

The Politics of Naming, Blaming and Claiming: HIV, Hepatitis C and the Emergence of Blood Activism in Canada

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We will die. But we will not die quietly or privately.
—Jo-Anne Manser, person with Hepatitis C¹

Introduction

The story of Hepatitis C-contaminated blood burst onto the Canadian political stage in 1994 during Mr. Justice Horace Krever's Commission of Inquiry on the Blood System in Canada. An estimated 2,000 Canadians—the majority of them hemophiliacs—contracted HIV through the blood supply. Although the exact number of people who contracted Hepatitis C through the blood supply is disputed, Health Canada estimated that 90,000-160,000 people received Hepatitis C-contaminated blood between 1960-1992. Of these, approximately 35,000 were still alive in 1998.² In total, more than 150 million people

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- 1 Quoted at the inaugural meeting of the Coalition for Blood Injured Persons, September 1998. The group has since disbanded.
 - 2 Taken from the *Report of the Meeting of the Expert Panel on Hepatitis C Epidemiology*, prepared for Health Canada by Dr. Richard Schabas, July 24, 1998.

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around the world are infected with Hepatitis C, more than 200,000 in Canada alone.³

This article discusses the mobilization of victims⁴ of tainted blood, paying particular attention to the emergence of Hepatitis C as a political issue. Specifically, this study explores how changes in the political opportunity structure (POS) influenced the nature of political action pursued by victims, the negotiation of the movement's collective identity, and the concrete and less tangible policy outcomes. Sidney Tarrow defines such structures "as consistent—but not necessarily formal, permanent or national—dimensions of the political environment which either encourage or discourage people from using collective action."⁵

Regarding the first aspect, the article explores the forms of protest pursued by victims of Hepatitis C. Why, for instance, were loud demonstrations, which are seemingly typical of social movement organizations, the exception, not the rule? Do movements "succeed" only if they can engage in normal politics (if they become institutional players), or can they work both inside and outside the system? As Fainsod Katzenstein has shown in her study of feminist protest inside the Catholic church and the military, the inside/outside distinction may be misleading if it presumes that actors working within the system have lost their radical edge, and treats only those operating on the margins as "authentic" radicals.⁶ Regarding the second, the article examines how Hepatitis C victims succeeded in carving out a collective identity in the face of a multiplicity of tainted-blood victims jockeying for position. Not only were victims grouped according to the nature of their infection (Hepatitis C or HIV, and, in some cases, both), but also by when they were presumably infected. Regarding the third area of inquiry, the article considers the outcomes achieved. The main failure, according to Hepatitis C activists, consisted in the federal government's refusal to extend financial assistance to those victims who fell outside the "compensation window," that is, those infected before 1986, the year in which screening tests were widely available but not used. Another failure identified by several activists was their inability to press successfully for the criminal prosecution of those individuals who may have had a hand in their infection, as activists had successfully accomplished in France.

3 Ibid.

4 My use of the term "victim" by no means suggests that recipients of tainted blood were passive. Rather, it is meant to underscore their contention that they were indeed victimized by the blood system.

5 Sidney Tarrow, *Power in Movement: Social Movements, Collective Action and Politics* (1st ed.; Cambridge: Cambridge University Press, 1994), 18.

6 See Mary Fainsod Katzenstein, *Faithful and Fearless: Moving Feminist Protest Inside the Church and Military* (Princeton: Princeton University Press), 1998.

Abstract. The term “blood activism” describes the range of collective challenges that arose among victims of Canada’s tainted-blood scandal in the 1990s. This article examines the emergence of blood activism in Canada from the perspective of social movement theory, paying particular attention to the tensions between victims who contracted HIV through tainted blood and those who contracted Hepatitis C, the so-called “forgotten victims” of the tragedy. This study discusses how changes in the “political opportunity structure”—loosely defined in the literature as aspects of the movement’s external environment—influenced the nature of political action pursued by victims of tainted blood, the negotiation of the movement’s collective identity and policy outcomes.

Résumé. L’expression « activisme du sang » désigne les combats collectifs menés par les victimes du scandale du sang contaminé au Canada durant les années 1990. En s’appuyant sur la théorie des mouvements sociaux, cet article examine l’émergence de l’activisme du sang au Canada en accordant une attention particulière aux tensions entre les personnes qui ont été contaminées par le virus du SIDA et les « victimes oubliées » de cette tragédie qui ont contracté le virus de l’hépatite C lors de transfusions sanguines. Le texte analyse l’influence qu’ont eu les changements de la « structure des opportunités politiques », que la littérature associe de manière imprécise aux aspects de l’environnement externe des mouvements sociaux, sur l’action politique des victimes du sang contaminé, l’identité collective de leur mouvement et les décisions des dirigeants politiques.

The first section of the article provides a brief overview of Canada’s tainted-blood tragedy. The second section justifies the use of social movement theory as a lens through which to examine blood activism. The third section expands upon the POS concept, and applies this approach to the case at hand. One component of the POS, the relative openness of the Canadian political system (and the existence of the Inquiry itself), rather than simply expanding the field of opportunities available to challengers also channeled protest toward less-threatening (non-confrontational) ends. Moreover, the tainted-blood tragedy was instrumental in transforming one of the organizations involved—the Canadian Hemophilia Society (CHS)—from a traditional health-advocacy group to an adversarial social movement organization. In addition, the Inquiry catapulted a new set of actors, united provisionally under the banner of the Hepatitis C Society of Canada, into the political arena. The final section elaborates the naming, blaming and claiming strategies employed by recipients of tainted blood.

Background to the Tragedy

It is difficult to locate the starting point of the tainted-blood tragedy, as the actions that propelled it were taken (or in some cases, not taken) in the early 1980s. The 1980s was a decade of intense activity in the scientific community, especially in relation to isolating HIV, the virus that is now widely believed to cause AIDS. Scientists also struggled to develop a test to screen for the presence of Hepatitis C in blood, but this virus paled in importance to HIV, which was killing its victims at an alarming rate. Few people at the time believed that Hepatitis C con-

stituted a serious public health threat, a claim that was repeated by blood system officials who testified before the Krever Inquiry.

While a specific test to screen for Hepatitis C was not implemented in Canada until 1990, two “surrogate” (or substitute) tests were available as early as 1974: one measured a liver enzyme while the other detected previous exposure to Hepatitis B. In 1986, the same time that blood banks in the United States began using these surrogate tests, the Canadian Red Cross and governments opted instead to study the tests’ efficacy. By contrast, a test to detect HIV antibodies was approved for sale in Canada in April 1985.

