social workers and employees I encountered or interviewed in the Foundation’s outposts are members of the LGBT community. The booth at the Red House receives the largest number of visitors among the Foundation’s three community engagement spaces, i.e., in Taipei, Hsin Chu and Chiayi. From May to July 2019, I interviewed four social workers routinely stationed in two of these community centres. Both have worked in the same site for more than eight years, which makes them incredibly knowledgeable about the work of HIV screening and care in Taiwan.

My interview with Wayne was the most informative, in which he explained the trajectory leading up to the current setting of the booth. This site in Red House Square was chosen precisely for the area’s popularity among the gay community. Before the current operation, the Taiwan AIDS Foundation consulted several Japanese NGOs, which were also keen to set up HIV-related spaces in areas attractive to the local LGBT community. The Red House booth focuses exclusively on providing HIV tests, while the centre in Hsin-chu handles other affairs besides testing – such as education and community outreach. For example, the social workers in the Hsin-chu location would convene mobile HIV screening, venturing further into rural communities and providing anonymous tests at weekend stations in parks or other popular gay congregations far from medical centres. Educational workshops for dentists or firefighters¹⁵ regarding how to handle AIDS issues are also on the agenda. Occasionally,

14 Undetectable Equals Untransmittable (U=U) is a worldwide campaign that states, definitively, that people who live with the HIV virus, yet have undetectable HIV RNA, are unable to transmit HIV. This message has been approved by the U.S. Centers for Disease Control and Prevention and the HIV Medicine Association. For more detail about the epidemiology of U=U, see Ashley York’s article in *Nature Reviews Microbiology* (York 2019), in which York presents an observational study of 782 gay couples across Europe whose HIV-1 infection was fully suppressed by antiretroviral therapy. York’s study shows that, when HIV virus is fully suppressed, people living with HIV have zero chance of infecting their partners. Other studies supporting the data behind the U=U movement are discussed in the online article “Undetectable Equals Untransmittable” by Milena McLaughlin (McLaughlin 2019).

15 According to Wayne, dentists and firefighters are more likely to be exposed to events or incidents in which direct contact with blood from strangers is present.

they host LGBT socialising events. A routinely held drug abuse workshop for group support is also included in the Hsin-chu booth's calendar. These activities all serve as part of the HIV prevention measures, and they also reflect the different funding structures underlying each local centre managed by the Foundation.

A standardised round of HIV testing at the Red House screening booth consists of a pre-counselling session, a blood-drawing process and a result-reading session at the end. At each session there would be one social worker accompanying the subject and explaining the current state of AIDS treatment and available resources, as well as follow-up procedures if the test result came out as HIV+. As the Red House booth's funding resources come solely from the municipal health bureau, which targets gay men as the public health focus of HIV risk control,¹⁶ the entire testing procedure is free for anyone identifying himself as having engaged in male-male sexual activities; while for anyone outside of this category, the suggested donation is around \$7 U.S. (200 TWD). The whole process lasts about 15–20 minutes. The Red House booth mainly provides the blood test, while in the Hsin-Chu centre two kinds of tests – one oral and the other through blood – are both available. As the testers explain, the method chosen can help determine if the infection date was within the range of the last three months or earlier, which makes it easier to determine the window of the infection and even who the transmitter might have been. The oral HIV test package is also available in a vending machine in Red House Square, which takes a swab from the mouth and gums and can detect the HIV antibody with 99% accuracy.

All of these tests are anonymous, but there is a questionnaire to be filled out. The questions include age, gender, sexual orientation and the subject's knowledge regarding AIDS medical treatment, etc. In the event of an HIV+ test result, the social worker provides information regarding medical treatment and offers the services of the Foundation's other social workers, who can accompany the test subject on medical centre visits. What the booth provides is a space between the private home tests and the hospitals or disease prevention centres managed by Taiwan C.D.C., i.e., between an individual space and the fully medicalised, state-run facilities where those who test positive must be registered.

