

Bad Blood: A Critical Inquiry into UK Blood Donor Activism

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Thesis submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy

2022

I, Benjamin Weil, confirm that the work presented in this thesis is my own.
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Abstract

Since 1983, men who have sex with men have been prohibited from donating blood in the UK on the basis of purportedly elevated rates of HIV and other transfusion transmissible infections. This policy of deferral, known to many as the ‘gay blood ban’, has persisted in some form ever since and has been the subject of protest by individuals or groups termed *blood donor activists*. Utilising an array of theory from across science and technology studies (STS) and queer studies – situated at the nexus of a burgeoning queer STS – this thesis is a critical inquiry into UK blood donor activism. Drawing on archival research and 31 semi-structured interviews with blood donor activists in the UK as well as representatives of patient groups and the UK blood services, this research seeks to understand and critically interrogate the aims, motivations, and implications of the work of blood donor activists.

This thesis argues, first, that blood donor activism in the UK is motivated both by an opposition to blood donor deferral criteria as a technology of homophobia and a contingent framing of blood donation as an altruistic act, which marks out blood donors as good and happy citizens (an affective economy into which queer men seek inclusion). This thesis goes on to argue, however, that blood donor activism is a deeply homonormative political form with a politics that tends to centre ‘respectable’ (e.g. monogamous) gay men at the expense of other figures of risk, like sex workers or promiscuous queers. These politics, this thesis contends, are a product not merely of activist agencies but the epistemic (hetero)norms of the biomedical context within which lay activists seek to raise their credibility. This thesis suggests, therefore, that blood donor activism operates in pursuit of Pyrrhic victories governed by chilling structures that demand we seek alternative routes of political investment.

Impact Statement

This thesis makes a number of major contributions to scholarship within and at the juncture of science and technology and queer studies. Notably, as well as characterising a case that has heretofore been unstudied in either discipline, it extends existing work on the politics of homonormativity in the latter and credibility studies in the former. As such, this thesis extends research and develops theory that could be applied in both fields at the intersections of science, technology and sexuality. Moreover, this thesis makes a significant academic contribution in the form of advancing queer STS as a research programme. Operating at the nexus of two disciplines and drawing on a promiscuous array of theory from them, the research in this thesis speaks to a dearth of engagement in both fields on the overlaps between the politics of knowledge and the politics of sexuality and demonstrates the value of such an engagement as more richly characterising the politics and biomedical contexts within which social movements, like blood donor activism, operate. Alongside the research in this thesis, I have helped to foster space for a queer STS research programme as co-organiser of 2021's 'Queering STS' conference. The outputs of this conference are soon to be collated in the form of an edited volume, within which I intend to disseminate some of the outcomes of this thesis for a wider academic audience.

This thesis has also refined and developed my expertise in the politics of health and infectious disease, especially as they pertain to marginalised communities, and helped to establish me as a public-facing academic in this capacity. I have published numerous articles throughout my research tenure on issues relating to blood donation policy, blood donor activism and the politics of HIV, in publications as diverse as *The Baffler*, *GQ* and *Huck*. I have also brought my expertise to bear on novel disease outbreaks. Notably, in 2021, alongside my colleague Chase Ledin, I published in *Culture, Health & Sexuality* (Ledin and Weil, 2021) critically appraising an HIV prevention campaign launched in the UK during the nationwide lockdown to prevent the spread of coronavirus. This paper, which drew on a number of the ideas and ethics elaborated in the pages of this thesis, was later selected and entered into evidence as part of a report by the APPG on HIV & AIDS on HIV testing in the UK. More recently, I have drawn on my critiques of homonormative health politics and written about the troubling responses to cases of monkeypox amongst queer men across Europe and North America. Writing in *The Baffler*, speaking to *BBC News* and *Vogue Portugal*, I have publicly condemned both government inaction and the paranoid response of a well-meaning public to this recent viral outbreak.

Acknowledgements

We are all made possible by the people that surround us. And I am a sea of gratitude for the countless names (some faceless) and faces (some nameless) who have made possible this thesis and buoyed me to its conclusion. An exhaustive list would fill one hundred pages or more and so I will thank who I can and who my memory permits (no doubt I will forget to mention someone wonderful and integral. To you, I ask forgiveness and say, *thank you!*).

Thank you to the staff and students at STS UCL. To Sue, who made so many trips and visits happen and without whom no research would have been undertaken whatsoever. To my fellow PhD students, new and old, past and present: thank you for modelling the shape of things to come, for sharing your woes and victories, and blossoming alongside me.

Thank you to all my academic colleagues from further afield. Whether I have encountered you online or offline, shared thoughts or a coffee, you have made me feel part of a community. To Chase, who has been the lattice and earth along and within which so much important work has grown. To Steven Epstein for your invaluable feedback on early drafts and for being the very first – and still most inspiring – work of STS I ever read: thank you for walking those footsteps.

Thank you to my friends, who are my sun and air. To Greg and Mikey, who have been constants a continent away. To Jason, James and Sean: our conversations have been the germ of so many ideas and so much of my politics – much of which is stitched into this thesis and the fabric on which it is written. Thank you for the hours of company and criticism. To Lauren and Ruby: the most important years of this thesis were supported by countless nights of card games, films and TV (good and bad), and dances at The Glory with you. I miss you both dearly. To Kylo, without whom I would not be here today (I mean that in every way). Thank you for being the most beautiful and brilliant mirror of my worth and the value of what we do. If I have ever believed in myself it is only because I have believed in you twice as much. You are a force of nature I have been so moved by. To Hattie, who knows how much laughing means to me and knows better than anyone how to make me. My happy place is sitting outside with you and shrieking into the darkness. You will always be home to me. To Jamie, who came along at just the right moment. Thank you for encouraging me over the finish line and for your

smile and kindness, which have been so healing and meant the world to me. To Alex, who is closer than anyone to this project. Thank you for making several beautiful homes and a beautiful life with me, within which I was able, at last, to flourish and be happy. Thank you for your unerring support and for always having faith in me. We made a family.

Thank you to my family. To Anna and Rebecca: thank you for being exactly what older sisters are supposed to be and for always doing your best to protect me. I do feel very protected by you. To my parents, from who I get the very best of me. Thank you for teaching me how to be curious and how to care. Thank you for showing me the true value of an education: that there is always more to know, to see, and to do, and that a hunger for this is one important meaning of life. I love you.

Finally, thank you to my supervisors, who have been so incredible to me. To Emily, who I have always been awestruck by. Thank you for your spirit and your compassion, for your rigour and your humanity. You have never stopped pushing me, right until the end. You are a paragon of academic virtues and caregiving. Everyone who is lucky enough to work with you knows this. I hope you do as well. To Simon, who I do not know how to begin to thank. You have gone above and beyond for me. I have been forever changed by you and the many lessons you have bestowed on me; not just how to write a thesis but how to take time and how to look after myself. You've rescued me from so many falls or near-misses and made me a profoundly better person and thinker in the process. I will miss being your student more than anything else.

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1. Introduction

Since 1983, men who have sex with men (MSM) have been prohibited from donating blood in the UK on the basis of purportedly elevated rates of HIV and other transfusion-transmissible infections (TTIs). MSM deferral was first adopted at the dawning of HIV crisis, two years after the first case of AIDS was recorded in the UK (Grmek, 1993, p. 23). The policy was a response to reports that infected blood products – capable of transmitting what was becoming understood as the virus that caused AIDS – was threatening the lives of haemophiliac patients who depended on clotting factors derived from donated blood (Berridge and Strong, 1991, p. 160). In the absence of a test for what would become known as HIV, the UK blood services opted to defer what they considered to be ‘high risk’ groups from donating blood. Deferral policy first took the form of a leaflet circulated at blood centres across the country, advising ‘homosexual men who have many different partners’ and ‘drug addicts, male and female, using injections’ to abstain from giving blood (Department of Health and Social Security, 1983). As I will detail below, this action would soon ignite a wave of political opposition that is still alive today.

The deferral of MSM has persisted in some form ever since – even after routine HIV testing of donated blood was introduced – and has undergone several major revisions in its lifetime. In 2011, the Advisory Committee on the Safety of Blood Tissues and Organs (SaBTO) – the expert group that advises UK ministers and health departments on the safety of blood, cells, tissues and organs for transfusion/transplantation (Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO), no date) – recommended changes to the existing ban on blood donation from any man who had had sex with another man since 1978, also known as a ‘lifetime’ ban on MSM donors. The new policy would prohibit donation ‘only from those men who have had anal or oral sex with another man in the previous 12 months, with or without a condom’ (Department of Health and Social Care, 2011). In 2017, SaBTO announced another, newer blood donation policy: a 3 month deferral period for MSM (Department of Health and Social Care, 2017a).

This rule and others like it – in place in over 40 countries worldwide – have been protested by a number of different activists or campaigners globally. This form of campaigning,

termed *blood donor activism*, encompasses a broad range of individuals and groups who deploy an array of arguments and strategies, possess varied resources, and range in scope, size or status. What links these actors is that they share the aim of effecting change to what they consider to be outmoded deferral criteria. The term blood donor activism, therefore, acts as an umbrella for the historically, locally, and nationally varied pursuit of blood donation policy reform and encompasses campaigns as varied as small-scale petitions established by single individuals and prominent, large-scale campaigns run by major organisations or charities. The umbrella of blood donor activism might, therefore, conceivably include bids to reform any of the numerous criteria that preclude individuals from blood donation – including a history of commercial sex work, injection drug use, or sex in a ‘high risk’ region of the world like sub-Saharan Africa. Yet, in the UK, like the majority of countries with an active politics of blood donor exclusion, blood donor activism has tended to be the preoccupation of gay and bisexual men (and their allies) calling for an end to MSM donor criteria – or what they term the ‘gay blood ban’. Therefore, while blood donor activism in theory has a broad political scope, in practice, the term is near-synonymous with the protest of MSM donation policy. But why has this group, more than any other, formed such a strong opposition to exclusionary blood donation criteria?

* * *

In June 2019, BBC Two’s *The Victoria Derbyshire Programme* aired a segment with the lead: ‘The gay men breaking blood donation rules.’ In it, two ‘sexually active gay men’ are interviewed about why they choose to donate blood even though MSM donor deferral criteria formally prohibits them from doing so. One man, who is referred to as David, is interviewed across the road from the West End Blood Donor Centre in London, just moments before he is due to give blood. ‘David’ is filmed with his back to the camera at all times. A blue-grey hoodie is pulled over his head, concealing his face. His voice is dubbed over by an actor so as to protect his identity. ‘David’, who states that he has had sex with another man just one week ago, describes growing up in a family where giving blood was instilled in him as ‘the right thing to do’ and describes his frustration that a policy, ‘rooted in deep homophobia,’ would deny him the ‘right to help fellow people.’ Breaking the rules by continuing to give blood, he insists, is, therefore, also ‘the right thing to do.’ The interview concludes with a tracking shot of ‘David’, following him as he walks up to the centre to attend his appointment. The scene is imbued

with the charge and intensity of a spy thriller, centring the apparently illicit nature of ‘David’s’ donation throughout: ‘David’ is a sexually active gay man who will stop at nothing to infiltrate the national blood supply.

In depicting what SaBTO terms ‘non-compliant’ MSM (Department of Health and Social Care, 2017a), *The Victoria Derbyshire Programme* segment attempts to examine the ‘why’ questions implied by its subject matter: ‘the gay men breaking blood donation rules.’ Namely, why is it that certain gay men feel motivated to donate blood and why might they oppose SaBTO’s imposition of exclusionary donation criteria? But something else is also staged in the clip. By imbuing David’s actions with the tenor of espionage, the segment seems to gesture not simply to the fact that certain gay men are motivated to donate but, critically, the *extent* to which they are: so much so that they are willing to transgress to do it. What is indexed here, then, is an intense attachment to and investment in blood donation and, consequently, exclusionary donation policy as a political cause – one that may exceed arguments about the need for blood donation.

Blood donor activist campaigns in the UK over the last 25 years appear to model this very investment in blood donation as an object. Tellingly, pleas for policy reform frequently locate the act of giving blood as adjacent to equal marriage as a political ambition, investing the former with all of the significance of the latter. In a 2014 article for *The Guardian*, in which he proclaims that ‘equalising the right to donate blood is the next frontier for UK gay rights,’ the Conservative MP Michael Fabricant (2014) opens by suggesting that:

The equal marriage legislation passed in this parliament will bring happiness to many couples who, for the first time, regardless of sexual orientation, can marry the one they love...But the cause of equality still has barriers to break. If you are a gay man and have not been celibate for 12 months or more, you are banned from donating blood.

Where Fabricant hails the success of marriage equality as securing the possibility of happiness for queer couples, he implies that exclusionary blood donation policies are a ‘barrier’ to further happinesses for many queer men. Consequently, Fabricant marks policy reform as a necessary way to grant access to an institution that, like marriage, is happy-making. Giving blood – a practice that only an estimated *three percent* of the population take up annually (NHS Blood

and Transplant, 2015b) – is thus afforded something like the resonance for gay men of the widely celebrated ritual of marriage.

Yet, when I visited the West End Blood centre myself (two months after the segment on the *The Victoria Derbyshire Programme* aired), little about the experience suggested why the act of blood donation might be a matter of such intensity for certain gay and bisexual men. I myself am, when I am lucky, considered ‘a sexually-active gay man’ and therefore ineligible to give blood. So, I attended the centre with a female friend who had scheduled an appointment to donate. Upon arrival, my friend was given a booklet to read and a form to complete, which bore all the eligibility criteria for donation, including the one pertaining to MSM. As she busied herself with the form, commenting intermittently on some of the questions as she worked down the list (‘How would I know if I’ve ever had sex with someone who’s injected drugs? It’s not like it comes up in conversation.’), I glanced around the waiting area. It was a clinical, and not cosy, space. It had the hygienic air of a doctor’s or dentist’s waiting room, fitted with green lino floors and blue plastic chairs that are all easily disinfected. Small tables bore bowls of corner-shop snacks (packets of crisps, biscuits, cookies) and water and squash. On every wall and vertical surface were posters reminding waiting donors to make sure they are drinking water.

After my friend completed her forms and handed them back to the receptionist, we waited for a few minutes in the relative silence of the room. My friend told me that the last time she gave blood was at university. She said that she did so simply out of boredom, as she lived just moments from a centre and had, in her words, ‘nothing better to do.’ Eventually, a donor carer – whose job it is to look after donors before, during, and after donation – came to collect my friend, at which point we asked whether I was able to sit with her through the process. ‘Just donors,’ the carer told me and ushered my friend away to an area just out of sight of where I sat.

After 20 minutes of sitting alone in the waiting area, observing the comings and goings of donors and carers, I became aware that my visit to the donor centre had involved little to no contact with the practice of blood donation itself. Under the pretence of using the toilets, I decided to get up to see if I could see the space where donations are taken. As I moved through the centre, I saw three office-like rooms with glass-panelled doors, where donor carers sat with donors and, I noticed, checked their forms. Closer to the toilets, I got a clear look at the donation area itself. It was a stark and sterile-looking space, harshly lit by white fluorescent

lights. There were several reclining beds, which looked like dentists' chairs and were covered in grey plastic, where donors, including my friend, lay with carers at their side. Although I knew it was being collected there, I saw no blood nor even the suggestion of it.

Some 10 minutes later, my friend met me in the 'post-donation' area of the waiting room, where she had been instructed to wait for another 10 minutes before leaving. During that time, she told me about the experience. After going through her questionnaire in the closed room, testing her haemoglobin, taking her blood pressure, and then sterilising her whole arm ('I've never seen so much sterilising,' she says), the donor carer began to collect her blood. The blood was collected simultaneously into a plastic bag, which is constantly rocking to prevent coagulation, and into three small vials for testing. The carers, my friend said, weren't as 'nice' as she thought they were going to be; a bit 'matter of fact,' perhaps because they were in a rush, she thought. In just six minutes ('extremely fast,' my friend proudly told me) she had filled the bag and the process was over. Less than an hour after we arrived, we were outside again in the cheerful morning warmth of London in August.

Reflecting upon this encounter, which is as close as I am permitted by policy to get to the act of donating itself, it struck me that the experience of blood donation, from arrival to to exit, is, in practice, a clinical, prosaic, mundane, and often dull one. What constituted the vast majority of the time spent 'giving blood', since the collection of the stuff itself takes no more than ten minutes (or six, if you're extremely fast), was hardly thrilling. It involved reading the necessary material, filling out paperwork, waiting in silence, drinking water, waiting more, answering questions and corroborating answers, clinical preparation (with no idle chit-chat), waiting to leave – and all in a setting no more welcoming than the dentist's office (most people's least favourite place to be). An apparent incongruity begs the question: how and why has access to a practice as sterile and procedural as blood donation been invested with anything like the emotional and political significance of marriage – a ceremony and status that is *over*-attributed with feelings of joy and jubilation, as the archetypal performance of (state-sanctioned) love within the dominant culture? How might we account for the chasm between the highly affective representations of blood donation and exclusion evinced by *The Victoria Derbyshire Show* or Michael Fabricant (2014) and the flat, routine and rather bloodless experience of giving blood as it happens in practice?

* * *

As I have already mentioned, in 2017, SaBTO announced a move to a three-month deferral period for MSM. 34 years after the policy was first established, in the throes of the uncertainty and threat of AIDS crisis, the change seemed to imply something of a shift in the state's regard for gay and bisexual men and their position vis-à-vis HIV. Speaking at the *PinkNews* awards, the then-Prime Minister Theresa May proudly celebrated the introduction of the new blood donation policy regime as one among a number of steps the Conservative government was taking to ensure LGBTQ+ equality across the UK (Duffy and Jackman, 2017). Crucially, while May listed other markers of apparent progress – for instance, intention to reform the Gender Recognition Act – without making reference to the campaigns supporting them, she made a particular effort to ‘pay tribute to the work of FreedomToDonate’ – a dedicated blood donor activist group in the UK – ‘in campaigning on this issue.’ Blood donor activists were therefore cited as *integral* to the apparent positive changes that the UK was making to their blood donation policy. May's recognition of FreedomToDonate is particularly notable given that the group is peopled not by scientists or medical professionals, but white-collar workers who apparently managed to convince the experts that comprise SaBTO – depicted in *The Victoria Derbyshire Programme* as stubbornly defending policy – of the need for change.

Yet, if blood donation policy reform has been considered as part of an amelioration of the social conditions of sexual and gender minorities, it emerged within a confusing and conflicting political context. For, on 26th June 2017, just four weeks prior to the public announcement of the three-month deferral period, the Conservative Party signed an agreement with the Democratic Unionist Party (DUP) of Northern Ireland. After a snap election earlier that month resulted in a hung parliament, the deal secured Theresa May's ability to form a minority government. The DUP deal swiftly received criticism from, among others, representatives from the LGBTQ+ community, who noted the DUP's ongoing opposition to LGBTQ+ rights (Duffy, 2017). This confusing double context has been replicated elsewhere. News that Orbán's government in Hungary and Bolsonaro's government in Brazil would be scrapping their respective MSM blood donation criteria was celebrated in the gay press in Europe and North America and lauded as setting an example for other countries (Kelleher, 2020; Street, 2020a, 2020b). However, while these symbolic reforms were applauded, they obfuscated the fact that both of these political regimes have worsened the material and social conditions for those worst off within their constituent queer populations. For instance,

Hungary's blood ban reform arrived mere *weeks* after it was announced that the right-wing government was preparing to push through legislation that would put an end to the legal recognition of trans people (Walker, 2020). Thus, the relationship between blood donation policy reform, its surrounding activism, and the wider state of affairs for queer communities is not linear or easily explicable.

1.1. Research Questions

Put together, these observations raise three key research questions about the social movement form known as blood donor activism that this thesis will explore:

1. What are the motivations of blood donor activists and why are they particularly attached to blood donation policy – specifically MSM – reform as a political goal?
2. What are the implications of blood donor activism in relation to the broader landscape of gay politics and subject formation?
3. What are the strategies that lay blood donor activists have taken up in order to effect change and, especially, those taken up to convince expert policy-makers of the need for reform?

Exploration of these questions structures the study presented in the remainder of this thesis. In Chapter 2, I present a literature review of existing scholarship on the subject of blood donor activism and adjacent topics, such as blood donation and blood donation policy. Chapter 3 is an outline of the theory from science and technology studies that I draw upon to inform my analysis and Chapter 4 is an outline of the queer theory employed in this project. In Chapter 5, I describe the methods and methodology undertaken in this project. In Chapters 6 through 9, I present the results of my data analysis, with each chapter speaking to one or more of the questions outlined above. In Chapter 6, I explore the question of what motivates blood donor activists in their pursuit of blood donation policy reform. In Chapter 7, I attend more closely to and consider the implications of the rhetorics utilised by blood donor activists. In Chapter 8, I outline the strategies utilised by lay activists to legitimate their claims. In Chapter 9, I describe some of the factors that influence the shape, scope and impacts of blood donor activist

campaigns. Finally, in Chapter 10, I discuss my findings and conclusions before summarising the interventions of this thesis in Chapter 11.

2. Literature Review

In this chapter, I present a review of literature relevant to a study of blood donor activism in the UK. This has two primary purposes. First, it serves as an introduction to and survey of scholarship that forms the conceptual backdrop to the remainder of this thesis and to which my research speaks. Second, it identifies pertinent gaps in scholarship that I seek to redress. Most notably, as I go on to outline, there is a significant dearth of sustained and detailed research on blood donor activism or the protest of the so-called ‘gay blood ban’ (in the UK or elsewhere).

The literature review is structured in four parts. The first part is a survey of scholarship regarding the symbolics and social meaning of blood across cultures. The second part outlines existing research on the organisation and significance of blood donation. In the third part, I present the historical scholarship that describes the emergence of blood donation deferral criteria alongside sociological work that attends to their social implications and the context of their construction. Finally, in the fourth part, I outline the available literature on outsider interventions in the politics of blood donation that include but are not limited to the phenomenon I have described in Chapter 1 as blood donor activism. Although this review is roughly divided into four parts, its contents are looping – each layer of literature in dialogue with one another. For instance, as we will see, blood as an idiom of kinship helps define the social significance of blood donation, which in turn defines the implications of exclusion from the practice. But also, as Carsten (2013a, p. 8) notes, the techniques of blood donation ‘have the effect of multiplying the emotional and symbolic potential of blood.’ The symbolic elaboration of blood is dialectical.

I must also draw attention to another way that the literature presented in this chapter is looping: namely, that much of the scholarship that parses the implications of blood donor deferral criteria can itself be understood as a form of blood donor activism or, at least, consistent with the arguments presented by blood donor activists themselves. In the introduction to his book on MSM deferral in the United States, Bennett (2009, p. 5) tells us: ‘At the end of this book, I hope all readers agree that banning queer blood is counterproductive to the goodwill necessary for sustaining a transformative democratic practice.’ In other words, Bennett frames

his book as a political intervention in the practice of MSM deferral. As such, throughout the remainder of this thesis, scholarship on blood donor deferral criteria – like Bennett’s – figures as both resource *and* topic; helping to characterise policies of exclusion and also providing insight into the motives and methods of blood donor activism.

2.1. Blood

2.1.1. Meaning-Making with Blood

The social meanings of blood are wide-ranging; anthropologists have long remarked on its ‘polyvalent qualities and its unusual capacity for accruing layers of symbolic resonance’ (Carsten, 2013a, p. 1). Bayer and Feldman (1999, p. 2) note that the symbolics of blood often ‘exceed its biological functions’ – standing in as an idiom for life, death, kinship, reproduction, nation, and much more. So potent and far-reaching are these blood metaphors that, as Nelkin (1999, p. 275) has observed, they have ‘sometimes contradictory connotations’ – with blood representing, for instance, both the matter that binds and distinguishes us. Scholars have noted that the distinctive material properties of blood help to confer and co-produce its meanings – for instance, its ‘association in the body with heat, and the propensity of blood to clot, turning from liquid to solid’ (Carsten, 2013a, p. 4) or the manner in which blood is seen to move: circulating, flowing, gushing, dripping, spurting, or seeping (Fraser and Valentine, 2006; Weston, 2013b). In this way, as Hannabach (2016, p. 99) describes, ‘the metaphoric and the material lend each other weight.’

The meanings of blood, however, are not set in stone – but are highly contingent. Not only do the symbolics differ across time and culture (Nelkin, 1999; Robertson, 2012), but across more local and mediated contexts, too. For instance, as Pfeffer and Laws (2006, p. 3012) point out, ‘blood in a syringe is materially and symbolically different to blood circulating round the human body, and from blood which issues forth from the body such as blood from a cut finger or menstrual blood.’ Moreover, ‘social’ and ‘scientific’ meanings of blood interact, diverge and compete. In an ethnography of the use of intravenous drips in Northeast Brazil, Mayblin (2013, p. 46) observes that, ‘Biomedical understandings of blood...coexist with alternative conceptions of blood as an object of scarcity, and as a substance that carries with it the potential for spiritual redemption, love, and self-sacrifice.’ Similarly, Nelkin (1999, p. 277) remarks that

‘To scientists, blood is replenishable material. But in its social meaning, blood is more than material – it is the essence of personhood, an inviolable substance.’ Even within a given cultural context, sources of meaning are diverse and in tension.

The competing meanings of blood wrestle for cultural purchase and come to govern interactions not only with the substance itself but with the world that these meanings create. In this sense, the meanings of blood are inextricable from processes of politics and power. As Foucault (1987, p. 147) famously remarked, for example, premodern Europe was a ‘society of blood,’ with its idioms central to the workings of sovereign power:

The blood relation long remained an important element in the mechanisms of power, its manifestations, and its rituals. For a society in which the systems of alliance, the political form of the sovereign, the differentiation into orders and castes, and the value of descent lines were predominant...blood constituted one of the fundamental values. It owed its high value at the same time to its instrumental role (the ability to shed blood), to the way it functioned in the order of signs (to have a certain blood, to be of the same blood, to be prepared to risk one's blood), and also to its precariousness (easily spilled, subject to drying up, too readily mixed, capable of being quickly corrupted).

Weston (2013b) suggests that blood metaphors can shore up power relations by naturalising them. She notes that the understanding of capital ‘and its unimpeded circulation as integral to the health of a body economic’ (Ibid., p. 24) is a metaphor elaborated, in part, from the discovery of the circulation of blood in the seventeenth century, coinciding with the expansion of international trade through colonisation. ‘The physiological connotations,’ she observes, makes this state of affairs appear *organic* rather than ‘politicized and open to change’ and, therefore, obfuscates ‘the ways in which capitalism reproduces inequalities’ (Ibid., pp. 28-33).

It is worth noting, however, that blood is not only a symbolic medium for the operation of power over the masses: its meanings can be instrumentalised for the purposes of political protest. For example, Copeman (2013, p. 148) has described the particular significance of blood for political communication and protest in India – part of ‘a region...famed for restrictions placed on flows of substance.’ Where blood is deployed to political ends – for instance, as the medium used in political art – in cultures where its meanings are taboo or sacred, or where its

loss or transfer has anxious connotations, Copeman notes, it imbues the genre with a ‘marked expressive force’ (Ibid.). The particular resonances of blood, therefore, can be the means of political resistance, too.

2.1.2. The Symbolics of Blood

2.1.2.1. *Blood, Health, and Illness*

Across cultures, blood is considered central to health: the seat of wellbeing (Mayblin, 2013). As Carsten (2013a, p. 7) notes, fluctuations in health are often understood as contingent upon ‘changes in the composition or quantity of blood’ and, therefore, wellbeing is often attained via ‘regimes of bodily vigilance.’ Not all blood is considered equal in this regard. As Martin (2013, p. 271) points out, there are ‘hierarchies among types of blood in the human body,’ within which menstrual blood is considered lowest of all: ‘conceived as a waste product, merely the result of a failed conception.’ Contrasting the attribution of (circulating) blood as the foundation of health is its linkage to illness, harm, or death. As Carsten (2013a, p. 14) describes, because it is regarded as the origin of life, ‘[o]utpourings of blood – whether induced through purposeful acts of violence or incurred by accident – are...[considered] hazardous.’ Nowhere is the ambivalent relationship of blood to health or illness more apparent than within ancient and medieval humoral medicine, where practices of blood-letting were understood as integral to the delicate balancing of the humours that secured good health. As Bildhauer (2013, p. 59) notes, ‘it should not be surprising that blood ‘means’ both health and sickness: if good blood is crucial for health, it is only logical that too much or too little of it will then ‘mean’ sickness.’ As I will note, this constructed line between ‘good’ and ‘bad’ blood is an idiom that is routinely applied to delineate the desirable from the undesirable in manners that exceed health.

2.1.2.2. *Blood and Kinship*

One of the most visible ways that blood is symbolically positioned is as the material substrate of kinship – where ‘blood predominates as the main idiom of shared bodily substance’ (Franklin, 2013, p. 286). To be a blood relation, to share blood, to be of ‘one blood’ – these

idioms stand in for kinship and relatedness across European and North American culture (Schneider, 1980; Cannell, 2013; Weston, 2013a). A number of scholars have noted the profound resilience of blood as an idiom of kinship – as having a “loose” quality’ that means it ‘can be made to go “off road” quite easily’ (Franklin, 2013, p. 295). In particular, the idiom of ‘shared blood’ has been extended through the genetic revolution and, in the words of Haraway (1997, p. 265) ‘recast in the coin of genes and information,’ with ‘blood’ and ‘genes’ often apprehended as having similar or even equivalent meanings (Porqueres i Gené and Wilgaux, 2008, p. 125).

Because of its role defining kinship bonds both vertically and horizontally, blood has also been utilised as an idiom that defines and binds the nation state. In many countries, national belonging is determined based on the principle of *jus sanguinis* – or ‘right of blood’ – wherein an individual’s citizenship is determined by the place of birth their parents. Robertson (2012, p. 93) highlights that in Japan, where the principle of *jus sanguinis* applies, there is, therefore, ‘a tacit understanding at large that really real, or “pure,” Japaneseness is qualified and circumscribed by “blood” (*chi, ketsu*).’ Copeman (2013) notes that blood is considered to sustain the nation not just through its horizontal linkage but in its *sacrifice* in battle.

2.1.2.3. *Blood and Race*

Articulations of shared blood as the foundation of the national community reflect, as Aubert (2013, p. 176) notes, deeply ‘racialized conceptions of “nation” and “national belonging”—...an understanding of “the nation” as a “community of blood,” or, we might say, “of blood relatives.”’ Accordingly, blood has historically been understood to demarcate both racial in-groups and racial out-groups (Cannell, 2013; Weston, 2002) and has been tightly bound up in the histories of eugenics (Robertson, 2012) and opposition to race-mixing (Essner, 2013).

The notion that racial difference is reflected in blood was crystallised through scientific inquiry and technological development. As Lederer (2013, p. 117) describes, the discovery of blood groups in 1900 by the Austrian immunologist Karl Landsteiner provided ‘a new scientific method to separate oneself from friends and family, as well as modern, technological means to align oneself in new ways with different people.’ While blood typing seemed to suggest commonalities amongst human beings, it beckoned in new scientific attempts to ‘distinguish bloods from individuals of different races,’ with the medical literature ‘foster[ing] enthusiasm

that definitive racialized tests, including one to distinguish the blood of Gentiles from Jews, would one day be found' (Ibid.). For example, Tapper (2002, p. 335) notes that the occurrence of sickle cell anaemia in regions of Africa was regarded as a form of racial blood typing by US doctors, who saw this as a means to 'naturalize ethnological entities...by defining them in biological terms.' Moreover, anxieties about 'racial admixture' would only be exacerbated by the advent of blood donation, which, particularly in the segregated US, would upset 'the color-coded boundary that marks a racialized hierarchy' (Weston, 2002, p. 160; See also: Lederer, 2008; Lallemand-Stempak, 2016). Up until 1950 in the US, attempts to manage these racist anxieties would see to the implementation of segregated blood banking practices, separating Black blood from white blood and prohibiting the transfusion of blood between races (Lallemand-Stempak, 2016; Weston, 2013a; Hannabach, 2016).

2.2. Blood Donation

2.2.1. Blood Donation and 'The Gift Relationship'

Perhaps the most influential text ever written on blood donation is Titmuss' (1971) *The Gift Relationship* – a treatise on the importance of a voluntary, non-remunerated system of blood donation. Drawing on the work of Mauss ([1925] 2001), Titmuss argued that voluntary blood donation could be understood as a system of altruistic gift-giving that established relations of generosity and indebtedness between citizens and, therefore, constructed social ties. According to Titmuss, within non-remunerated and anonymised systems – like the UK's – where the identity of the blood donor is unknown, donated blood invokes not gratitude to an individual but trust in and responsibility to the *community* – so that the act of giving blood sustains not just the physical health of the population but its social wellbeing, too. Following Titmuss, voluntary blood donation has therefore often been understood to rely on the altruism of individual donors (Busby, 2006), with giving blood described as 'perhaps the purest example' of altruistic behaviour (Elster, 1990, p. 46). Furthermore, blood donation is often regarded as a superlative altruistic act – in comparison to the giving of time or money – because 'blood is seen as an urgent, immediate, life-saving gift' and the donation of blood is seen as 'giving the self' (Valentine, 2005, p. 118). Other donations of blood have also been circumscribed in these

terms – with the language of the gift being invoked, for instance, to solicit blood samples for the UK Biobank (Busby, 2006; Carsten, 2013b).

The Gift Relationship has been credited with leading to a ‘fundamental reexamination’ of blood systems – like the US’ – that previously relied on paid-for donors to maintain the blood supply (Bayer, 1999, p. 19). This is because Titmuss’ essay did not only exalt anonymised, voluntary donation, it also critiqued the risks of remunerated blood donation. Comparing the rates of transfusion-related cases of hepatitis in the US and the UK, Titmuss argued that paying donors inevitably attracted people at risk of transfusion-transmissible infections (TTIs), like injection drug users, who had apparently questionable intentions. In contrast, he claimed, a volunteer system encouraged donors who were both morally and biologically pure. Here, Titmuss invoked a familiar dichotomy: ‘good’ people donated ‘good’ blood, while ‘bad’ people donated ‘bad’ blood. Therefore, as a number of scholars have noted, Titmuss and the legacy of his work implied that donors invest donated blood with their own moral qualities (Bayer and Feldman, 1999; Carsten, 2013b). Even within anonymised systems, then, donated blood carries traces of a donor’s identity (Waldby, 2002a; Valentine, 2005). Of course, this linkage of biological and moral purity is profoundly classed and racialised. As Murray highlights, Titmuss’ essay expressed concern about the proportion of blood ‘being supplied by the poor, the unskilled, the unemployed, Negroes and other low-income groups’ (Titmuss quoted in Murray, 1990, p. 221). Safe and appropriate donors, therefore, were characterised by their proximity to wealth and whiteness.

The assumption that donor motivations are bound up with the safety of donated blood is widespread and has often resulted in attention being drawn away from the techniques of blood donation and onto people (or more specifically, their character) as the locus of risk. As Valentine (2005, p. 123) notes, ‘privileging donors’ motivation imbues blood with the properties of its source, and the process of its donation.’ Thus, paid-for blood is regarded as inherently risky, while non-remunerated blood is regarded as inherently safe. Steffen (1999, p. 99) notes that ‘the dogma of the unassailable morality of the voluntary donor’ and the purity of their blood was so profound that it proved ‘difficult to develop donor screening in France.’ When the French blood services introduced their first test for hepatitis B, for instance, they immediately discontinued the screening of donors based on their risk practices, presuming safety would be insured by a biological assay and the purity of donors’ intentions. Conversely, Adams and colleagues (2016) point out that the circulation of HIV-infected blood through

China is often assumed to be the product of the higher risk posed by poor, remunerated donors from rural areas. However, they argue, ‘the contaminated blood crisis in China was less a direct result of rural populations being more “at risk”...than a result of unhygienic practices at the collection centres themselves: the use of unclean needles, failure to screen and test blood, and the pooling of blood and re-injecting of donors’ (Ibid., p. 58). In both of these cases, it was donor motivation that was imagined to confer risk or safety, not the techniques of blood collection or transfusion.

The movement of moral value between donor and donated blood does not flow one-way. As numerous scholars have suggested, the apparently sacrificial practice of blood donation also imbues the blood donor with qualities of goodness and virtue (Lederer, 2013). Because blood donation itself is considered an altruistic act, even if donor motivations exceed altruism in practice (see below), blood donors are considered to be ‘individual[s] with a greater sense of altruism than others...more caring, compassionate, and generous than non-donors’ (Valentine, 2005, p. 118). As Bennet (2009, p. 7) notes, when an individual gives blood, ‘the positive associations of blood donation are symbolically transfused into the moral worth of the blood donor,’ who is then cast as a superlative citizen of high ethical standing. As such, blood donation may often be framed, by blood donors in particular, as a civic duty – the obligation of a good citizen (Charbonneau and Tran, 2013; Garraud and Lefrère, 2014; Gomes et al., 2019).

2.2.2. Beyond ‘The Gift Relationship’

Although Titmuss’ essay has been influential in shaping the global organisation of blood donation, much scholarship highlights the limitations of Titmuss’ ode to voluntary donation and the goodwill of donors. Firstly, the motivations of voluntary blood donors far outstrip ‘altruism’. As anthropologists, behavioural psychologists, and sociologists of blood donation have all noted, blood donors may decide to give blood for an array of reasons, including religious beliefs, family tradition, workplace culture, social pressure, or simply because a friend was going (Carsten, 2013b; Gomes et al., 2019; Oswalt, 1977; Charbonneau and Tran, 2013; Godin et al., 2005). Simpson (2009, p. 110) describes how, in Sri Lanka, young men give blood because the practice is seen as virilising – a rite of passage where ‘bravery, strength and an emergent manhood (*pirimikana*) is demonstrated.’ The practice of donation, then, may be symbolically elaborated into a gendered performance – particularly in contexts where female

donors are perceived as less ideal than their male counterparts (Sanabria, 2009; Mumtaz, Bowen and Mumtaz, 2012; Kent and Farrell, 2015). Simpson (2009, p. 103) describes this form of symbolic elaboration as the ‘haemato-global assemblage,’ with the meanings of blood exceeding the way that blood services wish the practice to be apprehended (as an altruistic act and, moreover, as highly technical and ‘scientised’).

Historical, sociological and anthropological scholarship also raises questions about the stark division between remunerated and non-remunerated donation modelled by Titmuss’ essay and its adherents. For, while Titmuss compared the voluntary character of the UK blood system to widespread remunerated practice in the US, in reality the lines between these modes of organisation are blurry. For instance, as Berridge (1996, p. 38) notes, while European blood services have faced forward with a ‘volunteer image,’ in fact they have historically relied on the import of commercially-sourced blood products – most notably the clotting factor VIII used to treat patients with haemophilia. As a number of scholars have noted, the marketplace for donated blood and tissues has not quietened since Titmuss’ polemical treatment of paid-for donation. Rather, as Busby (2006, pp. 852–853) notes, ‘the uses to which donated blood are put have diversified throughout the second half of the 20th century,’ with donated samples becoming ‘an immensely valuable resource for both commercial and public health research.’ With diversifying uses of blood and, consequently, a growing demand for the substance, ‘our experience as medicalised subjects is more and more likely to involve, at some point, participation in such networks of tissue transfer, as donor, recipient or both’ (Waldby et al., 2004, p. 1462; See also: Waldby, 2002a). As a number of scholars have noted, therefore, citizens are increasingly apprehended in terms of their ‘biovalue’ (Waldby, 2000, 2002b; Waldby and Mitchell, 2006) and rendered what the anthropologist Cohen (2005, p. 16) has termed ‘bioavailable’: ‘available for extraction...[for] infusion or implantation into others.’

Moreover, while ‘voluntary’ and ‘remunerated’ donation are often conceived as discrete systems, the organisation of blood donation is more plural than this dichotomy suggests. As Copeman (2009a, p. 2) notes, while voluntary blood donation appears to be marked ‘across different contexts as ‘the same,’ in fact ‘blood donation-as-global-institution develops a striking *a posteriori* diversity...in different locations.’ In Japan, for example, after a decline in donations in 2006, the Red Cross ‘began offering various perks’ to entice new and repeat donors: on certain days of the week, donors at the Akiba Blood Donation Room were attended to by women dressed up as French maids, who offered hand massages to donors after they had

given blood (Robertson, 2012, p. 104). Elsewhere, as in Sri Lanka and northern India, volunteer donors are recruited not by invoking a gift to a stranger but through systems of 'replacement donation' whereby individuals who receive blood from the blood service are expected to recruit a relative to replace the volume of blood taken from the blood bank (Copeman, 2009a; Simpson, 2009). Remunerated donation is also not always as straightforward as the donation of blood in direct exchange for cash. In China, for instance, after conventionally remunerated blood donation was banned because of the circulation of HIV through the blood supply, the government permitted work units – places of employment – to remunerate workers who agreed to donate on behalf of the unit. Adams and colleagues (2016, pp. 65–66) note that when considering how much compensation to offer donors, work units had to strike a 'delicate balance...offering enough compensation to express appreciation...without instilling...a sense of coercion...among potential donors.' In this case, the organisation of donation tacks back and forth between the benefits of both remunerated and non-remunerated practice.

Taken together, it is apparent that the gift relationship that Titmuss presented as a description of voluntary donation is, in fact, a highly contingent mode of organisation. In this manner, Healy (2000) encourages us to think more carefully about organisational discourses of blood donation, arguing that blood is not so much as *donated* by people as it is *collected* by services. Comparing systems of blood and tissue donation worldwide, Healy suggests that altruism is not some innate quality of citizens who are driven to donate but is a discourse through which the donation of blood is 'structured, promoted, and made logistically possible by organizations and institutions with a strong interest in producing it' (Healy, 2004, p. 387). Viewed in this light, altruism – and its constituent gift rhetoric – is just one mode of collecting blood, chosen from an infinite repertoire for its capacity to sustain long-term donations by marking them as morally valuable (Healy, 2006): for instance, by making donors feel proud (Charbonneau and Tran, 2013) or that they are helping real people in the absence of face-to-face encounters (Weston, 2013a).

Similarly, Whitfield (2013, p. 95) has described the emergence of gift rhetoric in the UK as having strategic ends, noting that 'gifting, with its fetish for one-to-one connectedness, was not always a self-evident or appropriate way to characterize an act of bodily donation.' In the 1940s, Whitfield notes, the introduction of pooled serum and plasma products – what we understand as the 'blood bank' – replaced the previous practice of one-to-one donation with a

new, one-to-many or many-to-many system of donation and transfusion. As such, new techniques of blood donation were incongruous with the existing understanding of blood as a gift of life from stranger to stranger, with some practitioners expressing concern that the pooling of blood would ‘dry up the springs of altruism’ (quoted in Whitfield, 2013, p. 98). The new gift rhetoric was innovated in Homefront propaganda during WWII and implicated a singular recipient – a stranger or the abstract figure of the soldier or injured civilian ‘evocative of missing kin – child, husband, sweetheart, brother’ (Ibid., p. 95) The gift, then, was, or is, not a *description* of blood donation but a *normative* configuration.

2.2.3. Blood Donation and Nation

According to Whitfield (2013, p. 105) what made gift rhetoric attractive to blood collectors was its capacity to solicit the ‘idea of a nation’ – casting a singular recipient within what Anderson (2006, pp. 6–7) famously described as the ‘horizontal comradeship’ and stranger relations of an ‘imagined community.’ Indeed, scholars have remarked upon the intimate entanglements of blood donation and nation. Bennet (2009, p. 6), for instance, observes that blood donation has deepened the symbolic relationship between blood and kinship where blood drives are held ‘in locations traditionally associated with civic identity, including churches, schools, hospitals, and town halls.’ Blood donation, he suggests, is, therefore, a ‘performative act of civic engagement and nation building’ (Ibid.) – one that is perceived as bringing into being the bonds of the imagined community. Similarly, Strong (2009, pp. 172–173) suggests that blood donation enacts “vital publics’: sets of stranger relationships defined by those who may give, receive or otherwise benefit from, blood and other biological material, the putative substances of ‘life.’ Critically, the constituents and characteristics of ‘vital publics’ are frequently defined in relation to national identity. As Dryden points out, for example, ‘the blood business in Canada is intimately connected to Canadian nationalism’ (Dryden, 2010, p. 78). Canadian promotional campaigns, she notes, frame blood donation within ‘international narratives of generosity, nice-ness, morality and tolerance’ and render the practice ‘as archetypically Canadian as the national anthem, hockey games, multiculturalism, and the Charter of Rights and Freedoms’ (Ibid.).