By the end of 1987, as news of HIV-infected tainted blood trickled down to the affected communities, the debate around HIV-related compensation began to take shape. In November of that year, the chair of the Canadian Hemophilia Society’s task force on AIDS made a request for compensation, which was followed up a few months later by a written request to the Canadian Blood Committee.⁷ During this time, however, the idea of a public inquiry was scarcely mentioned by those parties concerned with compensation, namely the CHS, the main consumer group representing persons with inherited clotting disorders.

In late 1989, away from the glare of the media, HIV-infected victims won compensation from the federal government. The Extraordinary Assistance Plan, as it was termed, offered victims \$30,000 a year for four years. It was presumed at the time, albeit wrongly, that four years was sufficient because victims were expected to die of AIDS-related complications within that time. In exchange for this tax-free money, victims had to waive their right to sue the federal government, the Red Cross, insurance companies and pharmaceutical firms. When it became clear in 1993 that the package was set to expire and many victims were indeed still alive, victims turned to the provinces and territories for compensation. They were spurred on by the Nova Scotia government’s unilateral decision in May 1993 to offer assistance packages to HIV-infected persons and their spouses.

Following the release of more information suggesting the enormity of the tragedy as well as a report on tainted blood by a House of Commons Sub Committee on Health Issues, a public inquiry was called to uncover the events that led to the contamination of Canada’s blood supply. The Inquiry began its public hearings on February 14, 1994. During 247 days of public hearings across the country, the Inquiry heard from almost 500 expert and lay witnesses. It became clear, however, that citizens and/or victims’ groups also required legal

7 For a rich discussion of this and other aspects of the compensation debate, see André Picard, *The Gift of Death: Confronting Canada’s Tainted-Blood Tragedy* (Toronto: HarperCollins, 1998).

representation if they were to take full advantage of their presence at the Inquiry. The newly formed Hepatitis C Society of Canada was granted intervener status at the Inquiry, but denied funding for legal counsel. While the Inquiry's structure played a pivotal role in shaping the politics pursued by victims of tainted blood, the Inquiry was unable to reconcile its role as a "policy-oriented" inquiry concerned with public input with its role as a "quasi-judicial" inquiry intent on uncovering the events that lead to the tainted-blood tragedy.

Blood Activism and Social Movement Theory

The term "blood activism" describes the range of collective challenges that emerged in the wake of the tragedy, including from people infected with HIV/AIDS as well as from those infected with Hepatitis C. Among this heterogeneous group are seasoned political activists associated with both mainstream and militant groups, in addition to individuals less accustomed to collective protest.⁸ The focus here is on the mobilization efforts of those Canadian-based social movement organizations representing persons who contracted Hepatitis C, recognizing of course that these organizations are one component, albeit significant, of the "blood activist movement." The use of the term "movement" by no means implies that tainted-blood victims were united in their victimhood. Indeed, there were deep divisions between those infected with HIV, the so-called "authentic" victims of tainted blood, and those infected with Hepatitis C, who had to demonstrate their moral worthiness as victims.⁹

Tarrow defines social movements as "collective challenges by people with common purposes and solidarity in sustained interaction with elites, opponents, and authorities."¹⁰ Within the Canadian context, they include the victims' organizations granted standing at the Krever Inquiry: the Canadian Hemophilia Society, the Canadian AIDS Society, Canadian Hemophiliacs Infected with HIV, HIV-T Group (Blood Transfused), the Hepatitis C Group of Transfusion Recipients and Hemophiliacs, the Hepatitis C Survivors Society (later renamed

8 Of the second group, Durhane Wong-Rieger of the Canadian Hemophilia Society said in a personal interview: "I think you're talking about a different breed of people. These were not people who started out as activists. These are people who because of some accident to them were forced into this position. They were people, for the most part, who used to be nice in life" (July 6, 1999, Ottawa).

9 One of the few academic treatments of Canada's blood scandal focuses exclusively on HIV. See Margaret Somerville and Norbert Gilmore, "From Trust to Tragedy: HIV/AIDS and the Canadian Blood System," in Eric A. Feldman and Ronald Bayer, eds., *Blood Feuds: AIDS, Blood, and the Politics of Medical Disaster* (New York: Oxford University Press, 1999), 127-60.

10 Tarrow, *Power in Movement*, 4.

the Hepatitis C Society of Canada) and the Committee of HIV Affected and Transmitted. Also included are those persons not affiliated with any particular group or organization, but nonetheless political actors in their own right (for example, Nova Scotia activist Janet Connors, who strenuously advocated on the provincial stage for spouses and children affected by, and infected with, tainted blood).

Scholars of interest groups may be tempted to dismiss “blood activism” as yet another example of contemporary pressure group politics. After all, “blood activists” pushed governments for financial compensation, attempting to reap positive rewards for their members, just as traditional interest groups seek to mobilize support for their respective constituencies. But, as this article argues, there is much more to blood activism than battles for compensation.

Blood activism reflects the four common characteristics of social movements: informal interaction networks, shared beliefs and solidarity, collective action focusing on conflicts and the use of protest.¹¹ First, blood activism was organized less around, and was less constrained by, the role of formal organizations as units. Individual members, many of whom clashed with—or, at the very least, disagreed with—group leaders and/or spokespersons, were an integral part of the advocacy networks that were developed to address blood-related concerns. Second, tainted-blood victims, however represented by formal organizations, activated strong informal links across the country and with activists in other countries to press their claims. Third, movement actors engage in political or social conflicts, which seek to champion or oppose social change. The conflicts in this case concerned who was responsible for overseeing the blood supply, its safety and who could be held accountable for the contamination of thousands of Canadians. Fourth, blood activists used protest to articulate their demands. While the social movement literature tends toward romanticizing “unconventional” modes of protest, it does not imply that confrontational tactics are the *sine qua non* of social movements. Movements often adopt a mix of traditional tactics (lobbying) and unconventional means (demonstrations). Furthermore, situating blood activism in the realm of self-help organizations may help to solidify the claim that groups representing tainted-blood victims be viewed as social movement organizations “that mobilize and empower health consumers in situations of disempowerment and institutional conflict.”¹² Mark Chesler bases his claim on four specific features of such groups:

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- 11 Donatella della Porta and Mario Diani, *Social Movements: An Introduction* (London: Blackwell, 1999), 14-15.
- 12 Mark A. Chesler, “Mobilizing Consumer Activism in Health Care: The Role of Self-Help Groups,” *Research in Social Movements, Conflicts, and Change* 13 (1991), 276.