While the social workers I interviewed are in general wary about reifying AIDS as a gendered, stigmatised pandemic associated exclusively with gay men, they are nonetheless tasked with the double duty of confronting the public's ignorance and sufficiently serving a community in need of allocated AIDS medical resources. Their emphasis on community engagement becomes the

16 See Cui's discussion about how the HIV prevention in Taiwan became a gendered policy focused on gay men (Cui 2006).

organisation's characteristic, as it favours a low-profile, low-key work ethic that values communication and support more than efforts to claim public attention, which was a distinctive feature sought after by many AIDS rights groups in the United States in the 1980s and 1990s (Martin 1994: xv).¹⁷ Given this under-the-radar public engagement philosophy, the testing booths seek to blend in with their surroundings. In Taipei, a first-time visitor would need to acquire knowledge of the booth's location prior to the visit or by obtaining information passed on either from friends or from any of the LGBT-friendly shops at Red House Square. The sign of "Gisney Land," in rainbow colours, is rather inconspicuous; in Hsin-chu, the booth is even squeezed into the fourth floor of a business building crowded by cramped schools and evangelical church centres. In a way, this discretion speaks to the Foundation's awareness about the stigma of AIDS while avoiding direct confrontations with the public. Further, this guiding principle of meeting people in places where they feel comfortable allows an alternative spatial politics to be developed.

The testing booth at the Red House location opens its door in the evening, from 6 p.m. until midnight, which renders its booth-front a luminous spot shining in the darkness. According to Wayne, the hours are set to make HIV tests more accessible for the working population. This means that the booth seeks to operate in the hours when normal medical facilities are not available. This schedule is also to compensate those who are unable to take time off work, or who have difficulty excusing their absence from work for the sake of an HIV test. This emphasis on creating a comforting, trusting space is also evident in the Red House booth's interior design of cosiness, which is accompanied by ambient music or popular Taiwanese pop songs playing in the background. The booth itself is far from capacious, and, at a maximum, can house two small tables rendered into separate, curtained spaces where the tests and counselling sessions can be conducted in private. A centre desk and an information bar, where many flyers and small booklets have been placed, create a minimalist visual presentation. The centre desk serves as an office space where Wayne and other part-time staff members can gather between the testing and counselling sessions. The booth lacks the crudely presented – and sometimes threatening – information boards illustrating the horrors of the illness, which are often present in clinics. The booth intentionally avoids making its space look like a conventional medical space.

Social workers at the booth unanimously expressed their concern for every test subject's emotional reaction, while the low profile of Gisney Land reinforces the Foundation's implicit compromise with the public's animosity to-

17 See Emily Martin's account of AIDS rights groups such as ACT UP/BALTO, which emphasises rendering the politics of inaction and negligence visible by making "its presence felt dramatically at a public event. When you are at an event as an ACT UP member, blowing a shrieking horn, holding an effigy of the governor, or dramatically falling 'dead' on the ground, there is no hiding in the background" (Martin 1994: xv).

ward HIV-related affairs. For instance, Wayne invokes his own awareness of this negotiation on behalf of the booth between the closet and society's tacit acceptance of HIV spaces, rather than openly confronting the stigma or discrimination. Nonetheless the booths effectively provide a sense of comfort for test seekers concerned about privacy. One can also argue that, due to the new treatment of "U=U," frequent HIV tests have become key in the treatment of AIDS, for to accurately determine the time of infection would be the first step to commence this treatment. While undergoing the "U=U" treatment, constant testing for any detectable, active virus that risks the possibility of transmission also becomes a necessary part of the procedure.

Sensitive to the stress and anxiety that might arise during the test, one of the social workers even told me that he would often have a peek at the test result before reading it alongside the test subject. With this strategy, the social worker is prepared for the subject's reaction if the test result is positive. Despite being skilfully sensitive to the subject's possible stress coming into the session, the social workers at the Red House Square booth mentioned several cases when the result was hard to bear and caused a strong emotional reaction. One case was that the subject, having received a positive result, stormed out of the booth without hearing any counselling in which medication options and supportive resources would have been explained. In some cases, subjects would leave without being referred to medical centres or social workers at the Taiwan AIDS Foundation; oftentimes, however, they would come back to the booth after a while, when they were ready to face the situation.

Reflecting rigorously on the issue of the social configuration of an able body, or the healthy body, as socially and historically constructed, the social workers are able to attend to this sensitive moment of one's shifting understanding of selfhood and illness when facing HIV test results. "What if this person is not yet ready to accept the situation? And, after all, what is a healthy body?" Wayne asked. For him, the mission of an HIV screening booth lies in its ability to provide this window for one to consider whether, and how, to be introduced to the fully medicalised world, whereby the full coverage of AIDS medicine by the universal healthcare in Taiwan means there exists almost no chance for an HIV+ person to escape the state's registration upon receiving medication or treatment.