Other scholars have highlighted that blood donation is not just metaphorically bound up with nationalism but is materially implicated in national ideology where it is a means to

support military exploits or to defend the nation. Blood donation has often been promoted, in wartime, as one form of blood sacrifice to support another (Love, 1996; Whitfield, 2013; Hannabach, 2016). Copeman (2009b), for example, highlights that non-violent Hindus have been able to contribute to war efforts by giving blood to support injured troops. Similarly, others have noted that a mass exodus towards sites of blood donation has often been among citizens' first response to reports of a terror attack as a means to help injured victims (Seeman, 1999; Waldby and Mitchell, 2006; Martucci, 2010). Crucially, as a number of scholars have pointed out, the donation of blood in the aftermath of these events often far exceeds the demand created by them – with *The New England Journal of Medicine* reporting that just 0.05 per cent of blood collected in the aftermath of September 11, 2001 went to survivors of the attack (O'Neill, 2003; Weston, 2013a). Blood donation in the aftermath of these events, therefore, is understood as an attempt to 'stabilize identity and forge reidentification with that which is familiar and normal' (Bennett, 2009, p. 49). As John Harrington (2020, pp. 115–125) notes of the rush to donate blood following a terrorist attack in Nairobi's Westgate shopping centre: 'wave[s] of donation after [confirm] the importance of the blood system as a site for imagining the nation' where 'donation... [is] figured as an assertion of national unity.'

If blood donation is called on in the interests of maintaining national security, it would make sense that national security is also called upon in the management of blood donation. Weston (2013a) notes that the maintenance of the safety of donated blood is enacted through a highly bordered logic: 'Biosecurity discourse,' she writes, 'tethers "personal" safety to the defense of the nation-state. Thus, it is Thailand's or Portugal's blood supply that is said to require protection, rather than "the world's," "the Loire valley's," or the two units that will course through your veins during your next operation' (Ibid., p. 258). Implicit here is the sense that the wellbeing of the nation is shored up through the safety of the blood supply and, equally, that blood may only flow between bodies within the hardened border of the nation state. The corollary of this, of course, is the widespread regard for foreign blood as 'impure', with immigrant donors positioned as agents 'of corruption from "abroad"' (O'Neill, 2003, p. 368; See also: Nelkin, 1999) – once again rehashing a distinction between 'good' and 'bad' blood.

2.3. Risk, Safety and Blood Donor Deferral Criteria

In this section, I outline existing scholarship on the emergence of blood donor deferral criteria and its significance for blood donation regimes. While the literature discussed heretofore has been somewhat theoretical, the scholarship outlined in this section is historical in nature, serving to locate blood donation policy in historical and political context.

2.3.1. Emergence of Blood Donor Deferral Criteria

Concerns about TTI transmission have historically played a role in shaping the management of blood donation – for instance, as I have already noted, and as Bayer and Feldman (1999) observe, the transmission of hepatitis. These anxieties were magnified, however, at the dawning of the HIV crisis. With its etiology still unknown in the early 1980s, cases of AIDS in blood transfusion and blood product recipients, including haemophiliac patients and babies, made tabloid headlines in the UK (Berridge, 1996, p. 40). The transmission through the blood supply of the virus that would come to be known as HIV would precipitate a crisis of ‘contaminated blood’ and would lead to the deaths of thousands of haemophiliac patients worldwide from AIDS-related illness (Albæk, 1999; Ballard, 1999; Kirp, 1999; Orsini, 2002, 2007).

Donated blood-borne cases of AIDS were integral for redefining the significance of an illness that had been earmarked in the West as a ‘gay disease’ because of its early identification among homosexual men (Weeks, 1991; Schiller, Crystal and Lewellen, 1994). In other words, blood transfusion-related cases of AIDS appeared to challenge the Western notion that ‘gayness’ was the ‘common denominator underlying the condition of acquired immune deficiency’ (Treichler, 1999, p. 238) and challenged ‘lifestyle’ etiologies of the disease, which identified homosexual excess as the cause of AIDS (Epstein, 1988; Conrad, 2007). This revelation had dual epistemological and political implications. The contamination of the blood supply not only had the effect of shoring up a viral etiology of AIDS, laying the foundations for the discovery of the virus in 1983-4, but also newly ‘raised the fear of spread into the general population’ and beyond homosexual men (Berridge, 1997, p. 37). As Berridge (*Ibid.*, p. 51) puts it: ‘The blood issue was of crucial importance...in demonstrating for the first time that AIDS was, potentially and actually, not just a ‘gay plague.’ As such, the transmission of HIV through the blood supply has historically forced those who considered their (hetero)sexuality to protect them to confront HIV risk (Sontag, 1990; Crawford, 1994; Terry, 1995).

In the absence of a known test for AIDS, blood service professionals around the world were compelled to consider ‘avoiding the use of blood products obtained from individuals with the potential to transmit AIDS’ (quoted in Berridge, 1996, p. 39). In countries where cases of AIDS-related transfusion had been identified, this would lead to, as described in Chapter, the adoption of the social technology of donor screening, asking groups considered to be at high risk of AIDS to self-defer from donating blood. In the UK, from September 1983, injection drug users and ‘practicing homosexual men’ were urged not to give blood via a leaflet distributed at blood donation centres (Department of Health and Social Security, 1983). The wording of this leaflet would be revised four times between 1983 and 1986, when the wording finally settled on the deferment of ‘men who have had sex with another man since 1978’ from giving blood (Berridge, 1996, p. 47). Over time, the practice of donor deferral in the UK would be formalised as policy and assessed via a questionnaire that all would-be donors must complete prior to donating.¹ The scope of deferral would also be expanded by blood donation regimes globally, with new criteria excluding other risk groups including commercial sex workers and immigrant communities (Dziuban and Sekuler, 2020).

2.3.2. The Introduction of HIV Testing Technology

As I have already noted, blood donor deferral criteria were first adopted in the absence of a test for HIV. As Adams and colleagues (2016, p. 58) put it, ‘In the absence of foolproof screening techniques, deciphering the underlying blood health of donors [became] critical. Social measures...end[ed] up standing in for biological measures of exposure.’ I will return to the political responses of the gay community to the advent of deferral criteria below but, for now, it is sufficient to say that, in many countries, gay community leaders latched onto the hope that the development of a blood test for AIDS ‘would obviate the need for screening procedures...based upon sexual orientation’ (Bayer, 1999, p. 25). Both public health officials and the gay community, therefore, regarded the development of a test for AIDS optimistically, hoping that it would, in various ways, improve the screening of blood.

¹In the UK, failure to comply with policy is not a criminal offence. The majority of ineligible donors will remain unknown to the blood services. If, however, a donated sample tests positive for an infection ‘likely to be significant to a donor’s health’, the donor will be notified (Welsh Blood Service, no date) – at which point, they may face follow-up questions about their eligibility for the purposes of data-gathering.

The advent of testing in 1985, however, summoned unanticipated concerns. US blood officials worried that if a screening test was made public knowledge then ‘high risk’ donors might assume it was safe for them to donate (Bayer, 1999, p. 27). A more widespread concern was that the announcement of blood screening for the virus then known as HTLV-III might encourage ‘high risk’ donors – especially gay and bisexual men – to donate blood in order to find out if they had antibodies (Berridge, 1996; Bayer, 1999; Steffen, 1999). In Canada, this concern was so great that blood service officials hesitated to implement screening months after it was introduced in the neighbouring US (Gilmore and Somerville, 1999, p. 134). In order to manage an imagined influx of ‘high risk’ donors, countries like the US and UK opted to make HTLV-III testing available simultaneously at sexual health clinics and haemophilia centres (Berridge, 1996; Steffen, 1999). Thus, as Catherine Waldby (1996, p. 108) notes, while the HIV test ‘was first developed to facilitate the screening of blood donations’ its use was swiftly pluralised and ‘modified to be used in individual diagnostic screening.’ Supporting at-risk communities with the option of access to HIV testing was, therefore, only an afterthought – a means to facilitate protection of a ‘general population’ who were otherwise at apparently low risk of exposure.

Ultimately, early hopes that screening blood for HIV would eliminate the need for donor screening were dashed. As time elapsed, more evidence accrued that suggested it might be risky to do away with donor screening entirely. Although the early HIV tests for screening donated blood were chosen for their limited *specificity* (Ibid., p. 119) – their propensity to produce false positives rather than false negatives so as to cast a wider aperture for detecting transfusion risks – the tests still had a limited *sensitivity*. In particular, a persistent window period between the time of infection and the time that HIV can be detected meant that tests still had the capacity to produce false negatives (Martucci, 2010). The limits of HIV testing sensitivity, alongside a short ‘shelf life’ of donated blood (O’Neill, 2003), would encourage policy-makers to maintain donor screening in a belt-and-braces approach to blood safety.

A number of scholars have also noted how survey and population-wide data has shored up the blood service’s commitment to donor deferral. Gilmore and Somerville (1999, p. 137), for example, describe how the results of a 1996 survey of potential blood donors in Canada, ‘emphasized the importance of maintaining a vigilant screening system,’ because it indicated that a number of individuals who already knew they were HIV seropositive were donating blood in order to test for HIV. Deepening epidemiological knowledge has also redoubled

support for donor deferral. Crespin and Danic (2016, p. 153) argue that the advent of tests for blood-borne viruses like HIV bolstered the argument for ongoing exclusion of ‘high risk’ groups because they ‘bore out epistemological data showing that certain donor populations exhibited more risk than others – in particular, drug users and men having sex with other men.’

Tests, therefore, did not alleviate the need for deferral but, rather, worked by ‘scientifically validating the existence of at-risk populations’ (Ibid.). Indeed, Dziuban and Sekuler (2020) note that the evidentiary base for the exclusion of ‘high risk’ donors has only expanded, encompassing data about disproportionate rates of TTIs other than HIV – namely, hepatitis B, hepatitis C, and the Human T-lymphotropic virus – among risk groups. The authors argue that this represents ‘a gradual de-exceptionalisation of HIV...as the primary condition structuring deferral’ (Ibid., p. 194). Over time, therefore, TTI testing technologies have led to *more* rather than *less* donor screening, with epidemiological knowledge of HIV and other TTIs shoring up a bio-social model of donation that locates infection risk amongst distinct classes of people and practices.

2.3.3. Institutional Cultures of Risk

Scholars have noted that this bio-social model is embodied within the deliberative processes of donation policy. Interrogating expert deliberations on blood donation policy, these scholars have noted that judgements of donor risk are not strictly ‘scientific’ but are highly contingent, informed by wider culture, institutional history, and other, local institutional factors – so much so that Strong (2009, p. 178) has determined blood donation policy to be ‘a case study in the social relativity of risk.’ Scholars have noted, for instance, that judgements about donor exclusion often reflect the financial circumstances of the institution (Strong, 2009) – whether the blood services can afford to implement extensive blood testing – or concerns about blood supply levels (Adams, Erwin and Le, 2016; Smith, 2016) – whether the services can afford to exclude additional donors. Exclusion policies, therefore, do not neatly arise from available epidemiological data.

Moreover, scholars have noted that the risk calculus of blood safety often represents *a priori* moral judgements of ‘high risk’ populations that sway the collection and appraisal of data about donor risk (Galarneau, 2010; Kent and Farrell, 2015). For example, these deliberative processes often evince a dim regard for homosexual ‘promiscuity’ (Sendziuk, 2001). On this

note, Bennett (2009) describes how US deliberations on MSM blood donation policy historically utilised epidemiological data drawn from bars, clubs, and sexual health clinics and, therefore, over-estimate TTI rates amongst queer men. Bennett (2009, p. 97) argues, of data drawn from clubs in particular, that the use of this data ‘recreates a caricature of the promiscuous and irresponsible gay man’ who comes to stand in for all MSM. In contrast, Dziuban and Sekuler (2020, p. 195) observe that where evidence of high rates of HIV infection among heterosexuals has been identified – for instance, where, in 2012, the European Council working group on deferral criteria noted that heterosexual sex was the second most common cause of HIV infections in Europe – the tendency has been to insist on the heterogeneity of the heterosexual population and to put heterosexual HIV risk down to the purchase of sex or to certain sexual practices. The authors note, ‘the same logic was not applied when assessing deferral for sex workers and men who have sex with men’ (Ibid.).

A number of scholars have also noted that judgements of donor risk are conducted in an institutional setting where the memory of the ‘disaster of HIV contamination’ weighs heavy (Bayer and Feldman, 1999, p. 7). In the aftermath of a historic failure to safeguard transfusion recipients, as well as revisiting safety measures and introducing a battery of new and constantly diversifying TTI tests (Murray, 1990), blood services worldwide have sought to ensure blood safety and to restore public trust in transfusion practice by shifting to a decision-making culture of extreme risk aversion (Bayer and Feldman, 1999; O’Neill, 2003; Roussel, 2003; Martucci, 2010; Charbonneau and Quéniart, 2016). In European blood donation regimes, this has meant the adoption of the ‘precautionary principle’, which encourages the adoption of preventative measures under conditions of uncertainty (Farrell, 2012). Scholars have observed that under these conditions of risk aversion – whether or not the precautionary principle is explicitly cited – blood donation policy-makers have tended to justify deferral criteria on the basis of data gaps, highly conservative risk estimates, and, as already noted, limitations in TTI testing (Bennett, 2009; Galarneau, 2010; Martucci, 2010).

2.3.4. The Biologico-Moral Risk Regime

As may be gleaned through what scholars have argued are the judgements undergirding blood donation policy deliberation, the emergence of HIV in the blood supply and in blood transfusion recipients would aid in defining the moral structure of the epidemic. As scholars

have noted, the figure of the HIV-infected blood transfusion recipient was marked out early as an ‘innocent’ victim of the epidemic against the figure of the gay man – or, most menacing of all, gay blood donor – who ‘deserved’ AIDS and was ‘guilty’ of transmitting it (Ballard, 1999; Strong, 2009; Crath and Rangel, 2017). Political interventions by haemophilia organisations and other groups infected with HIV via blood donation only deepened the grooves of this dichotomous patterning of innocence and guilt – for instance, by publicly calling for the exclusion of gay blood donors or asserting haemophiliacs’ victimhood against other, apparently morally delinquent people living with HIV (Bayer, 1999; Shao and Scoggin, 2009).

Scholars have noted, therefore, that the pinpointing of groups like queer men as ‘high risk’ for blood donation is not a strictly medical or biological enterprise but, rather, is bound up with and reproduces already existing social mores. In this sense, deferral criteria collapse and conflate the social and political marginality of deviant groups with biological risk (Dziuban and Sekuler, 2020). As Murray (1990, p. 215) notes, for groups that are or were already considered deviant on the basis of their social identity – gay men, injection drug users, immigrants, and so on – ‘[t]he distance from “different” to “dangerous” is short.’ Seeman (1999, p. 184) notes that the exclusion of Ethiopian immigrants from blood donation in Israel rendered them ‘marginal in a double sense, depicted as ethnic and religious renegades, as well as vectors of deadly illness. These two constructions...are not unrelated.’ According to Weston (2002), then, the exclusion of, for instance, gay blood donors from the national blood supply is as much about managing concerns regarding *social* contamination as it is *viral* contamination, especially where, as Bennett (2009, p. 46) suggests, male homosexuality and AIDS have been rhetorically positioned as indistinguishable from one another.²

In addition, the exclusion of ‘risk groups’ from blood donation frames these groups as disease risks to others. Dziuban and Sekuler (2020, p. 185) propose the term ‘figures of risk’ to describe the ‘categories of person implicated in the changing donor restriction policies of a given blood donation regime.’ Figures of risk, they argue, are marked as ‘vectors of illness’ not on the basis of the actual presence of *infection* but, rather, on the basis that they pose a *risk* to others beyond the boundary of the grouping. Scholars have pointed out that this figuration of

² While it was predominantly queer men that bore the stigmatising effects of AIDS crisis, queer women were by no means immune to a renewed pathologising of homosexuality. Indeed, Treichler (1993) notes that in the early 1980s, many US lesbians found themselves refused as blood donors. Despite being ‘a group with virtually no cases of AIDS-related disorders’, Treichler (Ibid., 1993, p. 246) notes that ‘the association of ‘gay’ with ‘blood supply’ triggered gender-blind homophobia.’

'risk groups' as a danger to others reinforces social divisions and, therefore, does a kind of social harm (Valentine, 2016). For instance, Belavusau (2016, p. 809) suggests that the exclusion of MSM from blood donation reasserts 'the division between "virtuous straights" and "contagious gays",' and, therefore, the perception of gays as "dangerous" or as social outcasts.' Other scholars have noted that, where they have been excluded from donating blood, the Haitian community and injection drug users have experienced 'wave[s] of discrimination' (Gilmore and Somerville, 1999, p. 135) and heightened social stigma (Valentine, 2016, p. 170).

Thus, blood donation criteria have been understood by some as a means through which the bounds of civic inclusion are delimited. Murray (1990, p. 215) suggests that the emergence of HIV in the blood supply literally and figuratively 'poisoned' the gift relationship forwarded by Tithmuss – transforming 'a solidarity-building practice into a sharp instrument of division and difference.' Indeed, as Waldby and colleagues (2004, p. 1470) have concluded, the seeming power of blood donation to 'constitute trust among "strangers"' is only 'compromised by the fear that such strangers may be the sources of risk and threat.' The exclusion of risk groups from donation, then, represents a means to restore trust and solidarity between members of the vital public while, in turn, casting figures of risk as non-members of this imagined community. Deferral criteria render these individuals 'bioineligible' (Copeman, 2009b, p. 16), positioning them outside of the national fold constituted by the civic performance of blood donation (Nelkin, 1999; Weston, 2002; Bennett, 2009; Robertson, 2012). According to Bennet (2009, p. 32), in this sense, in the practice of deferring 'high risk' groups like queer men, 'there is more than mere exclusion transpiring. The very materialization of citizenship is being policed.' This is what Valentine (2005, pp. 116–117) suggests is the 'double movement' of blood donation discourse, which is presented 'as a practice available to anyone who fits the category of citizen...but also re-inscribes the boundaries of civic belonging and exclusion.'

Within this bioligico-moral regime, risk and safety thus come to define in/eligibility in terms of im/moral personhood. As a number of scholars have noted, if the blood donor is apprehended as 'heroic, generous, selfless, thoughtful and moral,' (Dryden, 2010, p. 78) the corollary is that figures of risk are diametrically opposed against them as individuals of 'degraded ethical standing' (Valentine, 2005, p. 126). Accordingly, inclusion and exclusion criteria for blood donation have been understood to incite modes of responsible personhood. Copeman (2009a, p. 9) describes this as 'donation asceticism' – the demand placed on donors to 'enact self-care as the simultaneous care of the other (the transfusion recipient).' As

Copeman (Ibid.) and Dryden (2010) both note, the ideal donor is configured as abstaining from immoral 'risk practices' like drug use and male homosexuality. Equally, for non-donors – those who cannot or fail to meet the demands of donation asceticism – responsible personhood is instructed by blood donation regimes as the practice of self-deferral (Waldby et al., 2004; Strong, 2009). As Davis observes, 'high risk' groups are 'expected to refrain from blood donation' via the same 'altruistic rationality' that is used to incite donation. Accordingly, gift rhetorics have been extended to try to convince excluded donors that abstention is the mode through which they can 'best practice citizenship' (Bennett, 2009, p. 12).

2.4. Blood Donor Activism and the Politics of Blood Donation

At this juncture, it is worth noting that deliberations on blood donor deferral criteria are not only shaped by the conservative social mores of expert policy-makers. Berridge (1996) describes how, in the early 1990s, officials from the Expert Advisory Group on AIDS and the Standing Advisory Committee on the Blood Transfusion Service began to discuss recently introduced deferral criteria that made references to Africa. Members of these expert groups expressed with some concern that deferral of people from Africa often prompted 'accusations of racism' within donation centres (Berridge, 1996, p. 248). Consequently, officials attempted to search for wording that might redress these 'racist references to Africa' (Ibid.). These attempts would ultimately prove to be in vain – deferral criteria for people who have been sexually active in sub-Saharan Africa remain in place today – but they suggest that blood service officials may, in fact, be attuned to political criticisms of exclusion policy, including criticisms from outsiders. In this final section of this literature review, I outline existing work on outsider interventions in the politics of blood donation.

2.4.1. Interventions in the Politics of Blood Donation

Since the advent of the practice of blood banking in the interwar period, individuals across the world have organised politically to intervene in the organisation, meanings and politics of blood donation with a diversity of aims and ambitions. Perhaps the earliest examples of intervention in this arena was the challenge of the American Red Cross' policy of blood segregation (see above), which was successfully protested by a number of Black political groups, including The

National Association for the Advancement of Colored People, as a form of ‘jimcrowing’ (Chinn, 2000; Hannabach, 2016). Another prominent mode of outsider work in the politics of blood donation is what Orsini (2002, p. 479) has termed ‘blood activism,’ which ‘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.’ Blood activism is a phenomenon that Bayer and Feldman (1999) suggest has emerged in every country where recipients of whole blood or blood products were infected with HIV. Most successful within blood activism have been haemophilia activists (Kirp, 1999) who, as several scholars have noted, became politically motivated in the wake of HIV crisis and mobilised ‘into a group of activists not unlike the gay [community]’ (Gilmore and Somerville, 1999, p. 141), demanding justice and compensation for what they deemed to be institutional failures and medical negligence.

Blood donor activism refers to the protest by groups or individuals of exclusionary blood donor deferral criteria. Although there have been a few cases of groups protesting policies other than MSM exclusion – most notably the successful protest by Haitians of their prohibition from blood donation in the US (Bayer, 1999; Martucci, 2010) – for the most part this form of activism has mainly been taken up by gay and bisexual men (and their allies) protesting the deferral of queer men from blood donation. The phenomenon is widespread, with blood donor activists opposing MSM deferral in countries including the UK, Australia, the US, Canada, Denmark, and France (Albæk, 1999; Ballard, 1999; Strong, 2009; Crespín and Danic, 2016). Despite the wide range of national contexts within which these protests are situated, Strong (2009, p. 171) has identified a remarkable consistency of the stated aims and messages of blood donor activism, pointing out that overarching all of these campaigns is a claim that ‘systematically excluding gay men from donating blood is a form of ‘discrimination’ that impinges on the ‘right to give life.’

Unlike what has been observed about *blood* activism, however, *blood donor* activism does not follow on neatly or necessarily from policies of deferral. For example, blood donor activism has not cropped up in every country that excludes MSM and other groups from blood donation. Feldman (1999), for instance, notes that gay men have not rallied against MSM policy in Japan – in part, he argues, because HIV was less epidemiologically significant for Japanese gay men and, as a result, they were somewhat less politicised by it. Moreover, scholars have noted that certain policies of exclusion have never been mobilised around or even met with opprobrium.

O'Neill (2003, p. 364) points out that the deferral of former or current UK residents from donating blood in numerous countries worldwide – on the basis of the risk of variant Creutzfeldt-Jakob Disease (vCJD) – has been scarcely remarked upon by UK citizens or public health officials. Valentine (2005, p. 120) proposes that the absence of protest internationally about this policy of exclusion may reflect 'the weakness of [the] category ['former UK residents'] as a social identity.' In contrast, she argues, the absence of organised protest on the exclusion of injection drug users has to do with the fact that drug users are still broadly regarded as biologically and morally suspect, especially within voluntary blood systems, where they are regarded as commutable with the unsavoury figure of the remunerated blood donor (Ibid., p.125).

Interventions in the politics of blood donation – by blood activists, blood donor activists, or others – take many forms: petitions, pickets, media campaigns, legal battles, and what Copeman (2009) has loosely termed the 'sponsored blood drive,' where excluded groups encourage others to donate on their behalf. Throughout the 1980s and 1990s, lesbians across the US held blood drives of this nature to show their solidarity with queer men who were excluded from blood donation and also to give blood to people living with AIDS who might need blood to treat their condition (Hutchison, 2015).

Loud, public demonstrations have often been regarded as an inappropriate means to secure desired outcomes in the sphere of blood donation. For instance, the success of judicial inquiries and legal proceedings, as well as the political expedience of crafting an identity as 'victims', means that haemophilia activists have tended to eschew directly confrontational approaches like public protests (Orsini, 2002). Similarly, Sendziuk (2001) notes that a 1983 picket against the deferral of gay blood donors in Australia – held outside of Red Cross House in Sydney – was poorly received in the media. The protest would be repeatedly cited in years to come as evidence that the gay community were 'irresponsible and selfish' and had been deliberately donating HIV-infected blood (quoted in Sendziuk, 2001, p. 75).

That said, Bennett has suggested that forms of loud protest might prove efficacious *within* donation spaces. He argues that gay men verbally protesting donor deferral at the point that they are turned away is strategically useful on two counts. First, because it 'can initiate debate and discussion with blood center workers that could instigate change within collection organizations,' and, second, because these men who protest draw attention to other gay men who might be, or are already, covertly donating their blood, 'reminding blood collection

agencies that they are a constant presence in the polity' and that those who go undetected by TTI tests do not inherently pose an infection risk (Bennett, 2009, pp. 112–113).

2.4.2. The Work of Blood Donor Activism

There is a remarkable dearth of engagement with blood donor activism in the scholarly literature. All too often, blood donor activists are an absent presence in writing on the politics of blood donation: cited in passing if they are cited at all. Where they are referenced, activists are rarely the focus of study. Although there are a handful of exceptions to this rule (see: Strong, 2009; Dryden, 2010, 2015; Hannabach, 2016; Crath and Rangel, 2017), by and large, donor activists are merely presented as part of the political backdrop to the construction of blood donation policy – for instance, described in rather passive, or at least vague, terms as 'decrying' or 'condemning' blood donation policy. Yet, studying blood donor activism as a phenomenon in its own right may provide critical insight into the social construction and political dynamics of blood donation policy (and public health policies more broadly) as well as the politics and subjectivities of the groups engaged in this struggle.

Scholars have often neglected to characterise how activists have played an active role – or at least attempted to play a role – in shaping policy. For instance, Dziuban and Sekuler (2020, p. 195) observe that 'pressure from various groups excluded from donation, especially gay-rights activists, [has] helped to influence...national changes in deferral criteria'. Yet the authors do not elaborate on the strategies adopted by these activists, their implications, or the realities of their engagements with public health officials. In part, as well as being a product of differing research interests and scope, this lack of sustained engagement has to do with the methods employed in research on the politics of blood donation. Most analyses of the historical construction and politics of blood donor deferral criteria rely on archives and documentary sources where, as I will elaborate upon in Chapter 5, activists tend to be underrepresented. Without soliciting testimony from activists themselves, it is difficult to get a sense of their activities – especially those that would not necessarily make it into the public record.

The earliest blood donor activist intervention that scholars have identified is, perhaps logically, advocacy by gay groups internationally against the initial adoption of deferral criteria for homosexual men in 1983. Steffen, for instance, describes how the only existing gay organisation in France – the *Comité d'Urgence Anti Répression Homosexuelle* – responded to the

announcement of the exclusion of gay blood donors by writing an open letter to the Prime Minister, condemning 'anti-gay racism and the use of a biological phenomenon for moralizing purposes' (quoted in Steffen, 1999, p. 104). The gay community were swift to pick up on the emergent moral structure of AIDS crisis that the transmission of HIV through the blood supply was helping to carve. As Kirp (1999, p. 300) notes, gay groups were anxious that the emergence of donor exclusion would single out gay men 'as responsible not only for their own deaths but also, through the vector of blood, for the deaths of "innocents".' Accordingly, early activist interventions included advocating for alternative measures to donor deferral. In Australia and the US, gay groups proposed screening donated blood for the hepatitis B core antibody, which 80% of gay AIDS patients had been identified as carrying, as a more amenable, and 'scientific', way of ensuring blood safety (Ballard, 1999; Bayer, 1999). However, the early reactions from the gay community were by no means heterogeneous: many members of the gay community in the US and Canada actually rallied early to encourage gay men not to donate blood and, therefore, supported self-deferral (Bayer, 1989; Gilmore and Somerville, 1999).

The existing literature on blood donor activism has largely focussed on their motivations in terms of the symbolics of blood donation – sketching what groups like the gay community have understood to be the social meaning of their exclusion from or inclusion within the national blood supply. A number of scholars have remarked that, especially at the dawning of AIDS crisis, the exclusion of gay blood donors was regarded by the gay community as a threat to the fragile acceptance that had recently been and was still to be won by gay liberation across the Global North (Bayer, 1989; Berridge, 1996; Bayer and Feldman, 1999; Sendziuk, 2001). In this sense, gay activists have understood that their exclusion represents what, as outlined above, Weston (2002) argues is the management of *social contamination* and have pushed to bring homosexual and heterosexual bodies into closer social proximity as a means of achieving social integration.

Blood donor activism has also been described as an assertion of the bodily integrity and social responsibility of excluded groups and a refutation of the charge that these groups pose a disease risk to others. Seeman (1999, p. 164), for example, argues that protests following the revelation that the Israeli blood services had been destroying donated blood from Ethiopian immigrants worked to assert the Ethiopian-Israeli community as 'full and capable owners of their own bodies...just like other adult citizens' and as responsible sexual actors in relation to the transmission of HIV. Similarly, scholars have noted that the protest of MSM exclusion by

queer men may be understood as a means ‘to push gay identity out from the under the sign of ‘AIDS’ (Strong, 2009, p. 171) – to challenge the rhetorical collapse of MSM and TTI risk within blood donor deferral criteria that figures gay men as inherent carriers of HIV (Sendziuk, 2001; Bennett, 2009). Crath and Rangel (2017, pp. 802–806) suggest that such a move is sometimes effected by gay men seeking inclusion into the vital public through ‘a type of performative cleansing’ – claiming gay blood to be ‘non-threatening and legitimate’ via appeals to monogamous coupling and ‘rational’ and ‘responsible’ sexual practices.

A number of scholars have suggested that the pursuit of inclusion into the national blood supply may be considered co-extensive with wider citizenship claims by, for instance, queer men (Martucci, 2010; Valentine, 2016). As Valentine (2005, p. 115) puts it, blood donation has been politicised by gay men, in particular, ‘in a claim for recognition and belonging.’ Seeman (1999) and Martucci (2010) both note that these calls for national incorporation have obtained a renewed vigour in the wake of terrorist attacks, where activists have decried their inability to partake in the unifying and contributory practice of blood donation in the aftermath of national crisis.

The majority of scholars who have engaged with blood donor activism have shied away from *critical* engagement with claims for inclusion in the national blood supply. The work of Hannabach (2016) and Dryden (2010, 2015), who have both pointed out the anti-intersectional nature of discursive interventions in the politics of blood donation, are notable exceptions. Dryden (2010, p. 78), for instance, notes that political challenges posed to blood donor deferral criteria in Canada have ‘only focused upon the conflation of HIV/AIDS infection with gay bodies’ and neglected to consider other groups excluded from blood donation including drug users and, notably, African populations. As such, Dryden argues, activist politics have forwarded a ‘just gay’ and, therefore, tacitly *white* subject for inclusion in the national blood supply. Similarly, Hannabach (2016, p. 32) notes of a public protest of MSM exclusion in New York City that the organisers of the event did not ‘protest exclusionary categories around drug use or sex work, or contextualize these exclusions in relation to histories of race, class, and citizenship.’

2.4.3. Blood Donor Activism in Political Context

As I have already suggested, the methods employed have limited what questions scholars have been able to pose about blood donor activism, as well as the conclusions that they have been able to draw about it. While a little attention has been paid to the political forms taken up by activists, very little scholarship has attempted to situate blood donor activism within its political, institutional, and epistemic context and, therefore, to understand the structures that activists are compelled to navigate in order to make claims for policy reform or to effect change. In this, the final section of the literature review, I present the few glimmers of this intellectual work that can be gleaned from amongst the paragraphs of sociological and historical analyses of blood donation policy-making or the more symbolically-oriented surveys of blood donor activism.

A number of scholars have remarked that public health officials have often appealed to the hegemonic or accepted meanings of blood donation as a ‘scientific’ or ‘technical’ affair – the meanings diluted in Simpson’s (2009) haemato-global assemblage – in order to quell political criticism of blood donor exclusion. For example, as Crespin and Danic (2016, p. 158) note, the French Minister for Health defended the ban on MSM donors in 2006 by appealing to epidemiological data and asserting that ‘it was not homosexuality itself but rather sexual relations between men that constituted a deferral from blood donation.’ The authors suggest, therefore, that the deployment of ‘science’ ‘neutralizes potential ideological confrontations...[and] constitutes a powerful legitimizing tool in political action’ (Ibid., p. 161). Similarly, Bayer (1999) and Bennett (2009) both observe how the issue of MSM donor deferral is often framed as a conflict between ‘civil rights’ and ‘public health’, with the latter being forwarded as of more pressing importance than the former.

As a result of this dichotomy between the ‘scientific’ and the ‘social’, blood donor activists’ claims for reform may be regarded as ‘unscientific’ interference in the politics of blood donation. Seeman notes that, in a public inquiry on the matter, Ethiopian-Israelis’ concerns about the disposal of their blood were frequently side-lined and apprehended ‘as emotional rather than rational’ and, therefore, unsuited to the otherwise technical and medical nature of the hearings. Elsewhere, the gay community’s opposition to MSM exclusion has routinely been depicted as dangerous meddling in the grave issue of blood safety (Bennett, 2009). Indeed, Ballard (1999) and Sendziuk (2001) both note that the 1983 protest by Sydney gay men was cited in the press and in legal proceedings as evidence that a sinister ‘gay lobby’ had influenced the blood services to take up “soft’ and inadequate measures to secure the blood supply’ (Ibid.,

p. 75) that led to a crisis of HIV-infected blood. Precisely because of this tricky political terrain – where activists are easily written off as a corruptive and dangerous outsider influence – in the aftermath of the infected blood crisis, Bayer (1999, p. 25) suggests, the ‘issue of gay exclusion’ became ‘simply too hot to handle’ and vanished from many gay advocates’ political radars.

2.5. Summary

In this literature review, I have presented a survey of scholarship pertaining to the social meanings of blood; the organisation and significance of blood donation; the history and politics of the practice of blood donor deferral; and interventions within the politics of blood donation, including those by blood donor activists. Crucially, I have identified three major gaps in the literature that this thesis seeks to redress. Firstly, the existing scholarship has under-characterised and paid scant attention to blood donor activism – a political phenomenon that is often only mentioned in passing in, for instance, work on the construction and function of blood donor deferral criteria. Secondly, where blood donor activism is a focus of study, scholarship has focussed on the symbolics of blood donor activism at the expense of engaging sociologically with blood donor activism as a social movement form. Finally, with a few notable exceptions, there has been little attempt to develop a sustained critique of the politics of blood donor activism. In the following chapter, I introduce a broad range of literature that will serve as the theoretical foundation for the remainder of this thesis and that will help to develop a critical inquiry into UK blood donor activism as a social movement form.

3. Theory I: Science and Technology Studies

3.1. Introduction

In the previous chapter, I outlined the current scholarship on blood donor activism and suggested that the existing literature has tended to focus on the symbolics of donor activism; unpacking what political responses to MSM deferral represent for queer communities – for example, echoing a desire to participate within a ‘vital public’ (Strong, 2009). However, very little scholarship has paid attention to the forms of donor activism; to consider the context, operation and effects of the various strategies and discourses mobilised by or against donor activists in their bids for policy reform. For instance, extant studies have failed to establish donor activism within its particular scientific context; to approach donor activism as a social movement form operating within the domain of biomedicine. As a result, we still know remarkably little about blood donor activism as it occurs in practice. This knowledge would help us better understand the politics of blood donation (and politics of public health more broadly), as well as the implications of the social dynamics of these fora for queer men’s politics and subjectivities.

Across the two following chapters, I will introduce the major theoretical concepts that I propose enable a well-rounded, critical engagement with the work and effects of blood donor activism in the UK. To approach an object as multifaceted and polysemantic as blood donor activism, I draw upon a wide range of scholarship from across science and technology studies (STS), queer studies, citizenship studies, social movement theory and affect theory. In this chapter, I outline the theories drawn from STS and related disciplines that might help parse blood donor activism as a social movement hoping to effect change within the biomedical sphere and, specifically, the institutional context of blood donation.

3.2. Discourse

The dominant perception of language is that it serves a purely descriptive function (Weedon, 1987). Foucault's theory of discourse challenges this notion, drawing attention to the ways in which language may be considered productive or constitutive and is (or does) more than simply 'what is said'. Foucault (1971, p. 20) argues that Western traditions of thought have closed the gap within discourse between thought and words, which has established an assumption that discourse merely represents 'thought, clad in its signs and rendered visible by words.' Foucault (Ibid., p. 22) urges that, rather than approaching discourse as a source of hidden meaning or thought, we ought to attend to the *exteriority* of discourse – to look for 'its external conditions of existence, for that which gives rise to the chance series of these events and fixes its limits.' Moreover, he suggests that we move away from considering discourse in relation to thought, the mind or to a 'subject which engendered it' entirely, severing the link between discourse and the intention of the subject who uttered it (Foucault, 1991, p. 61) In other words, we must attend to, beyond the subject, the historical effects of discourses and the rules or processes that govern their (material or otherwise) existence or make them possible.

According to Foucault (1972, p. 49), discourses are productive practices that serve to 'form the objects of which they speak,' and are thus crucial vehicles for the operation of power. Power, which in Foucault's (1984) framework is not simply repressive but positive and productive, operates through discourse in ordering the linguistic and material world which discourse creates: constituting knowledge, social practices, subjectivities and power relations (Weedon, 1987, p. 108). Foucault's (1987) notion of 'biopower' illustrates the ensconcing of power and knowledge (or what he termed 'power/knowledge') constituted through discourse, describing the ways in which regimes of scientific knowledge are central to the formation of new subjectivities like sexuality and the state's regulation and control of human life.

Although power exerts its ordering, regulatory force through discourse, it is through discourse that the possibility of resistance presents itself. Foucault (1987, pp. 101–102) proposes that all discourses exist as 'tactical elements or blocks operating in the field of force relations,' suggesting that there is no simple binary distinguishing those discourses with power and those without it. Heller (1996, p. 99) argues that, for Foucault, resistance is the operation of power by another name – they both embody 'the capacity to create social change.' For instance, the empowerment of marginalised discourses, those silenced by regimes of truth, or the creation of alternative discourses (whether genuinely new or a re-fashioning of an extant one) represent feasible mechanisms (or political forms) through which to resist the operation

of power and create social change. As Heller suggests, resistances – the power wielded by, for example, prisoners, by the ‘perverse’, or by students – are distinguished from power because they are ‘less forms of power, not because they are powerless’ (Heller, 1996, p. 99, emphasis added).

A Foucauldian view of discourse thus might help us to understand blood donor activism as a discursive practice. This means that it operates within and is constrained by a landscape of already existing discourses and their effects and as, potentially, innovating its own discourses for political ends – the implications of which, as this theoretical approach informs us, might exceed the intentions of its creators.

3.3. ‘Objectivity’, Expertise and Scientific Authority

As I have already suggested in Chapters 1 and 2.4, and as I will outline in more detail in the remainder of this thesis, blood donor activism is a movement largely made up of lay outsiders attempting to articulate a claim for reform within the explicitly ‘scientised’ domain of blood donation policy where expertise and objectivity are prized. Accordingly, below I introduce theory from STS that might aid in parsing the particular social dynamics and knowledge politics of the biomedical sphere that blood donor activists seek to influence.

3.3.1. Objectivity

While public defences of blood donation policy by health officials might be enacted, as suggested in Chapter 2.4.3, through an appeal to the ‘objective’ quality of scientific knowledge, STS scholarship has challenged claims that science represents a particular kind of knowledge that is granted special access to truth on the basis of its methodology, objectivity, form, or as the result of the incorporation and enactment of particular social or professional norms (e.g. Merton, 1973; Popper, 2005). Scholars have noted the conflict between the apparent objectivity of scientific knowledge – as a body, a ‘fact’ taken in isolation, or that which is mobilised in support of public policy – and its contingency in practice, as the outcome of social work (e.g. Latour and Woolgar, 1986; Collins and Pinch, 1993; Barnes, Bloor and Henry, 1996). In science policy, for instance, the uses and judgements of data are frequently motivated by social, cultural, political, economic, or local institutional factors (Gillespie, Eva and

Johnston, 1979; Jasanoff, 2016), especially in cases where policy judgements are based on shifting, contested or incomplete forms of evidence (Brickman, Jasanoff and Ilgen, 1985). In particular, deliberations of risk – the sort that comprise the construction of blood donor deferral criteria – have been considered particularly sensitive to social, cultural or political factors given the uncertainty inherent in even the most positivistic approaches to risk judgement (Jamieson, 1996; Lupton, 1999).

In the face of these observations, scholars have noted how, nonetheless, science policy largely remains couched in the language of objectivity and wedded to an apparent ‘value-free ideal’ (Douglas, 2009). Jasanoff (2003) has thus urged for policy-making, especially under conditions of uncertainty, to make visible those factors that are typically denied or rendered apolitical – to make use of those mechanics of policy-making that have typically been blackboxed (Latour, 1999). Jasanoff suggests that a false promise of objectivity or the ‘value-free’ serves to obscure the politics of processes that are deeply political. Feminist epistemologists have produced similarly vital critiques of objectivity within patriarchal systems of technoscience as a vehicle for the operation of power. Haraway notes the tendency for a discourse of objectivity, to act as a ‘mask for interests, usually dominating,’ distancing the oppressive outcomes of scientific work from the context of its creation and concealing the role of power and political agency through paradoxical talk of ‘passive vision’ (Haraway, 1991, p. 197. See also: Keller, 1982; Harding, 1991). Thus, the work of blood donor activists might operate within a discursive landscape that seeks to obscure the social processes and values subtending the creation of blood donation policy.

3.3.2. Credibility and Expertise

In parallel, STS scholars have critiqued a dominant perception of scientific ‘expertise’ as the mastery of a distinct epistemology or methodology (Merton, 1973). Instead, scholars have argued that expertise, in fact, is largely *performative* in nature (Evans and Collins, 2008); that expertise is, enacted by discourse, among ‘those speech acts that bring about what they name’ (Butler, 1993a, p. 225).³ For instance, scholars have demonstrated how forms of boundary-

³ Austin (1962) is attributed with the incitement to consider the performative quality of utterances. The concept has been variously applied – e.g. to consider the performative nature of gender (Butler, 1999); of economics (MacKenzie, Muniesa and Siu, 2007); or of scientific instruments (Barad, 2007).

work underpin the production of expertise and the delineation of experts from non-experts (e.g. Jasanoff, 1995; Irwin and Wynne, 1996; Kerr, Cunningham-Burley and Amos, 1997; Arksey, 1998; Gieryn, 1999; Evans, 2009; Ramírez-i-Ollé, 2015). Gieryn's (1983) pioneering work on boundary-work describes how the perception of what science is depends on the maintenance and production of historically and culturally contingent boundaries. Gieryn (Ibid., p.782) argues that scientists enact social boundaries between science and what becomes demarcated as 'non-science' through 'the attribution of selected characteristics to the institution of science (i.e. to its practitioners, methods, stock of knowledge, values and work organization).' Boundary-work's effects, Gieryn (Ibid., p.792) suggests, permits actors to establish monopolies of professional authority and resources through the exclusion of rivals who become defined 'as outsiders with labels such as "pseudo," "deviant," or "amateur"' in opposition to apparent scientific expertise. Moreover, boundary-work is not only determined by the internal rhetorical work of scientific communities but, as Jasanoff's (1995) work on the selection of expert witnesses within US legal proceedings indicates, the maintenance of expert boundaries is also the preserve of external bodies at certain, decisive junctures like the law.