First, they are part of a broader social movement that seeks to create greater patient/consumer awareness and activism in health care. Second, they involve people dealing with major conflict and threat in their daily lives. Third, they work with their members to create a greater level of awareness of common grievances and interests, of confidence in their own actions and abilities, and of the possibility of acting together for change. Fourth, self-help groups often advocate for change in the medical care system: they articulate members' common concerns; target practices and practitioners that require alteration; open up lines of communication and collaboration often closed to individual consumers; and develop a power base with which to challenge resistant medical bureaucracies.¹³

This study draws from New Social Movement (NSM) and Resource Mobilization Theories (RMT), and argues that aspects of each theory can contribute toward a richer understanding of social movements in general and of blood activism in particular.¹⁴ In short, RMT emphasizes the importance of access to resources, asserting that "social movement activities are not spontaneous and disorganized and that social movement participants are not irrational."¹⁵ For NSM theorists, issues of collective identity are central to the creation of Social Movement Organizations. Collective identity involves three dimensions: "first, formulating cognitive frameworks concerning the goals, means, and environment of action; second, activating relationships among the actors, who communicate, negotiate and make decisions; and third, making emotional investments, which enable individuals to recognize themselves in each other."¹⁶ As Bartholomew and Mayer argue, "The construction of collective identity may not be exclusively the outcome of processes in the sphere of symbolic codes, but may be shaped, also, by political struggle and the relationship between political and cultural dimensions of a movement."¹⁷ Contrary to Alberto

13 Ibid., 299-300.

14 Indeed, a growing current of social movement research attempts to incorporate both paradigms. See, for instance, Doug McAdam, John D. McCarthy, and Mayer N. Zald, eds., *Comparative Perspectives on Social Movements: Political Opportunities, Mobilizing Structures, and Cultural Framings* (Cambridge: Cambridge University Press, 1996).

15 Myra Mark Ferree, "The Political Context of Rationality: Rational Choice Theory and Resource Mobilization," in Aldon D. Morris and Carol McClurg Mueller, eds., *Frontiers in Social Movement Theory* (New Haven: Yale University Press, 1992), 29.

16 Alberto Melucci, *Nomads of the Present: Social Movements and Individual Needs in Contemporary Society* (Philadelphia: Temple University Press, 1989), 35.

17 Amy Bartholomew and Margit Mayer, "Nomads of the Present: Melucci's Contribution to 'New Social Movement' Theory," *Theory, Culture & Society* 9 (1992), 152.

Melucci's assertion "that political engagements with the state are not relevant to the construction of collective identity,"¹⁸ this study follows Bartholomew and Mayer in asserting the importance of this endeavour: Specifically, that we not overlook the impact of institutions (such as the Inquiry) on collective-identity formation.

Political Opportunity Structures: Mediating Between Structure and Agency

While there is considerable disagreement with respect to the variables that comprise such structures, Tarrow's conception is fairly well regarded:

The concept of political opportunity emphasizes resources external to the group—unlike money or power—that can be taken advantage of by weak or disorganized challengers. Social movements form when ordinary citizens, sometimes encouraged by leaders, respond to changes in opportunities that lower the cost of collective action, reveal potential allies and show where elites and authorities are vulnerable.¹⁹

Tarrow identifies at least five key dynamic components of the POS: the relative openness or closure of the institutionalized political system; the stability or instability of that broad set of elite alignments that typically undergird a polity; divided elites; the presence or absence of elite allies; and the state's capacity and propensity for repression.²⁰ For the purposes of this discussion, the focus here is on two aspects: the openness of the political system and the institutional framework, and elites and allies.

Openness of political system and institutional framework

Della Porta and Diani note that "a system has been considered more open the more political decisions are dispersed. The prevalent belief is that the greater the number of actors who share in political power (the greater the checks and balances) the greater the chance that social movements can gain access to the system."²¹ They divide the issue along three lines: territorial decentralization, functional separation of powers between the legislature, executive and the judiciary, and the

18 Ibid., 153.

19 Tarrow, *Power in Movement*, 18.

20 Adapted from the second edition (1998) of Tarrow, *Power in Movement*, 77-80. Tarrow's reformulation adds to the literature, which had identified four dimensions of political opportunity. See Doug McAdam, "Conceptual Origins, Current Problems, Future Directions," in McAdam, McCarthy and Zald, eds., *Comparative Perspectives on Social Movements*, 27.

21 Della Porta and Diani, *Social Movements*, 197.

overall amount of power resting in state hands. Theory suggests that the greater degree of autonomy and power afforded to peripheral bodies (provinces in a federal structure, for instance), the greater the likelihood of gaining access to the decision-making process. Similarly, the greater the degree of autonomy exercised by the legislature, the executive and the judiciary, “the more numerous will be the channels of access to the system.”²² Finally, on the concentration of state power, they suggest that the structure of political opportunity will be more open in “weak” states; that is, states in which “citizens maintain the possibility of intervening with the legislature and executive independently of mediation through political parties, interest groups, or bureaucrats.”²³

The relative openness or closure of the political system is an important variable in this study for at least two reasons. First, one of the institutions—the Inquiry process—played a crucial role not only in solidifying an identity for Hepatitis C victims, but also in directing collective action toward non-confrontational paths. Whether direct confrontational tactics would have garnered a different outcome is of importance here. Several Hepatitis C activists suggested in interviews that they should have learned something from their predecessors, namely radical AIDS activists who had engaged in unconventional modes of protest (for example, “die-ins,” in which members fall to the ground and draw police-style, chalk outlines around their “dead” bodies) with largely positive results. One Hepatitis C activist said of groups such as AIDS Coalition to Unleash Power (ACT UP):

Their model of power is incredible. When they want something, they snap their fingers and it gets done. The government realizes that they cannot upset that group because they’re very militant and they’re united in their belief and they’ve been at it more than 13 years. We’ve just started this movement. We’re just starting to follow that model. We know there are a lot of us out there. By sheer volume of numbers, we have the people to get nasty, to get in government’s faces, to get in the doctor’s faces, and get results. We’re not afraid to stand up and say I have hepatitis C and I’m dying and I want the drugs for myself and everyone who’s got it.²⁴

Second, the structure of federalism in Canada means that the political system may appear: (a) open at one level, but closed at another; (b) open at both levels; and (c) closed at both levels. Indeed, the literature is unsuitably vague in unpacking the distinctive dimensions of this structure in federal systems. This suggests that attention