AIDS as a public health issue in Taiwan

The inclusion of AIDS in public health policies points to the different history regarding the social configuration of the pandemic in Taiwan. Since 1995, AIDS medical treatments in Taiwan have been fully covered and apply to all

citizens and legal residents, whereas in the United States, the expensive cost of private medical care widens the gap between well-to-do patients and the rest of the AIDS community. This recognition and inclusivity of HIV+ in the public health realm in Taiwan has come a long way, however. In 1983, the introduction of hepatitis B vaccinations from the United States to Taiwan created concerns of the shot's possibility of being infected by the HIV virus, for by then hepatitis B vaccinations were being made of blood plasma. In order to avoid the risk of the immune shots being infected by the HIV virus, coupled with the first case of an HIV+ foreigner passing through Taiwan in 1984, in 1985, the Ministry of Health established an HIV Prevention Unit (Cui 2006: 45–46).

Despite there being 39 HIV+ persons by the end of 1986, instead of drafting legal clauses for the pandemic and its prevention as well as treatments, the Ministry of Health only urged HIV virus carriers not to donate blood. It was not until the crisis reached a tipping point in 1987 that the first local HIV+ patient was registered, and problems also emerged in the blood transfusion centre, as the public began to urge the government to pay further attention to prevention and regulation. Only in 1987 did the Ministry of Health (later restructured as the C.D.C. in 1999) draft a Special Law of AIDS Prevention, which set up involuntary screening of “suspicious persons”, e.g., homosexuals, IV drug users and people working in certain careers such as prostitutes, international cargo staff members and sexual disease carriers (Cui 2006: 57). AIDS was also included in “the Pack of Infectious Diseases” as a non-categorised item; the other three different ranks include cholera, plague, polio, syphilis, etc. Being placed into the “non-category” allows AIDS patients not to be subjected to involuntary segregation or to be reported, public health measures that are otherwise applied to other diseases such as SARS.

In 1990, the amendment of the Special Law of AIDS Prevention included a penalty for those who intentionally infect others with the HIV virus, but the suggestion from some members of the parliament regarding involuntary segregation was rejected (*ibid.*: 61). This amended “Special Law” (*tebiefa*) was passed in November 1990, with Clause 10 specifying that “anyone verified by medical institutes at all levels as having acquired AIDS should notify the assigned medical centres to provide *free* treatment” (*ibid.*: 62, *italics mine*).

A space of caring

With free treatment guaranteed in the 1990 Special Law, along with universal healthcare implemented since 1995, the issues raised by international AIDS communities regarding the high cost of medicines – controlled by large phar-

maceutical companies – is hardly a problem in Taiwan. That being the case, caring for HIV+ patients remains an issue as the illness gradually turns into a chronic condition for an unforeseeable length of time. Among the nongovernmental organisations providing long-term care for AIDS patients in Taiwan, the Harmony Home Foundation Taiwan was the first one, having been established in 1986. Providing a community-based home, the Harmony Home was initiated by the legendary Ms Yang, a heterosexual woman whose passion for HIV+ care was said to have been triggered by her friendship with famed theatre director Qiyuan Tian – then a young fine arts student who had become infected with AIDS in the 1980s (Zhang 1995: 126–138).¹⁸ From the onset, the organisation's goal has been to care for HIV-infected babies, children, teens, women and old people as much as caring for adults, due to the stigma that prevents many in the community from receiving care provided at other facilities. It expanded into a hospice of much larger scale in 2003.

During my interviews with social workers and volunteers, many mentioned to me a recent theatre production that tackles a sensitive subject, the collapse of a care community for AIDS sufferers – a theatre production entitled *A Betrayer's Possible Memoir*,¹⁹ written by young playwright Li-ying Chien. The play centres on the true story of an AIDS home in Taiwan in the 1990s, which was once a refuge for HIV+ gay men, where they could receive care and support. The home was closed after one of the members reported a gay party to the police. To dramatise the actual event of the dismantling of the community surrounding this AIDS home, the plot adds a heroine who is portrayed as a young documentary filmmaker – who is also the niece of the traitor to the HIV community. In her attempts to discover the reasons behind the closure of the AIDS home, and what led to her uncle's conspicuous betrayal, the filmmaker gradually unearths tangled stories told by activists who participated in this then novel community of care in the early 1990s. On the one hand, this play presents invaluable intersecting narratives about the early days of the AIDS epidemic; on the other hand, the fictionalised plot is able to expose disagreements and frictions in the gay community without directly revealing the names of those involved.