Jasanoff's work highlights how boundary formation may be a site of regulatory power, bound up with normative judgements about the nature of 'appropriate' scientific expertise – for instance, how 'judges are swayed by their perceptions of what "science" is and who is a "scientist" when they certify an expert's credibility' (Ibid., p. 59). What is counted as scientific expertise, therefore, may depend, in part, on the way that these concepts are culturally understood or normatively framed. Accordingly, any number of possible factors – beyond the 'veracity' of a knowledge-claim – may aid in establishing certain knowledges or actors as credible and authoritative across a range of social, scientific, or political domains (Barnes and Edge, 1982; Shapin, 1994, 1995; Lynch et al., 2008). Credibility, therefore, is not an inherent property of speakers or of ideas but is contingent and negotiated, depending variously on strategies of speech, social relations, personal histories or identity markers – all of which might be enrolled to secure credibility from moment to moment or to bias a listener to hear certain speakers as more or less credible, if they are heard at all (Fricker, 2007; Dotson, 2014). As such, Shapin (1995, p.261) stresses that, rather than produce a 'grand theory' of credibility, we must attend to the particularities of cases to understand the diversity of discursive strategies and resources enrolled in its production, as well as the local, social, cultural or political factors that constrain who or what is marked as credible in any given setting. This STS account illuminates

scientific credibility as performative and highlights contingent social marker that might be both the means through which lay blood donor activists are excluded from participation in the biomedical sphere (as ‘non-scientific’ outsiders) and also their ticket into it.

3.3.3. Lay/Expert Engagement

The notion that credibility might be strategically performed by lay outsiders (such as blood donor activists) as a path to legitimate participation is well described within STS case studies of lay/expert engagement. As scholars have noted, lay outsiders are often rendered powerless and extruded from deliberative process through the construction of ‘expertise barriers’ and because they cannot articulate claims in the language of scientific objectivity (Jasanoff, 2005; Parthasarathy, 2017). Accordingly, lay actors have often been compelled to establish their own credibility in order to participate within epistemic regimes dominated by accredited scientific expertise. For instance, scholars have described how patient groups and health movements have sought recognition by learning the formal science necessary to make their claims or ‘scientising’ the experiential knowledge that might otherwise be treated as irrelevant (Rabeharisoa, Moreira and Akrich, 2014; Epstein, 2008; Anglin, 1997; Brown et al., 2016; Barker and Galardi, 2011; Nukaga, 2002).

In his seminal study of US AIDS treatment activism in the 1980s and 1990s, Epstein (1996) describes the strategies adopted by activists to establish a legitimate voice for ‘outsider’ dissent in biomedicine. Activists railed against the slow responses by the state to the emerging crisis, which they deemed a ‘genocide-by-neglect’ – a form of wilful inaction and disregard for the already-stigmatised groups shouldering the burden of HIV and AIDS in the US, including gay and bisexual men, sex workers, people who injected drugs, and Haitians (Ibid, p. 221). At first, activists placed pressure on the Food and Drugs Administration (FDA) to reform policy limiting the provision of potentially life-saving drugs and their progression in the ‘pipeline’. However, by the late 1980s, to effect more meaningful change, AIDS treatment activists began to intervene in the processes of biomedical research itself. In order to convince authorities of the need for reform to better meet the medical needs of the affected groups they represented, Epstein (Ibid., pp.335-337) outlines how activists adopted a range of ‘credibility tactics’ so as to position themselves as credible participants within the ‘politics of knowledge.’

Activists, for instance, learned to speak in the language of biomedicine; yoked moral or political arguments to epistemological or methodological ones as an act of translation and authentication; and also ‘enrolled allies’ by inserting themselves into existing, intra-disciplinary debates. In doing so, AIDS treatment activists were able to effect radical reform in the construction and function of clinical trials. The success of these credibility tactics indicates the performative and epistemological expectations that might be required of lay activists – like blood donor activists – working within expert biomedical settings and, moreover, the normative forces that might determine routes for successful engagement – for instance, the need to be perceived as ‘credible’.

3.3.4. The Limits of Lay/Expert Engagement

The conditions of credibility may constrain the engagements of lay actors like blood donor activists within expert-clad institutions, tempering what discourses can enter into lay/expert engagements. For instance, while certain lay interventions have called into question the capacity of scientific knowledge to address the concerns of target populations, they have, some scholars contend, also tended to re-inscribe aspects of the epistemological regime that inhibit lay/expert engagements in the first place. Epstein (1996, pp.344-345) notes that whilst maintaining a critique of scientific method and the construction of clinical trials, the demands upon AIDS activists to stake their credibility and speak the ‘language of insiders’ meant they sometimes reproduced a positivist outlook on science. Activists, accordingly, reified the importance of so-called scientific epistemology whilst, paradoxically, attempting to undermine it.

These partial critiques of scientific authority may have epistemological, social, political and material implications – especially for those implicated by the work of lay/expert engagements. For instance, Parthasarathy (2003, p. 138) describes how, with the advent of BRCA1 gene screening, breast cancer advocacy groups in Britain and the US have tended to present themselves to the biomedical establishment as ‘appropriate authorities that could distinguish between good and bad medical options...[by] emphasizing their scientific expertise.’ Although breast cancer advocates have imagined their role as *empowering* women to make their own choices about the uses of technology for treatment, Parthasarathy notes that the emphasis on their role as informed authorities distanced advocates from the lay publics that they claimed

to represent, who largely remained less informed about the distinctions between choices of technology and intervention and their consequences.

Similarly, Epstein highlights what Elbaz (1992, cited in Epstein, 1996) described as an emergent division between ‘lay expert’ and ‘lay lay’ members of ACT UP as one consequence of the credibility struggles with the FDA and National Institute of Health. Epstein (1996, p.293) highlights that ‘access to the “lay expert” identity” was frequently structured by gender, race, class and education.’ While Epstein himself does not explore in detail the ramifications of these barriers to access, other scholars have outlined how systematic exclusion of this kind of women and people of colour from the early politics of HIV and AIDS in the West have worked to establish infection as a ‘white, gay, men’s disease’ and to position other affected groups at the margins of public health and research priorities (Treichler, 1999; Cohen, 1999; Richardson, 1996; Patton, 1994; Hogan, 1998; Kitzinger, 1994; Dalton, 1989; Geary, 2014; Mumford, 2016).⁴ The implications here are revealing of the way in which epistemic divides carved by and through regimes of ‘objective’ knowing and performative expertise are in fact sustained and continue to pattern legitimate voices *even as* these concepts are challenged. Accordingly, at the point of lay engagements that involve some challenge to dominant understandings of ‘objectivity’ or expertise – for instance, blood donor activists confronting expert policy-makers on the terms of exclusionary blood donation policy – it is necessary to consider the normalising and regulatory function of the scientific voice and to ask: who gets to speak, how, and with what authority? Moreover, who and/or what is silenced?

3.4. The Politics of HIV Risk

In the previous section, I suggested that lay activists may experience a struggle for credibility in biomedical domains where a discourse of apparent ‘objectivity’ is prized above all. Yet, I also noted that objectivity is an ideal that often occludes the social and political realities of science

⁴ This said, however, drawing on extensive oral histories conducted with its surviving members, Schulman (2021) argues that although ACT UP was a predominantly white, gay male movement (or, at least, this was the media face of the movement), women played a central role as key political organisers of the movement. Schulman suggests that contrary to other white, gay male dominated movements – e.g. gay liberation – ACT UP was remarkably successful as the years went on at addressing and incorporating the particular concerns of women and people of colour affected by AIDS. Notably, for instance, ACT UP were central in securing the recognition of symptoms of AIDS manifesting in women – e.g. persistent yeast infection – within the US government’s official definition of AIDS, securing access to crucial treatments, benefits and protections for women living with AIDS.

policy – in particular where it pertains to risk judgement. Risk is, in fact, highly political in practice and this is perhaps nowhere more evident than in the attribution of the risk of commutable and highly stigmatised infections like HIV. In this section, I outline both the politics of constructing and determining HIV risk and the implications of such adjudications for the ‘risk groups’ that it implicates. In so doing, I hope to illuminate some of the social processes that might undergird the construction of blood donation policy and, in turn, highlight its social function around which blood donor activists coalesce and seek to intervene.

3.4.1. Medicine, Morality and HIV

As I have described in Chapter 2.3.4, one important characteristic of the social construction of blood donation policy is the close entanglement of moral and biological judgement – in particular, as it pertains to HIV risk. Indeed, as many scholars in the social study of science have noted, definitions of risk are often the product of processes of moral deliberation. Notably, Douglas (1992, p. 16) argues that risk and blame are tightly coupled – that risk attributions locate fault for past, present or future dangers. According to Douglas, risk has increasingly supplanted sin as the source of misfortunes in Western society: those who are ‘at risk’ are marked as *sinned against* and those who put others at risk are marked as *sinner*s. Risk, therefore, is not simply the scientised replacement for a mode of religious moralising but a refashioning of it. Around HIV and AIDS, in particular, judgements of disease risk have historically been entangled with moral judgements about the undesirable ‘lifestyles’ of those, often overlapping, marginalised groups – including gay men, people who injected drugs, and sex workers – among whom the earliest cases of AIDS were identified (Watney, 1987; Patton, 1990; Sontag, 1990; Treichler, 1999). Accordingly, we ought to regard HIV and AIDS as not merely medical or biological entities but, in the words of Weeks (1991, p. 115), as ‘symbolic bearer[s] of a host of meanings about contemporary culture...its moral configurations and its sexual mores.’ As cultural theorists have demonstrated, we cannot detach the knowledge of HIV or AIDS from the way they have been culturally represented and responded to (Crimp, 2004).

Notably, political, cultural and scientific representations of HIV and AIDS in the West have been shaped by homophobic attitudes, which served to mark homosexuality as most saliently associated with the disease (Epstein, 1988; Seidman, 1988; Patton, 1990; Rosengarten, 2009). This had the dual effect of marking all gay men with or without the

disease, as medically ‘suspect, guilty until proven innocent’ (Epstein, 1988, p. 4) and also trained the gaze of early AIDS etiologies to the apparent ‘excesses’ of the ‘homosexual lifestyle’ – such as the use of corticosteroid creams or the sex/party drug amyl nitrate (‘poppers’) and even exposure to sperm itself (Epstein, 1996, p. 48).

The implication here is not that the medical response to AIDS was necessarily aberrant, newly imposed upon by extraneous moral ideology, but that science and medicine are themselves ideological pursuits – always influenced by norms, values and social mores (Epstein, 1988, p. 12). In this sense, the identification of AIDS as a ‘gay disease’ is a ‘remarkably historicized phenomenon,’ (Weeks, 1995, p. 18) as homosexuality, amongst other departures from sexual/gender norms, has long been pathologised under the medical gaze – in a search for markers that might explain and condemn (or cure) this deviance (Conrad and Schneider, 1980; Weeks, 1991; Terry, 1995; Rosario, 1997b). Accordingly, considering historic and/or contemporary biomedical framings of HIV and AIDS, such as they may be present in the politics of blood donation, warrants recognising the intimate connections between the symbolic, social and/or political implications of biomedical knowledge and the circumstances of its production (Jasanoff, 2004) – in this case the close ties between HIV epistemologies and the cultural construction of homosexuality.

3.4.2. The Biopolitics of the ‘Risk Group’

An appreciation of the social and political dimensions of risk highlights the implications of the apparently otherwise inert HIV or AIDS ‘risk group’. Indeed, it is the social and political implications of this construct – as it is embodied by donor deferral criteria – that may be, as I have described in Chapter 2.4.2, at stake within blood donor activism. As noted in Chapter 2.3.1 and 2.3.3, the HIV or AIDS ‘risk group’ has worked to carve lines between the ‘healthy self’ and the ‘unhealthy other’, morally and medically speaking, by pinpointing risk/blame upon difference in identity or behaviour (Crawford, 1994) – rather than acknowledging that HIV risk is a function of what you do, how you do it *and* depends on the actual presence of the virus (Schiller, Crystal and Lewellen, 1994; Halperin, 2007). Thus, the notion of an HIV or AIDS ‘risk group’ may serve a symbolic function in the management of anxieties surrounding HIV transmission and the integrity of the self.

In parallel to its cultural or psychosocial function, the risk group is a biopolitical category – in the sense that it is enrolled in the management of those deemed ‘high risk’ (Castel, 1991). Davis (2002, p. 285) encapsulates the biopolitics of risk in HIV prevention, which constitutes certain citizens, like MSM, as objects for risk administration. He writes, ‘Risk identities...provide a link between the public and the personal. They create ways of understanding risk practice and help inform the relations of the individual with the overall project of risk administration.’ The risk group must therefore be considered a powerful administrative tool.

Importantly, the project of risk administration described here involves a constellation of biological and moral norms such that discourses of risk and intervention may work together to ‘naturalise and promote certain moral regimes’ (Race, 2010, p. 145). The historic association of HIV and ‘gayness’ (Treichler, 1999, p. 238) has meant that, according to Conrad (2007, p. 105), ‘any aspect of gay men’s lives could be targeted for reform under the guise of disease prevention’ regardless of the supporting etiology. For instance, the closure of bathhouses across the United States in the 1980s was perceived as an attempt ‘to bring homosexuality once again under authoritarian social control,’ ratified through medicine (Bayer, 1985; See also: Weeks, 1991, p. 107; Feldman and Miller, 1998). Similarly, Andersson (2007, p. 107) argues that gay venues in London were frequently targeted for closure by the Metropolitan Police in the 1980s as a thinly veiled form of ‘AIDS policing’, fuelled by the logic of Section 28 to prevent young people from ‘coming into touch with (contagious) homosexual material.’ Moral strictures are often at work within public health intervention.

Forms of moralising intervention in the lives of HIV risk groups – in particular, gay and bisexual men – persist across Europe and North America, four decades on from the first documented cases of AIDS and following the apparent ‘decoupling’ of HIV and AIDS (Rosengarten, 2009, p. 3) with the advent of highly active anti-retroviral therapies (HAART).⁵ Risk administration produces imperatives for queer men with and without the virus, transfiguring blame for illness into a responsibility to minimise risk of HIV transmission (Lupton, 1995; Flowers, Duncan and Frankis, 2000; Adam, 2005; Race, 2012). Lupton (1995, p.77) suggests that risk has been framed as a ‘function of the individual’s ability to manage the

⁵ While HAART has, of course, radically transformed the nature and possibility of treatment for those living with HIV, access is frequently stratified along the lines of race, class, gender and national identity. (See: Arnold, Rebchook and Kegeles, 2014; Villarosa, 2017; Walker, 2017)

self by an ‘imperative of health’ (Foucault, 1980, p. 170, cited in Lupton, 1995) that constrains citizens’ behaviour as a shared national duty to good health. Adam suggests that in neoliberal ‘risk societies’ (Beck, 1992), ‘when people are demonstrably not the rational risk avoiders postulated by the dominant discourses, then they must be encouraged or pressed toward ‘responsibility’” (Adam, 2006, p. 170). Thus, MSM are pressed towards a suite of social or medical obligations in the name of responsible risk avoidance (Davis, 2009). HIV prevention rhetorics pressure gay and bisexual men, in particular, to adopt sexual practices condoned by public health officials, while ‘high risk’ individuals are encouraged to manage and monitor their risk via an explosion of knowledge-gathering apparatus – for example, through regular testing, or viral load tests and HAART ‘dosing’ for those who are HIV-positive (Race, 2001). Deviations from these norms (as in the much discussed practice of barebacking, or condomless anal sex) may, en masse, animate what Kagan (2015, p. 818) has termed ‘re-crisis’ – the recirculation of the ‘cultural discourse of crisis,’ which promulgates excessive concern and, consequently, calls for intervention and regulation. Accordingly, constituency within the biopolitical category of the ‘risk group’ continues to regulate what is acceptable, expected, surprising, or, indeed, possible in the lives of gay and bisexual men deemed ‘at risk’ (Race, 2018). The insight of this theory for the purposes of this study is that, far from being a merely descriptive category that captures epidemiological realities, the ‘risk group’ – a construct that both produces and is stabilised by blood donor deferral criteria – might have significant social implications for the ‘figures of risk’ (Dziuban and Sekuler, 2020) that it implicates.

3.5. The Sociology of Technology

As outlined in Chapter 2.3.2, blood donor deferral criteria are a tool for the management of blood safety and were first implemented prior to the advent of sensitive screening technologies for transfusion transmissible infections. Sorting ‘risky’ non-donors from eligible donors, blood donor deferral criteria and other similar tools of risk administration might thus be understood as technologies in their own right – ones whose meanings and uses are open for debate within the politics of blood donation where blood donor activists intervene. Here, I outline STS scholarship on the sociology of technology that may provide theoretical insight into the interventions of activists in the technological landscape of blood donation policy.

The notion that blood donation policy might be understood as a technology in its own right is supported by sociologists of technology who have advocated for STS scholars to interrogate what they deem to be ‘soft’ as well as ‘hard’ technologies. As Pinch and colleagues (1992, p. 266) have suggested, the sociology of technology has tended to focus on ‘material- and machine-based technologies.’ They argue that the definition of ‘technology’ must be expanded beyond the borders of so-called ‘hard technologies’ to include less intuitive forms, including, they suggest, those arrangements that might be considered *social technologies*. This, they define as technologies that have ‘origins in the social sciences, and that although [they] may incorporate some material artifacts such as computers, ultimately [their] purpose is to produce changes in human behaviour’ (Ibid.). Pinch and colleagues’ critical intervention here is not to reinforce a distinction between ‘hard’ and ‘soft’ technologies but, rather, by building on the indexical nature of the term, to insist that we attend to the effects and uses of less obvious, more abstract artifacts and interpret these as we might more material forms of technology.

In turn, other sociologists of technology have argued for a semiotic approach to technologies – that technologies ought to be understood as forms of text whose readings are constrained in advance, configuring proper uses of a technology and delimiting their apparent effects (Woolgar, 1991; Akrich and Latour, 1992; Akrich, 1992; Latour, 2009). Pfaffenberger (1992) suggests that, in addition, the accepted readings of a given technology are always embedded in political processes. The meanings, uses, and effects of a given technology, he argues, are constantly in the process of being (re)shaped by alternative discourses or readings offered by those who are adversely affected or constrained by the dominant discourse. This is akin to what other scholars have suggested is the struggle for *closure* over technologies with interpretative flexibility (Pinch and Bijker, 1984, 2009). As Brey (1997) notes, Pfaffenberger suggests that ‘an attempt to change the politics of a technology therefore does not require its substitution by a different technology (a ‘rewriting’ of the text) but can be achieved by challenging the symbolic discourses surrounding the technology and by introducing alternative readings.’ Rereading a technology, then, may be a lived form of political resistance. Blood donor activists, seeking reform to the ‘soft’ or social technology of blood donor deferral criteria, might then be understood as engaged in their own persuasive attempts at rereading.

Following on from what I have outlined in Chapter 2.4.2 as the existing critiques of blood donation policy by scholars and activists alike, if blood donor activists are invested in

promoting a rereading of blood donor deferral criteria it might perhaps be to reveal the exclusionary implications of this technology. STS scholars have long noted the potential for technologies to reproduce inequalities. Feminist sociologists of technology, for instance, have proposed that certain technologies are capable of reproducing gender(ed) ideology through their uses, imagined users and the production of so-called ‘genderscripts’ that prescribe and proscribe certain gendered performances and embodiments (Berg and Lie, 1995; Oudshoorn, 2003; Oudshoorn, Saetnan and Lie, 2002; Hopkins, 2009).

Other scholars have paid particular attention to the way that the material forms taken by technologies – even social technologies – may not only manifest inequality but also invisibilise it and make it durable. In particular, Benjamin (2016, p. 153) has argued that STS scholarship must take seriously the ways that ideologies, such as anti-Black racism, which underpin social inequality, are embedded in and made material – ‘made to matter’ – through the design and function of technologies. Supremacist ideology, she argues, acts upon and shapes the social world in its embodiment within the ‘hard’ or material aspects of technology. In this sense, race itself, Benjamin suggests, can be understood to function as a (‘soft’) technology, one that operates through the outputs of technoscience. Benjamin’s insights ought to redouble scholarly attention to the links between technological forms or embodiments and the biopolitical techniques – like race or sexuality – that seem to float free of them. Importantly, Benjamin (2009) notes, through the embedding of certain cultural constructions in the design and function of technologies, as in the case of ‘race correction’ built into the spirometer, ideologies are made durable, exceeding the time and context of invention. Benjamin suggests that the codification of supremacist ideology into the stuff of technologies serves to invisible it, rendering it a ‘reasonable part’ of technical function that perpetuates racist (mis)beliefs within a time and place of supposed racial tolerance. One crucial implication of Benjamin’s claim for the purposes of this study is that the circulation of ideology is facilitated through its *materialisation* as technology.

3.6. Social Movement Theory

While some of the STS theories outlined thus far offer insight into lay activism in the terrain of biomedicine, their explanatory scope is limited – insofar as they only narrowly consider the strategic work, demographics, and experiences of social movements. A strong explanatory

framework is sorely needed for an inquiry into blood donor activism because, as I have described in Chapter 2.4, existing scholarship on the topic has under-characterised blood donor activism as a movement as it occurs in practice. While the sociology of social movements has been used to a certain extent within STS (Epstein, 1996, p. 16), social movement studies can continue to help supplement work from STS on those social movements that ‘seek not just political change but also changes in knowledge, technical practices, ideas about the health and the body, and activist engagement with scientific knowledge production’ (Breyman et al., 2017, p. 299). In this section, I will outline some of the key ideas from this literature that might help to conceptualise the nature and operation of blood donor activism.

3.6.1. Frames and Framing

The concept of ‘framing’ refers to one of the processes through which actors communicate, share, and mobilise ideas and meanings as part of the dynamics of a social movement (Benford and Snow, 2000). As Snow and Benford (1988) argue, the shared meanings and referents of social movements do not pre-exist the formation of social movements but, in fact, are constantly in the process of production, negotiation and maintenance by its relevant actors – e.g. its constituents, targets, and opponents. Crucial to co-operative action within and across a social movement, then, is the formation of shared frames of reference (Goffman, 1986) – ‘interpretative structures that render events and occurrences subjectively meaningful, and thereby function or organize experience and guide action’ (Snow and Lessor, 2010, p. 284). According to Snow and colleagues (1986), achieving frame alignment – the correspondence of frames between the actors relevant to a social movement – is necessary to the success of collective action, ensuring a set of shared meanings for co-operation and the achievement of desired outcomes. Yet, in practice, frame alignment is not always easily achieved, often depending on the existing state of the discursive field within which the social movement operates, which may already be highly agreed upon or highly contested (Snow, 2008).

3.6.2. Opportunity Structures

Although framing is a useful concept for interpreting the mechanisms through which social movements communicate, its scope is internally oriented, concerned principally with the shared

meanings of actors within a given social movement. As such, the study of frames largely excludes from consideration the external forces that social movements operate within. It is this that the concept of 'political opportunity structures' emphasises. Kitschelt (1986, p. 58) defines political opportunity structures as 'specific configurations of resources, institutional arrangements and historical precedents for social mobilization, which facilitate the development of protest movements in some instances and constrain them in others.' The 'political opportunity structure' thus refers to the factors that make certain forms or styles of social movement (im)possible and, accordingly, points to these movements as bounded, historically and culturally contingent formations, the bounds of which may be set, variably, by the political climate, the operation of certain institutional norms or rules, and the availability of resources for protests or counter-movements to take place (Waidzunus, 2013, p. 3. See also: Tilly, 1978; McAdam, 1999; Tarrow, 2011). Importantly, although initially applied to consider the way in which certain political climates shape social movements, the idea of the 'opportunity structure' has been widely employed to consider the forces that govern social movements beyond the 'strictly' political. Scholars have described the role of *corporate* and *economic* opportunity structures (Wahlström and Peterson, 2006); the *intellectual* opportunity structures that make possible activist intervention in scientific institutions (Frickel and Gross, 2005; Waidzunus, 2013); and, perhaps most broadly, the possibility of *discursive* opportunity structures (Koopmans and Statham, 1999).

3.6.3. Diverse Actors

Social movement theory also provides tools through which to consider the actors that comprise social movements; in particular, for appreciating the internal diversity of many social movements in terms of the social status, identity, institutional affiliation, or motivations of activists or campaigners within them. A number of scholars have noted how social movements are frequently peopled by a combination of laypeople, experts and elites and thus may be considered 'boundary movements' or 'boundary spanning' in nature, involving alliances forged across strongly held divisions, for instance those between institutions or between lay and expert identities (McCormick, Brown and Zavestoski, 2003; Frickel, 2010). Recognising the role of a diversity of actors with varied social, epistemic or political positions within social movements also poses an important challenge to the dominant notion that social movements are located

outside of mainstream political processes; that activist efforts are solely peopled by ‘the usual suspects’– in other words, those who are relatively disempowered or strict ‘outsiders’ to the sphere (e.g. political, governmental or scientific) they are trying to influence (Epstein, 2010, p. 90). In practice, in fact, work in social movement theory has suggested that the locus of social movements highlights the ‘fuzzy and permeable boundary between institutionalised and non-institutionalised politics’ (Goldstone, 2003, p. 2) – as many social movements are neither entirely ‘insider’ or ‘outsider’ in nature. As such, building on what I described in Section 3.3.4 as the challenge to a rote distinction between lay and expert posed by ‘lay expertise’, social movements frequently challenge a presupposed distinction between ‘activist’ and ‘expert’ identities. The sociology of social movements has emphasised that, rather than forbidden from wading into the political terrain of activism on the basis of their professional commitments, experts who become activists are often crucial within health or medical activism and are often vital for legitimising movement claims within the epistemic terrain of biomedicine (Bayer, 1981; McCally, 2002; Frickel, 2004; Joffe, Weitz and Stacey, 2004).

3.6.4. Emotions and Affect

One important turn in the study of social movements has been to consider the role that emotions play in the aims and forms of protests or campaigning (Goodwin, Jasper and Polletta, 2001). As Jasper (2011, p. 286) notes emotions ‘are present in every phase and every aspect of protest’ and, therefore, appreciating the function of emotions in social movements is essential for understanding the ‘how’ *and* the ‘why’ of protest (Goodwin, Jasper and Polletta, 2001, p. 5).

Much of the scholarship on the role of emotions in social movement studies seeks to establish how certain emotions function as either the enduring motivation for protest or the backdrop for certain forms of protest (Flam and King, 2005; Jasper, 2011). Gould (2001, 2009) has fruitfully explored both of these ideas in her work on the emotional contexts of the early gay and lesbian community responses to AIDS and the later formation of ACT UP. Gould (2001, p.139) points to a specific ‘emotion culture’ in the gay and lesbian community – namely, vacillating feelings of pride and shame structured by the ambivalence among gays and lesbians

about their sexual identity⁶ – as necessary for understanding the community’s responses to AIDS. Critically, Gould (Ibid., p.142) argues that attempts to manage these emotions, in part, determined the course of action of lesbian and gay political responses to the AIDS crisis, serving to ‘effectively encourage some activist practices while discouraging others.’ For instance, Gould notes that in the early years of the AIDS epidemic, the dominant emotion evoked in by the unfurling crisis within the community was shame (about sexual practices) and fear (of rejection), which she suggests emerged from the existing culture of emotional ambivalence. These feelings initially sharpened concerns about mainstream acceptance and the respectability of the gay and lesbian community and so steered community responses towards ‘a nonconfrontational political response to AIDS that consisted mostly of service provision and lobbying’ (Ibid., p. 143).

As well as shaping the contours of a movement, emotions have been argued to move people towards activism; forming the driving force for the movement in the first place (Goodwin, Jasper and Polletta, 2001, p. 7). Jasper (1998, p. 409) argues that ‘moral shocks’, for example, are ‘often the first step toward recruitment into social movements.’ Encounters with this kind of emotional material might be unrelated to a social movement (i.e. encountered by chance or in unrelated media) or deployed by movement actors as a ‘sensitising apparatus’ – a tactic to enrol new activists to the movement by arousing certain emotion (Traïni, 2009, cited in: Jasper, 2011). In this way, emotions might be understood as part of the tactical repertoire of social movements: a vehicle to convince others of their aims, to shape perceptions of their campaigning, to maintain internal dynamics, to forge alliances, and so on (Hercus, 1999; Dunn, 2004; King, 2005; Taylor and Leitz, 2010).

Moreover, social movement actors are often strategically compelled to ‘gauge the mood’ of their intended audiences (e.g. individuals or institutions), to ensure that their actions or emotional displays correspond to the emotional context. Whittier (2001, p. 234) writes, ‘Within different institutional and cultural contexts, some emotions are...more likely to promote movement goals or gain support, while others are incomprehensible, unsympathetic, or invisible.’ Thus, as Mika (2006) cautions, activists must select their strategies and rhetorics carefully. Whittier (2001, p. 237) describes how participants in the movement against child

⁶ Ambivalence is defined by Jeffrey Escoffier (2018) as the way gays and lesbians find themselves torn between the pole of community and critique of heterosexism on the one hand and a desire for mainstream acceptance on the other.

sexual abuse learn to appropriately navigate the ‘emotional opportunities of the context,’ parsing which emotions – if at all – are appropriate in which contexts. Similarly, demands for credibility (see Section 3.3.2) means that advocacy within the biomedical sphere, where apparent objectivity operates as an epistemic norm, is often waged on technical or scientific grounds rather than in the terrain of emotions (Montini, 1996; Andreasen, 2009).

3.6.4.1. *A Note on Affect Theory*

While emotions have been considered to be considered endogenous experiences, it is important to note that, as Goodwin and colleagues (2001, p. 12) argue, emotions are also highly constructed. The constructionist perspective on emotion illuminates a blurred but tightly defended boundary between the self and society. For, while emotions make themselves known phenomenologically as inner experiences, in fact, our emotional states may be determined by our present and historical contexts. Though the scholarship on emotions in social movements recognises the constructed nature of feeling, it has largely failed to apprehend the fullest implications of this perspective: that emotions are not simply internal states that drive action but encompass a range of internal and external social/affective forces that condition subjective experience and political will. I suggest that turning to theories of *affect* may redress these shortcomings.

Although affect and emotion are often used interchangeably, and there is significant debate about the distinctions between these terms (Pellegrini and Puar, 2009; Seigworth and Gregg, 2009), I use the term affect as it has been conceived by many affect theorists. The major intervention by theorists of affect has been to stress the blurred boundaries of the self, challenging the notion of human beings as *autopoietic* or closed systems (Clough, 2008). As Brennan (2004, p. 6) argues, ‘we are not self-contained in terms of our energies. There is no secure distinction between the ‘individual’ and the ‘environment’...affects are not received or registered in a vacuum.’ As I have already suggested, the shattered boundary between emotion and the environment or our inner and outer life disrupts what Ahmed (2004, p. 119) describes as the construction of ‘emotions as a form of positive residence’ – as an endogenous event. Instead, she suggests, we may consider *affect* as the effect of the circulation of emotions ‘across a social as well as psychic field’ (Ibid., p. 120).

Emotions, Ahmed (Ibid.) suggests, circulate as a form of capital: they stick to some objects, ideas, people, and so on, and alter our relationship to them, resulting in ‘an accumulation of affective value over time.’ Ahmed notes that some objects, for instance, accrue positive affective value over time and draw us towards them. Happiness ‘functions as a promise that directs us toward certain objects, which then circulate as social goods:’ we are told long before we encounter an object (success, family, marriage) that it will make us happy; a prophecy that recirculates as we move closer to it (Ahmed, 2009b, p. 29. See also: Ahmed, 2009a). Proximity or simply *orientation towards*, these ‘happy objects’, Ahmed suggests, are invested with the promise of happiness considered central to the so-called ‘good life’. Ahmed’s view thus challenges ‘an “inside out” model of affect’ (Ahmed, 2009b, p. 36), highlighting the capacity for emotions to move us from the *outside in* and that their circulation precedes an internal state of feeling.

Because of the way it orients subjects and objects, the way it resonates, affect has been conceptualised as a force (though not necessarily *forceful*), flowing between bodies and objects, driving individuals to act (Seigworth and Gregg, 2009, p. 2). According to Massumi (1987, p. xvi), affect exists prior to conscious perception as a *prediscursive* bodily response, which touches the individual and governs the acts that are possible from an infinitesimal array of imaginable acts. In this sense, affect refers both to the virtual – ‘the realm of potential’ (Clough, 2008, p. 3) – and the real – how the virtual is bounded in practice and which of a number of inchoate possibilities rise to the surface. Accordingly, as Pellegrini and Puar (2009, p. 37) note, the study of ‘affect, emotion, and feelings [may] aid in comprehending subject-formation and political oppositionality.’ Affects like fear and hatred, for instance, circulate across the social and political field and work to align certain individuals with one another and against others (Ahmed, 2004).

The key implication here for the study of emotions in social movements is that the inner psychological states (seen as having a ‘positive residence’) that have been considered essential for the organisation of social movements may, in fact, pre-figure their very formation in the form of affect. Affect may, in part, determine the existence and shape of social movements in advance: their political agendas, their beliefs, their allies, their opponents, their actions. Ostensibly, little work in the sociological study of social movements has engaged with this approach to affect. Berezin’s (2001) writing on citizenship movements after the fall of political regimes is one exception. Berezin (2001, pp. 84–86) argues that in order to understand

social movements that circulate normative citizenship claims – along the lines of ethnic, regional or religious identity – we have to understand the way that ‘modern nation-states serve as vehicles of political emotion,’ how ‘patriotism and nationalism, political love and political hate define friends and enemies.’ Echoing what Angathelou and others (2008, p. 122) have defined as ‘the circulation and mobilization of feelings of desire, pleasure, fear, and repulsion utilised to seduce all of us into the fold of the state,’ Berezin notes that nationalist movements mobilise not because immigrant claims to citizenship evoke certain feelings (as an ‘inside-out model’ might suggest) but because citizenship *itself* is a state of feeling; one that exceeds geography and space. ‘One may “feel” Turkish or Algerian,’ she writes, ‘even if one spends one’s entire life in France or Germany’ (Berezin, 2001, p. 95). In highlighting how actors – long before their enrolment in a movement – are primed to act by their affective relation to the state (as it is normatively configured), Berezin demonstrates how a regard for affect as a pre-discursive force operating across the realm of the social may help to explain the eventual shape and existence of social movements. Simply put, which are the poles of affective value, positive and negative, the ‘happy’ and ‘unhappy’ objects (Ahmed, 2009b), around which social movements cluster?

4. Theory II: Queer Studies

4.1. Introduction

In this chapter, I introduce tools from queer studies that can strengthen the explanatory power of the theories outlined above. The uptake of queer theory provokes fruitful lines of inquiry within STS, which has to date unsatisfactorily engaged with the objects of sexuality, sex and their politics. Although STS espouses a commitment to interrogating claims about the ‘natural’ or ‘scientific’ (MacCormack, 2009) and feminist STS engages with the mutual shaping of science, technology and the gender binary (Wajcman, 1991, 2004; Oudshoorn, 2003; Hopkins, 2009), ‘mainstream’ STS has shown limited engagement with co-constructions of science, technology and sexuality (Voss and Lock, 2012). Moreover, work that *has* explored the relationships of sexuality and technoscience has tended to leave sexual identity unproblematised and thus tacitly inscribed sexual identities as a ‘rigid’, or, indeed, naturalised phenomena (e.g. Mamo, 2007; Westhaver, 2011). Accordingly, to explore in further detail the social construction of sexuality, I will briefly introduce the broad theoretical and political commitments of queer studies and then sketch key ideas from within this literature that inform the study of contemporary queer politics. In doing so, I open up space – where queer studies and STS collide – for more granular examinations of the overlaps of the politics of knowledge and the politics of sexuality in science and technology, which have otherwise been left un(der)articulated (Epstein, 2006).

4.2. The (De)Construction of Sexuality

One starting point from which the corpus of queer studies develops is a constructionist perspective on sexuality (Seidman, 1993, 1996), rejecting the notion of a sexual essence comprising discrete behaviours or desires (Rubin, 1984; Halperin, 1990). In particular, Foucault’s work on the social and historical construction of sexuality is regarded as foundational to the development of queer studies and earlier ‘protoqueer’ texts (Halperin, 1995; Rubin,

2011). Circumventing discussions of the ontology/ontogeny of homosexuality entirely, Foucault (1987) illustrates the ‘discovery’ of sexualities – including homosexuality – as part of a power/knowledge apparatus involved in the formation and regulation of subjects.

Queer theorists have since gone on to trouble sexual identity categories like ‘gay’ and ‘lesbian’ as, according to Butler (1991, pp. 13–14), ‘instruments of regulatory regimes’ that reinscribe the subordinating effects of heterosexuality even as they form ‘the rallying points for a liberatory contestation of that very oppression.’ The maintenance of ‘gay’ and ‘lesbian’ as subject positions has been argued to recapitulate the biopolitical roots of sexuality (de Lauretis, 1991; Fuss, 1991) and, thus, only tepidly challenge normalising regimes that seek to constrain non-heterosexual expression. Queer theorists, therefore, have tended to look dimly on theoretical approaches that take for granted ‘the naturalness and validity’ of sexual identity categories (Seidman, 1994, p. 167) and, consequently, bolster ‘the notion of minority as ‘other’” (Stein and Plummer, 1994, p. 183). As such, Seidman (1994, pp. 170–173) has argued that the critical intervention in queer studies has been a shift ‘from an exclusive preoccupation with homosexuality to...heterosexuality as a social and political organizing principle...a study of those knowledges and social practices which organise ‘society’ as a whole,’ for instance, the structuring principles of heteronormativity (Warner, 1991; Berlant and Warner, 1998).

Moreover, ‘queer’ attends to the indeterminacy of ‘gay’ and ‘lesbian’, highlighting the ‘mismatches between sex, gender and desire’ (Jagose, 1996, p. 3) and pointing to a spectrum of practices, bodies, pleasures and desires that exceed the categories constraining them. Halperin (1990, p. 46) notes the historical and geographic contingency of sexual identity, emphasising that ‘homosexuality’ is a contextually specific way of understanding same-gender sexual contact. Furthermore, he suggests, desire may only be one facet of identification with ‘gayness’, which may be ‘defined alternately according to status, conduct, orientation, identity or promiscuous combinations thereof’ (Halperin, 1995, p. 24). ‘Queer’ thus levels a critique of the descriptive potential of identity categories: that terms like ‘homosexual’ and ‘heterosexual’ are ambiguous (Jagose, 1996, p. 8) and that gender of object choice neither neatly defines nor is neatly defined by sexual identity (Clausen, 1990; Sedgwick, 1990; Valocchi, 2005).

4.3. Queer Theory, Queer Politics

The queer challenge to sexual identity as both over-determining and under-determining pushes constructionism into a radical, *deconstructionist* approach. Queer studies is 'anti-identarian', opting for a 'subjectless critique' (Eng, Halberstam and Muñoz, 2005) or a 'deconstructive practice that is not undertaken by an already constituted subject and does not, in turn furnish the subject with a nameable identity' (Sullivan, 2003, p. 50). Deconstructionism interrogates gender and sexual identities as continually made 'real' across a multiplicity of sites – as always in states of becoming, no matter how entrenched or 'tolerated' (Green, 2007, p. 42).

To maintain a 'subjectless critique', 'queer' is a deliberately ambiguous space under which to theorise, describing a 'wide range of impulses and cultural expressions, including space for describing and expressing bisexual, transsexual, and straight queerness' (Doty, 1993, p. 2. See also: Halperin, 1995; Turner, 2000). Perhaps the best way to understand queer is relationally: eschewing a subject and standing for 'resistance to norms and normativity' (Jakobsen, 1998, p. 512) or a protest against 'the idea of normal behavior' (Warner, 1993, p. xxvii) – a matter of doing and not *being*. Thus, queer itself, when used as a qualifier (e.g. queer women, queer people, or *queers*), makes reference to those individuals that fall outside of the regimes of obligate heterosexuality without reciting or assuming the uptake of these problematic and slippery identity categories (gay, lesbian, bisexual etc.).

Thus, queer also embodies a political ambition. It is this overt political bent (that queer is politically *bent*) that sets 'queer' apart from other post-structuralist project, and aligns it with other theoretical-political projects like feminism, from which much of the queer corpus emerges (Hemmings, 2016). 'Queer' builds from marginality in an embrace of 'a word that was once commonly understood to mean 'strange,' 'odd,' 'unusual,' 'abnormal,' or 'sick,' and was routinely applied to lesbians and gay men as a term of abuse'(Halperin, 2003, p. 339). Grasping those who fall outside of the heterosexual matrix (Butler, 1999) as the commonly bound targets of 'corrective' gender and sex discourses (Butler, 1991, 1993b), 'queer' is a provocative rallying point for theory and politics. From a position of abjection, queer builds a critique of identity categories into a political aspiration to undo the social order (e.g. Edelman, 2004; Caserio et al., 2006). Accordingly, queer is often articulated as a kind of futurity (Berlant and Warner, 1995; Muñoz, 2009; Jones, 2013) – a statement about the world that we occupy, have occupied, and ones that we might otherwise inhabit.

Emphasising marginality, queer opposes the normalisation of queerness as a capitulation to normalising regimes (Warner, 1999). Normalisation campaigns, critics contend,

achieve only conditional acceptance of homosexuality, demanding recognition of gay and lesbian identity 'but only on the condition that ever other key aspect of the gay self exhibits what would be considered 'normal' gender, sexual, familial, work and national practices' (Seidman, 2001, p. 324). Accordingly, queer studies tends to look cynically upon 'rights-based' or assimilationist models of queer inclusion, highlighting the narrowness and exclusionary imperatives of these frameworks and insisting, instead, on more radical alternatives for political and social change (Berlant and Freeman, 1992; Warner, 1999; Conrad, 2010; Halberstam, 2011; Spade, 2015).

4.4. Beyond Identity Politics?

In practice, queer can take up a more liminal space with regards to subjectivity than a stringent subjectless critique suggests: to-ing and fro-ing between the 'reality' of sexual and gender identities as they are experienced or enforced and the imagined possibility of living without them. Halperin (2003, p. 343) stresses that although 'queer' abstracts somewhat from 'the realities of lesbian and gay male life,' this does not undermine the importance of these subjectivities. Because, if *even* a heterosexual man may be queer in some sense, it is vital to assert that not everyone 'experience[s] the unique political forms of social disqualification from which lesbians and gay men routinely suffer in virtue of their sexuality.' As such, queer does not detach entirely from heterogenous experiences but attends to the taken-for-granted nature of sexual identity, repeatedly asking 'how certain categorizations work, what enactments they are performing and what relations they are creating' (Sedgwick, 1990, p. 27). Epstein (1994, p. 197) puts it this way: 'The point (at least as I read it) is not to stop studying identity formation, or even to abandon all forms of identity politics, but rather to maintain identity and difference in productive tension, and to rely on notions of identity and identity politics for their strategic utility while remaining vigilant against reification.' From this perspective, we may view sexuality as both something that has been used in the formation of subjectivities and something that subjects themselves use. Self- or group-understanding and politics are dialectic in sexual identity: who you are, how you identify, who you speak to, and what you say are always in conversation.