22 Ibid, 198.

23 Ibid, 199.

24 Personal interview with Peter Madsen, July 1999, Victoria, BC.

be paid to the interaction of federal and provincial powers in understanding the uniquely Canadian terrain of collective action vis-à-vis tainted blood. For instance, several jurisdictional dilemmas surfaced prior to and following the tragedy. Michael Trebilcock and his colleagues rightly point to federalism as one of the reasons why the blood system failed Canadians in the first place. While both the whole blood sector and the blood products sectors appeared to be centralized on paper, they noted that in practice they were “decentralized and diffuse due to the practice of cooperative federalism and entanglement of provincial governments through their funding role.”²⁵ This decentralization, rather than expanding the movement organizations’ access points, appears instead to have confused them further. Activists noted that while they fought some issues at the provincial level, it became clear that they had to identify at least one enemy (the federal government) or run the risk of losing focus. Perhaps not surprisingly, much of the action directed at provincial governments emanated from those activists living outside the nation’s capital, such as in British Columbia and Nova Scotia. The latter was the first province to extend compensation to the spouses and children of HIV-infected victims, a move that, as noted above, prompted other provinces and the federal government to take notice. Janet Conners, the woman who spearheaded the Nova Scotia campaign, said that she was physically unable to pressure the federal government, so she opted instead to fight the issue on her own turf.²⁶

Federalism also helped to explain much of the acrimony that ensued over extending compensation to Hepatitis C victims. The major stumbling block to reaching a deal stemmed from the refusal of provinces to sign on to the package, a claim made repeatedly in interviews with senior federal government officials. Of the federal government’s approach to reaching a compensation deal with the provinces, one official explained: “We played hardball by saying to the provinces, ‘If you don’t get on board, you’re going to get left in the dust. The federal government will go it alone and compensate.’ The provinces, needless to say, didn’t like hearing that because, whether viewed as federal arrogance or what have you, they saw it as being pawns in this game whereby they’d be painted as the bad guys if the feds came out and unilaterally compensated.”²⁷ The complexity of federal-provincial relations was also brought home when Ontario stunned the rest of the country—and reportedly incensed Prime Minister Jean Chrétien—by

25 Michael Trebilcock, Robert Howse and Ron Daniels, “Do Institutions Matter? A Comparative Pathology of the HIV-Infected Blood Tragedy,” *Virginia Law Review* 82 (August 1996), 1428.

26 Personal interview, August 11, 1999, Ottawa.

27 Personal interview with senior government official, February 2000, Ottawa.

offering to compensate individuals left out of the compensation package for Hepatitis C victims infected between 1986 and 1990, despite the fact that all the provinces and territories had agreed to the terms of the \$1.1 billion deal announced in March 1998.

Finally, federalism affected the internal workings of the organizations representing victims' groups. The Hepatitis C Society of Canada, the national body formed in 1994 to represent people with Hepatitis C, ran afoul of many members in local chapters throughout Canada, including a particularly acrimonious battle with a chapter in Victoria, which later cut ties with the national organization.

Elite Alignments

This second component is best characterized in liberal democracies by electoral instability. According to Tarrow, "The changing fortunes of government and opposition parties, especially when they are based on new coalitions, create uncertainty among supporters, encourage challengers to try to exercise marginal power and induce elites to compete for support from outside the polity."²⁸ While Canada had a relatively stable federal government (with two Liberal governments elected in 1993 and 1997), nine different ministers juggled the health portfolio after AIDS became a public-health issue in the early 1980s.

When the right-wing Reform party formed the official opposition in the House of Commons in 1997, tainted-blood victims turned their attention to winning support from this fledgling political party. The tragedy represented an opportunity for Reform to test its political strength on the parliamentary stage. While each opposition party demonstrated their support for Hepatitis C victims to varying degrees, and joined victims in a photo opportunity on Parliament Hill when the opportunity presented itself, the most vocal opposition came from the Reform party, in itself perplexing, given the party's hitherto conservative attack on excessive government spending. Many of the activists who were interviewed felt that the Reform party was deeply committed to the issue; they were not, activists insisted, merely taking advantage of an opportunity to pounce on the Liberal government. Indeed, the Reform party did take an active interest in the issue, using an allotted Opposition Day to debate Hepatitis C compensation. During a heated 1988 debate on Hepatitis C compensation in the House of Commons, however, Prime Minister Chrétien alluded to a poll that indicated the majority of Canadians felt that the Reform party's support for Hepatitis C victims was politically motivated.

The Hepatitis C issue also divided members of the incumbent Liberal party, some of whom threatened in private to vote against their

28 Tarrow, *Power in Movement* (1st ed.), 87.

party and support victims on the issue. While this failed to materialize, there were several indications that Hepatitis C activists had successfully driven a wedge in the party, prompting the prime minister to take the unusual step of warning the party faithful that a vote in favour of extending compensation to all victims would have negative repercussions on dissident members of parliament.

Challengers, according to Tarrow, “are encouraged to take collective action when they have allies who can act as friends in court, as guarantors against repression or as acceptable negotiators.”²⁹ Among elite allies Tarrow includes opposition parties, some of which in representative or democratic systems are normally left-wing in nature. Of the influential allies from whom tainted-blood activists were able to rally support, none, arguably, was more important than the legal community. The law “matters” for social movements in terms of its “catalytic contributions to movement building,” but also as a “source of leverage against recalcitrant opponents.”³⁰ Michael McCann identifies three ways in which movements can use litigation to further their goals strategically. First, movement actors and opponents alike recognize that litigation “can impose [on opponents] substantial transaction costs in terms of both direct expenditures and long-term financial burdens.”³¹ In some cases, opponents are best advised to cut their losses and avoid the exorbitant legal bills associated with protracted litigation. Viewed in this light, it might be argued that governments became receptive to the idea of compensating people with Hepatitis C when it became apparent that the class-action lawsuits launched on their behalf might expose governments to even greater financial losses. Interestingly, however, this strategy was not entirely successful, since governments appeared unfazed by a lawsuit launched on behalf of victims infected before 1986 and after 1990.

Second, according to McCann, the movement’s powerful opponents often fear that they may lose decision-making autonomy to the courts if they insist on pursuing litigation. This, too, makes resolution or settlement far more attractive and politically prudent. The courts did demonstrate, perhaps indirectly, that they supported tainted-blood victims on a number of occasions. In the first high-profile case brought by a tainted-blood victim, Rochelle Pittman was awarded more than \$500,000 in damages after it was revealed that her doctor failed to inform her husband that he had received HIV-infected blood during surgery. Although the judge warned that the decision was “fact-spe-

29 *Ibid.*, 88.

30 Michael W. McCann, “How Does Law Matter for Social Movements?” in Bryant G. Garth and Austin Sarat, eds., *How Does Law Matter?* (Evanston: Northwestern University Press, 1998), 90.