In my interview with Chien, the playwright, in July 2019, she described how the play was based on her fieldwork in which she interviewed several senior members in the HIV+ communities. Such recollections of AIDS stories provide invaluable narratives of care that circulate widely in the community. They also shed light on how sickness is perceived by the local community, i.e., how the idea of able bodies is woven into other social and cultural images,

18 Zhang illustrates in detail Ms. Yang's encounter with the fine arts student in pseudonym. Also see the Harmony Home Foundation's web page (<https://www.twhhf.org/>), in which Qiyuan Tian's identity as the young fine arts student is revealed.

19 For more information about this performance, see <http://tifa.npac-ntch.org/2019/tw/theatre/the-possible-memoirs-of-a-traitor/> (accessed 31 July 2019).

and how care for AIDS patients is fundamentally about maintaining relationships. While the characters and the plot of the play are fictional, the script is based on the real event of one prominent figure “H” (a pseudonym), a gay man in the activist circle, who remains quite controversial for his denunciation of homosexuality in later life. Despite once being a strong advocate for gay rights when younger, H’s later shift to evangelical Christianity met with much criticism from the gay community. In earlier journalistic reporting about the first AIDS home in Taiwan, H’s name was evoked as a volunteer who was “a passionate young man, who, despite being at the young age of 25, has carried the [HIV] virus for six years” (Zhang 1995: 130). He was also co-founder of another activist group for the HIV positive, the first rights organisation focusing on AIDS patients’ inalienable civil and human rights. Chien told me that, for those in the Taiwan LGBT community who came to see the play, the “betrayal” character portrayed in the show was quite recognisable, as the plot reminded them of H, who in real life had gone through such a drastic shift in his politics as to join a Christian group against same-sex marriage and to support conservative evangelicalism that denounces sexual orientations outside of the heterosexual norm. High-profile and extremely controversial, H has published an autobiography explaining his turn from AIDS activism to Christian evangelicalism.

At the end of our interview, I asked Chien about her views as to why H would make such a dramatic shift with regard to AIDS politics. As the creator of a fictionalised narrative about this controversial figure, Chien’s response points to the issue of personal relationships as being essential for those in the AIDS and LGBT communities. She considers that H’s relationship problems with his then-partner were probably the last straw for him; for in the already small circle of AIDS activists in Taiwan, H’s status as part of an openly gay couple in which both are HIV+ was likely where H had drawn his strength and personal identity, when he was still a part of the community. But once this strong tie was broken, H became isolated. What the play *A Betrayal’s Possible Memoir* and the story of H speak to is the centrality of “relationship maintenance” in the community of AIDS care. Interestingly, Chien’s observation echoes feminist theorists’ articulation of what constitutes the ethics of care. In the Taiwanese context, “relationship maintenance” is also central to the local AIDS care. For example, the following two AIDS educational graphs circulated by the Taiwan C.D.C. show us the kind of popular configuration regarding this “relational thinking”.

If one types “Taiwan AIDS Immune Measures” into a web search, the result might come up with these two images instead of images of a fortress or an immune system with cells and lymph nodes at war – as the immune system has been depicted in U.S. popular culture since the 1950s (Martin: 34–35, 52–63). In Figure 1, a person consults a gloomy friend and finds out that the friend has



Figure 1: Taiwan C.D.C. AIDS contagion cartoon (by SANA)



Figure 2: Caption of the graph included in a web page about false information regarding AIDS contagion (cartoon by Xiaopo Wu). The figure on the left says: “Mosquito! Damn!! I must have gotten HIV from the mosquito that had bitten someone with the HIV virus.” The figure on the right is illustrated with the line “Already bitten [by a mosquito]” (<https://bit.ly/2v7BndT>).

been tested as HIV+. This person comforts the friend, stating that HIV tests are anonymous and that infected people still have the right to work; one only has to refrain from donating blood and should keep in mind preventive measures during sexual activities. In Figure 2, the graph presents an example of misinformation about AIDS contagion, in which the person on the left is worried about being infected with HIV after receiving a mosquito bite. Both images clearly have a target audience of local Taiwanese, addressing issues such as mosquito bites while applying vernacular terms such as “monkey brother”, i.e., a pronouncement evoked to simulate a scene of friendly dialogue among fellow Taiwanese. These visual presentations of AIDS in the Taiwanese context can be said to resonate with feminist scholars’ discussions about relationships being a central part of the ethics of care – despite this point remaining largely underdiscussed.