Attending to the heterogeneity of real queer experience, queer studies also interrogates the various political alignments of sexual and gender minorities across time and culture. Indeed,

rather than over-stating marginality as some critics have suggested (Green, 2007) queer studies resists common-sense, progressivist narratives of sexual liberation that frame national inclusion of queers – as a kind of stabilised, homogenous ‘ethnic group’ (Duggan, 1992, p. 16) – as an increasingly unquestioned good. Halberstam suggests that, historically, gender and sexuality theorists:

have favoured a far more liberal understanding of gay and lesbian identity...[and] a narrative about progressive enlightenment within which the same sex couple emerged into liberation towards the end of the twentieth century by throwing off the tyranny of inversion...and by inhabiting non-variant gender identities and refusing role play (Halberstam, 2008, p. 143)

Against the ‘repressive hypothesis’ of sexual history (Foucault, 1987, p. 3; Bland and Mort, 1997), Halberstam (2008, p. 143) argues that, simplistically, ‘gays and lesbians are marked as heroic norm-resisters, always part of a social movement or a proto-political group and always somewhat at odds with respectability, decency and domesticity.’ These narratives occlude the ways in which queers have politically aligned with agendas that might be considered antithetical to a queer politics – for instance, nationalism, capitalism, the family, ‘decency’, or even fascism (D’Emilio, 1983; Hewitt, 1996; Halberstam, 2011, 2016). Thus, rather than imply that *all* queers occupy a marginal space under the terms of Western liberal modernity, queer studies attends to the contingency of sexual politics in context and to the plurality of ways – more or less savoury – that queers (as groups or individuals) have diagnosed and approached exclusion from the body politic.

Some authors, like Boellstorff (2018), have argued that insofar as queer involves a critical engagement with ‘the normal’ and a critique of quotidian liberal gay politics, queer studies may be in danger of producing a new regime of *queernormativity* that disparages or excludes those who engage with the normal in any capacity (e.g. ‘normal’ kinship patterns, marriage, family, sex, social lives etc.). I agree with Boellstorff’s proposition here that certain configurations of queer theory risk recapitulating the kinds of regulatory regimes they seek to resist. These tendencies may emerge from what Race (2018, p. 90) identifies as the reductive interpretative habits of queer theory, which oftentimes work to assign objects within a

simplistic binary of ‘reproductive hegemony and resistance’. In other words, there may be a tendency in queer studies to label things as either *queer* (good) or *not queer* (bad).

A tentative clarification is, therefore, required in order to prevent a slippage towards a proscriptive form of queer theorising – or what I have elsewhere termed a *queer prescriptivism* (Weil cited in Davis and Dean, 2022). Critically, I argue that if we take seriously the proposition of queer as an umbrella under which to theorise a plethora of identities, desires, pleasures and practices, then this, naturally, includes those closest to the centre of what Rubin (1984) considered the ‘charmed circle’ of sexual, romantic and social life. Rather than consider an anti-normative agenda, then, as prohibiting certain modes of existence, I understand queer to draw attention to the ways in which certain normative practices smother, preclude, punish, make less possible (and so on) the more politically loathsome aspects of queerness (the bad, the strange, the confusing, the challenging, the dark, the kinky, the dangerous). A queer politics, then, seeks not necessarily to *invert* this order of things by supplanting one set of proscriptive ideals for another but, instead, approaches the possibility of their co-existence; what Ahmed (2010, p. 223) has described as ‘a politics of the hap...opening up possibilities for being in other ways, of being perhaps...A politics [that] might embrace what happens, but...also works toward a world in which things can happen in alternative ways.’

4.5. Against Progressivism: Homonormativity and Homonationalism

In this section, I introduce work from across queer studies that may help to parse the contemporary landscape of the politics of sexuality within which blood donor activism operates. These works theorise the relationships between queerness, identity and the state, and the manner in which these are mutually shaped and re-shaped, through, for instance, claims to citizenship. In particular, these ideas challenge certain progressivist or triumphalist narratives that would figure sexual citizenship claims as the work of ‘heroic norm-resisters’ (Halberstam, 2008, p. 143) and, instead, highlight how gay political work is increasingly situated within normalising regimes of, for instance, imperialism, racism and Islamophobia.

4.5.1. Sexual Citizenship

In the UK, queers have historically been distanced from civil, social or political inclusion. This has often been inscribed, for instance, through laws – like the Buggery Act of 1533 or Section 28 – that police certain expressions of queerness (Weeks, 1977, 1986, 1991). Indeed, as noted in Chapter 2.4, MSM donor policy has been considered to be one such mode of exclusion. Against these oppressive histories, gay and lesbian campaigners have demanded civic inclusion on the basis of equal rights under the law (Weeks, 1995, p. 120) across a variety of social, political and symbolic arenas – including the right to self-expression; the right to sexual activity and the right to publicly recognised sexual relationships (Richardson, 2000) – and thus demanded the provision of ‘sexual rights’ under citizenship (Richardson and Turner, 2001). These political claims – among which we might number blood donor activism – have been understood as a bid for *sexual citizenship* (Richardson, 1998; Weeks, 1998) – or intimate citizenship (Plummer, 2003; Oleksy, 2009) – by gays, lesbians and the wider LGBTQ+ community.⁷ The reshaping of the citizenship status of LGBTQ+ people engendered by these claims (where they have been successful) has typically been narrativised as a ‘snowballing’ of the formally available rights and provisions for queers across (but not limited to) North America and Europe (e.g. Wintemute, 1995; Waaldijk, 2000, 2003; Johnson, 2012).

4.5.2. Homonormativity

Some scholars have suggested that the concept of sexual citizenship rewrites the script of ‘traditional’ notions of citizenship. For instance, building on a feminist critique of a gendered divide between the ‘public’ and the ‘private’ (Lister, 1997; Yuval-Davis, 1997; Voet, 1998; Bryson, 1999), sexual citizenship has been considered to represent an oxymoron (Lister, 2002), forwarding a civic identity that is both public *and* private and demanding ‘public’ political inclusion on the basis of private sexual behaviour (for which certain protections are claimed). Yet, the suggestion that sexual citizenship claims rupture the fabric of ‘traditional’ conceptions of citizenship couches a narrow regard for the operation of power within citizenship contests. For, as work in queer studies suggests, rather than presenting a challenge to state authority, sexual citizenship projects often, in fact, leave uncriticised certain aspects of the institutions

⁷ Richardson (2000, 2017) notes that the concept of sexual citizenship has tended to focus on lesbian and gay citizenship but that other dimensions of LGBTQ+ identity have also – sometimes unreflexively (Richardson, 2018) – been incorporated under the concept e.g. (Monro, 2005, 2015; Grabham, 2007)

into which queers claim inclusion. Consequently, these claims enact a re-structuring of the necessary relationships between queers and the state – newly fashioning an idealised sexual citizen (Seidman, 2001; Richardson, 2017, 2018).

Duggan has conveyed these tensions within the concept of ‘homonormativity’. Homonormativity describes a trend in rights-based gay movements under neoliberalism towards a politics of respectability, which defines ‘a ‘positive’ role model as a well-dressed, prosperous, white professional’ (Duggan, 2006, p. 145. See also: Duggan, 2002, 2004). Accordingly, homonormativity represents ‘a politics that does not contest dominant heteronormative assumptions and institutions but upholds and sustains them while promising the possibility of a demobilized gay constituency and a privatized, depoliticized gay culture anchored in domesticity and consumption’ (Duggan, 2002, p. 179). This political style appeals to the demands of a (hetero)normative ‘mainstream’, capitalising on a veneer of respectability and trading off of racial, national, class or gender identities that closely align with the ‘somatic norm’ (Puwar, 2001), by opting for assimilationist tactics that place certain queers in closer proximity to the ‘normal’ and, simultaneously, revivify the legitimacy of institutions and their existing norms and values (Ammaturo, 2014; Duberman, 2018). In this sense, homonormativity represents the *depoliticising* of European and North American gay identity, which was otherwise once formulated as posing a radical challenge to hegemony (Halberstam, 2011; Escoffier, 2018; Ferguson, 2019)

Thus, homonormative politics – for instance, where they are embodied within citizenship contests – may have their own normalising, exclusionary function. Creating a ‘moral hierarchy of good and bad sexual citizens’ (Seidman, 2001, p. 322), benefits and protections are rendered contingent on the performance of stipulated moral, social, political or sexual norms (McNamara, 2013), structured along lines of race, class, national identity. Ammaturo (2014) notes, for instance, how European legal battles over same-sex couples’ adoption rights have demanded ‘proof’ of the respectability and normativity of claimants as evidence of gays’ and lesbians’ legitimacy as parents. These conflicts have established dichotomies between ‘*good* and *bad* examples of parenthood’ (Ibid., p. 186) that would later be used to deny the claims of other LGB people to adopt in the interests of protecting traditional (albeit expanded) notions of the heterosexual family. Similarly, critics of the ‘equal marriage debate’ have suggested that the framing of marriage equality as ‘the most essential legal need of queer people’ (Spade, 2015, p. 62. See also: Bailey, Kandaswamy and Richardson, 2008; Franke, 2006; Conrad, 2010) has

distracted from wider structural issues (domestically and abroad) affecting less socio-economically or politically privileged queers at the intersections of race, class, ability and immigration status. Thus, marriage equality might be more urgently viewed as ‘a project restoring race, class, ability and immigration status privilege to the most privileged gays and lesbians’ (Spade, 2015, p. 62). Ironically then, a major outcome of a homonormative political agenda may not be the legitimisation of *queerness* but of the racial, economic or social superiority of queers centred within these assimilationist political appeals.

Homonormativity patterns politics beyond the pursuit of legal rights. Hanssmann (2009) has indicated its operation within forms of LGBTQ+ health advocacy that give primacy to narrow victories for a privileged few at the expense of crucial, structural reform. Moreover, as discussed Chapter 2.4.2, both Hannabach (2016) and Dryden (2015) have identified how the single-issue politics of blood donation bans have tended to establish the subject of a ‘gay blood ban’ as always a white gay man. This may be, in part, the product of the configuring of a ‘racially denuded’ lesbian, gay or bisexual subject within both politics and theory (Ferguson, 2005, p. 86) - the way that ‘lesbian’ or ‘gay’, for instance, may be assumed to be universal, categorical experiences and thus ‘stripped of context...[and] defined with white as the normative state of existence’ (Hammonds, 1994, p. 128). The assumed irrelevance of race, therefore, to the politics of sexuality recapitulates racist structures (Anzaldúa, 1991; Cohen, 1997; Johnson, 2001; Holland, 2011) even as queer political struggles are regaled as social progress alongside the struggle for freedom of other minoritised groups.

4.5.3. Homonationalism

The notion that there has been a selective incorporation of some queers into the nation state has been extended through Puar’s (2007) work on ‘homonationalism’. Short for ‘homonormative nationalism’ (Puar, 2006), homonationalism describes a 21st century transformation; that increasing tolerance of homosexuality within some Western nations marks a shift in ‘the terms of degeneracy...such that homosexuality is no longer *a priori* excluded from nationalist forms’ (Puar, 2007, p. 2). Puar (Ibid., p. xii) argues that this reflects a kind of sexual exceptionalism ‘contingent upon ever-narrowing parameters of white racial privilege, consumption capabilities, gender and kinship normativity, and bodily integrity’. According to

Puar (2017, p. 231) this can also be understood as a transition from the routine ‘insistence on heteronormativity’ as a rule to a newfound embrace of homonormativity by nation-states.

Under a homonationalist logic, some queers are increasingly aligned with nationalist and imperialist projects and, moreover, empowered to adopt deliberately exclusionary rhetorics to enact ‘forms of national, racial or other belongings’ (Puar, 2007, p. 21). For instance, Puar (Ibid., p. 20) notes that debates on gay marriage have exploited a purported disjuncture between queers and Muslims in Europe, working to pit ‘a perversely sexualised and racialized Muslim population...who refuse to properly assimilate’ against ‘the upright homosexuals engaged in sanctioned kinship norms’ who are, typically, white gay men. Gay rights campaigners, like the English LGBTQ+ group OutRage!, have drawn on powerful discourses to ground themselves as more suitable citizens than a Muslim ‘Other’ – for example, echoing the idea ‘that Muslims are an especial threat to homosexuals, that Muslim fundamentalists have deliberately and specifically targeted homosexuals, and that the parameters of this opposition correlate with those of the war on terror: civilization versus barbarianism’ (Ibid.).

For instance, in the period following the July 7, 2005 bombings in London, Puar (Ibid., pp. 20-21) notes that OutRage! ‘claimed that it had received death threats from various Muslim organizations.’ According to Puar (Ibid.), the emphasis placed on these apparent threats served to establish that ‘Muslims are an *especial threat* to homosexuals, that Muslim fundamentalists have deliberately and specifically targeted homosexuals, and that the parameters of this opposition correlate with those of the war on terror: civilization versus barbarianism.’ Similarly, queer scholars have described the homonationalist discourses that circulated in the aftermath of the Orlando shooting (Tyburczy, 2016; Puar, 2017). For instance, in a media analysis of coverage of the shooting by LGBTQ+ websites, Doug Meyer (2020, pp. 259–260) notes that reports about the events tended to ‘overlook Mateen’s [US] native-born status’ elide ‘any discussion of racism or Islamophobia experienced by Mateen [...] or how xenophobia or anti-Latinx prejudice may have played a role in the shooting.’ In this sense, homonationalism refers both to the move of homosexual subjects in the West towards ‘life and productivity’ (Puar, 2007, p. xx) and its corollary upon which such a shift depends: the march of newly perverse, queerly racialised figures – like the ‘terrorist populations’ of so much Islamophobic discourse – ‘out of life, out toward death’ (Ibid., p. xii).

4.5.4. Structure/Agency

Importantly, in a post-script to the tenth anniversary edition of *Terrorist Assemblages*, Puar stresses that the agent of homonationalism is not found at the end of a pointed finger because *all* political projects are, ultimately, couched in the terms of homonationalism. Puar (2017, p. 230) argues that homonationalism should not be read only as an act of poor political agency, delineating ‘good’ queer projects or queers from ‘bad’ ones, but instead, as an inescapable ‘structuring force of neoliberal subject formation...[and] a structuring facet of modernity’ and thus *always* the logic that Western subjects and politics operate within and through. Even ‘queer’ can be understood as stabilised by homonationalist logics (See: Halperin, 2003), increasingly incorporated into the terms of liberal progress and ‘made to be productive for biopolitical governance...mobilized as a positive rhetorical function in the struggle over civilizational superiority’ (Puar, 2017, p. 227). If seemingly nothing can escape these structuring forces, the questions surrounding homonationalism are less who or what can or ought to be considered more or less ‘homonationalist’ and, instead, how social movements – for instance, blood donor activists – might negotiate and resist these increasingly hegemonic expectations without actively reproducing these logics.

A similarly structural appreciation of gay politics has been articulated within the literature on homonormativity. Andersson (2019), for instance, embeds homonormativity within a wider set of cultural and historical forces, arguing that the homonormative aesthetics of 1990s London must be understood in relation to the stigmatising of urban gay culture as ‘dirty’ and ‘unhealthy’ as a result of AIDS crisis and not simply as an expression of assimilation. ‘Now over a quarter of a century old,’ he writes, ‘Soho’s gay village and its homonormative aesthetic must also be understood as a historically specific formation shaped by both economic and cultural factors. More than simply a manifestation of the ‘pink pound’ or the ‘sexual politics of neoliberalisation’, its political and aesthetic priorities emerged from the stigma and homophobic backlash that had accompanied the first decade of the AIDS crisis.’ Scholars like Andersson, then, have asserted homonormative embodiments as the product of structural forces rather than individual agencies.

4.6. The Case for a Queer STS

My hope is that the diverse theory introduced in this chapter, including work from science and technology studies, queer studies and beyond, comprise the necessary tools to move towards a queer or queerer STS. Queer STS is imagined as a nascent attempt to redress gaps in both sets of literature and to extend their shared theoretical commitments (MacCormack, 2009). This burgeoning inter- or multidisciplinary approach to inquiry has been forwarded by a number of scholars including Molldrem and Thakor (2017) and the Queer STS Working Group in Vienna (Thaler et al., 2016). Notably, a queer STS seeks to redress what Voss and Lock (2012) have argued to be the failure of STS to properly engage with sex and sexuality. In a survey of four major STS journals, Voss and Lock found markedly few examples of work examining the intersections of science, technology and queer sexualities. Responding to Voss and Lock's findings, Fishman and colleagues (2017, p. 381) argue that the chasm between science, technology and sexuality within STS is worrying because it suggests existing work on sex, gender, science and technology has 'efface[d] the co-constitution of the body, gender, and sexuality in historical and contemporary technoscience, which is both contrary to the goals of STS and effectively undermines the potential for critical STS work to uncover the unexpected.' Moreover, they argue that these exclusions draw attention to the effects of a taboo around sexuality within STS, which both limits these as possible sites of inquiry and likely warps 'the form and content of STS, even across sites of investigation and critical inquiry that may not immediately appear to have anything to do with sexuality' (Ibid.). In other words, where these objects go uninterrogated, STS may be 'bolstering scientific heteronormativity,' by leaving dominant assumptions unchallenged and refusing to take (queer) sex and sexuality seriously as avenues for inquiry (Voss and Lock, 2012).

To bring queer and STS into conversation means promoting engagement with historic and contemporary entanglements of science, technology and sexuality. Where 'queer' meets the social sciences is an opportunity to further interrogate the mutual shaping of sexuality, sexual identity or sexual meanings and society across or within diverse arenas, institutions, practices or beliefs (Epstein, 1994; Berlant and Warner, 1995). Queer STS, therefore, considers how sex, gender and sexuality as they are broadly conceived are constituted by, constitute and co-exist with (the object, institutions and actors of) science and technology and thus, Cipolla and colleagues (2017, p. 8) argue, opens up and places in productive tension a number of questions: What is science? What is technology? What is gender? What is sexuality? Critically, queering STS, as I strive to do by drawing on the diverse theory described in Chapters 3 and 4,

incorporates both the theoretical *and* political bent of queer studies, attuning the sometimes-vague political ambitions of STS to consider how we might critique and redress issues across science and technology from the perspectives of historically marginalised people including sexual and gender minorities.

5. Methods

In this chapter, I outline the research methods undertaken in this project. This chapter will not, however, take the form of traditional methods writing. I have opted not to present an idealised vision of social research – where conclusions emerge in a linear fashion from research questions via an *a priori* selected and perfectly applied set of methods. As those of us engaged in it well know, the realities of social research are far messier than this: hurdles abound, gaps emerge, and even the best laid plans may go to waste. What I will go on to describe in this chapter, then, is the way that my research methods emerged out of precisely this kind of mess – through feelings of frustration that eventually encouraged rethinking. As I will go on to describe, the feelings of failure and frustration with my initial methods – as bearing disappointing empirical fruit – highlighted their epistemic limits, provided a clear case for the tools I eventually went on to use, and, furthermore, helped shape my research priorities.

This chapter, then, is structured in two parts. In the first, I present the initial approach taken to this project in the form of archival research. After presenting some important empirical insights produced from this initial stage of research – insights that would help structure the remainder of the project – I discuss what I have already begun to gesture to in Chapter 2 are the limits of a *partial archival record* as a means for studying activist work. In the second section, I present the methods that were ultimately selected for this project and around which the rest of this thesis is built.

5.1. Methods Part I, or How the Best Laid Plans Went to Waste

5.1.1. Searching the Archive

This project was first conceived of as an archival project: a critical survey of the history of blood donation policy and the emergence of blood donor activism in the UK, using documentary sources drawn from the archives and other grey literature. In early 2018, using online systems to facilitate my search, I identified a number of archives as holding potentially useful material, which I present here in the form of a table:

Archive	Material(s) Identified
The National Archives	<p>Records of working groups responsible for the introduction, implementation and management of blood donor deferral criteria, including:</p> <ul style="list-style-type: none"> – The Expert Advisory Group on AIDS (1985-6) – The Advisory Committee on the National Blood Transfusion Service (1980-1986) – The Advisory Committee on the Virological Safety of Blood (1986-1989) – The Advisory Committee on the Microbiological Safety of Blood (1989-1992) – The Advisory Committee on the Microbiological Safety of Blood and Tissues for Transplantation (1992-2001) – The Committee on the Microbiological Safety of Blood, Tissues and Organs (2001-2008) – The Committee on the Safety of Blood, Tissues and Organs (2008-present)
The Wellcome Library	<p>Material from the National Blood Transfusion services, including historical memorabilia, publications for donors, donor deferral leaflets, internal documents about institutional organisation, and technical literature pertaining to TTI testing</p>
The Bishopsgate Institute	<p>An extensive record of gay and lesbian media and materials, including:</p> <ul style="list-style-type: none"> – Minutes from the meetings of the queer activist group, Outrage! – Publication and newsletters from HIV and AIDS organisations like the Terrence Higgins Trust
The Hall-Carpenter Archives at the London School of Economics	<p>Some gay and lesbian activist miscellanea pertaining to blood donation</p>

Taken together, I considered these initially identified archives to hold materials that represented a fragment of the diverse social and political field within which blood donation policy emerged and was contested, including perspectives from public health officials, clinicians, donors, and activists.

I approached these archives in the manner described by Duff and Johnson (2002) as an information-seeking activity, orienting myself to the collections, identifying and working through relevant materials, and using archival materials to establish the historical and institutional contexts within which documents were situated. The archival documents were then analysed in terms of their content – pulling out ‘underlying themes in the materials being analysed’ (Bryman, 2016, p. 563) and building contextual knowledge – and also, consistent with the Foucauldian theory I have outlined in Chapter 3, as forms of discourse. Critically, and as I will expand upon below, archival records are not only ‘partial and fragmentary’ in the sense that they represent ‘disparate historical fragments’ (Harris, 2018, p. 45) and, therefore, are not already-compiled histories, but also in the sense that the materials contained therein are not neutral documentations of reality but rooted in the social context of their creation and the interests of their creators (Bryman, 2016, p. 564). Discourse analysis, therefore, is an amenable way to read historical documents, since it involves an anti-realist and constructionist (Potter, 1997) recognition of texts as world-shaping devices produced not by neutral agents but interested actors who seek to – tacitly or explicitly – achieve things through the production of texts (Potter, 2004).

Ultimately, my search would prove disappointing. As I will elaborate upon below, although the activities of blood service and public health officials were well represented, the archival records bore only a scant imprint of outsider interventions in the politics of blood donation. Accordingly, while they did provide some insight into the historical construction and expert deliberations of blood donation policy, the archives did not present a stable empirical foundation upon which to build any kind of history of blood donor activism in the UK.

This is not to say that my months of archival research were wasted. Not only did they draw attention to significant knowledge gaps in culture and recorded history but they also produced empirical insights. I will share a number of these insights within the paragraphs of the remaining chapters of this thesis – notably, in Chapter 6, where I point out the historical role of blood service officials in delineating the meanings of HIV testing. As such, as I will go

on to underscore, this project is one of mixed methods: combining historical archival work with contemporary social research methods.

At this juncture, however, I do wish to share one, important empirical contribution gleaned from my months of archival research – namely, the historical emergence of the ‘gay blood ban’ as a diagnostic frame around which blood donor activism as a social movement operates. I share this here because, as I will indicate below, these conclusions helped structure my later inquiries and analyses – in particular, in Chapter 7 where I critically interrogate the discursive work of blood donor activists.

5.1.2. The Emergence of the ‘Gay Blood Ban’

As I have noted in Chapter 1, although there are a broad range of deferral criteria, which implicate a spectrum of habits, practices, acts or events that the blood services deem ‘high risk’, blood donor activism in the UK has largely fixated upon MSM deferral (and, often implicitly, the deferral of women who have had sex with MSM or WMSM) as a target for reform. In other words, based upon my definition of the practice, blood donor activism might *conceivably* include bids to reform *the full suite* of exclusion criteria that single out certain practices as exceptional routes of TTI infection,⁸ including the deferral of:

- People who have ever injected drugs (and their sexual partners);
- People who have recently been sexually active in sub-Saharan Africa (and their sexual partners);
- People who have recently received money or drugs in exchange for sex;
- People who have recently travelled to regions with a risk of malaria;
- People who have had a blood transfusion since 1st January 1980;⁹

⁸ Other blood donor deferral criteria either exclude donors on the basis of the presence of transmittable infection or, most significantly, on the basis that blood donation might pose a risk to the health of the donor. Certain eligibility criteria pertaining to age, weight, and haemoglobin levels in the UK are in place to protect donors whose health might be put at risk by the loss of 470mL of blood (the amount donated during a single session).

⁹ This measure has been taken up, in the aftermath of the bovine spongiform encephalopathy (BSE) crisis in the UK (Prusiner, 1997; Oosterveer, 2002), to manage the possible transmission of vCJD disease from donor to patient. For the same reason, as noted in Chapter 2, blood services in a number of countries have placed restrictions on donors who have spent time in the UK during the period of BSE crisis.

- People who have recently had a tattoo or a piercing (including semi-permanent make-up and microblading);
- People who have ever been bitten by a monkey, ape, or other primate;¹⁰
- People who have recently had an endoscopy

And yet, although MSM are not the only ‘figures of risk’ (Dziuban and Sekuler, 2020) prohibited from donating blood in the UK, blood donor activism in the UK since its inception has *without exception* crystallised around the protest of the so-called ‘gay blood ban’. The question is, why?

As described in Chapter 2.4, some scholars have already attempted to broach this question. They have located the absence of political organisation around non-MSM deferral criteria in the social conditions of these excluded groups – for instance, the ‘weakness’ of these categories as a social identity or their degraded social positioning (Valentine, 2005, pp. 120–125). In some ways, these accounts have thus tended to locate the production of anti-intersectional or ‘single issue’ blood donor activism, as described by Hannabach (2016) and Dryden (2010, 2015), outside of the discursive field of activism itself. Rather than a political form that is repeatedly enacted by activists, the single-issue protest of the ‘gay blood ban’ is presented as passively predetermined by, for instance, the marginal position of injection drug use or, at least, as arising naturally from the social landscape within which activism is situated.

Early materials from activist groups and the gay press in the UK present a different answer to this question of the sustained exclusion of groups other than MSM from the blood donor activist cause. Specifically, it is clear that these actors have themselves effectively narrowed the framing of blood donor deferral criteria – centring the excluded figure of the gay blood donor – since the inception in the 1990s of political forms that we might recognise as blood donor activism. In 1995, for instance, the LGBTQ+ rights group, OutRage!, were the first collective in the UK to organise protest on the issue of blood donor deferral. Detailed in the minutes of their meetings, this initiative began as a letter-writing campaign to the National Blood Transfusion Service ‘setting out the reasons for lifting *the ban on gay men*’ (OutRage!, 1995, emphasis added). The following year, when the group received a dismissive response from Virge James, the chairman of the Standing Advisory Committee on the Selection of

¹⁰ Presumably ‘other primate’ does not refer to humans.

Donor, several gay publications picked up on the story and, in their reportage, re-emphasised blood donation policy as an issue that solely implicated gay blood donors. For example, *Thud*, London's then-weekly gay magazine, ran an article with the headline 'gay blood ban to stay' (*Thud*, 1996), while *The Pink Paper*, the long-running UK gay newspaper, reported 'UK Blood Authority chief defends gay donor ban' (Teeman, 1996). Neither the activist action from OutRage! nor its reporting in gay press made any reference to other deferral criteria in place for sex workers, drug users, or place-based exclusions for people (mainly migrants) who were sexually active in certain 'high risk' regions.

Earlier still, even before blood donor deferral criteria were officially implemented in the UK, members of the gay community were already discussing the implications of blood donation exclusions in terms of a 'gay blood ban'. In May 1983, for example, while regional transfusion directors remained 'divided on whether or not to ask gay men not to give blood' (Berridge, 1996, p. 43), Ian Dewar, writing in *Capital Gay*, chastised gay men for trying to politicise the issue:

One of the major things AIDS has done to gay men is to bring our insecurities to the fore. At the mere mention of a ban on gay blood donors, a few of us are already crying victimization. There is no difference between the measures the Donor Centres are talking about, and those which would be adopted if there was an outbreak of AIDS among football fans. The fans might wonder, 'Why us?' but I doubt they would feel persecuted. (quoted in Berridge, 1996, p. 44).

As well as indicating early schisms in the response to donor deferral (as highlighted in Chapter 2), Dewar's harsh criticism of gay men's apparent overzealousness to claim victimhood evidences an early framing of blood donor deferral as a 'gay blood ban'. The reference made to an intra-community discussion of the 'ban on gay blood donors' implies an already extant narrowing – that Dewar himself proliferates – of the politics of blood donation around the 'gay blood ban'.

Of course, the emergence of this narrow framing can be understood in the context of the homophobic climate precipitated by the dawning of AIDS crisis, which redoubled existing disdain for homosexuality and the punitive treatment of queer communities (Watney, 1987; Seidman, 1988; Weeks, 1991; Terry, 1995). Accordingly, the early organisation of gay

communities around the ‘gay blood ban’ can be read as, in part, a defensive response to widespread state- and medically-sanctioned homophobia that appeared to single out homosexuality for exclusion and mistreatment (Epstein, 1988). Certainly, the response to the emergence of deferral criteria in the UK – as in other parts of Europe and North America (as described in Chapter 2.4.2) – was anxious, suggesting that blood donation policy was swiftly apprehended as a homophobic action that warranted opposition. In August 1983, for example, *Capital Gay* declared ‘alarm over a proposed leaflet by the Department of Health and Social Security’ that asked high risk groups to abstain from blood donation and which, the article noted, would soon be distributed at donation centres across the country. The newspaper reported:

An advance leak of the leaflet said it would advise homosexuals not to give blood, as long as A.I.D.S, (the Acquired Immune Deficiency Syndrome) remained a danger. / The Campaign for Homosexual Equality responded swiftly to the leak: “By singling out homosexuals the DHSS [Department of Health and Social Security] is promoting the myth that all and only homosexuals are promiscuous and that promiscuity is the cause of A.I.D.S” (*Capital Gay*, 1983)

In light of the scene of medical homophobia I have described above, The Campaign for Homosexual Equality’s response could be seen as a necessary rejoinder to what was perceived as the selected targeting – or ‘singling out’ – of gay men as a public health problem and the exercise of homophobic governance through medicine.

And yet, the same *Capital Gay* report on the arrival of the DHSS leaflet challenges the very claim that the Department were ‘singling out homosexuals.’ Immediately following the statement from the Campaign for Homosexual Equality, *Capital Gay* printed the wording of the proposed leaflet, which asked ‘to voluntarily refrain from donating blood: (1) Homosexual and bisexual men with many different sexual partners (2) Drug addicts, male and female who use drugs by injection (3) Sexual partners of people with A.I.D.S’ (*Capital Gay*, 1983). Thus, gay and bisexual men were not the *sole* targets marked out for deferral by the blood services early on in AIDS crisis but were already named alongside other emergent figures of risk, including injection drug users. Ironically, then, it was not the DHSS’ donor deferral leaflet but

the *discursive intervention* of what would soon become known as the ‘gay blood ban’ (prefigured here in the Campaign’s statement) that served to ‘single out’ gay men from among other figures of risk. This is not to downplay the homophobic scene in which nascent blood donor activists were attempting to intervene. Rather, what I am intending to highlight is how, even at this early stage of AIDS history, blood donor deferral was only ever made legible as an issue implicating gay men and centring the gay blood donor that blood donor activist politics would seek to discursively figure.

5.1.3. The Partial Record of the Archives

As outlined above, although they did provide some foundation to begin thinking about the emergence and circulation of the notion of the ‘gay blood ban’ – ideas that I will return to within my analysis in Chapter 7 – overall, the archives had a clear skew: the deliberations of expert officials were well represented, while the work of outsider blood donor activists were all but invisible. For instance, within the extensive minutes of discussions by the Expert Advisory Group on AIDS on the issue of donor deferral, the perspective of a representative from AIDS-affected communities – including the gay community – is cited just once (discussed below). Even outside of the records of public health officials, it was difficult to find extensive documentation of the activities of blood donor activism. Other than the collated materials pertaining to the action by OutRage!, mere traces of blood donor activist work could be found within news stories, now-defunct webpages, and petitions (Gray, 2012; *Archived Petition: Remove the ban on gay blood donation*, 2012; *Sign The Petition: Screen The Blood – Not The Sexuality*, no date; *Bin the Blood Ban*, no date). While these sources could provide some insight into the discursive interventions made by activists in the politics of blood donation, they only traced the outlines of activist work – providing no information about how campaigns came into being, how they operated, their success and failures, and interactions with policy-making. As such, as I have suggested in Chapter 2.4, the available record reflects, explains, and sustains the knowledge-gaps in the academic literature on blood donor activism: a lack of engagement with blood donor activism as it operates in practice within a political and institutional context. In this sense, publicly available documents were ill-equipped to shed light on what Hilgartner (2000, p. 54) might term the ‘backstage’ of the conflict between policy-makers and activists over blood donor deferral criteria.

Why did the archives bear what appeared to be such a partial record of the history of the opposition to donor exclusion? One answer, of course, is immediately available: the fact is, there simply is scarcely a history of opposition to be told. As I have noted in Chapter 2.4.2, the responses of the gay community to the news and development of blood donor exclusion has by no means been heterogeneous – at various moments including support for MSM deferral or at least muted resignation to it. Indeed, under the assumption that rigid deferral criteria were essential to reducing the transmission of HIV through the blood supply, the burgeoning HIV sector in the UK, including the National AIDS Trust (NAT) and the Terrence Higgins Trust (THT), initially universally supported the UK National Blood Transfusion Service line on blood donor deferral. THT were particularly staunch on this, maintaining their support for blood donor deferral criteria until 2016, even after the introduction of a concessionary 12-month deferral period for MSM and long after the blood service’s introduction of routine, rapid, and sensitive nucleic acid tests. THT’s hard-line endorsement of the NBTS position had much to do with their early support for strict blood safety measures as a matter of concern for people with haemophilia. As well as the introduction of screening technologies and the heat treatment of blood products, THT unequivocally endorsed the position that the deferral of MSM and other ‘risk groups’ had stemmed the further spread of HIV through the blood supply. In a 1988 newsletter, for example, THT published statements from Dr. Harold Gunson, consultant advisor to the NBTS, attributing low rates of HIV-positive blood samples to the continuing deferral of high risk groups, which had recently expanded to include people visiting countries in West Africa (The Terrence Higgins Trust, 1988). The *absence of a footprint of political opposition* to blood donor deferral, then, might simply reflect the *absence of political opposition* and require acknowledging what Brier (2009, p. 4) suggests is the varied political orientations of AIDS workers in history who have often engaged in work that cannot simply be characterised as ‘against the state.’

However, there is evidence to suggest that archival absences are not simply a product of broader political silences from actors otherwise interested in the politics of HIV. For instance, while the NAT did initially endorse the need for donor deferral, in 2008, the Chief Executive of the organisation, Deborah Jack, wrote a letter to SaBTO, calling for the committee to ‘undertake a review of the lifetime bans currently in place in relation to blood donation’ (Jack, 2008). It is, therefore, clear that NAT inverted their stance on the issue at some point but without a clear archival record, it is unclear what the implications of their

interventions were, how they were received by policy-makers, or how they came to be. Similarly, while a record of a 2009 public meeting by SaBTO on the selection, deferral and exclusion of blood donors provides extensive details of presentations given by clinicians and patient representatives and truncated summaries of comments from some members of the public, including one blood donor activist (Advisory Committee on the Safety of Blood, Tissues and Organs, 2009), the record makes no mention of the fact that, as I would later discover, blood donor activists held a public demonstration outside of the meeting and that some of these individuals entered the meeting space to engage with policy-makers.

These elisions from archival spaces and materials draw attention to the fact that, as Harris (2002, p. 64) suggests, ‘The archival record is but a sliver of social memory...[and] also but a sliver of the documentary record.’ Crucially, as Harris and others have noted, these slivers are produced by structures of power that govern the way archives themselves and the documents therein are *highly constructed*. As Kaplan notes, for instance, ‘The archival record doesn’t just happen; it is created by individuals and organizations, and used, in turn, to support their values and missions, all of which comprises a process that is *certainly not politically and culturally neutral*’ (Kaplan, 2000, p. 147, emphasis added). Archives are, therefore, partial records in a double sense: incomplete and highly subjective. They are built, as Hedstrom (2002, p. 26) suggests, by archivists and social processes that determine ‘what constitutes legitimate evidence of the past’ (see also: Cook and Schwartz, 2002). As such, where the history of blood donation policy is concerned, the archive is skewed to the ‘official’ record – the record of the ‘legitimate’ work of credentialed officials. In contrast, as Sycamore (2008, p. 268) points out, ‘activism disappears from the public record almost as quickly as activists burn out and disappear from struggle.’ For, given the nature of activism – often reliant on affective and emotional labour and activists’ free-time and capacities, and as, often, counter-hegemonic struggle – producing an archivable footprint may scarcely ever be the priority of an activist campaign. The ‘backstage’ activities of activists, therefore, may often remain opaque.

As well the nature of activist struggle itself, the exclusion of activism as a form of ‘legitimate evidence’ from within the archives of UK blood donation policy is a product of the sociological dynamics described in Chapter 3.3.3 that govern legitimate participation in the spheres of public health or biomedicine. In this sense, it is only public health ‘officials’ that are considered to make up the ‘official’ of the ‘official record.’ For instance, as I have already suggested, the perspectives of AIDS-affected populations, including the gay community, are

scarcely represented within the extensive records of the Expert Advisory Group on AIDS' work on blood donation policy. Where they are included, gay community leaders have been cited or enrolled by officials to corroborate the *already held views* of the advisory group. In March 1985, for example, a paper by Julian Meldrum from the Gay Monitoring and Archive Project was forwarded to a sub-group of the Expert Advisory Group working on the introduction of an antibody test for HTLV-III. Meldrum notes in his paper that some UK clinics had been offering HTLV-III antibody testing but had ceased to because the results 'were making people extremely anxious' (Meldrum, 1985). Meldrum offers up a cautionary tale: 'As you may be aware, one reason why gay men in Australia would give blood was to get syphilis tests free of charge, when they'd cost \$10 or so at an STD clinic. Open-access clinics offering free STD testing are therefore an important defence for the blood-transfusion service.' Meldrum's inclusion in this public record, otherwise devoid of outsider participation, must be read alongside the knowledge that his words endorsed a view held by the working group from February 1985: that alternative testing sites for the HTLV-III antibody test be made available, lest gay men were to use blood donation as a way to find out their antibody status. In this sense, his view would hardly have been considered heterodox by the experts that peopled these working groups – a fact that might explain this rare occasion of the inclusion of the voice of a lay outsider within an archive otherwise made up of expert voices. Meldrum's inclusion in the archival records, therefore, encourages cognisance of the forces that govern recorded and unrecorded public health histories and the dynamics that make entry into the archive more or less frictive.

5.2. Methods Part II: Methods Revisited

Once I had ascertained that inquiry about blood donor activism was limited by archival absences, I began to consider means to redress them. For, although I could have adapted my research methods to better fit the shape of the available evidence – for instance, conducting a survey of the construction of blood donation policy in the UK in the same vein as Martucci (2010) or Bennett (2009) in the US – I was concerned about reproducing the social forces that produced these epistemological gaps in the first place. Relying on an archival record skewed to the 'official' risked producing a version of history that positioned activists and other outsiders as marginal and passive actors in the politics of blood donation – a representation of activists

that is already rife within the literature (as I have described in Chapter 2.4). In a wider context, this mode of historicising of HIV politics is accelerated by what Schulman (2013) has described as the *gentrification* of AIDS politics – the collective, deliberate forgetting of the radical politics that forever changed the course of AIDS crisis (see also: Castiglia and Reed, 2011). Accordingly, to rely on ‘insider’ or expert testimony of aspects of AIDS history alone, rather than to root out the hard to find, would be to participate in the gentrification of AIDS history – to propagate a version of history that regards state actors alone as the sole force behind reform, care, or intervention, and to invisibilise the interventions of outsiders.

Therefore, and following the lead of scholars like Epstein (1996) and Gould (2009), I concluded that the empirical foundation of the project would primarily be based on interviews with blood donor activists – both as a way of generating an in-depth understanding of the front and backstage work of blood donor activists (so as to answer the research questions laid out in Chapter 1) and also as a way to repair the gaps in the existing archive of blood donation policy in the UK. I regard this project, then, as a politically-motivated step towards building an archive of blood donor activism in the UK – in-keeping with what scholars like Wakimoto and colleagues (2013) and Harris (2002) argue is the activist-archival practice of documenting and collating histories occluded from the public record. For reasons that I will outline in more detail below, this is an incomplete (partial) attempt to build such an archive: the interviews conducted were not true oral histories, individual participants were anonymised by necessity, and, therefore, the transcripts and recordings of the interviews could also not be made publicly available. As such, because named and identifiable individuals cannot be traced to specific testimony, the tentative historiographic ambition of this project does not meet the standard set by scholarly proponents of archives as ‘arsenals of democratic accountability’ (Eastwood, 1993). These scholars have argued that accountability – or more specifically, the capacity to appraise the morality or efficacy of individuals and organisations – ought to be the fundamental and ‘large social purpose’ of the archive (Bearman, 1995, p. 390). This project remains, however, the first detailed account of blood donor activist activities, motivations, strategies, and experiences anywhere in the world and, therefore, a crucial contribution to knowledge of the history and literature of the phenomenon. In this way, the outcome of this project does align with what Dirks (2004) suggests, in his critique of the undue emphasis upon accountability in archival practice, should be the long-term goals of archiving and historicising: the production of narrative and memory.

5.2.1. Interviews

Therefore, to supplement my archival research, I conducted interviews with UK blood donor activists, which I loosely defined, along the lines stated in Chapter 1, as individuals who have posed a challenge to exclusionary blood donor deferral criteria. To provide further context and a range of perspectives on the scene within which blood donor activists have sought to intervene, I supplemented these interviews with activists by conducting interviews with representatives from the UK blood services and with representatives from patient groups who rely on the receipt of blood products. In all, I conducted 31 in-depth semi-structured interviews with participants. In-depth interviewing was chosen as it is understood to provide a way for researchers to uncover what is meaningful or distinctive to others and to develop an understanding of how participants understand and frame pertinent issues or events (Bryman, 2016) – in other words, to allow the researcher to cross into a participant’s ‘personal membrane of knowing’ (Mears, 2012, p. 171). This style of interviewing is also advantageous as it places emphasis on both breadth *and* depth of coverage – allowing for a range of topics to be covered in sufficient detail for sustained social research with a limited sample size (Legard, Keegan and Ward, 2003; Mears, 2012).

Although in-depth interviewing is broadly considered to encapsulate unstructured, structured, and semi-structured styles of interview (Bryman, 2016), I opted for a semi-structured method. For, while I had already determined a number of key, guiding themes for interview drawn from my research questions and my archival research (Ayres, 2012), the semi-structured approach granted a degree of flexibility in the interview process, allowing me to pursue unanticipated lines of inquiry that seemed pertinent to my research questions or entirely novel and intriguing (see Appendix 1 for an example interview protocol). To enable this kind of flexibility, I tended to use an ‘open’ style of questioning, which encouraged participants to provide generous descriptions of their views or experience, unlike ‘closed’ question that tend to simply elicit affirmations (Patton, 2002). In addition to being built around my research themes, my interview protocol was guided by (as I have outlined at length above) the absence of clear, existing information about blood donor activists’ activities in the UK. Therefore, because it was impossible to ascertain in advance exactly what my participants’ involvement with activism had been and because it was precisely this that I wished to uncover, questions asked to participants

were both ‘content mapping’ – questions ‘designed to open the research territory and to identify the dimensions or issues that are relevant to the participant’ – and ‘content mining’ – questions that ‘explore the detail which lies within each dimension, to access the meaning it holds for the interviewee, and to generate an in-depth understanding from the interviewee’s point of view’ (Legard, Keegan and Ward, 2003, p. 148).