31 *Ibid.*, 91.

cific,” tainted-blood victims nonetheless applauded the decision. Another important legal case that demonstrated to tainted-blood victims that perhaps justice might be within reach, concerned the Federal Court of Canada’s 1996 decision to allow Krever to “name names” in his final report. The Red Cross, the federal government, six provinces, five pharmaceutical firms and 64 individuals tried, albeit unsuccessfully, to prevent the Inquiry from making any findings that could serve as the basis for criminal or civil proceedings.

Finally, says McCann, there is the danger of a symbolic loss for opponents in the court of public opinion: “Because citizens in our society are responsive to (legally sensible) rights claims, defiant groups often can mobilize legal norms, conventions, and demands to compel concessions even in the absence of clear judicial (or other official) support.”³² In other words, the power of legal discourse may influence not only movement opponents, but may strike a chord in broader society, which might raise the risk of hard-line opposition from the movement’s foes.

The concept of political opportunity structure would be of little interest were it not so dynamic or varied in its effects on opponents and challengers. Opportunity structures can constrain or expand the field of collective action in four ways: they expand the group’s own opportunities, they can expand opportunities for others, create opportunities for opponents and create opportunities for elites.³³ The first refers to the ways in which movements create new opportunities and reach new publics through actions of their own. New forms of collective action may introduce the element of surprise, catching authorities off guard and scrambling to respond. From the perspective of this case, it is worth remarking on the degree to which the forms of collective action remained somewhat stable, while at the same time causing substantial political ripples. Loud demonstrations were the exception, not the rule. One group leader noted that activists employed both “back room” and “front room” strategies:

My answer [to government negotiators] always was “you can deal with them [the demonstrators outside] or you can deal with me.” We can sit here and deal at the table and hopefully we will come up with a rational solution, or you can go out and deal with them. And the more outrageous people became out there, the easier it was for us to say “deal with us.” It made a great deal of sense.³⁴

32 Ibid.

33 Sidney Tarrow, “States and Opportunities: The Political Structuring of Social Movements,” in McAdam, McCarthy and Zald, eds., *Comparative Perspectives on Social Movements*, 58-60.

34 Personal interview with Durhane Wong-Rieger, July 6, 1999, Ottawa.

The second effect is the degree to which one movement's efforts may expand opportunities for others. Tarrow cites as an example the US civil rights movement, "which placed new frames of meaning on the agenda, particularly the extension of the traditional notion of rights, that other groups could reshape around their own grievances."³⁵ AIDS activism, and gay and lesbian rights activism before it, one can argue, blazed a trail for tainted-blood victims, but it was a trail paved with uncertainty. Hepatitis C activists were unable to arouse the type of anger that fuelled the AIDS movement. This may be partly explained by the perceived unity of the AIDS movement, which was formed by a group with a largely solid gay identity. The main Hepatitis C organization that rose to prominence in the wake of the Krever Inquiry continues to struggle over how best to represent its diverse membership.

One of the best examples of the third effect—how movements create opportunities for opponents—occurred in the politically charged arena of abortion politics. The landmark *Roe v. Wade* ruling in favour of access to abortion by the United States Supreme Court in 1973, for instance, sparked a flurry of anti-abortion activity. The fourth, creating opportunities for elites, is interesting in light of the political jockeying that greeted news of limited compensation packages for victims. As an exasperated Hepatitis C Society spokesman told the media: "Let's face it. The victims are a soccer ball right now. We're being kicked around by the feds and the provinces. It's like a boys' game. But this isn't a game. This is about people's lives."³⁶

The focus of the article to this point has been on elements of the domestic political opportunity structure that are important in explaining movement dynamics. However, McAdam reminds us that the international context of political opportunities, the "impact of global political and economic processes in structuring the domestic possibilities for collective action,"³⁷ should not be ignored. Blood activism in Canada, then, must be properly understood within a global context since international trends and events may also help to structure the domestic possibilities for collective action. For instance, many activists recalled an international event that signalled to them that an opportunity had suddenly opened: the high-profile conviction in 1993 of four French public health officials in connection with that country's blood tragedy. "It was really a lucky break for us," according to a representative of the CHS. "With that, we decided we could push all the

35 Tarrow, "States and Opportunities," 59.

36 Jeremy Beaty, quoted in "Health ministers head for 'showdown,'" *Ottawa Citizen*, September 16, 1998, A3.

37 McAdam, "Conceptual Origins, Current Problems, Future Directions," 34.

issues on a fear of wrongdoing. Use the inquiry to call for compensation. Use the inquiry to call for safer products.”³⁸ In addition, activists in Canada noted that they were buoyed by positive developments in Ireland, which introduced one of the most comprehensive compensation schemes for all victims of tainted blood, including people with Hepatitis C. Of course movement participants are not alone in being affected by international events. The targets of movement activity—governments, Red Cross officials—also are affected by such events, in the sense of feeling vulnerable and perhaps more open to movement demands. Windows of opportunity, therefore, do not open by themselves; they may be unlocked, which makes them easier to open.

Collective Action Frames

Recognizing, however, that an “opportunity unrecognized is no opportunity at all,” it is crucial to determine “the shared meanings and definitions that people bring to their situation.”³⁹ Social movement theorists refer to these as “framing processes,” the “ideational” dimensions of collective action, while the issue has been taken up by new social movement scholars under the broader rubric of identity. It is insufficient, therefore, to chart solely the opportunities available to movement actors; rather, one must examine why, given the potential opportunity to do so, they choose to mobilize or not. Framing involves “the conscious strategic efforts by groups of people to fashion shared understandings of the world and of themselves that legitimate and motivate collective action.”⁴⁰ William Gamson identifies three components of collective action frames: a sense of injustice, an element of identity and the factor of agency.⁴¹ The first “arises from moral indignation related to grievances,” and involves issues of inequality. It may also refer to a feeling that authorities are not dealing adequately with a social problem. Interestingly, the frame of injustice, which helped to unite victims, eventually tore apart the movement. As Gamson notes:

The heat of moral judgment is intimately related to beliefs about what acts or conditions have caused people to suffer undeserved hardship or loss. The critical dimension is the abstractness of the target. When we see impersonal, abstract forces as responsible for our suffering, we are taught to accept what cannot be changed and make the best of it. At the other extreme, if one attributes undeserved suffering to malicious or

38 Personal interview with Durhane Wong-Rieger, July 6, 1999, Ottawa.

39 Doug McAdam, John D. McCarthy and Mayer N. Zald, “Introduction,” in McAdam, McCarthy, and Zald, eds., *Comparative Perspectives on Social Movements*, 5.