Ethics of care and cohabitation

Echoing many fellow feminist scholars, Katie Hogan has pointed out that the ethics of care should cease to be a marginal topic in the AIDS community (Hogan 2001). The subject’s marginality has a lot to do with caregiving being long designated as a feminine task, despite the fact that gay men cover much of the work of caregiving for AIDS patients. Hogan criticises the fact that in AIDS literature the conceptualisation of “women as sacrifices, and caregivers bolsters the historical association between care and the private realm of women and family” (ibid.: 2). Hogan brings up statistics that illuminate AIDS as a major cause of death among women, especially among African American and Latino women.²⁰ The invisibility of women in the conversation about the AIDS epidemic marks women in the pandemic as bereft mothers, caring wives and sacrificing sisters. When it comes to caregiving and caretaking, Hogan writes:

[C]aretaking and sacrifice are fundamental human experiences, worthy of society’s time and support, and [...] literary and visual responses to AIDS are forged to generate compassion and care. But it is worrisome that those members of American society who sacrifice the most are often those with the least amount of power, and this observation holds true in the age of AIDS as well. It is also problematic that Western culture, history, myth, family, and economic structures continue to link caretaking activities with certain group of people, mainly women, instead of viewing care as responsibility of the entire society. (Hogan 2001: 2)

20 Hogan writes: “[I]n 1997, AIDS was the third leading cause of death for women ages 25–44 in the United States, and since 1990 it has been the leading cause of death for African American women in the same age group. As of 1996, African American women composed 59 percent of all cases of women with AIDS” (Hogan 2001: 4).

While Hogan's criticism rings true about the condition in the United States, the issue of "viewing care as responsibility of the entire society" remains a sticking point not exclusively in the United States but also one prevalent in South Africa, South Asia and the People's Republic of China. When it comes to AIDS, can anyone be excluded from this conception of good society? Further, what are the legitimate criteria regarding a person's inclusion in, or exclusion from, public health policies and receiving care? Much of the moral philosophy of care concerns an intellectual pathway traceable from "the good society" debate to the feminist ontology of reconfiguring society as in need of care. For example, in 1990, Patricia Illingworth argued for society to take up the responsibility of caring for HIV patients based on a "good society" reasoning, which is an argument deeply rooted in the liberal tradition (Illingworth 1990). She opines that it was the lack of other choices that left the HIV+ and IV drug users to suffer from the pandemic, i.e., far from their own personal responsibility.

Long considered germane to feminine and feminist ethics, caring has been a notion that instigates discomfort in the Euro-American moral philosophy. Care ethics is often criticised as, by its nature, a "slave" faculty of moral reasoning. As Virginia Held, one of the leading philosophers in the ethics of care, writes, "[t]he ethics of care usually works with a conception of persons as relational, rather than as the self-sufficient independent individuals of the dominant moral theories" (Held 2006: 13). Embedded in relational thinking, the duo of the care-receiver and caregiver draws philosophical meditation into a dialectic that can stretch into a whole network that sustains this relation. The ethics of care thus hardly qualifies as universal, and its socially grounded specificity renders it easily dismissible by transcendental philosophy. With this, care ethics tends to be positioned as antagonistic to the Kantian deontology in which Reason – the sole independent faculty that differentiates humanity from animality – centres and bestows the power to overcome and eradicate possibilities of reliance. Care ethics also stands as a critique of the liberal political and economic theory that considers "the person as a rational, autonomous agent, or a self-interested individual" (*ibid.*).

Held's insistence on reframing care ethics is more than an epistemological query. The argument points to the ontological condition of care as grounded in relationships given by, and recognised as, a condition of cohabitation. Given that the ethics of care places one in the state of being in a relationship, the moral considerations of this condition concern, fundamentally, the well-being of both parties in this relationship. A person never exists in the ethics of care as a singularity but always and already as tangled in a web of life. It is thus reasonable to describe this caring relationship as a form of cohabitation in a space that is clearly beyond individualist principles of morality. In the case of AIDS, considering what this space of cohabitation involves is not

merely framed by the relationship formed by the caregiver and care-receiver. It also fundamentally involves the care for one's body and the care of the illness itself: the virus, the antibodies and the condition of illness that all together form the face of sickness.

As mentioned previously, AIDS activism since the 1980s has profoundly changed the knowledge production related to the pandemic. Given this reflection about AIDS knowledge formation, it is conceivable to consider the HIV testing booths in Taiwan as also taking part in the configuration of the meanings and practices of AIDS science. Cohabitation has been the key philosophy embraced by these testing booths, enacted by the willingness to negotiate with public culture as well as concerns about relationships as a part of one's overall well-being. What has been practised and prioritised in Taiwan differs from the idea of "caring for one's own body" in the United States. As anthropologist Emily Martin writes, in the United States, since the 1950s, the public imagination of the immune system extensively utilises imagery of the military, fortresses and war in terms of forming the configuration of one's body as a defence mechanism (Martin 1994). This imagination of a "systematic" immune organism, formed into the sense of units of lymph nodes and cells inside and the virus as an intruder from the outside, is actually a post-war configuration.