5.2.2. Recruitment

In the first instance, participants were identified through a survey of mainstream and LGBTQ+ media coverage of blood donor activism, which served to highlight certain key actors who had been active in recent protests of MSM blood donation policy. I approached and conducted a pilot interview with one member of the prominent campaign group FreedomToDonate, for which I sought, and was granted, ethical approval (STSEth142). This was done in order to gauge the feasibility of the project both in terms of the level of interest from potential participants and to determine how much access I might be granted to what appeared to be relatively closed networks.

After the success of this initial interview, further participants were identified and recruited in two ways. First, building from this first interview and subsequent interviews, participants were identified via a sequential sampling strategy of snowballing (Teddlie and Yu, 2007): at the end of each interview, I asked participants who else they thought I should speak to for the project. In the absence of a clear map of the terrain of activism, snowballing was a useful strategy to help elucidate existing networks of blood donor activists (Coleman, 1958) and also because it often gave me an ‘in’ with individuals who might otherwise be hard to reach or who might not respond to a request from out of the blue (Noy, 2008). However, from what I was able to glean from my survey of the grey literature on blood donor activism, it was clear that protest of blood donation policy was more often than not waged by disparate actors – individuals working alone or in small clusters to, for example, petition on the issue. Accordingly, in order to strike a balance between the representativeness and the purposiveness of the sample (Bryman, 2016), I supplemented the snowballing strategy with a process of purposive sampling. Here, I approached and recruited individuals who I identified as having done blood donor activist work but who might otherwise not have been highlighted by the process of snowballing. For instance, activists working in Scotland, Wales and Northern

Ireland were unlikely to be (and indeed were not) recommended for interview by activists working in England.

This second, more extensive round of participant recruitment and interview was also granted ethical approval (STSEth147 – see Appendix 2 for copies of the ethics form). Included in this second round of participant recruitment were a number of individuals who were not part of the blood donor activist social movement. Rather, these individuals were approached because of their knowledge of or experience with blood donation and blood donation policy and, therefore, to help better characterise the discursive, political and institutional landscapes within which blood donor activism operates. In all, I approached (and interviewed) four individuals to supplement my interviews with blood donor activists: two representatives from groups representing patients with blood disorders, one senior nurse from the blood services, and one senior member of SaBTO.

Participants were first approached for interview by email – or where an email was not obviously available, through a direct message on the social media platform Twitter – in which I briefly explained the nature of the project and asked if they would be interested in being interviewed. At this stage, I also attached an information sheet about the project, which provided more details about the nature of involvement (see Appendix 3). Participants that I first contacted on Twitter were asked to provide an email to which I could send the information sheet. If participants agreed to interview, I then sent them a copy of the consent form (see Appendix 4) and offered either to meet them at a convenient location – their office, their home, a café, or some other public space – or to speak remotely via Skype or over the telephone. Most participants who lived prohibitively far away – for instance, in Scotland or Northern Ireland – mutually agreed to speak remotely.

In all, 40 participants were contacted for interview and 30 participants were interviewed 31 times for the project (one participant – the member of FreedomToDonate who I spoke to for the pilot study – was interviewed twice as both myself and the participant agreed that the initial hour allotted had not been sufficient). The sample size, which sits within the acceptable range identified by Adler and Adler (2012), is justified by the fairly narrow scope of the project (Warren, 2002; Morse, 2004) – focussed on a particular form of activism within a single country – as well as the primary aims of in-depth interviewing – securing ‘depth not breadth’ in in-depth interviewing (Patton, 2002, p. 230). The cut-off point for sampling was determined by the fact that, towards the end of the interview process, I had attained saturation of data

(with many participants' responses echoing the responses of other participants and few new names for interview being recommended), which also justifies the size of the participant pool (Onwuegbuzie and Collins, 2007).

5.2.3. The Interview Process

The 30 participants spoken to for the project comprised:

- 26 blood donor activists (including student activists, workers and representatives from within the HIV sector, MPs, and individual petitioners);
- 2 representatives from the blood services (a senior nurse and a member of SaBTO);
- 2 patients representatives from organisations supporting people living with blood disorders

From the time of the pilot study, I decided that all participants would be fully anonymised as individuals and assigned a pseudonym – attributed only, where relevant, to the organisation or group with which they were affiliated (e.g. a member of SaBTO, a member of FreedomToDonate, a representative from an LGBTQ+ charity). Anonymity was extended to all participants for the simple reason that I swiftly realised that certain activists – particularly those still actively engaged in the work or who worked within the HIV sector – were nervous about being traceable to their testimony and, therefore, hesitant about participating. It was clear, therefore, that the archival principle of accountability (described above) was in tension with the ambition to document and narrativise the work of activists. Ultimately, I deemed the latter ambition to be more valuable than the former; accountability would mean little if it came at the expense of a robust and well-represented participant pool. Appendix 5 provides a full, tabulated list of the project participants, ordered by the date they were interviewed. It includes their personal pronouns as well as broad, biographical details about the participant. These details are abstracted in such a way as not to identify the participants but to help anchor the reader to understand who participants are and the nature of their involvement in blood donor activism – for instance, as a student activist or as a member of a charity. The table also includes a code, which is included in parenthetical citations alongside quotes from participants (which

have been edited for clarity throughout the remainder of this thesis) so as to allow easy reference back to the table for the reader.

Interviews were conducted across the period May 2018 and September 2019. At in-person interview, before the interview began, participants were invited to re-read physical copies of the information sheet and read and sign the consent form (both of which they had been sent ahead of time). Participants who were interviewed remotely were asked to return a signed copy of the consent form (either signed electronically or a photograph or scan of a physically signed copy) by email prior to the interview. Some participants – especially those who were in positions of power, like the MPs, or who were more cautious about participation – were sent an abridged copy of the interview protocol upon request prior to the interview. No participants brought this to interview or asked the interview questions to be amended in any way upon review. After the interview was completed and I had asked the final question (regarding who I ought to speak to next), I informed participants that they could get in touch with me should they like something redacted from the interview transcript or if they would like to add anything else to the record. Just one participant took me up on this and asked for a few sentences to be struck from the transcript, none of which had relevance to the project themes. Within 24 hours of interview, I sent emails to participants thanking them for their time and reiterated that they could ask me to amend the transcripts if necessary. The vast majority of participants emailed back acknowledging receipt of the email and thanking me in return, with many thanking me for the opportunity to discuss their work. All the interviews were tape recorded and lasted somewhere within the range of 37 minutes and 178 minutes (with the mean interview length being 79 minutes). The shortest interview (just 37 minutes) was exceptionally short because the participant had mistakenly only allotted 40 minutes for our conversation. All the interviews were then transcribed by me and totalled in at just over 378,500 words.

This simplistic account is, of course, misleading, since the interview is never a straightforward and naturalised process of data extraction from participant to interviewer (Kvale, 1996). Rather, the process itself is contrived and not neutral – the apparently dialogic exchange mediated by the positionalities of both interviewer and participant and their perceptions of one another (Davis, 1999). As such, both parties within an interview may be understood as ‘performing’ for one another, with patterns of speech possibly constrained by a tacit or explicit desire to please, to impress, to secure trust, or to solicit further information

from the other. Indeed, I found myself striving – within the interview and in correspondence prior to it – to make apparent my positionality as a queer person (at the time, identifying as a gay man) in order to create an environment where my queer participants might feel open to discussing topics pertaining to sexuality – topics that they might not feel as comfortable discussing with a heterosexual interlocutor (Kong, Mahoney and Plummer, 2001). These forms of performance were also apparent where there was an ostensible or perceived gap in apparent expertise between myself and my participant. For instance, some blood donor activists that I spoke to were perceptibly nervous about speaking on the ‘science’ of blood donation policy, because, they would tell me, they perceived me to be more knowledgeable on the topic given that I was working towards a PhD. Accordingly, these participants are likely to have moderated their responses in an unavoidable way given the dynamic of the research setting. Equally, though, in interview with more ‘elite’ participants, like the MPs and the member of SaBTO that I spoke to, I found myself performing my expertise as a way of asserting myself as a competent researcher. In these cases, I found the ability to ask ‘open’ questions was constrained by a desire to appear knowledgeable (Harvey, 2011). However, as Smith (2006) notes, the notion of a strong power divide between the ‘elite’ interviewee and interviewer is flawed in practice, since ‘elite’ interviewees are still vulnerable in the interview setting in ways that the interviewer must consider. Indeed, even the MPs that I spoke to, who clearly held the most ‘power’ of any of my participants, demonstrated moments of deference to me as an apparently expert voice in ways that might have encouraged their self-censorship. Accordingly, I carried into my data analysis a strong awareness of the highly constructed nature of my interview data.

5.2.4. Analysis

All transcripts were compiled in NVivo (version 12.6.0) and the data was analysed through qualitative thematic analysis (Miles, Huberman and Saldaña, 2014). Thematic analysis, according to Boyatzis (1998, pp. 1–3) is ‘a way of seeing’, the perception or construction of patterns within qualitative data, which might not ‘be evident to others.’ Boyatzis contends that the ability to conduct thematic analysis emerges across four, overlapping, stages: an openness to information; a consistency of gaze; immersion within the information; and an interpretation of information ‘in a way that contributes to the development of knowledge’ (Ibid., p. 11). Indeed, I traversed these four stages myself across repeated and lengthy rounds of coding.

Specifically, data was coded using a mixture of inductive and deductive coding methods (Saldaña, 2013). That is, in addition to entering the first round of coding with categories and themes in mind based upon my research questions, the survey of the literature, and the theory that I intended to draw upon, I allowed themes to emerge from the interview data itself. Throughout this first round of coding I remained attendant to any patterns I noted emerging within and between codes and themes. After an initial round, I conducted a second round of coding that generated no new codes but did help to refine existing codes into a more parsimonious arrangement, in particular by eliminating repetition. Appendix 6 contains an excerpt of some of the codes generated by this process.

Moreover, building on the queer epistemology I have introduced in Chapter 4, my approach to data analysis was informed by a *queer feminist practice*. Feminist approaches to qualitative social research have challenged the notion of ‘value-neutral’ research (Bryman, 2016) and the notion of the ‘objective’ researcher who is personally detached from the object of study (Stacey, 1988; Ramazanoglu and Holland, 2002). Instead, feminist approaches to the social sciences stress the often highly personal nature of research for the researcher, frequently shaped by personal and/or collective political concerns (Silverman, 1985; Rubin and Rubin, 1995). Rather than refusing to politicise their work as a means of preserving an image of objectivity, therefore, feminists have insisted on the importance of research done *for* marginal groups and to challenge structural oppression (Ramazanoglu, 1992; Skeggs, 2001). Crucially, scholars have asserted that feminism is a social research *practice* – an ethical and political orientation to the work (Harding, 1988; Maynard, 1998).

Queer approaches to research have similarly posited an explicit politicisation of research and method, building upon the queer challenge to hegemonic regimes of gender and sexuality (Nash and Browne, 2010; Plummer, 2011). Kong and colleagues, for instance, have argued queer research methods to be ‘moral and political interventions through and through’ (Kong, Mahoney and Plummer, 2001). Ward has attempted to enumerate exactly what the entanglement of queer politics and method might mean for social research. She suggests that ‘queer methods’ are broadly: intersectional – attending to the co-structuring effects of gender, sexuality, race, class, ability, nationality and beyond; reflexive and grounded in the political context and commitments of the researchers; conscious of ‘sex practices, bodies, and desires and their place within the presumably asexual realm of research’; often interdisciplinary; and unbounded to fixed social categories, placing an emphasis on fluidity and messiness (Ward,

2016, p. 71). Other scholars have suggested that queer social research means rejecting the orthodoxy of empiricism within the social sciences – in particular, resisting the ‘fetishizing of the observable’ by embracing, instead, ‘multiplicity, misalignments, and *silence*’ (Brim and Ghaziani, 2016, pp. 16–17, emphasis added). This emphasis on the unseen or unsaid redraws attention as much to who or what is *not* represented within the research space – what is unobservable, uncollectable, unanswerable, unutterable, unintelligible – as to who or what is (Heaphy, 1998; Kong, Mahoney and Plummer, 2001).

Bringing these queer and feminist perspectives to bear upon my own research practice meant that my project had a clear axiology. Namely, I generated both my data and their analysis in a manner that was highly value laden; borne from the position of a desire to address and redress structural inequalities and ills, as well as from a standpoint of social care for the queer and disenfranchised. In particular, I remained cognisant of groups and individuals who were marginal within and marginalised by the discourses of blood donor activists – a cohort of predominantly white, British, middle-class, gay or bisexual, cisgender men – and *critical* of these practices.

5.3. Summary

In summary, I conducted a study of blood donor activism in the UK – the first of its kind – was established through mixed methods: combining historical archival work with contemporary social research methods. This was in service of answering the research questions introduced in Chapter 1.1:

1. What are the motivations of blood donor activists and why are they particularly attached to blood donation policy – specifically MSM – reform as a political goal?
2. What are the implications of blood donor activism in relation to the broader landscape of gay politics and subject formation?
3. What are the strategies that lay blood donor activists have taken up in order to effect change and, especially, those taken up to convince expert policy-makers of the need for reform?

I generated empirical data from 31 semi-structured interviews with 26 blood donor activists, 2 representatives from the UK blood services, and 2 patient representatives, as well as months of research into an extremely partial archival record of the history of blood donation policy. The transcripts of interviews were largely coded thematically in accordance with the research questions outlined in Chapter 1 – pertaining to the aims, motivations, strategies, and implications of blood donor activism – though some new themes emerged from the data itself. I then parsed the data through a thematic analysis, with a queer and feminist orientation. In Chapters 6 through 9 of this thesis, I present the results of this analysis: a critical inquiry into blood donor activism in the UK.

6. The Pursuit of Happiness: How Blood Donation Policy is Made to Matter

6.1. Introduction

In this chapter, by way of introduction to a topic that has been poorly described by scholars, I will approach the first of the research questions introduced in Chapter 1.1. Namely, what are the motivations of blood donor activists and why are they particularly attached to blood donation policy – specifically MSM – reform as a political goal? Analysing my interviews with participants, in which I identified themes of homophobia and blood donation as a civic duty and altruistic act, I unpack the motivations of activists and, in so doing, better characterise blood donor activism as a social movement form – illuminating exactly what activists say they seek to achieve through their work and the precise nature of the umbrage taken with blood donor deferral criteria. Moreover, unpacking my interview themes through a survey of blood donation as a practice within its wider context, I outline the cultural contingencies – what Simpson (2009) describes as the ‘haemato-global assemblage’ – that give blood donation meaning and, accordingly, make blood donation policy a particularly meaningful target for reform for certain gay and bisexual men.

6.2. Homophobia ‘Written on Paper’: Why Blood Donation Policy Matters

6.2.1. The HIVification of Homosexuality

As I have already suggested, experiences of and opposition to homophobia was a clear theme that emerged from my data. For the majority of blood donor activists that I spoke with, opposition to MSM donor deferral was predicated on the basis that it represented a homophobic judgement about queer men. Tim, for example, who was heavily involved in the

protest of blood donation policy as a student 10 years before we spoke, argued that blood donation policy and a homophobic disdain for gay sex are co-constitutive. He suggested that the protest of the blood ban was about:

[...] removing stigma from gay and bi men, because this looms over people and that suggests our sex is bad, which affects people on a personal level. But also from an institutional level, there's this background, undercurrent of stigma attached to it. And that's what I think is important to wash away. (T2, March 2019)

Peter, an HIV activist, also suggested to me that he felt blood donation policy to be continuous with other stances and health policies that he considered homophobic:

For example, the NHS refusing to fund PrEP [HIV pre-exposure prophylaxis], because they're like, "It's a way for slutty gays to go have more unprotected sex." [...] Why does it come down to homophobia in 2019? We have Pride, we're allowed to get married, there are gay spaces [...] And people ask: why are we not happy? Why am I so angry? [...] Because from very major authorities that are governing this country, we are told: "Not for you." And I guess it's exactly the same with blood donation (P2, March 2019)

For Peter, contrary to a progressivist narrative of LGBTQ+ equality in the UK, blood donation policy is one among a number of examples of a continued institutionalised disdain for gay men and, in particular, their imagined sexual deviance: a desire for risk and excess. The perspectives of activists like Peter and Tim echo what scholars have observed as a tight coupling of medical and moral judgements (Epstein, 1988; Douglas, 1992).

Specifically, activists expressed concern that blood donation policy represented a homophobic, hyper-articulation of gay men and HIV – the notion that gay men are *over-*represented as at or posing a risk of HIV (Watney, 1987; Treichler, 1999). Activists argued that MSM donor deferral criteria is predicated upon and 'feeds into this old narrative that HIV is a gay disease' (T2, March 2019), recalling scholars who have suggested that blood donation policy marks out marginalised groups as a danger (Murray, 1990; Dziuban and Sekuler, 2020;

Bennett, 2009). Many of the activists I spoke with argued that a particular imaginary of queer men as vectors of disease undergirds donation policy. Charlie, an HIV prevention activist, had experience of working with the expert members of SaBTO in his previous role at an HIV and AIDS charity. He described the kinds of attitudes he encountered amongst policy-makers as follows:

I do absolutely think there is a twinge of homophobia in there and I think there's a huge amount of over-caution and, um, [pause] I'm not sure there's anyone yet brave enough in the blood service to really stick their head up and say this is the reason why, *you diseased faggots*. (C1, October 2018, emphasis added)

Here, Charlie parses what scholars have observed as an institutional aversion to risk (O'Neill, 2003; Roussel, 2003; Charbonneau and Quéniart, 2016) as a phobic apprehension of gay men as diseased. Activists like Charlie, therefore, echo scholars who have noted that the emergence of HIV and AIDS and their consequent representations have crystallised a historic link between homosexuality and pathology (Butler, 1992; Terry, 1995; Weeks, 1995).

Ted, a representative from an LGBTQ+ health organisation based in Northern Ireland, recounted a notable incident in the Northern Irish history of the ban that, to him, demonstrated how these attitudes manifested in policy. In 2011, the then Northern Irish health minister Edwin Poots – of the staunchly Presbyterian Democratic Unionist Party – caused controversy when he announced that Northern Ireland would not, unlike the rest of the UK, be following SaBTO's advice in replacing a lifetime ban on MSM donors with a 12 month deferral period (Henry, 2011). Poots' decision was challenged in court by an anonymous gay man and, in 2015, a High Court judge ruled that Poots had acted prejudicially and his decision was 'a manifestation of expression of his religious beliefs' (quoted in Erwin, 2015). However, in 2016, Poots successfully overturned the ruling in the Court of Appeals with a 2-1 majority, with one judge declaring, 'There is no basis for the conclusion that the minister's decision in this case was predetermined by his Christian beliefs and there is ample evidence to indicate that the minister approached the decision-making by evaluating the competing factors before adopting on a precautionary basis the status quo' (quoted in Erwin, 2016). Ted, who was closely

involved in supporting the challenge against Poots in both cases, described how he observed the minister to justify his decision:

He suggested that it wasn't only HIV and hepatitis but unknown infections that gay and bisexual men could present with that presented a risk to the wider blood supply. [...] The suggestion that gay and bisexual men, or MSM, are some sort of incubators for infection is absolutely despicable and based entirely on stigma and prejudice. (T3, May 2019)

Recalling scholarly work that highlights the use of gaps in data and sometimes sheer speculation about the epidemiology of emergent pathogens in the construction of US blood donor deferral policy (Galarneau, 2010; Martucci, 2010; Bennett, 2009), the citation of the 'unknown' here is, for Ted, evidence of an *a priori* assumption about the infectivity of queer men. Poots' justifications, unmoored from the existing data, are, to Ted, a gesture to a future state of affairs that is only imaginable if queer men *are already configured as diseased*.

Activists' concerns about policy-makers' contribution to a 'homosexualization of HIV/AIDS' and concomitant 'AIDSification of homosexuality' (Odets, 1995, pp. 101–105) also echoes historic anxieties about the biopolitics of HIV and AIDS – that the disease category might serve as a vector for forms of homophobic governance through medicine (Weeks, 1991; Conrad, 2007) or, in the extreme, as Watney (1991, p. 171) starkly put it, that the framing of AIDS as 'gay plague' was 'the viral projection of an unconscious desire to kill gay men.' George, who campaigned to reform his political party's line on the MSM blood ban, described his outlook on the politics of the ban as follows:

There are still lots of places institutionally where we will always be considered or treated differently [...] One of the most pernicious elements of homophobia has always been the link with HIV. [...] It's pernicious because straight people thought they couldn't get it. It's pernicious because stigma against HIV people is and remains dreadful. [...] That's always there and the blood ban gave people scientific impetus to be homophobic (G1, November 2018)

Not only does George express a feeling that HIV stigma and homophobia are co-constitutive with blood donation policy but that the science of HIV provides public health officials with a convenient vehicle to legislate against queer men through blood donation policy.

6.2.2. A Technology of Homophobia

Thus far, I have suggested that donor activists have taken issue with blood donation policy as predicated upon and reproducing homophobia crystallised through the emergence of AIDS. Drawing on STS scholarship on the sociology of technology (outlined in Chapter 3.5), I wish to argue that activists' claims about the homophobia of donor deferral criteria represent a political struggle over the meanings of deferral criteria as a social technology. Taking the broad view that technologies include both 'hard' and 'soft' objects (Pinch, Ashmore and Mulkey, 1992) whose meanings and uses are always negotiated (Akrich and Latour, 1992; Pfaffenberger, 1992), blood donor activists pose a challenge to a dominant reading or intended script of MSM deferral – namely, risk reduction, or a necessary means to maintain the safety of the blood supply.

This dominant reading of donation policy – that donor deferral is a technology of safety – was made apparent to me when I asked blood service professionals to explain how they understood the function of deferral criteria (in other words how they read policy-as-technology). Sarah, who has a senior role within the blood services, immediately launched into what she referred to as her 'lecture on blood safety':

So really it relies on both donor selection *and* donation testing. You can't have one without the other. [...] We test for a number of various infections but that any test isn't 100 percent sensitive [...] That's why it's important to get your donor selection right. It's also important that donors are aware of what it's all about really and we don't just do it just for the sheer hell of it [laugh] A lot of the work we're doing at the moment is should [what we say to people] be about risk? Or should it be about saying to people this is about the safety of all of the blood and you're just one little bit of it? [...] And so it is about the selection and the testing. I wouldn't want to really get rid of one or the other. [Safety is] a combination of both of them. (S3, March 2019)

Here, Sarah defines donor deferral as part of a belt-and-braces approach to risk reduction, as having a supplementary – though important – effect to the ‘harder’ technologies of TTI testing involved in maintaining the safety of the blood supply. In this way, she draws attention to donor selection as part of what Carroll (2014) has suggested are the processes, beyond screening for infection, involved in constructing the safety of donated tissues, and also echoes what scholars like Gilmore and Somerville (1999) and Crespín and Danic (2016) have highlighted as the re-emphasis upon social screening techniques for blood safety after the advent of screening technologies.

Critically, Sarah also demonstrates the role played by the blood services in constraining the possible readings of deferral in advance – that would-be donors (and non-donors) be made to understand that deferral has a single given purpose. As Sarah outlined several times to me over the course of our conversation, for the blood services, effectively communicating the purpose of deferral is of the utmost importance, since it ensures that donors and non-donors comply with policy. Implied here is the notion that, for the blood services, obtaining closure on the reading of donor deferral as a technology of *safety* is a critical way of quelling other readings of deferral-as-technology that, politically speaking, might sustain the interpretive flexibility of policy and render it open for debate (Pinch and Bijker, 1984).

Speaking to staff from the blood services about the practical applications of policy also helped illuminate its purported technical function – the ways in which it is understood to interact with the material and social world. When I asked Sharon, a senior blood donation nurse, what she felt the purpose of deferral criteria to be, she responded:

Well, I think it's really important because it's there to maintain safety of the donor and safety of the blood for the recipient. It's there to help me with my decision making (S6, April 2019).

She went on to explain:

I do feel for everybody, because, as a nurse, I'm here to help every member of society do something. However, [often] the guidelines say that they can't, and I understand why the guideline is there. And the way that we work as an

organisation with our regulations is that there is no wiggle room [...] We have to be able to say to everybody at the end of the day, your mother, brother, father, or baby, received this blood and it's as safe today as we can possibly make it. [...] That's the most important thing for me. If ever I had a relative that needed blood, is it going to be safe for them to have this blood? (S6, April 2019)

Sharon, like Sarah, repeats the dominant reading of deferral criteria – voicing the organisational stance of the blood service ('the way we work as an organisation'). Invoking the apparent vulnerability of the patient, via the emotive image of family, Sharon insists on donor selection as a necessary means to ensure patient safety. Moreover, she underscores the practical function of blood donation within the day-to-day practice of blood donation. Deferral criteria are a tool or 'social technology' (Pinch, Ashmore and Mulkey, 1992) that help nurses with their decision-making, sorting acceptable donors from non-donors. Sarah similarly highlights the technical intervention of policy by emphasising deferral as a process of *selection*, implying a physical filtration of safe, appropriate candidates from a larger pool, imagined as less safe, of undifferentiated bodies. In this sense, donor deferral is apprehended in a highly mechanistic manner by blood service staff, afforded the kind of mechanical objectivity typically reserved for 'harder' biotechnological processes (Daston and Galison, 1992; Lynch et al., 2008).

The blood donor activists that I spoke to were aware of this dominant reading of deferral criteria and its political function. The reading of donor deferral criteria as a technology of safety was made most apparent to activists where they faced resistance to their campaigns. Activists described encountering opposition to their claims based on what they perceived to be anxieties about blood safety – anxieties fuelled by the historically disastrous mismanagement of blood products in the UK and resultant incidents of TTI transmission known as the Contaminated Blood Scandal (Triggle, 2019). One activist, Jake, recounted some surprising backlash he received from gay men in response to his petition calling for an end to lifetime MSM deferral:

They were a broad political spectrum of people who just thought that it [donation policy] made sense [...] I guess it's just the argument that, as a group, men who have sex with men are higher risk [...] and the most

important thing is to keep patients safe and it's not discrimination, it's just keeping the patients safe and it's justified for that reason (J1, October 2018)

Jake points here to the way that a dominant reading – at the heart of a haemato-global assemblage (Simpson, 2009) – of deferral criteria as a technology of safety operates, even amongst the group that donor activists purport to represent, to mitigate dissent against policy. It frames policy as ‘not discrimination’ but simply in place ‘to keep patients safe’, reinforcing a ‘science’/‘social’ divide instrumentalised in the politics of blood donation to dampen critique (Crespin and Danic, 2016). From the perspective of the blood services, Sarah described how she felt that continued dissent about MSM policy was a failure on the part of the blood services to effectively ‘communicate’:

There were, I think, some students [blood donor activists] in Nottingham, who wanted to make a sculpture of blood, and they were asking us if we could actually take their donations, and then give them the blood back. [sigh] Sometimes, I think maybe we just don't communicate well enough about what we do. I think that's the other thing as well: we have tried quite hard now to be transparent and say this is what we're doing. (S3, March 2019)

To Sarah, donor activism itself – represented here as the seemingly eccentric activities of students – implies a failure of the blood services to properly establish a reading of deferral as a technology of safety, which would quash debate. Critically, taken together, both Jake and Sarah’s perspectives indicate that, while a certain reading of deferral criteria as a technology of safety circulates as dominant among actors invested in the political closure of donation policy, closure has not, in practice, been obtained. Rather, continued dissent from activists suggests that the prevailing reading fails to capture certain other meanings and effects of deferral technology.

Donor activists have pointed to the biopolitical mechanics occluded by the dominant framing of policy forwarded by the blood services (as involved in an inert, physical process of ‘sorting-out’ of donors and non-donors). As described in Section 6.2.1, activists have argued donation policy to be constituted by an ideological regard for queer men as inherently risky. Therefore, while the blood services appraise deferral in highly mechanistic terms in relation to

the 'harder' stuff of TTI screening, donor activists have presented a reading of deferral criteria consistent with scholarly interpretations of blood donation policy, as functionally determining the boundaries of citizens' biologically and morally in/appropriate behaviour (Davis, 2002; Valentine, 2005) and as demanding forms of 'moral ascetism' in the disciplining of sexual behaviour (Copeman, 2009a, p. 9).

In particular, activists assert that donation policy is an emissary of a certain 'message' about queer men, highlighting its capacity for further excoriation of homosexuality. As Ryan, who launched a blood donor activist campaign in 2015, put it:

If you go in and you see the policy [...] that's sending out that message that men who have sex with men are dirty and wrong, regardless of an individual's perspective. That's the message from the government. And if the government are saying it's dirty, it's got to be dirty. They're not actually saying it's a dirty thing, men sleeping with men, but because there's a ban put in place, that's the message getting sent out. (R1, December 2018)

Although he suggests he understands it to be an indirect or *unintended* effect, Ryan stresses, nonetheless, that exclusionary deferral criteria establishes homosexuality as a deviant subjectivity.

Some activists went further, arguing that 'the message' emitted by blood donation policy and the homosexual subject it implicates has a biopolitical function, legitimating the exclusion of queer men from other civic institutions. Conor, a student activist who campaigned for criteria reform in Northern Ireland, argued that the construction of homosexuality inscribed through donation policy continued to justify other areas of legislated inequality in the country:

It bothered me so deeply that people couldn't [give blood]. As an issue, I think, it said something far more underlying than the family values crap. Because marriage equality and adoption was all about the family values and what a family unit looks like. I could see where people would have that discussion. [...] But I think that [blood donation policy] said something far more fundamental about what people genuinely thought. If you're in some way dirty, or you know, contaminated or untrustworthy, then how the hell is

anyone ever going to let you get married or adopt kids? So, I think it said something far more fundamental about the politics and the psyche of society in general. (C3, May 2019)

To Conor, the ideological regard for queer men as (social) pollution – what Douglas (1966, p. 36) refers to as ‘matter out of place’ – flows through donation policy and is sufficient to legitimate the exclusion of queer men from other domains of intimate citizenship. Thus, activists like Conor echo what Jeffrey Bennett (2015), has suggested are the biopolitical capacities of blood donation policy – as involved in the construction of a subject unworthy of broader civic inclusion.

In this way, donor activists, I contend, forward a rereading of deferral criteria as *technologies of homophobia*, which I tentatively define as those technologies (‘soft’ and ‘hard’) that are understood to be inscribed by and, through their purported effects, re-inscribe and stabilise a certain ideological regard or disdain for homosexuality. As noted in Chapter 3.5, just as feminist sociologists of technology have proposed that certain technologies are capable of reproducing gender ideology (Berg and Lie, 1995; Oudshoorn, 2003; Oudshoorn, Saetnan and Lie, 2002; Hopkins, 2009), here, I suggest, donor activists work to make legible the ways in which pre-existing meanings of homosexuality as a social category (abject, diseased, deviant) are re-constructed through the work of donation criteria as a technology of homophobia.

This re-circulation of homophobic ideology through policy is not merely understood by activists in the highly abstract terms presented above – as, conjecturally, legitimating civic exclusion – but also in more concrete terms; as directly acting upon the material and social world. In their rereading of deferral criteria as a ‘technology of homophobia’, activists frequently referred to the manner in which donation policy itself was, as Benjamin might put it, ‘made to matter’ (2016, p. 153), asserting that deferral criteria, more than an abstract entity or ‘mere exclusion’ (Bennett, 2009, p. 31), circulate with a certain materiality: as pieces of paper. Lauren, a former blood donor activist with the National Union of Students (NUS), for example, expressed concerns about policy’s embodiment in the form of the health questionnaire that all would-be donors encounter:

[Deferral criteria] seemed to reflect a very homophobic feeling in society. And it was the confrontation of that written on paper [...] It felt like it was

perpetuating this sense— [...] And although it wasn't directly against me, as a lesbian woman, it was directly tying in and exacerbating homophobia against the entire LGBT community. Whilst not directly affecting me, it was a widely accessible written form that the public would read on a daily basis. (L1, May 2019)

Correspondingly, Ted argued that the harm perpetrated by donation policy – the notion that homosexuality is inherently risky – hinged on its embodiment as a text that is widely circulated and read:

I believe that there is still a mindset among some that there is something dirty or wrong about engaging in same sex relationships. And that people who engage in same sex relationships present a risk to others [...] Anyone who donated blood sees that and becomes aware of that either through reading and completing the forms themselves, or from seeing friends or family being deferred from giving blood because of the type of sex that they've chosen to engage in. So I do think it's impactful in how people view LGBT people and how people understand LGBT relationships. (T3, May 2019)

Both Ted and Lauren underscore the relevance of the *form* that policy takes, arguing that the mode through which deferral is made manifest – a written questionnaire – is not simply incidental to its putatively harmful effects. Rather, they posit that its form is *instrumental* to the purported effects of deferral criteria as a technology of homophobia, since, by design, the donor questionnaire is highly communicative, accessible and easily circulated at donor centres across the country. In this sense, activists begin to address, as Benjamin (2009) argues, the dual and interconnected meanings of the way policy matters.

Blood donor activists also drew attention to the way that the physical form taken by deferral criteria extended its reach beyond the space of the donor centre, recalling what Benjamin (Ibid.) notes is the way the materialisation of a technology facilitates its ideological influence. In the case of blood donation policy, for instance, activists noted that the homophobia sustained by deferral criteria easily travelled beyond the space of the donation centre when the donor questionnaire was circulated outside of its intended context. Neil, an

Irish blood donor activist and once frequent blood donor, for example, described his very first encounter with blood donor deferral criteria as follows:

So the first time I ever heard of [MSM deferral] was actually in school when I was 15, or 16 and the teacher passed around that form. The boy in front of me turned around, and I was still very much in the closet at the time, and he meant it as a joke, like, it wasn't that he knew I was gay. [...] So he turned around to me, and he pointed at the question on the form that asked about this and he said, "Oh, you'll never be able to donate blood because, you know, you're gay." And the other boys laughed and stuff. I didn't take it to heart or anything. But that was the first time I ever heard of it. (N3, September 2019)

In Neil's story, deferral criteria facilitated a cheap and easy kind of homophobia both because of the content of its message – figuring queer men as abject and, therefore, worthy of mockery – and its form – namely, 'that form': the questionnaire, which easily slips out of the bounds of the donation centre and might circulate within classrooms, homes or workplaces. Neil argued that this was, for him, one of the major reasons to take a stand against the ban:

I think it [MSM deferral] can lead to forms of bullying, like that experience I had in school. [...] I think it can feed into bullying, especially in schools. But it can feed into bullying in workplaces, or just the general public. (N3, September 2019)

In this sense, Neil suggests that donation policy is invidious both because its homophobic message can exceed the space of the donation centre and, perhaps, more subtly, that policy is homophobic *because* it exceeds the space of the donation centre. In other words, deferral criteria are perceived as having the potential to perpetrate actual or symbolic harm because of a failure to contain the effects of policy – to ensure criteria function only in the inert processes of 'sorting out' conceived by the blood services. Instead, in the circulation of the questionnaire, policy has been afforded a social and material life beyond the donor centre, bleeding outside of its lines.

Activists have addressed other ways that deferral criteria function beyond their perceived bounds. While the blood services have broadly conceived of deferral criteria as operating within

the walls of the donor centre (e.g. as Sharon suggested, helping donor carers with their decision-making), activists have highlighted how policy is a technology capable of intervening within more intimate and emotional scenarios. Colin, for instance, addressed this when he described his own personal experience with MSM deferral criteria. Colin is a blood donor activist whose journey began when he was 18 years old and his mother was diagnosed with acute myeloid leukaemia. Whilst undergoing treatment, his mother contracted a rare infection that required she be treated with a transfusion of granulocytes (a type of white blood cell). Colin explained that, in this instance, the blood transfusion would happen on a one-to-one basis, 'from [the donor] into a machine and then from the machine to mum' (C2, January 2019). He explained:

Loads of people were asked to be tested to see if they were a match: her brothers, my brother, patients at her work— she was a nurse, so patients at her work were asked. And I offered and I said, "I'd like to be given the opportunity to save my mum's life" basically. And I was told I couldn't because I was a man who had sex with men. And my mum was like, "Well it's not as though he's polluting the blood bank, you know, it will be a donation of blood from patient A to patient B directly. It wouldn't be an issue and, you know, you're asking random people at my surgery but you're not wanting my own son?" (C2, January 2019)

Colin had had a prior experience of being deferred as a donor when he was 17 and attempted to donate at a blood donor centre. However, he suggested that the experience of being denied the opportunity to test for his mother's treatment felt significantly different:

When you're going to give blood to a donation centre it's a bit anonymous, you know. You're not that close to who you are donating to, you know, it's just an anonymous thing that you do. But when it's your own mother that really sets a bit of a fire inside you? [...] It felt as though I was being denied the opportunity to help save my mum's life and actually they would rather speak to complete strangers than to her own son. [...] Here's something that I could do to make everything better and that was being taken away from me purely on the basis of my sexual orientation and that just didn't seem right

and it was sad because it made me feel like I was helpless saving mum. (C2, January 2019)

Here, Colin highlights a crucial distinction between the contexts within which blood donor deferral criteria operates. While deferral is configured by the blood services as operating within the space of the blood donor centre, where the relationship between voluntary donor and recipient is narrowly construed as one of anonymous gift-giving (Titmuss, 1971), Colin draws attention to the plural reaches of blood donor policy – as intervening in clinical experiences where donor and patient are strikingly less alienated from one another. In noting that policy has a life beyond the donor centre, Colin underscores that the effects of deferral exceed the way they are framed within the context of anonymised blood transfers, where affective responses may be tempered, and cannot be neatly encapsulated by its reading as a technology of safety within the donor centre. Thus, Colin, together with other activist discourses outlined above, draws attention to how the complexities of blood donation in practice – the various material and medical embodiments within a haemato-global assemblage (Simpson, 2009) – amplify the effects of donor deferral beyond what Jeffrey Bennett (2009, p. 31) suggests might be written off as ‘mere exclusion.’ In other words, activists highlight their issue with MSM deferral as not necessarily to do with a symbolic absence from the national blood supply but the technical capacity of deferral criteria to intervene beyond the space of the donor centre as a technology of homophobia and, therefore, as mattering.

6.3. Blood Donor Activism and the Pursuit of Happiness

6.3.1. Not-About-Blood-Donation

So far, I have suggested that blood donor activist motivations are predicated upon a rereading of blood donation policy as a technology of homophobia – constituted by and recapitulating a certain deviant construction of homosexual men. Far from being satisfied by a reading of it as an inert, epidemiological entity – a technology of safety – activists have been moved to action against policy, re-asserting the political nature of deferral criteria and their implications vis-à-vis the impoverished status of homosexuality. In this sense, although I have highlighted how blood donor activism is seemingly about *more* than the symbolic goal of redressing absences

from the national blood supply, campaigns are often conceived by activists as, as Tim put it, 'not even really about blood donation' (T2, March 2019). Indeed, a clear theme emerged from the data: a large number of the activists that I spoke to claimed that their opposition to deferral criteria had little to do with the practice of blood donation itself. Rather, activists stressed that campaigning against MSM deferral was, in many ways, to do with 'the bigger picture' (P1, February 2019) – for instance, as described above, as a challenge to ideology that legitimates broader civic exclusions of gays and lesbians. Ian, for example, reflected on the impacts of blood donor activism in the college where he helped students to organise a campaign against the ban. He suggested:

The success for me is that [the college] is a substantially more positive place for LGBT students to be. [...] So it's not about the blood ban at all. [...] For me, it was about changing the space within which 4000 young people go through education. (I1, May 2019)

Here, Ian suggests that the object of the campaign itself was less significant than the transformative, local impacts of campaigning and, therefore, that blood donation was, ironically, an inconsequential aspect of his activism. For a variety of reasons, whether focus is drawn to broader or more local impacts of their campaigning, certain activists deprioritise the relevance of the act of giving blood for their political work.

So conceived, as the object of their discontent disappears from view, blood donation might be understood as an incidental rather than intended outcome of donor activist campaigns. It might appear that political investment in the possibility of 'gay' blood donation has less to do with restoring the social and political status to gay men specifically afforded by the act of giving blood – since only a small percentage of UK citizens have ever given blood (NHS Blood and Transplant, 2015b) and, as one activist put it, 'the fact that I can't give blood doesn't impact me on a daily basis' (G2, March 2019) – and more to do with the way blood donation policy slots into a landscape of anti-gay discrimination. Indeed, blood donor activists often position their work as akin to any other form of gay and lesbian activism – as, simply, the logical and apparent 'next frontier for UK gay rights' (Fabricant, 2014). Activists frequently compared their work to other landmark gay rights campaigns, arguing that blood donor activism echoed these both in

kind and as their chronological successors. Scott, for example, suggested that notable successful campaigns for equal treatment in the UK had cleared the way for blood donor activism:

The blood donation ban became a sort of thing, I think, in the mid 2000s, partly because, at that point, civil partnership legislation had been won, Section 28 had been repealed, the age of consent had been equalized, some of the other legal things that had been outstanding had been fixed. The other one was what became the Equality Act in the end, banning discrimination in goods and services and employment and all the rest of it. So there were lots of these things that had been knocked off the list, if you like, and then blood donation was a sort of fairly prominent remaining bit of work to do by the time all that had happened. (S5, April 2019)

Similarly, Anthony suggested that MSM blood donation policy was just ‘another thing in a long line with marriage equality’ (A2, November 2018). Other activists drew comparisons between their work and other rights-based pursuits by noting that, as in blood donor activism, the object of the campaign mattered less than the ideology they sought to challenge. When I asked Peter, for instance, whether it was important to him that queer men be able to participate in the practice of blood donation, he suggested that this was less important to him than challenging the differential treatment it represented. To illustrate this, he compared his feelings about blood donation policy to his feelings about marriage equality. He explained:

It’s kind of like getting married. Is getting married important? Or is it just important to have the same rights? (P2, March 2019).

The picture painted here by activists is that, in part, blood donor activism differs from other forms of gay and lesbian politics only in name: blood donor activism is like the campaign for marriage equality is like the repeal of Section 28 is like the Equality Act, and so on, and so on.

The analogies crafted here by activists may be regarded as a means to persuade the listener of the significance of their work and, in turn, to enrol the political heft of the contemporary gay rights movement. But their framing smooths over crucial differences between their political targets – differences that structure these distinct political and activist forms. Just

as Román (2000, p. 24) implores cultural critics to probe ‘the difficult questions AIDS continues to pose’ that lie beneath the surface of a burgeoning gay culture that claims ostensibly to have moved past and to be ‘not-about-AIDS’, I suggest that, in arguing their work is not-about-blood-donation, blood donor activists stifle the valences that circulate alongside blood donation and that do indeed shape activism as a pursuit. In the final section of this chapter, by focussing on how the practice of blood donation is described by blood donor activists, I will consider how a historically and culturally contingent construction of blood donation in the UK as an act of altruistic citizenship has specifically configured blood donation policy as a political goal for campaigners. In this way, I hope to address what specifically blood donation as an ambition, in terms of its meanings, from other targets for reform. What is it about blood donation that might render it a meaningful political pursuit for activists, distinct from marriage or, for example, some imagined, perhaps more prosaic, site of discrimination – such as the equal right to exemption from value-added tax when shopping abroad or the freedom to drive a motorised scooter? The point here is that, despite what activists imply when they downplay (for their own strategic reasons) the relevance of blood donation itself, each domain of civic exclusion brings its own pre-existing histories (institutional or otherwise), values, discourses, and set of meanings to bear on both the desire for and significance of incorporation into said dimensions of citizenship for an individual or group.