40 Ibid, 6.

41 Gamson, cited in Bert Klandermans, *The Social Psychology of Protest* (London: Blackwell, 1997), 17.

selfish acts by clearly identifiable groups, the emotional component of an injustice frame will almost certainly be there.⁴²

To this one should add two important qualifiers. First, when those “clearly identifiable groups” are associated with altruism, this sense of injustice is magnified. The Red Cross was, by many accounts, one of the country’s most venerated institutions. While the organization tried, initially at least, to establish a frame of injustice, the state, in distinguishing deserving from undeserving victims, made this notion of injustice problematical, and complicated victim strategies to build a commonality of grievances. Marking some people with Hepatitis C as victims of government neglect, for its failure to implement testing when it was widely available, but shutting out others who were infected when testing was presumably not available, reinforced and lent credence to the suggestion that one could reasonably separate victims into two camps. Many Hepatitis C victims identified this as a turning point. Even among those who qualified under the limited compensation plan, there was a deep sense that the government had successfully driven a wedge into the movement.

Second, injustices that are linked to large-scale accidents serve as powerful mobilizers. In the case of “suddenly imposed grievances,” says Edward Walsh, “not only are the grievances clear, in addition, relatively straightforward causal attributions can be made, and most importantly the events impose a collective identity upon those affected; everyone is a victim of the same accident.”⁴³ Although the tainted-blood scandal affected only a small proportion of the population, activists stressed in the media that they were simply the unlucky ones who happened to need blood or blood products.

The second component of collective action frames emphasizes the “commonality of grievances,” and involves the construction of a “we” in opposition to a “they,” the latter referring to those actors who are held responsible for the grievances. While relatively straightforward, this element is problematic when one considers the specific case at hand. The construction of a stable “we”—of tainted-blood victims infected with Hepatitis C—was difficult to sustain when victims were separated into categories of deserving and undeserving of compensation. The third element, agency, “refers to the belief that one can alter conditions or policies through collective action.”⁴⁴ The first two elements are insufficient unless people believe they have the power to alter their condition.

42 Gamson, quoted in Della Porta and Diani, *Social Movements*, 70.

43 Edward J. Walsh, cited in Klandermans, *The Social Psychology of Protest*, 40.

44 Ibid, 18.

In contrast to framing theorists, Francesca Polletta focuses on the importance of narrative in the construction of both individual and collective identities:

Narratives may be employed strategically to strengthen a collective identity but they may also precede and make possible the development of a coherent community, or nation, or collective actor. They connect through narrative reversal the group under conditions of oppression and the group under conditions of liberation. Stories thus explain what is going on in a way that makes an evolving identity part of the explanation.⁴⁵

Polletta also stresses that subsuming narrative under the broader category of frame obscures some of the real differences between the two. What makes a frame successful “is clear specification not only of the injustice against which protest must be mounted but the agents and likely efficacy of the protest. People must be shown that deliberate action will have its intended effect.”⁴⁶ Narrative works in a different way. It succeeds not only by virtue of what it conveys, but also by what it does not convey. Tainted-blood activism, for instance, was initially grounded in an AIDS narrative that began to unfold in the mid-1980s. Recasting this narrative to include people with Hepatitis C would prove difficult for at least two reasons. First, people with Hepatitis C did not represent a unified political group with a legacy of activism from which to draw. AIDS activism, by contrast, could tap into the wellspring of experience created by the gay and lesbian movement. Action on AIDS was seen as a precursor to the physical survival of the gay community, just as gay activism previously was connected with the cultural survival of the community. Second, the sheer, frightening potential of HIV provided a compelling narrative that Hepatitis C, while for some of its victims equally devastating, was unable to muster. Unlike HIV, which moved from its almost certain association with death to a more manageable condition, Hepatitis C began, and continues to be, viewed as an unfortunate medical condition that is, for the most part, not life-threatening.

The Role of the Media

A social movement’s interaction with the media greatly influences how issues and events are framed, not to mention its crucial role in solidifying among movement actors a sense of agency. The media are a prime target for movements that may lack the resources to influence

45 Francesca Polletta, “‘It was like a fever . . . ’ Narrative and Identity in Social Protest,” *Social Problems* 45 (May 1998), 141.

46 Ibid.

policy makers directly. Since framing is not an end in itself, one must examine how a movement's attempt to frame an issue is translated onto the media landscape. As Joseph Gusfield observes: "Mass media do more than monitor: They dramatize. They create vivid images, impute leadership, and heighten the sense of conflict between movements and the institutions of society."⁴⁷ Social movement actors often exaggerate the frame of political opportunity in an effort to encourage like-minded actors to get involved: "It is not merely a matter of seeing the glass as half-full or half-empty but seeing it as half-full when it is often 90 per cent empty."⁴⁸

Gamson and Wolfsfeld argue that movements need the news media for three major purposes: mobilization, validation and scope enlargement. While the media rely on social movements to provide "good copy," the authors argue that movements need the media far more than the media need them. As a result of this unequal power relationship, movements must "deal with a potential contradiction between gaining standing [in the media] and getting their message across."⁴⁹ Sometimes, for instance, movement actors must resort to flashy or noisy tactics to attract attention. Getting in, however, is only half the battle, since this affects how the movement actors are portrayed in the media: "Those who dress up in costume to be admitted to the media's party will not be allowed to change before being photographed."⁵⁰ What is interesting about the case of tainted blood activism is the extent to which this "standing" was granted by extra-media sources. Official standing at the Inquiry, for instance, virtually guaranteed movement actors standing in the media, since much of the coverage of the tragedy centred on the Krever hearings themselves. The true test for Hepatitis C activists, however, came when they had to sustain media interest in the Hepatitis C story well after the Inquiry had completed its hearings at the end of 1995. Activists were partly aided by the legal troubles that befell Krever and a delay of almost two years from the end of the hearings to the release of the final report, each of which served to keep the issue in the news. While they were able to seize on Krever's recommendation that governments compen-

47 Joseph R. Gusfield, "The Reflexivity of Social Movements: Collective Behaviour and Mass Society Theory Revisited," in Enrique Larana, Hank Johnston, and Joseph R. Gusfield, eds., *New Social Movements: From Ideology to Identity* (Philadelphia: Temple University Press, 1994), 71.

48 William Gamson and David Meyer, "Framing Political Opportunity," in McAdam, McCarthy and Zald, eds., *Comparative Perspectives on Social Movements*, 286.