In Taiwan, as this paper has shown in previous sections, the discourses and practices of the HIV+ community place much more emphasis on the theme of "relationship" rather than centring on the configuration of AIDS as an issue of the individual immune system. Instead of attributing ideas about the immune system at war – an image often replicated in the posters and cartoons on the walls of clinics and in the Taiwan AIDS Foundation's testing booths – these images are replaced by a warm space of cosiness. This attempt to draw the visitor's attention to the words, explanations, gestures and counselling support of the social workers rather than to frightening medical images of a body under attack again points to the prioritisation of the centrality of the relationship. Rather than appropriating the military analogy of combating the disease, what concerns the Taiwan AIDS community regarding the disease appears to follow the ethics of maintaining trust in relationships. In the case of *A Betrayer's Possible Memoir*, we have also witnessed the profound impact resulting from the collapse of such relationships.

In a space that focuses on HIV tests, relationships also cover realms that are more than human. A caregiver in the AIDS community is oftentimes also a health professional who acquires medical knowledge and takes care of all medical concerns surrounding the patient in a space of care. The caretaker is being placed in a space constituted by a microcosm of viruses, antibodies, antigens and the test methods utilised to visualise these active participants in AIDS. Oftentimes, they play a crucial role in determining further treatments

suitable for a patient seeking the HIV test. If considered under the normative frame of one's body as an organism, the agency of things such as viruses and antibodies could appear to be minor, for these molecules cohabit in an HIV+ person's body alongside other parts such as lymph nodes and T-cells. Nonetheless, these seemingly minor proteins are the determining factor in AIDS tests. Furthermore, viewed from a larger context, the AIDS testing booths in Taiwan are the purchaser rather than major provider of international AIDS medical products. Thus, the philosophy of cohabitation can also refer to this extended web of AIDS medical supplies that involves the state, universal health care, legal statutes and the international society of the HIV positive. By integrating the philosophy and practices of care into the thinking about the development of AIDS – and not simply viewing the immune system as a personal, bodily issue, but rather placing it within an interpersonal relationship – the Taiwan health care professionals and the AIDS activists have turned their geo-political as well as medical vulnerability into a form of strength.

Conclusion

The experience of the LGBT community in Taiwan sheds light on the ways in which vulnerability can be inspirational in stirring up alternative forms of being – particularly in terms of how to cohabit despite differences, which is essential to social inclusivity. Embarking from this recognition of treating AIDS within society, as opposed to in exclusion from public health, the case in Taiwan further points to the possibility of vulnerability as a strength to be materialised in a social space of caring. Prioritising the nuances of caring, maintaining relationships and cohabiting with differences as well as with viruses, the HIV testing booth creates a challenge to the moral assumptions behind the obsession of a healthy body as an individual responsibility.

By addressing the dialogic relationship of the poetics and politics of the space of caring, this essay points out the underlying chronotope of LGBT sociality embedded in the history of Taipei since the colonial era. Through excavating the archaeology of the urban space's emergence, the discussion illuminates a concrete sense of “there there”, the urban time and space of lived experiences, where LGBT socialising and ethics of care coexist with the public culture. The case of the Red House neighbourhood shows that the formation of cohabitation involves material as much as sensorial aspects of the place. Furthermore, literary configurations of urban space articulate the moods with faces and lives at the moments when the medical history of AIDS and personal life collapse – be these moments of the fearful gay sauna during the AIDS pandemic, the imperatives for caring that face the sick or even the resentment

and anger among rivalries in the HIV+ community. In these condensed moments of emotions, we are presented with unusually valuable events when the collective global history of a pandemic touches on a version of personalised stories. The moments extend the discussion of urbanism into the realm of affective relations embodied in material interactions, with which everyday co-habitations with AIDS, e.g., spaces of fear, places of caring or the creation of a vibe of comforting, show their historical concreteness. They allow us to look at the faces of the pandemic, against a context where it interacts with everyone and everything. My emphasis on interactivity and dialogism hopes to further defy the misguided exclusion of AIDS from public health as in and of itself sabotaging the very society it is attempting to protect.

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