In the remainder of this chapter, therefore, analysing themes arising from my data – of blood donation as an altruistic act and civic duty – through a theory of affect, I will suggest how cultural investments in blood donation as an altruistic act and, therefore, ‘a good thing to do’, orients activists towards exclusionary donation policy under what Ahmed (2010) considers ‘the promise of happiness.’ In this way, I hope to highlight the affective forces that make blood donation matter to activists. To adopt this critical orientation to blood donor activism is neither to deny the validity of activist motivations as they are framed by activists themselves nor to suggest activist motivations ought to be read through an either/or configuration. Rather, I approach the question of why activists oppose MSM donation policy from a *conjunctural* perspective, which would read affect as a force shaping donor activism alongside the motivations that I have already described through a configuration of both/and. As Hakim argues, following Hall and colleagues (1978), to take up a conjunctural perspective involves recognising that ‘all cultural phenomena...emerge at the confluence of a multiplicity of factors’ (Hakim, 2019, p. 252) – technological, economic, political, affective, geographical, and so on. By attending to

the affective currents – and its associated moral vicissitudes – that shape blood donor activism, alongside the previously described motivations articulated by activists themselves, I aim to establish the role of affect as just *one* among a number of factors implicated in crystallising deferral criteria reform as a political goal for activists.

6.3.2. ‘A Good Thing That You Should Do’: Blood Donation as a Happy Object

When I asked blood donor activists to reflect on the significance of the act of giving blood, a clear theme emerged: they replied, almost unanimously, that blood donation was, incontrovertibly, a ‘good thing to do’. Both the blood donor activists Jake and Scott described their initial motivations for entering blood centres to give blood (as openly gay men) in these terms:

I went to donate blood because I thought that that was a good thing to do. (Jake, J1, October 2018)

It was always one of those things where you thought, "Well, that's a good thing that you should do." (Scott, S5, April 2019)

Both individuals describe how the marking of blood donation as ‘good’ was what drove them to give blood in the first place – pulled to the donor centre by the apparent positive value invested in the act. Represented this way by Jake and Scott, blood donation can easily be understood as what Ahmed (2009b) terms ‘happy objects’.

The landscape of blood donation is so profuse with positive affect that it frequently shapes the plausible forms taken by blood donor activism. One of the more popular blood donor activist campaign strategies has been to encourage donors to stand in as proxies for queer men as a way to raise awareness about deferral criteria. The NUS, for instance, has facilitated these – what I term, proxy blood donation campaigns¹¹ – under a number of monikers: ‘Give Blood Because Gay and Bisexual Men Can’t’, ‘Can’t Donate, Nominate A Mate’ and ‘Donation not Discrimination’. As part of these campaigns, activists encouraged students on their campus to ‘donate blood – because gay and bisexual men can’t’ (‘Students encouraged to give blood because

¹¹ Copeman (2009) refers to these as ‘sponsored blood drives’ but this language – of the ‘blood drive’ – is US-centric.

gays and bisexuals can't', 2006), either by attending local blood donor centres or by donating when the blood services would visit their campus. Conor suggested that for his proxy blood donation campaign, he was able to convince the blood services to come to campus because he promised a high turn-out of blood donors on the day. He told me:

I had very good interactions with [the blood service]. They were very responsive, quite immediately. I think they were happy to see— it was always one of their most successful days of the year. They would have a calendar of traveling around community centres and all sorts of places and [our student union] always stuck on that list as a bit different to the rest of the places they would go to. It was one of their most successful ones, so they were willing to come to us. (C3, May 2019)

Gavin, another student activist, told me that these proxy donation events were so successful that the blood service staff who would visit campus 'used to have to come out and tell us to stop, because they'd get booked for the entire two days and they'd just be like, "Guys stop sending people to us"' (G2, March 2019). Patrick similarly noted that blood donor activists and the blood service staff who would visit campus forged a close working relationship – even a kind of *mutualism* – as a result of their proxy donation campaigning, with donation staff sharing their biscuits with campaigners as a way of thanking them for their work (P1, February 2019).

Ostensibly, this form of campaigning seems antithetical to the aims of blood donor activism, since, in its entirely nonconfrontational approach, it appears to neutralise the challenge posed by activists and, moreover, enables the institution that activists claim to take issue with. Yet, activists argued that this campaigning strategy was necessary precisely because of the way that blood donation is attributed as a happy object. Gavin, for instance, noted that, despite his issues with MSM deferral, he thought that blood donation was 'still a good thing to do' and that, therefore, activists weren't 'going to stop people from donating blood' (G2, March 2019). He suggested that to take up a more confrontational approach to campaigning, such as protesting outside of donor centres, would have been 'a mistake':

We wanted to make sure that when we were campaigning on campus for this that there was an emphasis on encouraging and enabling people to give blood and making sure people knew that they could go and give blood today. [...] If

we were to do something like this [a protest], I guess it could end up being misconstrued as sort of like, "We don't want you to give blood because giving blood is bad." And that would be completely against our cause, right? [...] Maybe it would be better for awareness, because I mean, shouting and kicking up a fuss tends to get more attention than just nicely asking people to donate blood. But I don't think that would have been the right approach. (G2, March 2019)

Gavin's perspective draws attention to the manner in which affect constrains blood donor activism, recalling what Ballard (1999) and Sendziuk (2001) both observe as the tempering of Australian blood donor activists in response to accusations that they had been a meddling and troublesome presence for the blood services. The positive affects that circulate blood donation thus shape activist politics by potentiating only certain political forms as actionable from 'the realm of potential' (Clough, 2008, p. 3). Under the imperative of the happiness promise that orients individuals to collective 'goods' (Ahmed, 2010; Halberstam, 2011; Berlant, 2011; Love, 2007a), activists are or *feel* compelled to commit to the shared affective investment in blood donation as a 'good thing to do' – so much so that they are moved to be seen actively participating in the affective economy of blood donation by enrolling donors.

To be seen to do otherwise, activists told me, would be to be marked as a source of misfortune – such that they might be written off as a nuisance or even killjoy (Ahmed, 2009b) – for threatening to undermine the happy object. Patrick, for instance, noted that even though his campaign always formed a kind of mutualism with the blood service, the spectre of where others had less easily aligned with them was cause for concern:

I have heard some horror stories of the staff not being happy about it or moving them away from the van and stuff. Because I think a lot of their anxieties wasn't around what was going on, it was the fact that something was going on that might put people off from going in. But that never happened to me. I heard that happened on campuses but broadly for me it was fine. (P1, February 2019)

Patrick highlights here the capacity for blood donor activists to be read, in their opposition to blood donation policy, as standing *against* blood donation, as inappropriately oriented to the

evident ‘goodness’ of the act and, therefore, as also capable of orienting possible donors away from giving blood. In some cases, the blood service staff physically intervene by moving donor activists further away from the site of donation in order to maintain a normative affective topography: happy donors here, unhappy activists over there.

The explanations these activists provide here for their alignment with the aims of the blood service might be understood in terms of what social movement studies scholars have referred to as navigating the ‘emotional opportunities of the context’ (Whittier, 2001) or operating within a specific ‘emotional opportunity structure’ (Ruiz-Junco, 2013). However, as I have suggested, the sociology of social movements has largely attended to overt emotional displays and an ‘inside out’ model of affect. Since the experiences described by activists don’t simply implicate inner psychological states, but also the cultural investment in blood donation as good and happy-making, it would perhaps be more relevant to consider the shaping of blood donor activism in relation to a specific affective structure, one which demands a common orientation to blood donation.

6.3.3. Altruism and the Moral Imperative of Blood Donation

The investment in blood donation as a ‘good thing to do’ in part arises from its demarcation as a life-saving act – a clear theme that emerged from the data. The representatives from patient groups that I spoke to had an acute and embodied sense of the import of donated blood products, which maintain their quality of life. Naomi, for instance, has a blood disorder that requires the receipt of regular blood transfusions. She told me that, depending on the severity of her symptoms, she received blood products anywhere between once every four days (when she was ‘extremely unwell’ (N2, April 2019)) or three times a month. To her, blood products (and, by association, blood donation) was important both in the sense that it formed a significant part of her monthly routine and because it was essential to keeping her well. She told me:

[Blood donations] help patients [with my condition] to have another birthday and another Christmas and another graduation and, you know, they give us a chance to get married and to fulfil our lives. [...] [Blood donation] is for people to live their everyday life that need blood. And their life depends on it. [...] They

increase our quality of life. We are less, you know, less sick and less unwell, and we can have we can get to actually enjoy what people without [my condition]—the life that they have just because of this. (N2, April 2019)

To Naomi, the blood products she is able to receive because of the act of blood donation are saturated with meaning. They are her very lifeblood, affording her and others a feeling of wellbeing day-to-day and the possibility of arriving at all the happy landmarks (holidays, birthdays, graduations, wedding days) that she describes. The activists that I spoke to had less direct experience with blood products but still had a strong sense that blood products, and, therefore the act of giving blood, were life-saving. John, an MP closely involved with blood donor activists, for example, attributed his mother's recovery after a severe miscarriage to a blood transfusion (J2, March 2019), while Anthony, who had a little training in medicine, described observing first-hand the ubiquity of blood products in the treatment of patients (A2, November 2018).

The activists that I spoke to also understood blood donation as a 'good thing to do' because of its status as altruistic. When Lauren explained to me why she and her peers took up a proxy blood donation campaign, she suggested that it was important to give an 'altruistic focus' to the campaign:

It was about saying that, you know, we're here and like everyone else we [i.e. queers] can do good (L1, May 2019).

She went on to suggest that overt forms of protest or even boycotts seemed unthinkable because:

We are talking about altruism. And we are talking something that saves lives (L1, May 2019).

Here, Lauren simultaneously acknowledges both of the axes that infuse the 'goodness' of blood donation and, as described above, how they constitute part of the affective structure that configures donor activism. Other activists drew explicit comparisons between blood donation and other forms of charitable giving as a way to underscore its altruistic nature. Colin, for example, argued that his commitment and 'passion' for blood donation was similar to his

financial support for a children's charity and a charity for guide dogs (C2, January 2019). Once again, this echoes work in the psychology of blood donation that has drawn links between blood donation and other forms of altruistic giving – such as the giving of time or money (Houston, 2006; Alessandrini, 2007).

Both blood donor activists and patient representatives alike noted to me that they regarded blood donation as a selfless act because donors were not remunerated for their time, echoing what I have described, in Chapter 2.2.1, as Titmuss' (1971) advocacy for a system of voluntarism as a social good. As Michael suggested, 'You get a biscuit and that's it' (M1, July 2018). Similarly, Naomi noted that, 'You're giving free time [when you give blood]. You're not getting anything in return.' (N2, April 2019). Both Naomi and Michael highlight that the act of donation is selfless and, therefore, 'brilliant,' 'benevolent,' or 'kind' because donors receive little more than refreshments in exchange for both their time and the vital fluid they give to the national blood supply.

My participants also tended to hold the view that blood donation is one of the many responsibilities of the good citizen, recalling the way, as I have also recounted in Chapter 2.2.1, that blood donation is frequently marked out as a civic duty. Blood donor activists Sam and Ewan, for instance, both suggested that 'giving blood is a civic duty' (S4, March 2019; E1, December 2018). Ted elaborated on this, describing blood donation in moral terms. He told me:

I don't believe in what some people would say, which is that people have a right to give blood. I don't believe that's the case. I believe we all have a social and moral responsibility to give blood. (T3, May 2019)

Referencing the two major axes of citizenship – as 'a collection of rights and obligations' (Turner, 1997, p. 5) – Ted explicitly positions blood donation to be a moral imperative, something that any good citizen ought to do.

Put together, just as the happy affect of blood donation rubs off on the blood donor as *happy-making*, the framing of blood donation as an act of altruistic citizenship also embellishes the donor as a citizen of the utmost moral virtue (Valentine, 2005; Bennett, 2009; Lederer, 2013; Charbonneau and Quéniart, 2016). Indeed, many of my participants described the typical blood donor as, quite simply, a 'good person'. Naomi, in particular, was emphatic about the

good nature of the people who donate the blood that is so essential to her wellbeing. She told me:

I call them super blood humans. [...] For me, blood donors are the superheroes of today. They save the lives of so many people. I think they're great. They're selfless. [...] I mean, I owe them my life. (N2, April 2019)

When I asked Naomi if she ever thought about the identity of the otherwise anonymous donors that helped supply her with blood products, she told me:

I imagine them with wings – a whole halo and that whole thing. (N2, April 2019)

For Naomi, the altruistic act of donation classes the blood donor not just as someone who has performed an altruistic act but as a particular sort of person, too. Blood donors are, in her view, good-natured, kind, and superlatively moral – the values embodied by the comic book superhero or an angel. This essentialising of the good nature of the blood donor is incited by the blood service itself, since calls for new donations frequently make reference to or imply something about the moral character of blood donors. Sam, for instance, described how insistent they thought blood donation appeals could be:

They really hammer it home, like, “Go on, go and give blood. *Be a good person.*”
(S4, March 2019, emphasis added)

From Sam’s perspective, since blood donation campaigns are, as Valentine (2005, p. 113) suggests, designed to ‘appeal to the goodwill and generosity of the public,’ they also serve to characterise the blood donor or would-be blood donor as a ‘good person,’ determined by the altruistic nature of the act.

That the very notion of altruism is used to enrol donors, bestowing upon them the label of virtue, selflessness or civic-mindedness, indicates that this language is not merely *descriptive* of blood donation as a relational system of gift-giving. Rather, as I have outlined in Chapter 2.2.2, the idea that blood donation is altruistic is a *normative* configuration – what Whitfield has described as a ‘gift rhetoric’ implicated in the enrolment of a public that is affectively

oriented to and invested in the act of donating blood. Indeed, Healy (2000, 2004) encourages us to entirely reappraise what we consider to be the process of tissue transfer known as ‘blood donation’, urging us, instead, to apprehend it as a process of *blood collection* by institutions, who deploy a range of strategies – including altruism rhetorics to incite the practice of ‘donation’ by framing them as morally valuable (Healy, 2006). Apprehending blood donation rhetoric this way disrupts an ‘inside out’ (Ahmed, 2009b, p. 36) reading of altruism as a latent feeling that dwells inside citizens and compels them to ‘do good’ and, instead, models altruism – in terms of affect – as a rhetoric that works from the *outside in*, a force that moves people to donate (Seigworth and Gregg, 2009).

6.3.4. The Pursuit of Happiness

Taken together, I suggest that blood donation rhetoric – which marks out the act of giving blood as altruistic and orients citizens to the happy act of donation – works in the formation of a *particular kind of public*. As Warner (2002, p. 67) suggests, there is a ‘kind of chicken-and-egg circularity’ to the nature of publicity: since publics cannot be understood as distinct from the discourses that organise them – ‘space[s] of discourse organized by discourse’ (Ibid., p. 68) – there is no public prior to an act of speech or text. The altruism rhetoric of blood donation, then, is a text that serves to produce a public commonly bound by an *affective* investment in the life-saving act of giving blood. As described in Chapter 2.2.3, Strong (2009, pp. 172–173) has already written of blood donation in relation to the formation of a particular kind of public: the ‘vital public’ – a set of ‘stranger relationships defined by those who may give, receive or otherwise benefit from, blood and other biological material, the putative substances of ‘life.’ Strong, however, adopts what Ahmed describes as an ‘inside out’ view of altruism in relation to the vital public. Recalling the work of Tithmuss, Strong writes: ‘Altruistic donations by anonymous others...elicit further donations through the feeling of generalized obligation they produce’ (Ibid. 173). In this sense, he regards altruistic donation as soliciting feelings that are *endogenously generated* – feelings of indebtedness that then drive the will to donate. However, what I wish to argue – and, in so doing, to elaborate on Strong’s account of the ‘vital public’ – is that such feelings do not flow from the inside out of constituents of the vital public but are central to, and *precede*, the formation of this kind of publicity in the first place. Altruism is a means through which a vital public of donors, potential donors, and recipients are interpellated

– all commonly oriented to the duty of blood donation, the ‘happy object’ that promises to bestow happiness, life, and civic virtue to those that engage with it.

To expand on Strong’s thinking, I wish to underscore that the affective flows that induce a vital public collectively oriented to the ‘happy object’ of blood donation can also account for the emergence of blood donor activism as a social movement form. Specifically, the exclusion of MSM from the happy object of blood donation can be understood to render queer men *unhappy* and so, in turn, blood donor activism can be understood as a political attempt to orient queer men towards happiness. Indeed, many of my participants described the feeling of exclusion from the act of blood donation in terms of unhappy affects:

My blood is just as good as anyone else’s to help save another person. To be told, no, I’m not good enough to save another person’s life – that’s a punch in the stomach basically [...] It makes you feel like shit. (Ryan, R1, December 2018)

I remember going [to give blood] the first time and it said: “Are you gay? Have you had sex with a man?” And, God, you just— I remember at the time thinking “What do I do in this situation? I’ve gone to give blood and now I’d have to admit I can’t do it.” I just thought that was a horrible experience. (John, J2, March 2019)

I remember just feeling a bit sad, really. I wanted to do this thing. (Scott, S5, April 2019)

These activists, variously describing their experiences of being turned away from donation or simply their response to the policy of MSM exclusion, all cite a *felt* injustice at being precluded from donation. Unlike the ‘warm glow’ felt by blood donors, these men describe feeling hurt, sad, and even dejected at being forcefully denied the ability to participate in the vital public.

Ahmed has usefully written of the historical relationship between un/happy affects and gay and lesbian politics. Ahmed (2009a) notes that, by default, queers have been oriented away from the happy objects that mark out the ‘good life’ of heterosexuality – such as marriage and the family. The ‘figure of the unhappy queer’, she suggests (Ibid., p. 9), can be traced throughout the history of queerness. They are a figure that brings unhappiness to others by refusing to

participate in socially accepted goods (i.e. by refusing to be heterosexual or to raise children) and, as other queer scholars have noted (Cvetkovich, 2003; Love, 2007b; Halberstam, 2008, 2011), also one who comes to be defined by and, therefore, experience various states of unhappiness: loneliness, abjection, misery, distress, haplessness, and so on.

According to Ahmed, the implications of unhappiness here are both personal and political. Describing narratives of queer unhappiness in various works of narrative fiction, she notes that within the family, where happiness is often highly conditional, queers may feel compelled to conform to 'happiness scripts' (Ibid, p. 10): 'I might take up what makes you happy *as* what makes me happy, which may involve compromising my own idea of happiness (so I will go along with x in order to make you happy even if x does not "really" make me happy)' (Ibid., p. 7). Crucially, Ahmed notes that this relationship to happiness scripts also patterns a mode of assimilationist gay and lesbian politics, which pursues societal recognition for queers through their legal and political realignment to certain happy, heterosexual objects like marriage and the family. She writes, 'The recognition of queers can be narrated as the hope or promise of becoming acceptable, where in *being* acceptable you must *become* acceptable to a world that has already decided what *is* acceptable' (Ibid, p. 10). Gay and lesbian politics, then, is often about the pursuit of happiness, acquiescing to a culture of what Love (2007a) terms 'compulsory happiness.' Accordingly, blood donor activism can be parsed along Ahmed's lines as a campaign for 'already decided' happinesses from which queer men are, unhappily, *a priori* excluded.

These feelings of unhappiness most often manifest among activists as anger – a feeling that, as noted in Chapter 3.6.4, social movement studies scholars have highlighted as both the motivation *and* emotional backdrop of political protest (Jasper, 1998, 2011; Gould, 2001; Flam and King, 2005). John suggested that although his feeling after being precluded from donating blood was something akin to disappointment, he could understand how exclusion might incense others in his position:

There will be a lot of people who were in my situation, who, you know, just want to contribute, and not being allowed to and that will make people feel quite emotive. They will feel angry. (J2, March 2019)

Here, John notes that the repertoire of unhappy affects available to queer men at the point of exclusion exceed the variations of sadness highlighted by Ahmed. They include what

Halberstam (2008, p. 152) suggests is a 'suite of affectivities associated... [with] a different form of negativity' that have often been occluded in surveys of melancholy within queer art and history. These affects, Halberstam (Ibid.) suggests, include 'rage, rudeness, anger, spite, impatience, intensity, mania, sincerity, earnestness, over-investment' and have been integral to instances of anti-social queer protest. As such, anger is an unhappy affect but, perhaps unlike sadness, is one that can be productive and politically motivating – channelled into *offensive* action rather than a *depressive* posture. Certainly, many of the activists I spoke to cited anger as a motivating force for their pursuit of blood donor activism. Conor, for instance, suggested that a feeling of anger was the very genesis of his work on the issue:

I think that's probably what did it for me: the issue really angered me. And it ignited something within me. (C3, May 2019)

Similarly, reflecting on the origins of his campaigning, Tim noted:

There was a blanket ban back then [...] and I was like, "I want to do something about it." I was really young and angry.

Like Conor, Tim draws a connection between his desire to campaign for blood donation policy reform and the anger that said policy inspired. Blood donor activists then, like other gay and lesbian social movement forms before them (Gould, 2002), have found anger to be a moving source of political pragmatism – a call to action – in stark contrast to the way anger is typically framed – as the archetype of emotional excess and a loss of control (Lutz, 1986).

Crucially, activists described their feeling of anger in relation to both their desire and inability to take part in the social good of blood donation. In other words, activists described their unhappiness as a product of their orientation away from a happy object. When Tim, for instance, described his reasons for staging a proxy blood donation campaign, he highlighted this relationship:

BW: Why did you find that [a proxy blood donation campaign] important as a tactic?

T: I think it was because, ultimately, the reason we were annoyed was because we couldn't donate. And we wanted to donate because we felt passionate about the point of donation, which is helping other people. So we wanted to support donation but point out that it was like— We wanted it to be like a positive action. (T2, March 2019)

I have already suggested that the existence of proxy blood donation campaigns evidences how the happy affects of blood donation can stifle activists' expressions of anger. But the counterintuitive form of the proxy blood donation campaign – a protest in service of the institution it seeks to condemn – also indicates that anger, in the context of the vital public, is yoked to the happy affects invested in blood donation. John also drew attention to the way activist unhappiness was contingent on the positive affects circulating blood donation. When I asked him how he felt when he realised that he would not be eligible to give blood, he told me:

I suppose there was a bit of jealousy. I wanted to do that. I wanted to be able to contribute. (J2, March 2019)

John's resentment at the point of his exclusion implies a relation. It was not only that he was disappointed; he was *envious* of those who were able to mingle amongst the affective flows of blood donation and to be rewarded as visible participants within a vital public.

In various ways, activists relayed to me a desire to be touched by the happy affects of blood donation – to, as I have described, be marked out by the act of donation as *good people*. When Steven recounted the story that led the group's founder to set up the FreedomToDonate campaign, he gestured to activists' desire to be characterised by the goodness of the act of donation. When the founder's grandfather's life was saved by a blood transfusion, Steven told me, he went to give blood and soon realised that he was ineligible:

He [the founder] was looking down the forms to fill them out and then he saw "have you had sex with a man in the last 12 months?" and he realised then he couldn't donate blood and I think that really upset him because he hadn't been aware of it and he wanted to repay this amazing person who had donated blood.

According to Steven, what apparently led the founder of FreedomToDonate in his quest for blood donation policy reform was his inability to act on a feeling of indebtedness – the kind that Titmuss (1971) described as central to sustaining the national blood supply. Of course, while the founder suggested that donation, for him, would be a form of ‘repayment’, the founder’s ‘gift’ would not, in fact, be returned to the donor (or donors) who saved his grandfather’s life. Read through the affective lens I have outlined, then, what also motivated the founder was a desire to be classed, himself, as an ‘amazing person who had donated blood’ and, therefore, a frustration at his inability to access the indexical sign of civic virtue that is blood donation. Scott also underscored how this feeling undergirded blood donor activist organising. In particular, he described how it determined the visual language of public demonstrations against MSM exclusion:

There was an element of saying, "We want to do this." If you look at the pictures of where we did [the public demonstrations], there was a bit of, "We want to be able to do this too," [...] I'll see if I can find a— [Scott finds a picture from a demonstration and reads a placard held by one participant] "Give us a chance." So there was definitely some feeling that it was about LGBT+ people, and specifically men who have sex men, being able to contribute in that way. (S5, April 2019)

Here, Scott indicates that activists express a desire for queer men to participate but also to be seen to be participating and to be seen as *capable* of participating. Activism, therefore, is not only about the good feeling of blood donation but the fact that these good feelings are constitutive of certain labels: contributing, productive, a *good citizen*.¹² This structure of feeling closely maps what Berlant (2011, pp. 1–2) has described as ‘a relation of cruel optimism...when the object/scene that ignites a sense of possibility actually makes it impossible to attain the expansive transformation for which a person or a people risks striving.’ Locked out of the prospect of participating in the affective flows of the vital public, activists (and the community of queer men they purport to represent) nevertheless remain oriented to the happy object of blood donation and the positive attributes it cultivates.

¹² I will explore the implications of the demarcation of the ‘gay blood donor’ as ‘good’ or ‘pr citizen’ in further detail in Chapter 7.

6.4. Summary

In this chapter, I have outlined some of the ways in which blood donation and policy has been *made to matter* for activists in the UK. First, by addressing the aims and motivations of blood donor activism as they were articulated by campaigners themselves, I have described how blood donor deferral has been argued to configure the lives of the men it excludes or implicates. Specifically, activists have argued donation policy to be a form of medicalised homophobia that is literally embodied in the circulation of homophobic *material*. Accordingly, I have proposed that blood donor activists consider the donor questionnaire to be a *technology of homophobia* – inscribed by, re-inscribing, and stabilising a certain ideological regard or disdain for homosexuality. Crucially, however, I have argued that blood donor activism as a pursuit must also be understood at a different critical register. Understanding the framing of blood donation as an altruistic act to be both culturally and historically contingent, I have suggested that blood donor activism can be understood as a political product of, in part, the affective lure of what Ahmed (2009b) considers the ‘happy objects’ that constitute a ‘good life’.

7. ‘My Blood is Good’: The Gay Blood Donor and the Redemptive Politics of Homosexuality

7.1. Introduction

In the previous chapter, I described what blood donor activists understood to be at stake in the reform of blood donation deferral policy and gestured to the affects circulating blood donation in the UK that render blood donation policy to be a meaningful target for gay politics. In this chapter, I will continue to consider the aims of blood donor activism, especially those exceeding the challenging of state-sanctioned homophobia, which activists have explicitly voiced as the primary ambition of their work. In order to do so, I will analyse the themes of my interviews pertaining to the relationship between blood donation and gay identity – for instance, blood donation as a performative act of health and notions of ‘healthy’ and productive homosexuality. In so doing, I will shed light on the specific discourses that blood donor activists have enrolled in order to make legible their bid for donor deferral criteria reform. By examining the discursive work that blood donor activists are engaged in more closely – in other words, attending to the specific *forms* that blood donor activist campaigns have taken up – I aim to further uncover the meanings of blood donor activism in terms of its world-building effects.

Attending to blood donor activism’s constituent discourses facilitates consideration of the implications of activist campaigns beyond the ‘subject which engendered it’ (Foucault, 1991, p. 61). In this chapter, I will examine the discourses enrolled, and often innovated, by blood donor activists to construct the possibility of a viable gay blood donor. In turn, by asking *who* is the figure of the gay blood donor imagined through activist campaigning – what he looks like, practices, invests in, divests from, and so on – I will examine the implications of such a figure in terms of the shifting meanings of 21st century gay identity. This chapter, therefore, specifically addresses the second of the research questions introduced in Chapter 1.1: What are the implications of blood donor activism in relation to the broader landscape of gay politics and subject formation?

7.2. Figuring the ‘Gay Blood Donor’

In Chapter 5.1.2, I outlined some of my archival research that pointed to the historical emergence – amongst gay media and a burgeoning blood donor activist movement – of the ‘gay blood ban’ as a discourse. I also began to suggest how the emergence of the ‘gay blood ban’ as a frame occludes other political subjects – or figures of risk – from view. The labelling of blood donor deferral criteria as a ‘gay blood ban’ can thus be conceived as what Christiansen (2011, p. 148) describes as the discursive process of *diagnostic framing*: the ‘identification of a problem’ around which a social movement organises. Since frames function, as I have outlined in Chapter 3.6.1, by determining the issues that are relevant within a given discursive field (Snow and Lessor, 2010), the circulation of the ‘gay blood ban’ frame works to highlight MSM policy as a matter of concern for gay men, while framing out of view the deferral criteria that affect other excluded groups. In this sense, the frame has a hermeneutic function – being ‘the practical horizon of intelligibility within which problems come to matter for people...[and] a practical context for thinking’ (Warner, 2002, p. 154) and thus shaping the possibilities of thought, action, and, of course, political forms for activism.

I take guidance here on the relevance of diagnostic framing to the politics of blood donor activism from the work of Ferguson (2019), who has written compellingly of the historical origins of a ‘one-dimensional’ politics of sexuality. Ferguson argues that shifts in gay liberation politics from its multi-dimensional origins at Stonewall as ‘a tributary for a variety of social struggles’ (Ibid., p. 47) towards a politics that centred the concerns of white homosexuals was, in part, the product of the concerted efforts of certain movement actors – such as, market-oriented gay publications like *The Advocate* – who narrowed the anti-capitalist, anti-racist, and queer lens of gay liberation to ‘a presumably more mature and single-issue gay rights politics’ (Ibid, p. 21). As Ferguson notes, this work of framing a one-dimensional politics of sexuality involved not only unlinking the social struggle of sexuality from other related struggles but also often to stage these as ‘diametrically opposed’ (Ibid., p. 69) – for instance, by claiming anti-capitalist and anti-racist struggles to be *inherently homophobic* or by arguing that true freedom for gays and lesbians would be obtained as equal actors within a free market (and therefore threatened by socialism). Ferguson’s analysis draws our attention to the process of framing that determines the groups or individuals most likely to benefit from, and therefore engage with, a

social movement's concerns. As Ferguson himself suggests, in a review of Crenshaw's (1989, 1993) foundational work on intersectionality, 'imposing a one-dimensional model of [sexuality,] race and gender on [queer,] anti-racist and feminist social movements, thus *narrows the diagnostic powers* of those movements' (Ferguson, 2019, p. 131, emphasis added).

If the persistent diagnostic framing of blood donor activism is the 'gay blood ban', then the gay blood donor alone – and, accordingly, the contemporary (white, Western) gay man – is centred as the putative beneficiary of activist politics. At stake, then, in the battle for donor deferral criteria reform (as well as reform itself) is the definition of 21st century homosexuality and, specifically, its alignment with the constituent norms of blood donation – forms of discursive work that I will explore throughout this chapter. In this section, I will describe how activists capitalise on what I argue is the cultural understanding of blood donation as a *performative act of health* to forward the figure of the gay blood donor as both healthy and health-bringing.

7.2.1. A Performative Act of Health

A number of the activists I spoke to, as I suggested in Chapter 6.3.3, explained their interest in blood donation as a matter of civic responsibility. Neil, an Irish blood donor activist and once frequent blood donor, described his commitment to the practice of blood donation as follows:

I feel a level of responsibility. I've always said it's my civic duty. It's never something I viewed as a right. It's not a right to donate blood. But it's a responsibility as a fellow human, to do what you can to help people. (N3, September 2019)

He went on:

As I got closer to my 18th birthday, I kind of decided on two things to do almost either as soon as I turned 18 or shortly afterwards, whatever worked best. Those two things were register to vote and donate blood. (N3, September 2019)

For Neil, giving blood therefore appeared as much a part of his duty as a full-fledged, mature citizen as exercising his right to vote. The themes that emerged from my data thus corroborated the view of scholars who have argued blood donor activist campaigns to be an attempt to extend the fabric of sexual citizenship to encompass the act of blood donation (Valentine, 2005; Copeman, 2009a; Martucci, 2010; Crath and Rangel, 2017) – to render the possibility of there being a *publicly acknowledged* gay blood donor (Richardson, 1998; Weeks, 1998; Lister, 2002; Plummer, 2003).

However, I contend that the duties of citizenship are not the only set of meanings attached to blood donation that activists have hoped to bring to bear on the figure of the gay blood donor. Another important theme that emerged from my data was that, as well as being, in the words of Bennet (2009, p. 6) ‘a performative act of civic engagement and nation-building’, blood donation is also regarded as a performative act of *health*. First and foremost, an aura of ‘health’ is a categorical behavioural prerequisite to blood donation – since would-be donors are expected to behave prudently or, in some ways, positively abstemiously if they are to participate in the practice (Waldby, 1996; Waldby et al., 2004; Copeman, 2009a). But, also, health is performatively enacted *through* blood donation as a status conferred to eligible donors once they have successfully navigated the various donation criteria, health checks, and testing procedures that precede or follow the donation of around 500mL of blood.

As such, the figure of the blood donor connotes the term ‘healthy’. Naomi, a patient representative from a charity representing individuals with a specific blood condition, for instance, described how she, and patients like herself, imagined the strangers who donated the blood from which their treatments were derived:

We don't know who the blood donors are, it's just our idea of them. And there are criteria to give blood that we know of, so you need to be over, I think, it's seven stone? And you have to be very healthy and you have all these health checks. So the idea of [the blood donor] is somebody well and healthy and whatever. [...] I think people usually associate blood donation with healthy individuals, so you don't perceive them as being unwell or having any sort of illness. (N2, April 2019)

As Naomi notes, although blood donors are ostensibly anonymous, the individuals from which donated blood is derived are known as ‘well and healthy’ because of recipients’ trust in the constituent health criteria and screening procedures of blood exchange. Thus, although Waldby and colleagues (2004, pp. 1467–1470) suggest that the ‘anonymised’ and ‘personally neutral’ nature of donated blood is only ‘compromised by the fear that...strangers may be the sources of risk and threat,’ in fact, from Naomi’s perspective, blood *always* carries the identifying characteristic of a donor’s health and vitality and is, in this sense, never personally neutral.

Other participants that I spoke to, who had themselves given blood before, also shared the view that blood donors were ‘healthy’. Note, for instance, how Neil described the act of giving blood:

You're not really doing anything [when you give blood]. As long as you eat relatively okay, as long as you're healthy—You don't have to be in shape, you don't have to put in much work; your body just creates or replenishes blood, as long as you're relatively healthy. (N3, September 2019)

Building on a widespread medical and metaphorical understanding of blood as the seat of vitality (Martin, 2013; Mayblin, 2013), Neil suggests that blood donation is a marker of health in and of itself, which runs in parallel or even counter to imperatives produced under the ideology known as ‘healthism’ (Crawford, 1980, 2006). Blood donation is an act that, according to Neil, you don’t even have to be ‘in shape’ for; the very act of giving blood marks out a body as healthy enough to sustain the loss of an endlessly replenishable fluid and health-*bringing* enough to be safely transferred into the imagined body of the vulnerable patient (despite fears of contamination). Giving blood, I suggest, therefore brings into being and declares an already presumed state of health and, as such, the figure of the blood donor resonates across culture as that of the superlatively healthy biological citizen (Reubi, 2010).

According to the blood service staff that I spoke to, that it is a performative act of health accounts for why a number of donors are drawn to donate blood in the first place. In other words, it is one of the qualities of blood donation that mark it out as, what I have described in Chapter 6.3, a happy object. In particular, the rigorous screening methods that the blood service employs attracts donors who are in search of confirmation of a clean bill of health. As Sharon, a senior blood donation nurse, put it, ‘Some people think that we’re giving them an

MOT' (S6, April 2019). When I asked Sarah, a member of SaBTO, to explain who benefits from blood donation, after describing the importance of blood products for recipients, she went on to outline how testing carried out on donated blood could help inform donors about their health:

We screen all our platelets for bacteria [...] If we pick up certain bacteria, we generally will refer them [donors] on [to a doctor] because it often is associated with the bacteria that live in the gut moving elsewhere in the body and that's probably not a good thing. Actually, in the last few months, we've picked up two donors who've got evidence of bowel cancer and they were totally asymptomatic, so it's the only way that they know. Some donors will find out they've got other things going on. That's not a reason to come and donate blood, obviously [laugh]. And then aside from that we have all the donors we pick up with infection. [...] We will test for certain viruses that nobody else will test for routinely just because of the nature of what we do. (S3, March 2019)

Sarah notes that, although the blood services have, historically, actively discouraged donors from giving blood for this reason, the screening techniques employed on donated blood can reveal markers of disease and infection that, in some cases, could prove to be life-saving for a donor. There is an important implication here: for the vast majority of donors who test *negative* for the range of screened-for TTIs and whose blood is approved to enter the body of another individual in some form, they may deem themselves apparently 'healthy' – a status asserted, in part, by the 'truth' invested in blood and blood-work (Carsten, 2013c; O'Daniel, 2014). As a result, Sharon suggested, donors sometimes expressed a sense of reassurance about their health at the donation centre:

[Donors say,] "Oh, it's good coming here because you can— We'll always be healthy, won't we, because we're having a health check?" (S6, April 2019)

Therefore, quite unlike the experience of those in ill-health who might anxiously await the results of a blood test, blood donors do not necessarily regard the work carried out on their

blood as a way to detect disease. Rather, donors perceived testing associated with donation – or, synecdochally, the act of giving blood itself – as an opportunity to confirm something they already suspected to be true: that they are and will continue to be in good health. Thus, as Sarah implied, the impetus or desire to give blood does not simply hinge on the goodwill and charitable spirit of donors but also: ‘donors come along [and] they think they’re really healthy because *that’s why you give blood*’ (S3, March 2019, emphasis added)

‘Health’ as it is deployed here in relation to blood donation must be understood as both a biological *and* moral entity (Douglas, 1992). Note how Sarah, outlining to me the results of a nationwide survey, described what she concluded to be the typical lifestyle of the average blood donor:

At the end of the day the vast majority of our donors are all going to be pretty healthy and not going to have any sort of risky, inverted commas, behaviour going on. [...] Huge numbers of donors have *very, very boring lives*. (S3, March 2019, emphasis added)

In contrast, this is what she concluded from the survey regarding the lifestyles of non-compliant MSM (queer men who gave blood despite deferral):

We asked how many men have you slept with [laugh] in a limited time period. And within that there was a good chunk of men who were in long-term relationships who were probably *safer than me to be honest*. And then there was another chunk at the other end who were [laugh] *really quite scary*. (S3, March 2019, emphasis added)

Here, donor risk is framed not in terms of encounters with virological or infectious agents nor even in the apparently affectless terms of epidemiology, rather, in relation to the ‘safe’, quotidian practices of heterosexuality and monogamy, queer promiscuity is positioned as a spectacular and ‘really quite scary’ transgression. Sarah’s testimony, therefore, suggest that ‘health’ is not a status that is conferred neutrally by an individual’s biology. Rather, as Epstein (1988, pp. 6–7) suggests, medicine is inherently ‘value-laden...rooted in the society to which doctors and medical researchers themselves belong’ and thus has a ‘normalizing function...it

naturally values that which tends toward the norm, is done in moderation and does not ‘rock the boat.’ Thus, while the ‘healthy’ blood donor can be defined, in part, by the screened-for absence of infection, they are also apprehended in terms of abstention from apparent risk practices that are marked out, in the words of Davis (2002, p. 285) as a ‘sign of defectiveness.’

7.2.2. The Healthy Homosexual

Accordingly, just as blood donor activists have been argued to assert queer men’s status as full-blooded citizens by demanding access to blood donation as a civic practice, they have sought to assert queer men or the figure of the gay blood donor as somatically normal – as healthy, health-bringing and morally integrous – by demanding access to blood donation as a performative act of health. This was a theme that clearly emerged from interviews, in particular where activists described combatting what I have discussed in Chapter 6.2.1 as a homophobic imaginary of queer men as vectors of contamination. As Conor, a blood donor activist with the NUS, suggested:

[Blood donation policy] sends a message that there's something in gay men in particular that is just unnatural and dangerous [and] that will infect the rest of society. And that it's only a matter of time before a gay man becomes HIV positive.
(C3, May 2019)

Conor notes, as I have already suggested, that, where the act of blood donation is heralded as a mark of wellness, strength, and vitality (Copeman, 2009a; Charbonneau and Tran, 2013), the deferral of queer men establishes homosexuality ‘as a sign of defectiveness’ (Davis, 2002, p. 285). Thus, as Ewan suggested, blood donor activism has been an attempt to undo the ties that link homosexuality and pathology:

Obviously there are other groups that are not allowed to donate blood: people under a certain weight, people with iron problems. But this is not a health issue. *Being gay is not a health issue; it's not a pathology.* (E1, December 2018, emphasis added)

While Ewan gestures to certain individuals that do warrant exclusion because they are in possession of a ‘health issue,’ he argues that the deferral of queer men is, by the same logic, unfounded, since homosexuality should not be considered a marker of ill health. As such, reform to blood donation deferral criteria was understood by activists to represent an opportunity to *redeem* homosexuality in the cultural and medical imagination.

However, activist discourse doesn’t simply work to depathologise homosexuality by severing an historic link. The image of an actively healthy, health-conscious and hygienic gay man was a clear theme that emerged from my data. Accordingly, activists also work to *positively* assert the health and vitality of the gay blood donor, constructing *new* links between homosexuality, somatic viability and moral integrity – what Crath and Rangel (2017, p. 802) describe as a discursive process of ‘performative cleansing.’ In pursuing the freedom to donate blood, activists have sought to establish a certain figuration of the gay blood donor as healthy – or safe – enough to engage in the altruistic donation of blood without posing risk of infection. In particular, activists have cited adherence to a suite of responsible sexual health practices – such as condom use, regular testing, and, in some cases, monogamy – as evidence of the health and integrity of the gay blood donor. Michael, a member of FreedomToDonate, for instance, described why he, as a gay man, took issue with blood donor deferral criteria:

I'm confident my blood is good. I get checked up, I'm quite safe about what I do. It just felt like a bit of a slur when actually, I think, gay people take a lot of care about their sexual health and they are perhaps more alert, aware, than other groups about their behaviour. (M1, July 2018)

Here, Michael shakes off what he considers to be a pejorative view of gay sex by claiming himself, but also gay men *in general*, to be a hygienic model of rational risk avoidance (Castel, 1991), adopting practices that make him ‘confident’ his blood is ‘good.’ Michael was not the only activist to make the claim that gay men were exemplary practitioners of sexual health. A number of my participants made arguments similar to Gavin, a former student blood donor activist, who claimed that because gay men are routinely interpellated by sexual health and HIV prevention messaging and, as such, were comparatively responsible sexual actors:

I don't know if it's just my experience or the general experience but as, I think, a gay man, you get, I think, *more* information [about HIV prevention], and maybe even it's more instilled into you as a risk, than maybe someone who doesn't have sex with men. (G2, March 2019)

Thus, activists have instrumentalised the fact that gay men are frequently interpellated by messaging that emphasises HIV prevention as amongst the 'responsibilising norms of biological citizenship' (Pienaar, 2016, p. 142; See also: Banda, 2015; Davis, 2010, 2002; Race, 2018; Young et al., 2019) to present the gay blood donor as the healthy, hygienic, and risk averse subject idealised by the blood services (Waldby et al., 2004). Articulated this way, the apparent virtue of the gay blood donor is reflected double in his sexual and civic practice, running counter to what Terry (1997, p. 139) suggests is the historical representation of the homosexual body as the unhygienic opposite of the otherwise pure human.

As I have already indicated, this work of figuring the responsible gay blood donor must be understood, in terms of a Foucauldian view of power, as a *positive* and *productive* practice – work that serves to re- or newly inscribe a relationship between the contemporary gay man and somatic viability. It is not only that blood donor activists seek the ability for queer men to give blood. If this were the case, activists ought to be satisfied in the knowledge that many queer men already can and do give blood on a regular basis, simply by opting not to disclose the details of their sexual encounters (see: Bennett, 2009; Grenfell et al., 2011). Rather, or in addition, blood donor activists seek, through the agreed-upon status of blood donation as a performative act of health, to *publicly* empower, or render '*dans le vrai* (in the true)' (Foucault, 1971, p. 16), the discursive alignment of the healthy homosexual and to disempower his association with pathology as part of a *redemptive politics of homosexuality*. For, if, as Strong (2009, p. 179) writes, blood donation is a 'theater of [sexual] surveillance...a circumstance in which one is required to enunciate the truth of oneself as a sexual subject' with what Copeman (2009) highlights to be a particularly public dramaturgic quality, then the embrace of the gay blood donor represents a particularly public avowal of his sparkling vitality and the sparkling vitality of others like him.