49 William Gamson and Gadi Wolfsfeld, "Movements and Media as Interacting Systems," *Annals of the American Academy of Political and Social Science* 528 (July 1993), 121.

50 *Ibid.*, 122.

sate all victims of tainted blood, the focus on compensation provoked bitter infighting within the Hepatitis C community between those who qualified and those who did not. Some activists remarked that the issue diverted the community's attention from building a strong case for the criminal liability of responsible individuals.

Strategies of Naming, Blaming and Claiming

With respect to Hepatitis C, activist concerns can be grouped along three lines: fostering awareness of the devastating potential of Hepatitis C (naming), the pursuit of criminal sanctions against those individuals and organizations responsible for the needless contamination of the blood supply (blaming), and the fight for financial compensation (claiming). Each of these pursuits—naming, blaming and claiming—was inextricably linked, since activists soon realized that their success in pursuing the first (naming) would affect their ability to pursue the second and third (blaming and claiming). Those organizations representing persons infected with HIV-tainted blood, as will be discussed, experienced different challenges with respect to the first process (naming).

The Politics of Naming

Before they could construct an identity for themselves as people with Hepatitis C, activists first had to give voice to this “new” disease. Unlike the victims of tainted blood who contracted HIV and later developed AIDS, who were able to “benefit,” for lack of a better word, from media and lay constructions of HIV/AIDS as epidemic, people infected with Hepatitis C-tainted blood were not afforded such a luxury. For the most part, victims and/or activists needed to position Hepatitis C as another disease worthy of attention from governments, the media and the public at large. Whatever the difficulties associated with media constructions of AIDS—the predominant association with homosexuality and the stigma this might bring—one thing is certain: AIDS is a potent symbol, an “epidemic of signification.”⁵¹ From the moment Hepatitis C was uttered at the Krever Inquiry, it struggled in the shadow of AIDS, that omnipresent and deadly threat burned in the public mind.

This first pursuit, naming, was indeed a tricky one for Hepatitis C activists. On the one hand, they had to build a strong case for taking Hepatitis C as both a newly emerging and serious public health issue. To this end, movement actors spoke in interviews of their frustrating

51 This term is borrowed from Paula Treichler, “AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification,” in Douglas Crimp, ed., *Cultural Analysis/Cultural Activism* (Cambridge: MIT Press, 1993), 31-70.

attempts to enlist the support of public health officials, a challenge made difficult by the reluctance of officials to be identified with the militant activists who had begun to appear on the nightly television news and in newspaper stories. It seemed that their strategy to gain media attention was a double-edged sword: on the one hand, each successive news story eased the task of “pitching” a new story, which fulfilled their goal of raising public awareness; on the other hand, however, the media attention complicated efforts to generate support from public health authorities, mainly because the coverage portrayed people with Hepatitis C as angry rabble-rousers.

In addition, movement activists had to balance carefully their attempts to play the “newness” card with respect to this disease against the claim that Hepatitis C was not new at all. This was an especially sensitive issue, since it could potentially contradict their claim that several actors—including government and regulatory body officials as well as members of the scientific and medical communities—knew enough about the dangers of Hepatitis C but chose to do nothing. One should recall that blood officials stressed in their Inquiry testimony that little was known about Hepatitis C at the time, arguing that it was reasonable to forgo surrogate testing for a disease that did not even have a name until 1989 (it was previously known as non-A, non-B Hepatitis). What made the issue of Hepatitis C so contentious, as far as possible government compensation was concerned, were the presumed lack of scientific knowledge of the disease, the sheer number of victims (as many as 27,000 infected with Hepatitis C as opposed to about 2,000 infected with HIV) in line for compensation and its widely varying health effects.

People infected with HIV through tainted blood did not experience similar problems with respect to naming, which is not to suggest that their experience was any less difficult. One of the first communities to be struck by HIV-infected tainted blood was the hemophiliac population, which had a long-established organization dedicated to looking after their needs (the Canadian Hemophilia Society). Unlike people with Hepatitis C, who had to struggle to define their needs as well as an organization to look after those needs, people with hemophilia had a relatively strong community infrastructure from which to draw. Their unique struggles helped to cement a lasting bond and inspired feelings of kinship. Second, within this community there was a strong reluctance to associate hemophilia with AIDS, given the long-held connection of AIDS with homosexuality. Hemophiliacs, it was reasoned, were already subjected to prejudice and schoolyard taunts from classmates who viewed them as “sissies” because they had special medical needs. The message was clear: it was difficult enough to live life as a hemophiliac, but it would be unbearably difficult to live life as a hemophiliac with HIV, much less a hemophiliac

suspected of being HIV-positive. This fear was strong enough to keep HIV-positive hemophiliacs in the “clot closet.”⁵²

David Kirp provides an interesting account of the mobilization of hemophiliacs and homosexuals in the face of AIDS. Both gay men and hemophiliacs, whom he terms the “odd couple of AIDS,” have been regarded as less than normal, the first group as a result of “deviant behaviour” and the latter by their association with tainted blood. Although they followed different trajectories, both groups responded to AIDS “by internalizing the shame of their circumstance, living closeted lives, concealing or camouflaging the significance of their condition.”⁵³ Liberation arrived for both groups during the late 1960s, but in different forms. For hemophiliacs, it came in the form of Factor VIII concentrate, which allowed hemophiliacs to self-administer the clotting factor at home and avoid frequent visits to the hospital to be treated for minor bleeds. For homosexuals, then, the key to liberation came in the form of a medical “magic bullet,” which would allow them to live as normally as possible. According to Kirp, American hemophiliacs “implicitly trusted their caregivers, the physicians, and the pharmaceutical establishment, which had brought normality within reach.”⁵⁴ The seeds of liberation for gay men, conversely, were sown in the form of a political event (the Stonewall riots in New York) during which they demonstrated defiance against the police. Unlike hemophiliacs, who viewed normality as a medical construct, gays recognized that the very category “normal” needed to be deconstructed. It soon became apparent that if they were going to reverse the predominant construction of homosexuals as deviant, nothing less than collective action would be required. And, more important, they would have to focus their energies on attacking the very institutions that reinforced this prejudice. This realization would eventually work its way into the agenda of AIDS activists, who sought to underscore the “criminal” negligence of governments who did little to stem the spread of AIDS because of its association with homosexuality. This legacy of distrust of government to do its job helped to spawn the creation of self-sufficient, arm’s length organizations, something that hemophiliacs, who saw in the medical community allies instead of enemies, severely lacked.

52 This phrase is borrowed from Michael Davidson’s article, “Strange Blood: Hemophobia and the Unexplored Boundaries of Queer Nation,” in Timothy B. Powell, ed., *Beyond the Binary: Reconstructing Cultural Identity in a Multicultural Context* (New Brunswick: Rutgers University Press, 1999), 39-60.

53 David Kirp, “The Politics of Blood: Hemophilia Activism in the AIDS Crisis,” in Feldman and Bayer, eds., *Blood Feuds*, 297.

54 *Ibid.*, 298.

The Politics of Blaming

If tainted-blood activists were to portray their membership as authentic victims, it was critical to set their sights on a clearly defined list of enemies. Activists thus centred their attention on three main sets of adversaries: the role of governments (both federal and provincial); the role of nongovernment organizations (the Canadian Red Cross) and, to a lesser extent than in the US, the international blood-banking industry. Canadian tainted-blood victims reserved much of their finger-pointing for the federal government and the Canadian Red Cross. The role of private interests was less the focus of attention, although activists later began implicating pharmaceutical firms in the tragedy. A blaming strategy is critical also for what it obscures, in this case the suggestion that all of those persons who contracted HIV and or Hepatitis C through means other than tainted blood were somehow to blame for their condition. In other words, blaming strategies can define a list of external as well as internal enemies. The internal enemies were, by implicit suggestion, those high-risk persons who donated infected blood, knowingly or unknowingly. Not surprisingly, it was a small step from blaming the government to blaming the blood donors, be they homosexuals, drug users or other at-risk groups whom, it was suggested, should have known better. The blaming strategy gained some momentum when the Royal Canadian Mounted Police (RCMP) announced immediately after the release of the Inquiry's final report in November 1997 that it would investigate whether there was sufficient evidence to lay criminal charges against government and Red Cross officials. Following a three-year investigation, the RCMP concluded that "certain elements required to support criminal charges against the committee or the employees of its secretariat are lacking."⁵⁵ Although the RCMP was able to confirm that the material had been destroyed, it was unable to determine "whether the destruction of these documents was done with any criminal intent."⁵⁶

The Politics of Claiming

For some time, the issues surrounding compensation for receiving HIV-tainted blood went largely unnoticed in the popular press, in contrast to the very public battles that would ensue over Hepatitis C compensation. And, for the most part, the victims of HIV-tainted blood were quite content to keep it that way. While their predeces-

55 Royal Canadian Mounted Police News Release, "No charges in destruction of Canadian Blood Committee Records," February 26, 2001. Available at <http://www.rcmp-grc.gc.ca/html/nr-01-05.htm>

56 Ibid.

sors—those infected with HIV through tainted blood—were able to win compensation for all victims of HIV-tainted blood regardless of the date of infection, people with Hepatitis would not be so fortunate. Recognizing that a limited deal would be viewed by some as, at best, a hollow victory and, worse, a colossal defeat, Hepatitis C activists commented in interviews that their only choice was to pursue an “all-or-nothing” strategy: any scheme that shut out some victims would be seen as unacceptable, not to mention morally reprehensible. With the help of information released at the Inquiry, supplemented by their own amateur sleuthing, victims worked tirelessly to uncover evidence to substantiate their claim that the cut-off period for compensation was an arbitrary one. ALT (alanine amino transferase) testing, they would argue, had been available much earlier elsewhere. In West Germany, for instance, it was instituted as early as 1968. Some of the victims later clashed with their lawyers, some of whom believed that the 1986-1990 window was the most legally convincing, not to mention “winnable,” avenue to pursue.

The compensation issue reached its peak during the spring of 1998 following the announcement on March 27 of a limited compensation package offered by the federal, provincial and territorial governments. In the period between March 27 (when the announcement was made) and April 28 (the House of Commons vote on extending compensation), hundreds of articles on the subject appeared in newspapers across the country. The Hepatitis C story led national television newscasts and dominated radio call-in programmes. Suddenly it seemed as though the story would never go away. Prime Minister Chrétien, who was visiting Cuba during the time, returned to Ottawa to ensure that the party faithful voted with the government on this issue. The strategy worked: the opposition motion to extend compensation to all victims of Hepatitis C was defeated in the House by a margin of 15 votes.

Conclusion

This article views the emergence of tainted-blood activism in Canada, especially among victims of Hepatitis C, through the lens of social movement theory. While tainted-blood victims were a difficult constituency to mobilize, they did so successfully and in a short time, securing not only compensation victories for victims but influencing the decision to overhaul Canada's blood system. This article sought to expand our understanding of public inquiries as sites for contestation over meaning. Inquiries not only provide a forum for groups to express their interests but, as Jane Jenson has explained, they also contribute to the ways in which these interests and collective identities are

re-articulated.⁵⁷ The Krever Inquiry also played a pivotal role in transforming the political opportunity structure in which activists found themselves. The fact that activists used conventional tactics to secure public and government attention reinforces the idea that the line separating disruptive from undisruptive protest is often blurred. Loud, confrontational demonstrations of the sort romanticized in social movement literature fail to capture the multiple expressions of group solidarity that typify contemporary social movements.

The study underscores the need to expand our understanding of “policy outcomes,” which is too instrumental a term to capture the nuanced effects of collective action. While victims were “successful” in securing compensation—a “textbook” outcome—they also succeeded in creating a collective identity for tainted-blood victims and altering public notions of the proper role of “sick” people in society. The creation of this identity was hampered, however, by the uneasy relationship between people infected with HIV through tainted blood and those infected with Hepatitis C, as well as by the sheer diversity of persons lumped under the victim label, which made it difficult to present a unified voice for tainted-blood victims. Also, Hepatitis C victims were further divided according to their time of infection.

Finally, Canada’s tainted-blood scandal raises larger questions regarding the boundaries of state responsibility in matters involving risk. One commentator has even suggested that the scandal and its aftermath have “expanded the definition of Medicare in the twenty-first century” to account for those instances “when treatment does more harm than good.”⁵⁸ The sheer number of individuals who have claimed compensation for government neglect or wrongdoing is seemingly endless: victims of thalidomide, residents communities with tainted water, Aboriginals formerly housed in residential schools, to name a few. Governments are increasingly being called upon to compensate individuals or groups for inflicted harms, and are forced to make difficult decisions regarding whom to compensate. That said, however, one of the main points of this article is that the tainted-blood episode should not be reduced to a “David-and-Goliath” struggle over financial compensation.

57 See Jane Jenson, “Commissioning Ideas: Representation and Royal Commissions,” in Susan Phillips, ed., *How Ottawa Spends 1994-1995: Making Change* (Ottawa: Carleton University Press, 1994), 39-69.

58 Picard, *The Gift of Death*, 255.