7.2.3. 'Post-AIDS' Discourse

This work of severing associations and positively asserting the vitality of homosexual men through blood donor activism can be understood as part of the cultivation a ‘post-AIDS’ or ‘post-crisis’ discourse – one that ‘implies that we have “moved on” from the disease’ (Butler, 2004, p. 95; See also: Race, 2001; Walker, 2017). As Kagan (2017) has noted, this discursive form, which began to emerge in 1996 with the advent of highly active antiretroviral therapies (HAART) (Román, 2000; Walker, 2017), has been central to the figuration of what Helen Shugart (2003) refers to as ‘The New Gay Man.’ As Kagan (2017, p. 21) notes, the New Gay Man, who embodied the homonormative aesthetics of ‘a white, bourgeois, domesticated image of gayness,’ comes to occupy this position only through the repudiation of ‘the spectre of AIDS and its attendant connotations: promiscuity, hedonism, feminisation, isolation, narcissism, contagion and death’ (Ibid., p. 60). The figure of the New Gay Man, then, tracks closely with the figure of the gay blood donor (forwarded by blood donor activists) whose association with ‘contagion and death’ is shrugged off through the assertion of his health and the prophylaxis of responsible sexual practice.

A clear theme running through my interviews with activists was a sense that they existed in a ‘post-AIDS’ or even ‘post-HIV’ landscape. Troublingly, in working to effect a dislinkage between certain queer men and HIV so as to assert their worthiness for admixture with the heterosexual national body, blood donor activists reified the view that HIV crisis is ‘over’. For many activists, MSM deferral represented an anachronist policy, based on out-dated attitudes, assumptions and data. In arguing, however, that the MSM ban represented, in Anthony’s words, ‘ancient policy’ (A2, November 2018), activists also carved distance between themselves and HIV crisis, frequently referring to the AIDS epidemic as a thing of the past and thus asserted ‘the overness of AIDS’ (Gossett and Hayward, 2020, p. 532). Activists like Tim, Lauren and Jake, for example, were clear that their campaigns were borne of a ‘post-crisis’ attitude:

When you're 16, you're learning about HIV epidemic, it's scary, but *it's so far removed* [...] So yeah, I think I was just angry, as I was about a lot of things, that I couldn't do it [donate blood] because I was gay. (Tim, T2, March 2019, emphasis added)

In the noughties, we were stuck in this really weird place, where it kind of *felt like the crisis had been averted*. (Lauren, L1, May 2019, emphasis added)

Yeah, I was probably just really ignorant at the time and, um, yeah, I think probably, yeah, *I thought that HIV and AIDS was something that had long ago ceased to be an issue*. (Jake, J1, October 2018, emphasis added)

For these activists, their very opposition to MSM exclusion – a policy that signifies queer men as at risk of HIV infection – was founded on a perception that HIV crisis was over. Fuelled perhaps by the shifting discursive landscape of HIV policy and action towards the ‘end of AIDS’ (Kenworthy, Thomann and Parker, 2018) and their own presumed seronegativity, activists have thus perpetuated a ‘post-crisis’ discourse.

In this context, this discourse is problematic for three reasons. First, where it is wielded by blood donor activists, it portrays donor deferral as a homophobic slight against queer men in part by denying the ongoing and unequal realities of the HIV epidemic that mean MSM represent, disproportionately, over half of all new HIV diagnoses and are still hundreds of times more likely to acquire HIV than their heterosexual counterparts (Brown et al., 2018).

Second, such an ideology overlooks the manner in which the technologies that have been considered to have ‘decoupled’ HIV and AIDS (Rosengarten, 2009, p. 3) continue to ‘imbricate socio-sexual subjects’ and shape the subjectivities of those living with and without the virus (Race, 2001, p. 171).

Third, it evinces a technological determinism, which occludes the supremacist politics and unequal circumstances that continue to structure ongoing HIV and AIDS epidemics globally. Gossett and Hayward (2020, pp. 532–533) note that although contemporary representations of AIDS depict ‘the time of AIDS... [as] either an obliterated past tense or an HIV+ pharmacological futurity... AIDS remains. AIDS continues.’ Predominantly white, middle-class, urban-dwelling, and HIV-negative blood donor activists are able to claim symbolic and material distance from the spectre of HIV transmission because of their access to HIV education, prophylaxis and infrastructures of testing. Other groups however, for instance those in the Global South, continue to experience the gross injustice of deaths in the hundreds of thousands from AIDS-related illness (UNAIDS, 2020) – an illness that is elsewhere deemed a ‘chronic manageable condition’. And even within nations where the description of HIV as a

‘chronic manageable condition’ may now appear axiomatic, oppressive hierarchies of race and class mean that Black and poor people, and especially Black MSM and Black transgender women, shoulder a disproportionate burden of HIV seroconversions and AIDS-related illness as a result of barriers to accessing the infrastructures of HIV prevention and treatment (Millett et al., 2012; Arnold, Rebchook and Kegeles, 2014; Hickson et al., 2017; Villarosa, 2017; Gossett and Hayward, 2020).

Blood donor activist politics can thus be understood, as, in the words of Spade (2015, p. 62), ‘a project restoring race, class, ability and immigration status to the most privileged gays and lesbians,’ flattening one of the signs of difference that distinguishes white, cisgender, middle-class, seronegative, gay men from their heterosexual counterparts. In this sense, blood donor activists’ plea for policy reform is not so much a bid for gay men to be able to give blood as openly gay men but to give blood *as men* – to rend from their gender the contaminating effects of queer sexuality (and HIV). The figure of the gay blood donor is not merely a vital subject, then, but *virile*, too – a figuration entirely consistent with certain gendered elaborations of blood donation as a virilising or masculine practice and blood collecting as a system that inscribes the supremacy of male sex (Simpson, 2009; Sanabria, 2009; Kent and Farrell, 2015). To add to Spade’s list, then, blood donor activism is a project restoring all of race, class, ability, immigration status, as well as *gender* privilege to the predominantly gay men seeking inclusion in the national blood supply.

7.2.4. Giving Life, Being Productive

In their bid to substantiate the gay blood donor and to redeem queer men like him as, in the words made famous by the conservative commentator Andrew Sullivan (1996), ‘virtually normal,’ blood donor activists trace what Puar (2007, p. xx) has suggested is a ‘transition...in how queer subjects are relating to nation-states...from being figures of death (i.e., the AIDS epidemic) to becoming tied to ideas of life and productivity (i.e., gay marriage and families).’ Puar’s insight is starkly reflected in the pursuit of ‘gay blood ban’ reform, since the act of blood donation and the tissue economies within which it is embedded ensconces the life-giving properties of blood in capitalist networks of productivity (Waldby and Mitchell, 2006). In other words, the gay blood donor is not just forwarded as the healthy, ‘post-AIDS’ bio-citizen but as – perhaps even more than the married gay man or the gay parent – productive in the terms of

state biopolitics, surrendering his blood to shore up the capacity of the state 'to ensure, sustain, and multiply life' (Foucault, 1987, p. 138).

The notion that queer men were in possession of significant bio-capital was a major theme of my interviews. The activists that I spoke to often described donor policy reform as having the potential to expand the pool of possible donors and, therefore, to contribute to the life-saving activities of the blood services. Ali, a representative of a major HIV charity, for example, noted how, prior to the introduction of a 12-month deferral policy, he had attempted to convince SaBTO of the untapped potential of queer men by framing their inclusion in volumetric terms of blood:

I did a calculation for the first [SaBTO] working group and said that, accepting that there is something still problematic around a 12 month exclusion for gay men, we must not forget that this move will free up 1000s of men to be able to donate blood in good conscience for the first time. (A1, August 2018)

Others pointed out that abolishing MSM deferral criteria could help mitigate blood shortages that the blood services often reported on in a bid to enrol new donors (NHS Blood and Transplant, 2015a, 2016). Andrew, a veteran blood donor activist, for instance, performed a similar calculus to Ali (above), conveying MSM in terms of the blood that they could provide to the service:

You want blood, patients need blood. The aim must be to maximise the level of public donation. It's interesting that whenever the blood service makes urgent appeals for donors, they always say we're two, three or four per cent down on our targets. That almost corresponds to the percentage of gay and bisexual men. If they were able to donate, then some of those shortfalls in blood donations might be avoided. (A3, May 2019)

Accordingly, activists have sought to represent (and to convince others of) queer men in terms of their *bio-value* (Waldby, 2002b) and to render them *bioavailable* (Cohen, 2005); their bodies capable of participating in the life-saving transfers and capitalist flows of tissue that sustain the nation state.

The discursive figuration of queer men and their bodies as life-giving and productive is also enacted through blood donor activism in the claim that their exclusion represents a *waste* of blood – wherein waste is regarded as a corollary of the ‘capitalist mode of production...an inherent by-product in the course of its reproduction’ (Yates, 2011, p. 1681). Notably, this claim has often been dramatically staged at public demonstrations where some symbolic volume of red liquid is poured down the drain – a representation of the ‘wasted blood’ of excluded donors. Hannabach describes one such performance at the ‘Banned Blood Drive’ organised by New York University’s Queer Union in protest of the deferral of MSM and WSMSM donors:

At the event, Banned Blood Drive organizers invited MSM and WSMSM to identify themselves as barred from donating blood. Organizers asked them to pour a symbolic pint of red-tinted water into the large plastic containers set up on the street for the demonstration. The containers were then dramatically emptied into toilets and flushed, symbolizing the gallons of blood that were “wasted” by not being allowed to enter the national blood supply (Hannabach, 2016, p. 32).

Several of my participants described a near-identical action organised by UK blood donor activists, which took place outside of a public meeting of SaBTO in 2009. Sam recounted the event as follows:

So there are a bunch of us outside, and we had little placards with information on it. And then the stunt was a bucket full of fake blood and it was poured away down the drain. And that was to represent the amount of blood being thrown away, in essence. So like the blood services will keep saying we need more blood and people were saying, "Well, this is how much you're wasting, mate." (S4, March 2019)

These actions frame queer men (and, in the Queer Union’s case, the women who have had sex with them) as forms of unmined soma or untapped capital; the boundaries of their bodies rendered impermeable to extraction by hygienist policies of exclusion and containment (Greenblatt, 1982; J. Epstein, 1992). Under a biopolitical logic that imagines the *telos* of blood

as sustaining the life of the population, blood that circulates within the body of the individual rather than through the national body and between citizens, is understood as *wasteful*. This chimes closely with what Yates (2011, p. 1680) considers the ‘human-as-waste’ – those facets of the population considered surplus to capitalist requirement, rendered disposable, and who are, therefore, ‘excreted from the capitalist system.’ Wasted blood comes to bear the queer, non-reproductive (Nash, 2014) imprint of other forms of fluid waste – feces, urine, bile, and so on – which, like the ‘fake blood’ of activist demonstration, flows into the drains and onto the sewers, rather than between bodies in the form of a vital transfer. In publicly staging the apparent absurdity of ‘wasted blood’ this way, blood donor activists express a desire to make the bodies of queer men porous with the heterosexual national body and to open up their veins for the extraction of bodily capital.

7.2.5. Haemo-Homonationalism?

What Puar (2007, p. xx) highlights in the ‘transition...in how queer subjects are relating to nation-states’ is not simply the reincorporation of certain homosexuals under the terms of state of biopolitics – as reflected in the figure of the gay blood donor who helps to sustain life – but that this process of reincorporation is part of a broader structuring force that she terms *homonationalism*. As described in Chapter 4.5.3, this implies a dynamic of inclusion/exclusion, wherein the good gay citizen is asserted against a perverse, Muslim other and bolsters an image of Western ‘tolerance’ vis-à-vis the ‘barbarism’ of the Middle East.

Traces of this relationship described by Puar are possible to unearth within the discursive field of blood donation policy reform, where the figure of the gay blood donor is presented as the good gay citizen aligned with and shoring up the violent administration of nationalism. For instance, note how then-Prime Minister Theresa May described the newly introduced 3-month deferral period for MSM as a ‘*world-leading* blood donation policy for gay and bisexual men’ at the 2017 *Pink News* Awards (May quoted in Duffy and Jackman, 2017, emphasis added). This citation of blood donation policy as ‘world-leading’ establishes a hierarchy in global terms, placing the United Kingdom at the apparent forefront of a process of sexual modernisation (that now encompasses the blood donation services).¹³ Within the

¹³ It must be stressed, however, that despite May’s claims about the ‘world-leading’ quality of the UK’s MSM deferral policy at the time, a number of states either have or have never had a policy prohibiting MSM from

matrix of homonationalism, such a claim asserts the particularly ‘progressive’ character of the United Kingdom, shoring up the figure of the non-Western Muslim Other as ‘homophobic and perverse’ (Puar, 2007, p. 122) and acting as a veneer for the UK government’s own homophobic mistreatment and forceful deportation of queer migrants (Lewis, 2014; Ammaturo, 2015).

Equally, the increasing proximity of ‘post-AIDS’ homosexuality and nation can be gleaned from the nationalist logics of the blood supply into which certain gay and bisexual men seek inclusion. For, the national blood supply can be understood as a project of nation-building (Bennett, 2009). As described in Chapter 2.2.3, blood donation is arguably a ritual of citizenship that actualises what Anderson (2006, p. 6) described as the ‘imagined community’ that undergirds the concept of nation: a collective of members that ‘will never know most of their fellow-members, meet them, or even hear of them, yet in the minds of each lives the image of their communion.’ Moreover, in the same vein that ‘nation is imagined as limited...[with] finite, if elastic, boundaries’ (Anderson, 2006, p. 7), blood donation metonymically couches its own bordered logics (Weston, 2013a). Exclusion criteria determine which donors do and do not belong to this vital public or imagined community – with place-based criteria tracing and reinforcing existing geographies of national borders. Just as Shahvisi (2019) has argued that the UK’s National Health Service is better understood as a *nationalist* health service, since it defines inclusion via the provision of healthcare on the basis of nationality or immigration status (Shahvisi, 2018), the national blood supply may also be considered a *nationalist* blood supply, legislating the boundaries of a vital public (and along many of the same lines as described Shahvisi, since many migrants would not be eligible to donate blood or freely receive blood products in the UK). Accordingly, blood donor activism, viewed through the prism of homonationalism, represents a shuffling of certain queers into the exclusive fold of the nation.

However, these examples of homonationalist formation might easily be dismissed as ‘paranoid structuralism’, which Zanghellini (2012) argues plagues the concept of homonationalism. Because Puar (2017, p. 230) convincingly describes homonationalism as ‘a

donating blood. Not only have certain countries, like Argentina, Ukraine, Italy, and Mexico, moved to scrap deferral criteria pertain to MSM altogether (PinkNews, 2012; Corb, 2015; Gay News Europe, 2016; Il Post, 2016), others still, including Russia, Spain, Latvia and Poland have never legislated on the matter in the first place. Thus, May’s claim to the ‘world-leading’ quality of the UK’s blood donation policy as evidence of a sexually tolerant United Kingdom is hardly borne out in practice. It is an utterance that functions to ‘the speaker’s benefit’ (Foucault, 1987, p. 6).

structuring force of neoliberal subject formation’ that ‘can be resisted and resignified, but not exactly opted out of,’ the concept can appear all-explanatory. According to Zanghellini, even if, at first glance, ‘things in the world seem to be organized in a way that does not invoke [homonationalism],’ it appears that through processes of ‘profoundly counterintuitive investigation’ (Halley, 2008 quoted in Zanghellini, 2012) traces of homonationalism – or the alignment of queerness, nation and imperialism – can be unearthed wherever one looks.

I do not entirely agree with Zanghellini that the ‘counterintuitive investigation’ that unarchives far-flung cases of homonationalism necessarily implies that these analyses are works of fiction. In part, this is because I am convinced by Puar’s claim that homonationalism is the inescapable matrix within which homosexuality is made legible – and, therefore, that it *is* everywhere. Moreover, I disagree with Zanghellini because I do not take ‘counterintuitive’ method to be a sign of intellectual vice: not everything knowable, especially non-hegemonic knowledge, is easily intuited. That said, Zanghellini is right to suggest that declarations of homonationalist formations are sometimes based on shaky empirical ground. Accordingly, in the section that follows, I will evidence, using my data, that blood donor activist’s bid for the inclusion of the gay blood donor in the national blood supply represents more than the mere coincidence of the words ‘gay’ and ‘national’: it involves an active alignment of the figure of the gay blood donor with the machinery of imperialist power.

7.2.6. The Gay Blood Donor Enlists in the War on Terror

The machinery of imperialism – specifically, war – is routinely cited as a metaphor that helps make blood donation legible as a civic duty. This thematic relationship between blood and war was something I identified in my interview data. Some of my participants offered up a metaphor of militarism to explain the responsibilities of blood donation. Simon, for instance, suggested:

[It’s] presented as a civic duty to go along and donate your blood. In wartime, I’m sure some people were saying, “Let’s go into the army” and they’ll see it as your civic duty [...] And then, in peacetime, you have all these adverts in workplaces. You have the blood bus coming along to your workplace. They’re

sitting in your university courtyard. They're on your high street or outside your supermarket and they're asking you to give blood. (S2, November 2018)

Here, Simon describes blood donation as akin to military service as an act of sacrificial citizenship. Moreover, he implies that the enrolment of blood donors is, in fact, the peacetime shadow of the enrolment of troops – with both practices implicating willing and able citizens who are prepared to line up, roll up their sleeves, and bleed for the nation. This echoes Bennett (2009, pp. 39–40), who notes that the ‘fantasy of a blood sacrifice’ discursively weds the blood donor with the soldier as the sacrificial citizen.

However, as Copeman reminds us, blood donation is not only an act that may be rhetorically utilised for certain political ends, but refers to a set of ‘*material processes...co-opted, or pushed into service, for particular political or ideological ‘projects’*” (Copeman, 2009, p. 465, emphasis added). In this case, this means blood donation is not only *discursively* linked with acts of war but is a practice embedded in the *material* infrastructure of war itself (Waldby and Mitchell, 2006, p. 3; Copeman, 2009b; Whitfield, 2013; Hannabach, 2016). As a result of its successes in the trenches of the First World War, blood transfusion was taken up on an even larger scale in the Second World War, where technical advances in the separation and storage of plasma ‘gave the Allies an enormous advantage over the Axis powers, whose blood-related technology was primitive’ (Starr, 1999, p. xiii). Citizens at home were encouraged to donate blood to help soldiers fighting for the allied cause in the field, with major depots for the donation and processing of blood established across England at the moment of the war’s outbreak (Ibid., p. 88). Thus, blood donation is a practice that has been both discursively and materially linked to wars waged on foreign soil with the act of donation a biomedical means to support, at a distance, troops in their efforts against the enemy.

In the 21st century – with a shifting emphasis of Western securitisation discourses post-9/11 towards the apparent threat of Islamic insurgency – blood donation is increasingly implicated as part of the national response to the ‘war on terror’ (Harrington, 2020). With the very logic of warfare shifting towards forms of ‘new war’ where ‘violence is largely directed at civilians’ (Kaldor, 2013, p. 3), blood donation is enacted as a means for citizens to support a war on Islamic extremism taking place *on home soil*. As the news of terror attacks in major European or North American cities has broken, citizens have queued in droves at blood donation centres to express blood – an expression of life-saving support for victims of atrocity

(Waldby and Mitchell, 2006, p. 2). Often, the solidarity elicited by these events has been so great that donor enrolment in the aftermath of terrorist incidents far exceeds the actual demand for blood produced by them (O'Neill, 2003; Weston, 2013a). In the wake of the 2017 bombing at Manchester Arena, for instance, reports swirled that would-be donors who turned up as a response to the attack were being turned away or asked to return later (Powell, 2017). In interview, Steven recalled this moment vividly:

I remember [...] when the Manchester attack happened and loads of people were tweeting and saying, "Where can I go and donate blood?" [...] And it got to a point where they [NHS Blood and Transplant] said, "Please do not turn up because we've got everything we need and there's no shortage" and all this."
(S1, June 2018)

Thus, while altruism remains the dominant affective route through which citizens are siphoned to give blood (as described in Chapter 6.3.3), terror attacks – where such attacks are framed as an insurgent threat against cosmopolitanism – also summon a 'sense of collective purpose' that motivates blood donation (Bean, Keränen and Durfy, 2011, p. 435). Thus, as noted in Chapter 2.2.3, blood donation in the aftermath of an act of terror – though, indeed, at any given moment – helps to stabilise an imagined sense of national unity and bolster the political, social and biological health of the nation state (Weston 2013a; Bennett, 2009; Harrington, 2020).

In turn, therefore, blood donation is an act that helps define the 'us' and 'them' of the Islamophobic war on terror, particularly in the wake of a terrorist attack. Ahmed (2004, p. 129) notes how in the aftermath of 9/11, 'experiences of fear became lived as patriotic declarations of love, which allowed home itself to be mobilized as a defence against terror.' The happy object of blood donation is one such means through which individuals may express love for their fellow citizens and, consequently, the nation (Berezin, 2001). Such declarations of solidarity are not inert but are constituted by and constitute the subject that legitimates the Islamophobic 'war on terror' both at home and in the Middle East and North Africa. As Ahmed (2004, p. 130) notes, patriotic acts must be understood 'in terms of the display of "witness" (whereby one is "with others" and "against other others").' In this sense, blood flows inscribe the 'powerful insider/outsider dichotomy endemic to national security rhetoric' (Bean, Keränen and Durfy, 2011, p. 444) and materialise what Anderson (2006, p. 7) referred to as the 'horizontal

comradeship' through which the nation is conceived – with circulations of blood imagined as flowing between 'victims' and 'volunteers' and standing against the figure of the terrorist or racialised 'Other'.

It is of significance, therefore, that it is often in the rush to express national solidarity through blood donation that the exclusions of MSM deferral criteria have been most keenly felt. As Martucci (2010, p. 215) writes, 'In the wake of the September 11, 2001 terrorist attacks, Americans flocked to blood banks to contribute to the Nation's blood supply. For many it was their first experience of donating, but for others it was also the first time they learned they could not give blood.' Similarly, after the Manchester attack, dozens of people took to Twitter to air their grievances about MSM deferral. 'My FB is full of gay men desperate to give blood to help Manchester and being told they can't,' one user wrote, 'and this is such BULLSHIT I'm angry' (@Castieluk, 2017). 'Reminder that gay people can't give blood after events like this in Manchester,' wrote another, 'and it's a farce. Locals can't help their own' (@blake2108, 2017). Tweets like these cite the felt injustice carried by blood donor activists – a desire to participate within the imagined community as it materialises in the wake of an apparent national crisis.

Perhaps no incident has manifest these feelings more potently than the 2016 shooting at the gay nightclub, Pulse, in Orlando, Florida where 49 people – most of whom were queer and Latinx – were killed. The emotional impact of this assault on the queer Latine community cannot be understated – a 'reminder [for queer people of colour],' Ramirez and colleagues (2018, p. 594) describe, 'of their continued victimization.' For some, these mixed feelings of grief and ostracisation were intensified by the FDA's MSM donor deferral policy, which prevented many queer men from conveying what they felt to be an immediate form of support for those injured by the shooting. John Paul Brammer, a queer Latino writer, captured these feelings in an article for *The Guardian*:

Today, like so many others in my community, I am overcome with a sense of helplessness. I am overcome with the urge to do something, anything, to help the victims and their families. Many in Orlando feel a similar urge. People are lining up to give blood in the wake of the massacre. [...] [T]he ban on gay blood is unjustified [...] It is an outrage that our blood can be spilled but not

donated. [...] Today is a painful reminder that there are still so many battles left for us to fight. (Brammer, 2016)

For Brammer and many others, the pain of mourning following the Orlando shooting was exacerbated by *and* continuous with the pain of deferral from blood donation. For these individuals, this act of gun violence and this practice of civic exclusion have common roots: homophobic oppression that establishes queers as second-class citizens, denies the legitimacy of queer community, and threatens to undo its bonds.

The relationship between terrorism, blood donation and exclusion, was a theme that ran across a number of my interviews with activists. Both Orlando and the Manchester bombing were incidents that were cited by my participants as evidence of the need for reform to blood donation policy. Anthony, for instance, described how the Orlando shooting momentarily brought the issue of donor deferral to public consciousness:

It became a thing for two weeks [...] when that shooting was at the gay club in Orlando, Florida. Loads of people from the LGBTQ+ community wanted to donate and they were all turned away. It's like, it's so sad. People are fucking dying because there's not enough blood and you're turning— you're not letting people save a life. How f— how *stupid*. It's just the evil of stupidity. (A2, November 2018)

Ryan also described the Manchester bombing in similar terms. The Manchester attack took place at the concert of the American pop singer Ariana Grande – who has a sizeable gay fanbase – and took the lives of 22 people, including a young gay man, Martyn Hett, whose death inspired proposals for a new piece of counter-terrorism legislation entitled ‘Martyn’s Law’ (Britton, 2021). Ryan explained:

At Manchester, we could not save lives. It's Ariana Grande. Manchester Arena was near enough full of gay people or kids. If we could have donated blood then and there we could have saved a *lot* more lives. [...] The community were there, they went to donate blood and they were told, “No.” (R1, December 2018)

Like Brammer, Ryan argues that both the Orlando and Manchester attacks illuminated and heightened the perceived injustice of donor deferral. This policy, he felt, prevented queers from expressing support in the moments after an attack on their own (transnational) community – unable to siphon their grief and fear into the kind of loving, solidaric act of donation typical of the response to terrorism.

Crucially, where blood donor activists cite acts of terrorism – especially those targeting or disproportionately affecting the queer community – as evidence of the need for reform to blood donation policy, they do so through the logics of homonationalism. Note, for instance, how Ryan responded when I asked him to explain why he felt there was a particular need for ‘gay blood’:

Our country is under an immense terror threat with attacks up in Manchester, the attacks in London.¹⁴ People are there dying because they need blood. [...] And yet, according to the Kinsey scale (sic), one in eight or one in 10 within the UK identify as LGBT+. Now, that works out around 3-400,000 within Wales alone. [...] That's an immense amount of blood [that could be] put into the system. [...] We as a community can help increase the numbers of blood that's available. And yet we can't. (R1, December 2018)

According to Ryan, blood is urgently needed in the UK because of a rising and ‘immense terror threat.’ Accordingly, he offers up the veins of queer men, under the biopolitical logic of ‘post-AIDS’ homosexuality described by Puar, as open for life-saving extraction in service of the war on terror. As noted in Chapter 4.5.3, groups like OutRage! have sometimes framed terrorist attacks or threats of violence as evidence of the particular threat of Islamic extremism to (white) gays and lesbians. As such, the vocal dismay of activists like Ryan and Anthony at being unable to participate in the patriotic and nation-building act of blood donation following a terrorist attack, and their particular attention to incidents like Orlando and Manchester as evidence of an especial and external threat to queer life, is an example of a homonationalist form *par excellence*. It positions the figure of the ‘post-AIDS’ gay man as both vulnerable to the

¹⁴ Ryan is here referring to the 2017 London Bridge attack that killed 8 people and injured 48 others (The Guardian, 2017)

ideological threat of Islamic extremism and as part of the solution to it – that the gay blood donor is willing to enlist in the war on terror via the life-saving practice of blood donation.

Importantly, although Ryan suggests that there is a need for donor policy reform because of the demand placed on the blood supply by terrorist attacks, this is, in fact, not supported by statistics regarding the use of donated blood. According to data from NHS Blood and Transplant for the year 2014 (NHS Blood and Transplant, no date c), the vast majority – 67% – of donated blood was used to treat medical conditions like anaemia and blood disorders like thalassaemia and sickle cell. Just 27% of donated blood was used in surgery, including both planned and emergency surgeries, which would include treatment for the victims of the 16 incidents declared terrorist attacks in the UK since 2010. Thus, the amount of donated blood actually demanded by the UK's 'immense terror threat' is vanishingly (perhaps inconsequentially) small in comparison to the routine uses of blood products. Moreover, as I have already suggested, because of the emotional charge of these events, there is rarely, if ever, a shortfall of blood in the aftermath of an incident of mass violence (Lozada et al., 2019). In any case, as Compernelle and colleagues (2018) note in their review of the blood services' response to the March 2016 attack in Brussels, blood donated in the aftermath of terror attacks is always surplus to requirements since 'blood required for today's disaster was donated yesterday.'

The apparently urgent need for the gay blood donor via blood donation policy reform is, therefore, *not* a reflection of the actual material demand for blood produced by terrorist violence. Rather, where blood donor activists cite Islamic extremism as necessitating reform to MSM donation policy is a discursive form that brings the figure of the (white) gay blood donor – and the 'post-AIDS' homosexual that he represents – into closer alignment with the nation state whilst reifying the threat of a racialised, Muslim Other. Where blood donor activists cite acts of terrorism as a mandate for the inclusion of queer men in the national blood supply, they make a bid for the gay blood donor as good citizen and horizontal comrade. However, they fail to critique the ideologies – namely, Western imperialism and Islamophobia – that undergird and are bolstered by the demarcation of Islamic extremism as an *exceptional* threat to British life and values.

7.3. Good Blood, Bad Blood

Thus far, I have argued that blood donor activist discourse works to redeem the image of the 'post-AIDS' homosexual man by asserting, via a biopolitical logic, the healthy and health-bringing nature of his body and his literal and symbolic distance from the spectre of HIV. In so doing, I suggested, blood donor activists have sometimes enacted the dual moves of homonationalism – bringing the figure of the white, middle class, seronegative 'gay blood donor' into closer alignment with the nation state and against a racialised, Muslim Other. The imagined gay blood donor is, therefore, both classed and raced in a manner idealised by a homonormative politics (Duggan, 2006a; Mowlabocus, 2021). As McNamara (2013, p. 239) has noted, however, the figure of homonormativity is not only 'raced, classed and gendered' but also '*simultaneously sexualised.*' Accordingly, in the final section of this chapter, outlining a clear theme of hierarchies of 'good' and 'bad' blood that ran across my interviews, I will describe the sexual contours of blood donor activist discourse, noting, in particular, how the argument for the viability of the gay blood donor relies on claiming his sexual and biological purity against a class of deviants.

To open a discussion of the sexual politics of blood donor activism, I must first address how the history and technological infrastructure of blood transfusion shapes the outer limits of activist discourse. Specifically, how the history of the 'Contaminated Blood Scandal' (Berner, 2007; Triggler, 2019), paired with the finite sensitivities of TTI testing technologies, silences certain claims for reform – especially bids to scrap deferral criteria *altogether* – within the institutional landscape of the blood services. Therefore, as I will go on to explain, if activists are to produce viable accounts for reform for policy-makers, they are compelled to endorse the continued existence of deferral criteria in some capacity and conceive of reform as a shifting of the bounds of inclusion around the sexually respectable gay man and the bounds of exclusion around his queer, deviant opposite.

7.3.1. The Window Period and the Limits of Activist Discourse

As noted in Chapter 2.3.3, historic instances of TTI transmission – including the transmission of HIV – through the national blood supply have been understood to effect a culture of immense precaution and risk aversion amongst blood donation policy-makers (Bayer and Feldman, 1999; O'Neill, 2003; Roussel, 2003; Martucci, 2010; Charbonneau and Quéniart,

2016). Sarah, who is a member of SaBTO, provided an insight into the institutional culture of policy-making shaped by the memory of blood crisis:

I think some people have been through difficult times in the blood services. There have been a number of disasters in the past and people are always anxious because, ultimately, there is a patient at the end of this. [...] Having been through a few transmissions, it's the last thing we want because it's just horrible. Obviously it's horrible for the patient but then it also puts you back in terms of being able to change anything [donation criteria] again because then everybody wants to wait a little while and see how it all goes. (S3, March 2019)

Here, Sarah highlights that the figure of the patient, the fear of infection, and the memory of previous moments of TTI transmission haunt the judgements of policy-makers and precipitate a culture of extreme caution as it pertains to policy reform (Bayer and Feldman, 1999; O'Neill, 2003; Roussel, 2003; Martucci, 2010; Farrell, 2012; Charbonneau and Quéniart, 2016). This ever-circulating threat of the transmission of HIV and other TTIs, provoked by the memory of past events, is an example of what Kagan (2015, p. 818) describes as 're-crisis' or 'the revivification of the language and images of an earlier moment of AIDS representation' within the logics of contemporary efforts of manage HIV. Most of the activists that I spoke to had an acute understanding of both this culture of precaution and its origins in histories of blood mismanagement:

[There is] an interesting question – and it relates to the scandals around contaminated blood – which is, is there a sort of additional level of precaution and responsibility within the clinical setting? Probably, I think, there is? There is a sort of responsibility to the state in terms of assuring itself of the safety of the blood supply – so you [policy-makers] have to take a highly precautionary view. (Ali, A1, August 2018)

I know about how in the UK, they bought in blood supplies from America and the people had got paid, and there were, was it HIV infections? [...] So I can kind of see why people were worried. (Sam, S4, March 2019)

Activists, therefore, generally had a sense of policy-makers' institutional inheritance and the impact that this had on their risk appetite.

As a result – with an understanding that policy-makers are the audience that they needed to convince to effect policy reform – activists' politics tended to eschew discursive forms that would appear to open the blood supply to excessive or additional risk. This shared tendency towards risk aversion comes to bear, in particular, upon appraisals of the technologies used to test blood for TTIs. Specifically, the *limitations* of TTI testing sensitivity – especially *the window period* of testing – tend to be foregrounded within the highly precautionary terrain of the politics of blood donation. The window period is the average point between an infection event and its detection by a test, which varies depending on the mechanism of the test and the TTI it is detecting in question – for instance, ranging from 10 days in the case of nucleic acid tests for HIV, to 30 days in the case of testing for hepatitis B antigens. In other words, the window period represents the absolute limit of TTI testing sensitivity – its capacity to produce false negatives due to an emphasis on the *specificity* of TTI tests (Waldby, 1996).

This 'autonomous property' of HIV testing (Brey, 1997) has been politicised differently in distinct clinical contexts. Importantly, the limits of HIV testing sensitivity are represented within and undergird the slogan heralded by HIV activists, advocates and healthcare officials: 'Undetectable = Untransmittable' or 'U=U.' This equation refers to the empirically-supported observation that an individual living with HIV who is on effective anti-retroviral medication and has attained a viral load of below 200 copies/mL cannot pass on the virus through sexual intercourse (Eisinger, Dieffenbach and Fauci, 2019). This observation, now widely reified as fact, has increasingly been centred as the great hope of an HIV transmission and stigma-free future, and helped beckon in an era of treatment-as-prevention, as well as new responsibilities for and surveillance of people living with HIV (Lloyd, 2018; Eisinger, Dieffenbach and Fauci, 2019; Young et al., 2019; Molldrem and Smith, 2020). Crucially, the very notion of 'undetectability' is a function of the finite capacities of the HIV test – with viral loads below 200 copies/mL of blood representing the lower bound of previous generations of HIV testing or the point at which the virus was literally no longer detectable to an HIV test with limited sensitivity (Race, 2001; Alexander, 2016).¹⁵

¹⁵ With new generations of HIV test able to measure viral load down to 20-50 copies/mL of blood, the goalposts of an 'undetectable' viral load have shifted – with some UK clinics now defining 'undetectability' as a

However, while finite testing sensitivities have been interpreted in the context of HIV management and prevention as ‘undetectability’ – a concept variously received as representing either the emancipation or disciplining of HIV-affected communities – within the politics of blood donation they have been differently politicised. Framed here as *the window period*, the limits of the TTI test are the linchpin of blood donation policy, increasingly cited as the justificatory logic of deferral criteria (Department of Health and Social Care, 2011, 2017a) and, as described in Chapters 2.3 and 6.2.2, the reason that risk-averse policy-makers regard MSM deferral as a technology of safety – part of a belt-and-braces approach to blood screening, with deferral criteria a safety net for the shortfall of TTI testing represented by the window period. As Sarah explained, ‘because of this window period, that’s why it’s important to get your donor selection right’ (S3, March 2019). Activists’ claims are therefore structured by the knowledge that policy-makers regard TTI testing technologies as inherently flawed and that deferral criteria, as a social technology, are discursively linked to a persistent and existing window period.

A small handful of activists did not explicitly consider the window period relevant to their arguments for reform. According to these activists, since queer men were first asked not to donate blood, in 1983, in the absence of screening methods for the virus suspected to cause AIDS, the very introduction of TTI testing was reason enough to change policy. Anthony, for instance, argued that the MSM ban was ‘ancient policy’ and ‘inherently discriminatory’ and suggested that there are ‘very rational reasons [...] why it should change. Times have changed, shit gets tested’ (A2, November 2018). For these activists, the fact that ‘all blood is tested’ – a refrain that can be found couched within countless arguments for policy reform (e.g. Attitude, 2018; Besanvalle, 2017; Watson, 2020) – is a compelling argument to scrap deferral criteria altogether. This is a view consistent with the early optimism invested in blood screening by activists and public health officials described in Chapter 2.3.2 (Bayer, 1999; Adams, Erwin and Le, 2016). However, based on my interviews with them, those activists that tout ‘all blood is tested’ as a means for reform tend to have had less experience engaging with policy-makers and, therefore, have rarely encountered (and therefore not structured their arguments around) the swift rebuttal from policy-makers that ‘the continued persistence of a narrow time window during which HIV [and other TTIs can] not be detected...[provides] a scientific rationale for maintaining donor deferral policies’ (Wilson, Atkinson and Keelan, 2014, p. 2).

viral load below this threshold (Cairns, 2020), even though a person with a viral load of below 200 copies/mL (now *detectable* to some tests) is unable to transmit the virus.

Other activists, with more experience of expert engagement, considered the ‘all blood is tested’ line to be naïve. These individuals rarely articulated their arguments for reform without referencing the window period in some way. Nick, for example, told me:

I've often got into intense discussions with equality activists who say the blood ban is injustice etc. And I say, well, *the window period will probably forever be a sticking point*. I've been in rooms where I'm not the most popular person for voicing that argument but, you know, when I'm there representing [the HIV organisation I work for], I need to be making that argument because we need to be backing up what we're saying with that scientific evidence. Otherwise, I don't think we're painting a full picture and I don't think we're creating a robust enough argument. (N1, October 2018, emphasis added)

Implying that ‘equality activists’ took up a hard-line view that the existence of any deferral criteria at all represents an ‘injustice,’ Nick describes here how ‘robust’ engagement on the issue of the blood ban requires acknowledging the ‘sticking point’ of the window period. Therefore, since it, at least discursively speaking, would be deemed to invite risk into the blood supply, activists like Nick feel compelled *not* to advocate for scrapping deferral criteria altogether if they are to convince risk-averse policy-makers of the need for change – a view that would make them, as Nick puts it, ‘not the most popular person’ amongst the ‘all blood is tested’ crowd. The differences between these activist styles might well be explained as the distinction between what Elbaz (1992) refers to as ‘lay lay’ and ‘lay expert’ activists.

7.3.2. Problematising MSM

As a result of these limits imposed upon activist discourse in the spaces of biomedicine, blood the activists I spoke to tended to advocate for the continued existence of deferral criteria, opting instead for a call for soft reform to existing MSM policy. To do this, activists have sought to problematise the MSM category itself – a category that blood donation policy appears to take for granted. As I will describe in this section, while public health officials regard MSM as a label that describes sexual behaviour in a *value and identity-neutral* manner, activists argue that the MSM label falls short of this ambition, since, in practice, it continues to implicate gay and

bisexual identity and, moreover, is a totalising category that fails to successfully delineate between sexual risk and safer sex practices.

For the blood services, a linguistic move towards ‘risk behaviours’ appears to have had the advantage of pushing deferral criteria beyond the domain of identity politics. The MSM label, therefore, has helped to neutralise certain criticisms of what might prove to be an otherwise politically troublesome policy. Sarah, for example, justified deferral criteria in this way:

S: We get [that] people feel that the guidelines are discriminatory against gay men, but it's not – it's about men who have sex with men. And, you know, we're aware that men who believe or perceive themselves as one sexuality may well have opportunities to have sex with other men. *So it's not about being gay, it's about men who have sex with men.*

BW: Right. So it's not an identity, it's more—

S: It's just the act.

BW: Yeah. Right—

S: It's not about who you are, or what sort of lifestyle you're having. *It's just the act.* That act there tells us that you can't donate unless there's been three months since you did it. (S3, March 2019, emphasis added)

According to Sarah, the MSM category effectively anaesthetises the blood services against claims of discrimination or homophobia, since the policy does not *overtly* legislate against gay men or gay ‘lifestyle.’ MSM – as a more broadly applicable and apparently inert alternative to explicitly identarian terminology – is therefore understood as taking the political sting out of the tail of blood donation policy.

This usage of ‘MSM’ by the blood services – which delineates identity and behaviour – is consistent with accounts of some early uses of the term as a *depoliticising strategy*. For instance, in Cohen’s *The Boundaries of Blackness*, the AIDS activist Phil Wilson claims that the term

MSM was developed (or at least emphasised) by US-based Black gay activists in the 1990s who were searching for an alternative, less ‘controversial’ term to ‘Black gay men’ in order to shore up funding for interventions and research. He suggests: ‘The other thing we did out of our naïveté, is that we came up with this phrase, “men who have sex with men.” Quite frankly, it was a phrase that was created by [B]lack gay men, and we created it because we knew that the CDC would not fund [B]lack gay men. So we wanted to create a phrase that was palatable to them’ (Wilson quoted in Cohen, 1999, p. 107).¹⁶ In a symmetrical manner to Wilson, Dowsett argues that the MSM label was taken up as the primary vocabulary of public health policy and research as part of ‘the search for a nonoppressive politics of HIV/AIDS’ (Dowsett, 1996, p. 33). In other words, the MSM label has been forwarded as an attempt to de-link HIV and gay identity, encouraging a focus on risk practices, rather than identities or, apparently, risk groups – an intervention consistently emphasised by early AIDS educators concerned about stigmatisation and the need to distinguish between identity and behaviour in HIV and AIDS discourse (Epstein, 1996, p. 96).

My archival research indicated another reason that the MSM label was taken up in the early years of AIDS crisis by blood donation policy officials as the *lingua franca* of queer men’s sexual behaviour (Boellstorff, 2011). Namely, MSM was a means to expand the scope of donor selection criteria to capture the broad spectrum of male-male sexual activity that occurs outside the identity categories of gay or bisexual (Muñoz-Laboy, 2004; Young and Meyer, 2005). Specifically, a move to the MSM label in 1987 (Department of Health and Social Security and Central Office of Information, 1987) solved the ‘problem’ apparently posed to the blood services during the early years of AIDS crisis by men who engaged in sex with other men but who otherwise presented as heterosexual. For instance, in a debate in the House of Lords on the topic of the prevention of and control of AIDS, Baroness Masham of Ilton described concerns that ‘a homosexual might well go to give blood and not want his wife to know that he has a dual relationship’ (Hansard HL Deb., 1985). In moving towards wording that could capture and communicate deferral to men engaging in male-male sexual behaviour – outside of the categories of homosexuality or bisexuality they had previously relied on (Department of Health and Social Security, 1983) – the blood services were able to, ostensibly, hone the acuity of policy

¹⁶ The historical accuracy of Wilson’s claim is questionable – since the term was already in use in the late 1980s in public health policy – but his recollections are a useful indicator of the kind of anti-identarian political work that ‘MSM’ has been called on to do.

and more precisely apprehend possible ‘high risk’ donors, which included self-identified heterosexual men.

However, despite the best efforts of the blood services to assert MSM exclusion as a matter of sexual practice, donor activists consistently re-frame the ban as implicating *identities* and not mere behaviours. Even as they understand the scope of the MSM ban to capture more than just gay and bisexual men, activists argue that donor deferral criteria represents a ban on ‘sexuality’ or ‘who you are.’ For, although the MSM category exceeds identity in its reach, for the vast majority of those who are interpellated by it, sexual behaviour or sexual acts constitute a meaningful part of gay and bisexual identity and thus cannot be easily detached from wider ‘gay lifestyle’ (as Sarah so easily suggests). For example, John, an MP who worked closely with FreedomToDonate on their campaign, recalled his experience of being turned down as a blood donor: ‘I can’t think of anything else in my life where I’ve been told you can’t do that because of *who you are*’ (J2, March 2019). Reflecting on the politics of the ban, he later said:

There is an equality aspect to it because this is something that you are physically excluded from doing because you identify as a certain person in terms of your sexuality (J2, March 2019).

Here, John re-vivifies ‘washed-out’ MSM criteria as implicating not simply his sexual practice but *who he is* as a gay man. In re-framing deferral criteria as an exclusion predicated on group identity – the ‘gay blood ban’ – John re-opens policy to the politics of identity that the language of the MSM category purports to immunise against. In this way, donor activists practically echo what Dowsett (1996, p. 34) has argued to be so problematic about categories like MSM: the way they reduce ‘sexuality to a washed-out, one dimensional, sketchy differentiation of practices and interests’ and thus elide differences in sexual subjectivity, including the degree to which sex is more or less meaningful to one’s sexual identity (Epstein, 1992).

Crucially, activists take particular issue with the fact that, where MSM as a category is utilised in blood donation policy, it fails to distinguish between and amongst MSM. According to blood donor activists, the deferral of MSM is only *nominally* based on ‘behaviour’ because it fails to distinguish between individual risk practices – for instance, distinctions between anal or oral sex, sex with or without condoms, relationship status, or the number and nature of sexual

partners. Lauren, for example, argued that policy-makers were actively discriminating against queer men because:

[They were] purposefully putting an action against *an entire community* without recognising an individual within it. (L1, May 2019)

In particular, she described feeling frustrated after meeting with representatives from the blood service in 2006 and hearing them justifying policy on the basis that the majority of recent donations that had tested positive for TTIs had come from MSM. Lauren found these arguments entirely unsatisfactory:

It was not justified [...] This was [a ban] against people that weren't high risk. I think that was the injustice of it. Even if you had sex once with a man, using a condom, incredibly safe, loads of lube, no tearing, nothing, you would not be able to do it [donate] for the rest of your life. [This was] in comparison to three months or 12 month sanctions for dangerous sexual behaviour that put others at risk. It was not comparable in the slightest. (L1, May 2019)

Thus, from Lauren's perspective (and, indeed, the whole cohort of blood donor activists I spoke to), the MSM risk group represents a totalising regard for queer men – defining them in relation to what a number of scholars have argued is a reductive approach to risk (Lupton, 1995; Davis, 2002; Race, 2010). Critically, in this sense, even though policy purports to move away from group identification, in-step with general epistemological and political trends in public health, it continues to target the 'whole group', insofar as one might argue that, undifferentiated, sex between men predominantly implicates the sexual practices of gay and bisexual men.

Activists' interventions here can be understood as an attempt to critique the lazy ideology that has always underpinned MSM policy: the notion that (queer) behaviours and identities can be easily distilled from one another. While the blood service continues to claim that identity has been cleared from policy through a scientised purview on *behaviours* or *acts* and, therefore, that homophobia has no home in their considerations of risk, activists insist that MSM behaviour is disproportionately meaningful to gay and bisexual men. Here, blood

donor activists' perspective diverges from much of the academic critique of the use of MSM as a category within public health research and interventions. Where scholars (e.g. Young and Meyer, 2005) have argued that 'MSM' has neither the universality nor the specificity required to encapsulate all of the men it claims to appeal to – especially across racial and cultural boundaries (Muñoz-Laboy, 2004; Khan and Khan, 2006) – blood donor activists argue that MSM label is all *too* specific in its scope: implicating but failing to explicitly name gay and bisexual men as its primary target.

7.3.3. Speciating MSM

Attempting to find a route for policy reform around the window period that is consistent with their problematisation of the MSM category, blood donor activists have sought to secure a distinction between 'low' and 'high risk' MSM – a hierarchising of 'good' and 'bad' blood that, as I have suggested, was a consistent theme running through my interviews. For activists invested in the creation of new categories of 'low' and 'high risk' MSM, this distinction represents a truly 'behaviour based' exclusion criteria, in contrast to the messy entanglement of identity and behaviour proffered by the totalising MSM label. Note, for instance, what Tim described to me as his vision for blood donation policy reform:

Here's my suggestion from a policy point of view. It should be based on risky sex rather than *gay* sex. I think that's the difference for me. I totally understand removing risky sex from the process because you don't want another blood scandal. (T2, March 2019)

Navigating the risk averse culture of blood donation policy, activists like Tim propose a redefinition of donor deferral criteria, which characterises sex between men in a more granular manner – making reference to specific sexual risk practices. In this way, I suggest, blood donor activists have attempted to *speciate MSM*, seeking entry for the 'low risk' gay blood donor as distinct from the 'high risk' MSM. and clarifying 'high risk' MSM as a 'figure of risk' (Dziuban and Sekuler, 2020). As Patrick put it, quite succinctly:

I just think that we should be pushing for monogamous gay men to be able to give blood. (P1, February 2019)

While making these claims, however, activists have *reified* the position of other queer ‘figures of risk’ (Dziuban and Sekuler, 2020) as beyond the pale of national incorporation. Consistent with the homonormative political aesthetics that blood donor activism often embodies, activists have asserted the biological and moral purity of the gay blood donor against a class of undeserving deviants, creating new and highly specified taxonomies of risk.

As I have already described, activists have tended to figure the idealised and ‘low risk’ gay blood donor in relation to the responsibilities of biosexual citizenship carved out by HIV prevention discourse: a condom-carrying, and almost always monogamous, abider of safer sex practices. In order to discursively configure the sexually respectable figure of the gay blood donor, activists have defined his opposite – the ‘high risk’ MSM – as a sexual deviant: promiscuous, drug-using, party-going, and partaking in group sex. Thomas, for instance, described the kinds of questions that he would like to see replace MSM criteria in the donor eligibility questionnaire:

Just all the obvious stuff, you know, how many sexual partners you have, what kind of sex you're having. Are you using drugs? If you're going out to sex clubs, for example, and having multiple partners in one evening. Or if you've got the same two or three people that you have sex with all the time, all that sort of stuff, and their sexual history is and all the rest. That's all the kind of stuff you'd want to know. And if you're using condoms, or if you're using PrEP, or what's your testing history like. (T1, March 2019)

Each of Thomas’ questions implicates a right and a wrong answer, organising a hierarchy of risk that positions the gay blood donor as a rational risk-avoider and his shadowy opposite as a reckless-risk taker. Appealing to the blood service’s interest in *moderation* (as outlined in section 7.2.1), it implies a queer sexual deviant who operates at an *extreme* – who says yes to drugs, to multiple partners, to sex clubs, and eschews condoms and regular testing.

This discursive strategy of drawing of lines upon an implied spectrum of sexual behaviour – ranging from the decent to the deviant – is the defining move of blood donor

activism, drawing sexually ‘responsible’ gay and bisexual men towards what Gayle Rubin (1984, p. 281) famously described as the ‘charmed circle’ of a hierarchy of sexual value and pushing others towards its ‘outer limits.’ Andrew and Michael both relayed this clearly:

The gay and bisexual community is not one homogenous mass. It's not all made up of *rampant sex fiends* who are having multiple partners every night of the week. The blood service looked at this issue from the jaundiced perspective of the most extreme forms of gay and bisexual male behaviour. (Andrew, A3, May 2019, emphasis added)

For me, it's about there not being an 'us'. We're [gay and bisexual men] all very different and that's completely fine. Some people choose to go to sex parties every weekend and have loads of unprotected sex. [...] You're probably someone that is a bit high-risk and maybe shouldn't give blood. Personally, at this time in my life, I'm happy to be in a nice committed relationship [...] and I think I am probably someone who would like to be able to give blood and be able to donate and I feel like I'm probably quite a safe person to do so. [...] It was about getting them [the blood services] to *trust this part of the community* a bit more. (Michael, M1, July 2018, emphasis added)

Both Andrew and Michael insist upon the need to distinguish between the apparently ‘trustworthy’ facets of queer community – adherents ‘to the mature, responsible, and healthy sexuality defined by safer-sex campaigns’ (McNamara, 2013, p. 239) – and the queers deemed unworthy of inclusion on account of their perverse and dangerous sexual practices. In this way, blood donor activist discourse troublingly construes sexual practices like promiscuity, group sex, or sex on drugs – within a biological and moral regime – as both immoral and, quite positivistically, as risks that are ‘fixed once and for all’ (Race, 2018, p. 79) – a synecdoche of viral transmission. In reality, however, ‘risk practices’ are only that in the presence of infection. Moreover, of course, *despite* what the moral purity of blood donor activist rhetorics would have you believe, there is no such person as and no permanence to being ‘a gay man who has safe sex’ (McAleenan, 2015). Every gay man is but one encounter, one moment of passion, one broken

condom, one indiscretion away from becoming the risky barebacker he staked his reputation against. Even monogamy is porous and frequently perverted (Anderson, 2012).

Blood donor activist discourse does not only rehash the by now familiar dichotomy between the walking prophylactic 'good gay' and the 'bad queer' represented by the reckless barebacker (Warner, 1999; Mowlabocus, 2021; Dean, 2009; Ashford, 2015). Other than the 'high risk' MSM, in the process of figuring the ideal gay blood donor, activists have stressed his distinction from existing figures of risk already signposted by the blood services. Notably, my participants named injection drug users, sex workers, and people who had sex in 'high risk' regions of the world as viable candidates for exclusion:

I think [MSM] being put into that kind of category alongside intravenous drug users wasn't terribly helpful... [It was] a bit like, "Well, we're not like that, you know, *we're not heroin addicts.*" (Scott, S5, April 2019, emphasis added)

So, you can have sex with a street worker in a country that's known for HIV and get something like a 12 month deferral [...] But if you're a gay or bi then you're banned for life. That bears no comparison whatsoever to other acts of dangerous sexual behaviour [...] You could have unprotected anal sex with a sex worker, and you'd still be able to give blood in 12 months [...] Or you could engage, in an area of Africa, which has got a HIV epidemic, and, have unprotected sex with a street worker and come back, and in three to 12 months, you'll be able to give blood again. Something didn't add up. (Lauren, L1, May 2019)

There are other rules about sex workers and other people that probably equally as "group" based [as MSM policy], that I think are good rules because they are, kind of, unsafe people. (Jake, J1, October 2018)

Appealing to the blood service's regime of deferral, these activists use existing criteria as a discursive foil to assert the safety of gay men – emphasising that the exclusion of 'dangerous' individuals like sex workers, drug users and racialised figures from countries 'known for HIV' variably represents either sound or unsound policy in comparison to the patently *absurd* deferral of the good gay man. The work of the gay blood ban frame, then, is not only to centre gay men

at the expense of other possible political subjects, including sex workers, injection drug users, or migrants – it also serves to distinguish the figure of the gay blood donor from these other ‘diametrically opposed’ (Ferguson, 2019, p.6 9) figures of risk: *by denying the very possibility of his overlap with them*. Thus, rather than merely being, as Valentine (2005) suggests, the passive corollary of the social marginality of, say, injection drug users, the ‘gay blood ban’ frame has been actively cultivated by gay and bisexual blood donor activists because of its political expedience. Specifically, in distinguishing the ‘just gay’ (Dryden, 2010) blood donor from other excluded groups, the ‘gay blood ban’ frame lays the discursive groundwork for gay and bisexual men to mark themselves in diametric opposition to and to repudiate other figures of risk.

And it is not only existing figures of risk in danger of being fashioned into ‘bad queers’ by blood donor activist discourse. Activists also offer up new classes of deviants for sacrifice to the blood services – risky donors who are conceived of as already giving blood and who pose a threat to patient-recipients. My participants frequently cited the *promiscuous heterosexual* as an imagined and frightening donor:

The biggest thing I wanted to do throughout the campaign was put a message out there saying a straight guy could go and have sex with 100 women in a week unprotected and can give blood the next day. A gay guy can sleep with his partner protected. Both of them know they are safe. They get regularly checked up and only sleep with each other. For 11 months. And they can't give blood. (Michael, M1, July 2018)

It's all about the fact that if you've got a man who's only ever been with another man since he was 16, and they're madly in love, and they always have protected sex, and they're checked – why on Earth would they be banned for life? When you've got *the polar opposite*, which is somebody who's heterosexual going out clubbing, doesn't know who they've slept with when they woke up in the morning, doesn't use protection, and then they go and give blood in the morning. (Lauren, L1, May 2019, emphasis added)

A straight man or woman can have multiple sexual encounters with various people and not be proscribed from donating blood but a gay man can have

protected oral sex – which I've never know anyone to have [laugh] – two and a half months ago and you're not allowed to donate blood. (Ewan, E1, December 2018)

Here, activists present to the blood services the promiscuous heterosexual as *bioineligible* (Copeman, 2009b): a living infection risk who evades detection under current regimes of deferral and who highlights just how pedestrian the sexual exploits of condom-wearing and/or monogamous gay men are. Unmarking certain embodiments of homosexuality as a 'sign of defectiveness' (Davis, 2002, p. 285), blood donor activists pass the mantle on, under the banner of a stigmaphobic politics, to 'the fuckers who deserve it...anyone who magnetizes the stigma [they] can't shake' (Warner, 1999, p. 32).

7.4. Summary

In this chapter, I have outlined interview themes that illuminate how blood donor activist discourses work to define the centred figure of the 'gay blood donor' as a healthy, somatically normal citizen, situating the putative 'gay blood donor' as sexually, racially, and gendered 'normal' and worthy of contribution to an increasingly valued bio-economy (Waldby and Mitchell, 2006) – in part through an overt appeal to homonationalism (Puar, 2007) and the cultivation of a 'post-AIDS' discourse (Butler, 2004) that would distance certain queer male bodies from (ongoing) HIV and AIDS crisis. This discourse, I have suggested, also works to pit the gay blood donor as the *superlative* biological citizen against a range of queer, deviant opposites, including the figure of the risky barebacker, the promiscuous homosexual *and* heterosexual, sex workers and drug users. In this sense, the discourses enrolled by activists to make sense of and achieve their political aims can be understood to have a suite of implications that outstrip the ambitions of donor reform as it is understood by activists (outlined in Chapter 6). Specifically, in the process of articulating a claim to reform blood donor deferral criteria, activist discourses effect new relations between and new understandings of a range of objects, subjectivities and histories including (homo)sexuality, race, gender, HIV, and nation.

8. The Struggle for Credibility in the Politics of Blood Donation

8.1. Introduction

As a mode of gay advocacy within the sphere of public health – whether self-determined as ‘the next frontier for UK gay rights’ (Fabricant, 2014), framed this way in reporting media, or written off accordingly by their political opponents – blood donor activism necessarily involves a struggle with a queer relation to legitimate knowledge. The activists I spoke with were, arguably, outsiders to the biomedical politics of blood donation that they sought to influence, by virtue of their queer and lay (in this case, non-scientific) positions. Thus, activists find themselves distanced from the accepted centre of claims-making by the imbricated normativities of scientific epistemology and sexuality (a subject I will return to in Chapter 9). Activists and their campaigns are, by default, set apart from the institutional cultures, experts, technologies, and ‘objective’ evidence that comprise the makings of blood donation policy.

In this chapter, drawing on a theory-driven search of my data, I outline the themes relating to credibility that arose through interview with activists. In doing so I, explore how blood donor activists have managed their status as outsiders while attempting to influence blood donation policy. This approaches the third research question outlined in Chapter 1.1: What are the strategies that lay blood donor activists have taken up in order to effect change and, especially, those taken up to convince expert policy-makers of the need for reform? Accordingly, the focus of this chapter is a departure from the preceding chapters of this thesis, as well as previous scholarship on blood donation, in that it attends more carefully to the *form* of blood donor activism and to the way that engagement with policy-makers (i.e. those with the power to reform deferral criteria) is realised *in practice*. Building on social movement studies scholarship on the ‘opportunity structure’ (Kitschelt, 1986; Tilly, 1978; McAdam, 1999; Meyer and Minkoff, 2004; Tarrow, 2011; Waidzunus, 2013), I consider the epistemic factors that have shaped blood donor activism, drawing attention to the credibility tactics (Epstein, 1996) that activists have taken up in a bid for legitimacy and that have, in turn, reshaped the rhetorics,

actions and material practices that activists adopt or eschew. This chapter, therefore, makes new contributions to the literature by applying established STS and sociological theories and concepts to a new and, until now, overlooked case study, as well as to the scant literature on blood donor activism that, as I have argued in Chapter 2.4, has neglected the forms of blood donor activism at the point of engagement with policy-makers.

8.2. Blood Donor Activists and the Struggle for Credibility

8.2.1. 'It's Just Science': Activists on the Outside

One clear theme that emerged from the interview data was that activists frequently felt like outsiders in the politics of blood donation. Blood donor activists have set themselves the task of convincing the medical experts that constitute SaBTO (or, more specifically, SaBTO's Donor Selection Working Group) to re-consider a policy deemed to be based solely on the 'latest available medical and scientific evidence' (Dr. Gail Mifflin quoted in Department of Health and Social Care, 2017). Accordingly, the blood donor activists that I spoke to were cognisant of the biomedical context of their claims and, therefore, that they were subject to certain epistemic demands – for example, a demand for 'objective' evidence from an audience of expert policy makers. As discussed in Chapters 2.3.4 and 6.2.2, for many activists, the biomedical context of their claims-making was made apparent where policy was enacted by proponents of the 'gay blood ban' as an exclusively 'scientific' issue and, therefore, at odds with activists' claims about homophobia or inequality. In private or public discussions about the ban, activists said that they frequently found themselves silenced where the boundaries of scientific authority were deployed to foreclose debate. Certain activists told me that they felt that a 'just science' discourse was a deliberate strategy from policy-makers to circumvent politically troublesome discussions about homophobia. Neil, for instance, said:

Doing this for six years, I've learned that the blood service and the health authorities will always push the science and medicine argument. They push it poorly with little backing, but that's the argument they push. They avoid at all costs arguments about sexual orientation or sexuality. They push science because that allows them to escape accusations – or they think that allows them

to escape accusations – of prejudice and discrimination against people. (N3, September 2019)

As Neil and other activists highlighted to me, where activists have attempted to assert the homophobic foundations of blood donation policy, they have been met by a discourse that determines the discursive field (Snow, 2008; Snow and Lessor, 2010) and asserts policy as ‘just science’. This recalls what scholars have noted is the strategic deployment of ‘science’ as one among a number of meanings in a ‘haemato-global assemblage’ (Simpson, 2009) to neutralise and constrain ‘potential ideological confrontations’ in the politics of blood donation (Crespin and Danic, 2016, p.161).

Accordingly, blood donor activists have sometimes found the politics of blood donation challenging, confronted with a divide between an epistemically privileged discourse of ‘science and evidence’ on the one hand and a discourse of ‘politics and values’ on the other. Specifically, activists told me that they experienced the ‘just science’ discourse as suppressing discourses that have been transformative in other domains of gay politics. Scott, for example, suggested that the evidentiary requirements of blood donor activism set it apart from other value-driven campaigns that he had been a part of, such as the opposition to Section 28 or the unequal age of consent. As he put it:

With blood donation it was harder [to make an argument] because it was activists acting on sense of principle; that this looked principally wrong to have a blanket ban [...] But you were coming up against medical professionals saying, "Yes, but you know, here is the likelihood of something being awry, or there being someone carrying a particular disease." (S5, April 2019)

While statistics, scientific evidence and discourses have been strategically utilised to legitimise other forms of LGBTQ+ campaigning (Terry, 1995; Waites, 2005; Waidzunus, 2012; Wuest, 2018), Scott suggests that the fight for blood donation reform operated within the novel and particularly demanding institutional context of biomedicine. Blood donor activism operates, therefore, within what Johnson and colleagues (2018, p. 5) describe as, ‘the “field of vision” of institutional science and medicine’ and, as such, must ‘necessarily operate upon its epistemology, material, and rhetorical terrain.’ Under such conditions, as Scott notes, typical activist

arguments – based on ‘principle’ rather than evidence *per sé* – had their persuasive power dampened before an audience of scientific experts.

Critically, very few of the activists working on this issue considered themselves to hold the kind of expertise or expert identity necessary for claims-making within the sphere of public health; to circumvent what Parthasarathy (2017) has suggested are the ‘expertise barriers’ constituted by reliance on accredited scientific experts and evidentiary forms as part of the policy-making process.¹⁷ Conor, for example, expressed his discomfort navigating certain aspects of the blood donation debate because of his lack of scientific training:

I didn't come from a health science background. And I found it difficult to be involved in those [scientific] arguments. Because if someone had a counterargument, I might know they were wrong but I [laugh]— it was hard to articulate. [Although] you would hear stuff about conflicting science on it, I didn't feel comfortable in that scenario, because I just didn't know how to counter it. (C3, May 2019)

Similarly, Steven, who works as part of FreedomToDonate, consistently described the group’s anxieties about their perceived lack of medical expertise and the impact that this might have on their ability to campaign. He said:

We were always very conscious that we don't have the kind of medical knowledge and expertise, so really, why would the Department of Health listen to us? [...] We were always very aware that we're four guys who don't work in medicine, have nothing to do with blood donation [...] so who are we to be lecturing the NHS? (S1, May 2018)

As well as a self-professed lack of orthodox medical expertise, Steven cites here a sense of the group’s distance from the closed, institutional world of blood donation policy – a distance

¹⁷ The membership of SaBTO is a striking example of this. At the time of writing, the 17 person advisory committee is comprised of a hepatologist, an epidemiologist, three transplant specialists, a stem cell researcher, two microbiologists, a senior nurse, a nephrologist, a virologist, a prion disease specialist, two haematologists, a health economist, a specialist in reproductive medicine, and an assistant director of the blood service. Among these individuals, ten are consultants in their specialty, seven are professors, and all but one hold a PhD.

precipitated by the fact that they had ‘nothing to do with blood donation’ and therefore could claim to belong to its institutional machinery.

8.2.2. Performativity and the Lay/Expert Divide

As outlined in Chapter 3, this lay/expert divide that blood donor activists recalled squaring up against is not merely a product of, for instance, a lack of experience or knowledge (although it may be relayed as such by actors on either pole of this spectrum). Rather, as my interviews with activists made clear, within blood donation politics, medical authority was constantly in the process of being *performed* (Evans and Collins, 2008), effectively deprivileging and discrediting *any* perspective constituted as ‘outsider’. As I discuss in what follows, analysing a theme of the silencing or othering of activists, professional authority – and thus the boundaries of legitimate participation – could be enacted through any combination of: appeal to formal accreditation; gender, race, or class markers; and even the physical organisation of spaces of ‘lay’ and ‘expert’ encounters.

Most often, activists found that the mere citation of formal accreditation or professional service was a requirement for serious participation within discussions. Particularly, formal medical expertise in areas related to transfusion medicine was considered a passport ‘in’ to discussions – without which activists were effectively silenced or ignored (regardless of whether they had relevant knowledge). One activist, George, for instance, described how a senior politician had warned him:

If you’re doing health stuff, never ever go on TV with a man in a white coat because the people will always believe the doctors. [...] It’s very difficult when people [...] wave this pile of paper in front of you, which they’ve never bothered reading and say, “Evidence, evidence, evidence.” So that was a challenge. (G1, November 2018)

Here, George describes how the epistemic terrain of debate appeared tilted in favour of orthodox forms of expertise – performed here by the ‘white coat’ that signifies a scientific interlocutor. Lauren, a former activist with the NUS, recounted how this uneven terrain affected discussions in practice. She recalled how, in one meeting with the blood services, she

felt her perspectives were not heard simply because she was not identifiable as an accredited expert. Lauren described raising concerns within the meeting about the ‘blanket ban’ on MSM, which did not distinguish between different sex or risk practices. She proposed instead, she said, a policy ‘focusing on the safe practice of the person, rather than just blindly discriminat[ing] against an entire group of people’ (L1, May 2019). However, Lauren recalled that her arguments were dismissed by the representatives from the blood service, who sidestepped and denied her point of view entirely:

They were just like, “It's not our job to do that. It's not our concern. Our concern is safety.” And it came back to that at the end of the day. That's how that finished. It didn't go anywhere with the blood service, that meeting. It was very frustrating. [...] I think if it had been medical professional versus medical professional, I think it would have been very different. (L1, May 2019)

From Lauren’s recollection of the meeting, representatives from the blood services were engaged in a kind of boundary-work (Gieryn, 1983), establishing their authority by vaguely asserting to Lauren what does and does not constitute the apparent remit (or ‘concerns’) of SaBTO as a body of experts. Thus, according to Lauren, if her professional identity – and not the specific content of her argument – were different, it would have rendered her less vulnerable to this boundary-work and more likely to be deemed a legitimate interlocutor by the blood services.

‘Scientific’ identity was not the only axis across which activists found that a lay/expert divide was performed. One clear theme of interview was that the circulation of a gendered, classed, and racialised imaginary of the scientist as a middle class, white man meant that perceived departure from these norms was often experienced as disqualifying. This was evident, for example, in Patrick’s description of the time he gave evidence at the All-Party Parliamentary Group (APPG) on Blood Donation co-ordinated by FreedomToDonate. Although the APPG was chaired by an activist group, Patrick found the mere presence of discernible medical experts from SaBTO unnerving. He said:

When I was in the room, we had the blood donation people there. It was kind of a weird set-up because I’m not a scientist, right? I’m just someone who

campaigns for LGBT equality. [...] It was very nerve-wracking in the sense that I didn't want to get anything wrong. [...] I didn't think I was quite as academic as these scientists in the room and so I was nervous that one slip of the tongue could affect everything. (P1, February 2019)

When I asked Patrick to elaborate on why he felt nervous, he suggested that as well as a perceived difference in scientific accreditation, his sexual identity and perceived effeminacy made him feel like a less credible participant. He said:

When you are a camp gay man or, say, a woman, or non-white, and you're against white straight men, there comes that question of, "Am I good enough? Are they taking me seriously?" That sort of stuff. (P1, February 2019)

Patrick's experience suggests that, as Pereira (2019) has argued, 'expert' identity may be co-constitutive of a racialised performance of masculinity or gender, privileging a certain kind of white, heterosexual, male authority. Thus, accepted performances of masculinity form part of the cultural scaffolding underpinning the successful attainment of scientific credibility.

Another activist, Ryan, illuminated how the boundaries of professional authority could be enacted where class discrepancies were made apparent. In 2016, Ryan was invited, alongside a select few activists from the HIV sector and prominent gay organisations, to give evidence directly to SaBTO's Donor Selection Working Group as part of the donor selection criteria review process. Ryan recounted his experience of attending the meeting as follows:

[It was] a little bit intimidating. It's my first time ever going into a major government building down in London and even before I got into the building, armed police are outside and they're looking at you like with their automatic weapons and you're like, "Shit, all I have to do is run or something and I'm gonna get shot." And then just walking through into the building and then being in the room with people who are in shirt and tie [...] They're like chief medical officers and all stuff like that from all departments and health boards around the UK and then it's little old me from [my town in South Wales],

who's just decided I found some inequality and I'm gonna challenge it. (R1, December 2018)

Later, he added:

I felt like saying, "How much do you get paid a month compared to what I get paid a month?" And then let's compare statuses in society. You knew straight away there was people in that room, on two, three hundred thousand pounds a year and there's me on 15 grand a year. (R1, December 2018)

Ryan describes a gulf of professional authority made visible and being performed through cultural indicators of class and status, such as attire, residence, occupation and perceived income. Crucially, this gulf began to emerge even before Ryan's face-to-face meeting with SaBTO officials, etched by the geographies of the encounter, which required travelling from his town in South Wales to an imposing government building in London where power and authority were literally rendered visible in the form of an intimidating, armed police presence. Thus, as Jasanoff (1995) notes, who or what is normatively construed as 'scientific' depends, in part, on cultural constructions of 'science' and the 'scientist'. In the UK, these constructions include certain expectations of power, class, and professional attire, as well as norms of race, gender, and sexuality – what Puwar (2001, p. 657) describes as the white, male, heterosexual, upper/middle class 'somatic norm' that typifies the embodiment of individuals with influence in the apparent 'realm of objectivity, rationality and universality.'

Another key theme that emerged was the role played by space in maintaining a lay/expert divide – how its aesthetics enacted professional authority by configuring activist engagements with SaBTO. Simon, for instance, suggested that in order to make meaningful change activists needed to be 'in the room' (S2, November 2018) where decisions were made – specifically, meetings with Parliamentarians, SaBTO, or the blood services. The range of sites addressed by Simon here highlights both how the space of 'the room' functions metaphorically – referring broadly to loci of apparent political or epistemic authority – and, moreover, how authority itself is spatially distributed or, rather, enacted through the heterogeneity of space (co-constructed with the 'inside' and 'outside' of 'the room').

This performative quality of space – its capacity to bring divides of authority into existence – is apparent when considering how the layout of spaces calibrated lay/expert encounters that activists recounted. For instance, at a 2009 public meeting of SaBTO – a rare moment of openness by the otherwise closed and secretive advisory group, and an opportunity for activists to lobby members directly with their concerns – activists noted how the layout of the room made hierarchies clearly visible. The 2009 meeting was a two-hour consultation hosted on the topic of ‘Blood Donation – Selection, Deferral and Exclusion’ and hosted at the Royal Horticultural Halls in London (Advisory Committee on the Safety of Blood, Tissues and Organs, 2009). The meeting was announced as part of the lead up to the blood donation criteria review that would be published in 2011.

After three presentations from members of SaBTO, including one patient representative, the meeting gave way to an open forum, where members of the public posed questions to the advisory committee. On the day, while a large group of student activists held a protest outside the meeting (doubling down on their status as outsiders) to raise awareness about the ban and express their anger, Sam and some of their peers went inside to directly address the members of SaBTO and to deliver a petition opposing MSM deferral policy signed by over 9,000 students across the country.

Reflecting on their experience, Sam made several references to feeling like an ‘outsider’. In part, Sam suggested this was on the basis of discrepancies between their appearance and that of the members of SaBTO (like Ryan, above, relayed), describing them, at one point, as a ‘bunch of old suits’ and one member in particular as ‘the stereotype of a scientists [...] grayish hair, glasses [...] well spoken’ (S4, March 2019). But, importantly, Sam also claimed that the physical layout of the public meeting space itself enacted a kind of relationship between the members of SaBTO and what was deemed by the meeting to be ‘the public’. They said:

I remember, it was quite a weird room. [...] There were lots of people in chairs, like rows of chairs. So it wasn't a discussion space. It was kind of an information space. And I remember feeling like I was invading or like taking up space that I didn't need to. Or that I wasn't really meant to be there. Like definitely imposter syndrome. I think it was definitely not geared towards having three or four 20 year olds just being like, "Hello, we want to talk to you about this."
(S4, March 2019)

Sam noted that the geography of the room – the arrangement and orientations of chairs inside the space – both made apparent and served to realise the form that the public meeting would take. Sam’s description of the orientation of chairs in the room – laid out in rows before a panel of expert speakers – suggested the eschewing of dialogue or collective deliberation in favour of a nonperformative gesture of openness and willingness to engage (Ahmed, 2006). Moreover, this layout served to demarcate the boundaries of expertise – the inside and outside of SaBTO – by establishing who in the room had authority and who would serve as a receptive audience. Of course, chairs are not a permanent fixture of space and can be rearranged (perhaps to disruptive ends) but for Sam, the arrangement of these chairs in space served to reify *pre-existing* feelings about their state of non-expertise and also rendered them in a certain, deferential orientation to authority – as an outsider ‘invading or taking up space’. In-keeping with what STS scholars have described as the broader culture of public participation in UK science policy (Lee et al., 2013). For Sam, this exercise in public engagement was far from equitable and democratic, but structured – both socially and physically – by a predetermined hierarchy of epistemic authority.

8.3 Credibility Tactics

Blood donor activists are engaged in a recognisable struggle for credibility. Since credibility is performative, just as Epstein (1996) notes of AIDS treatment activists before them, blood donor activists have attempted to stake and perform the legitimacy of their involvement in the politics of blood donation by adopting a range of *credibility tactics*. Over the next four sections, I will outline some of the strategies adopted by activists, which they claim to have been necessary (or at least helpful) for legitimising their engagement with the institutional machinery behind blood donor deferral criteria – namely, the advisory group, SaBTO – and the specific opportunity structures they create.

8.3.1 Trading Feelings for Facts

At its simplest, for many activists, establishing credibility in the eyes of SaBTO involved developing a fluency in the evidentiary forms and biomedical logics through which policy-

makers justify policy – for instance, the details of testing for transfusion-transmissible infections (TTIs). Several individuals described how they researched blood donation policy in extensive detail by poring over the scientific literature, making multiple Freedom of Information requests to the blood services, as well as utilising public health and epidemiological data made available through the HIV sector and the Department of Health. George, in particular, suggested that at the peak of his campaigning, he was so immersed in the details of policy and his campaign work that ‘it just became an obsession.’ ‘Whenever my old housemates were asked to characterise me,’ he said, ‘They would just go, “Blood ban, blood ban, blood ban”’ (G1, November 2018). Activists’ attempts to raise their credibility could therefore take the form of an intense affective investment in the ins-and-outs of blood donation policy – an investment so consuming that it could come to form part of their very identity.

For several of the individuals I spoke to, the process of developing a kind of scientific literacy also entailed a significant shift from the kind of campaigning they were accustomed to. Neil, for example, described how he first took up blood donor activism by writing letters to blood service officials. He told me:

I think the first letter I wrote to them was very much from a place of hurt . [...] It was emotionally charged [...] And their response was just a copy and paste template that they got off the website. It meant nothing. It didn't address anything. [...] I think when I started to feel I had to look at the science was when I realised that if I kept writing emotionally [...] I wasn't going to get answers because they were never going to read those letters. But if I took them on the scientific argument, [I felt] there may be a better chance of them trying to respond and then I could take them up on that. (N3, September 2019)

Here, Neil describes what he perceived to be the terms of engagement set by policy-makers and how he needed to navigate them. Rather than perform the kind of moral shock that sociologists have noted is often integral to enrolling the ‘general public’ to the cause of social movements (Jasper and Poulsen, 1995; Jasper, 1998; Gould, 2001; Traïni, 2009), in order to address and convince policy-makers, Neil felt compelled to adopt a cooler, ‘scientific’ stance.

Neil saw the strategic disavowal of emotion as a credibility-raising tactic within the ‘emotional opportunity’ (Whittier, 2001) of the biomedical context. Neil’s experience, of course,

echoes the findings of other scholarship in social movement studies, which highlights the way ‘emotion’ enduringly functions as a (gendered) tool to discredit social movement actors, thereby discouraging overt emotional displays as a bid for legitimacy and as proof of apparent ‘rationality’ (Einwohner, 1999; Groves, 2001; Whittier, 2001). As scholars like Montini (1996) and Andreasen (2009) have noted, within the epistemic context of science or biomedicine where emotion is regarded as antithetical to the norm of ‘objectivity’, campaigners, like breast cancer advocates, have often been pressed to supplant overt discussion of ‘feelings’ for lines of argument rooted entirely in scientific ‘fact’.

Activists did not abandon emotional displays *entirely* within their campaigning activities but noted that they felt different registers – ‘facts’ or ‘feelings’ – were useful in different spheres and for different purposes. While emotions were felt to be detrimental to their credibility when engaging with SaBTO, they were useful for engagements with lay publics. For instance, echoing work in social movement studies (Hercus, 1999; Goodwin, Jasper and Polletta, 2001; Dunn, 2004; King, 2005; Taylor and Leitz, 2010), many activists noted that an appeal to emotions was an important strategy to bring the public on-side with their campaigns and convince them of the significance of the campaign. Steven suggested that the story of FreedomToDonate’s founder, a gay man hoping to repay the blood donor that saved his grandfather’s life, ‘really helped the campaign initially [...] and got a lot of MPs interested’ (S1, June 2018). Simon, who, as I will go on to describe, was otherwise strongly committed to an evidence-based campaign, suggested that, ‘We still did the human-interest stuff but that was mainly *for bringing in other people*’ (S2, November 2018, emphasis added). In other words, activists still used emotional displays in order to appeal to people’s sympathies – though this register was not considered appropriate for convincing SaBTO, the body ultimately capable of effecting change, of the need for policy reform.

8.3.2. Speaking the Language of Biomedicine

In addition to downplaying emotions within the biomedical sphere in order to raise their credibility, blood donor activists emphasised the importance of understanding and learning to speak in the language of the scientific underpinnings and evidentiary basis of blood donation policy. Before I relay activists’ accounts of how they did this, I think it is worth noting that a number of the activists I interviewed spoke only vaguely of ‘the science’ of their campaigns,

gesturing broadly to ‘the facts’ or to ‘the evidence.’ When I asked them to elaborate or to speak about the specific forms of evidence they drew upon, these individuals were unable to or reluctant, providing any number of reasons for their hesitance: poor recollection of the details; the amount of time that had passed since their campaigning; a general nervousness when talking about the minutiae; a wish that they had prepared more for the interview or reviewed the details of policy in advance. This citation of a vague notion of ‘the science’ is, of course, further evidence of the performativity of scientific authority: since, even in isolation, science as a discourse is sufficient to bolster a claim, to stake the boundaries of viable knowledge, quite removed from the intellectual work or proceedings of the science or ‘scientific method’ itself. Moreover, this is perhaps recognisable as the logical extreme of blackboxing (Latour, 1999). Where ‘science’ is hazily enrolled as a (baseless) discourse detached from the artifacts that usually accompany its construction, ‘science’ floats further and further away from its constitutive social work.

The enrolment of ‘science’ as a discourse in isolation is to dress up a political claim in a white coat – to provide the veneer of scientific authority. Of course, how activists spoke to me in interview should not be taken here as evidence of how they approached SaBTO or their campaigns generally. Rather, I raise this as a reminder both of the kind of boundary-work that activists were engaged in during the interview process (i.e. attempting to assert themselves as legitimate ‘scientific’ campaigners) and also as a way of noting that this way of speaking vaguely about science limited my own capacity to fully parse the kinds of credibility tactics activists adopted (since, as I have suggested in Chapter 5, I was heavily reliant on recall through interview rather than documentary evidence to gain insight into the operations of blood donor activists). As a result, where my own analysis appears to blackbox ‘science’ it is, in part, a product of the limitations of interviewing as method within STS.

This said, some of the other activists – especially those still closely engaged with blood donor activism or related advocacy (perhaps those who, again, might be considered ‘lay experts’) – were able to speak with a fluency about the kinds of evidence that they deemed to lend credence to their campaigns. It was this testimony, therefore, that provided insight into the kinds of knowledge politics activists were engaged in. Some activists spoke at length about the place of epidemiological knowledge within the politics of blood donation. For instance, Simon, who had a long-standing and ongoing involvement with activism, argued that it was vital to challenge the blood services on the epidemiological basis that was used to category MSM as a ‘high risk’ group and that was used to justify policy:

I mean in the campaign, you tailor your message to your audience and I think we learned quite quickly that the blood service, they go on facts. They take epidemiological evidence and they run with it [...] So, if we were to get anywhere with the blood service then it had to be on their own terms and it had to be about refuting the medical evidence that they had and changing that. So in terms of what worked with them it was definitely medical evidence. (S2, November 2018)

Simon pointed to one paper in particular, published by Soldan and Sinka (2003) in the international journal of transfusion medicine, *Vox Sanguinis*, as forming ‘the bedrock of anti-gay and bisexual blood donation policies’ (S2, November 2018). In this paper, written under the regime of lifetime MSM deferral, Soldan and Sinka model the residual risk of HIV transmission by blood transfusion in England if the lifetime deferral of MSM (in place at the time) were to be lifted. They argue, in part by drawing on data pertaining to HIV prevalence amongst English blood donors and MSM more generally, that the risk of HIV entering the blood supply would increase by 60% should a 12-month deferral policy be introduced and up to 500% if selection criteria were removed entirely. The authors conclude, therefore, that MSM should continue to be deferred on a permanent basis, since ‘there is currently more benefit to patients from reducing the numbers of HIV-positive MSM men who give blood, than from increasing the numbers of HIV-negative MSM men who may give blood’ (Soldan and Sinka, 2003, p. 272). Crucially, they propose that it is the ‘excellent compliance of most MSM with this selection criteria...[that] has undoubtedly prevented many transmissions of HIV by blood transfusion’ – compliance that they estimate to be 95%. Thus, Soldan and Sinka go on to use their model to advocate that the blood services double down on deferral criteria and encourage continued (and ideally universal) compliance with policy through ‘better communication about donor selection’ (Soldan and Sinka, 2003, p. 265).¹⁸ Soldan and Sinka’s paper would eventually form the basis of the model of residual risk used in SaBTO’s 2011 donor selection criteria review, supporting the introduction of a concessionary 12 month deferral period (Department of Health and Social Care, 2011).

¹⁸ As I note in Chapter 5, *effective communication* is heralded by the blood services as integral to compliance and securing closure about donor deferral.

Simon recalled how, prior to the publication of the 2011 review, he considered it essential to challenge the predictive powers of the Soldan and Sinka model, which was frequently cited as the justification for a conservative policy of lifetime deferral.¹⁹ He suggested:

The blood services refer[red] to it [Soldan and Sinka] constantly and it was basically a doomsday scenario: Gay men give blood. This is what happens and it's not good. (S2, November 2018)

Simon outlined two axes along which Soldan and Sinka could be challenged. First, he would point to the realities of blood donation and blood safety in other comparable countries where MSM were already donating blood:

I said, "Well, gay men give blood in Australia and this Soldan and Sinka scenario has not occurred. Gay men give blood in Spain, in Italy, and that's not happened. So why's there no match between the theory of what this change will bring and the actual, what this change has brought? (S2, November 2018)

By gesturing to instances where a 12-month policy of deferment was already operative (Australia introduced this in 1996) or where MSM were not deferred at all (Spain and Italy), with arguably little impact to blood safety, Simon posed a challenge to the possibly histrionic 'doomsday scenario' envisioned by Soldan and Sinka. This rhetorical strategy was also frequently enrolled by other activists (beyond a specific critique of Soldan and Sinka) as a way of underscoring the contingency of MSM as a 'high risk group' within European blood donation regimes and, therefore, as a way of calling into question the necessity of this configuration.

¹⁹ For instance, Ian Franklin, former Medical Director of the Scottish National Blood Transfusion Service, draws on Soldan and Sinka's model in an article published in a 2007 issue of the journal *Transfusion Medicine*. In the article, Franklin denies that any excluded group should be considered to have a right to donate blood and, instead, stresses the patient's rights to 'safe blood' as the 'overriding responsibility of the blood services' (Franklin, 2007, p. 161). Franklin cites Soldan and Sinka's paper as providing evidence of 'the known risk of HIV' (even though their findings are conservative *estimates*) and suggests their conclusions 'would seem to support a relaxation of the criterion from permanent to 1-year deferral' (Ibid., p. 164). Franklin goes on to note that, not only does he fail to see how relaxing deferral criteria to 12 months 'could make blood safer' but 'more worrying is that this [Soldan and Sinka's] safety modelling is dependent in a high degree on compliance with the 12-month abstinence rule' (Ibid.). Thus, Franklin cites Soldan and Sinka's speculative figure of compliance as justifying, in quite a circular manner, a more conservative policy than the authors' themselves advocated.

Secondly, Simon posed a nuanced critique of the estimate of MSM compliance that underpinned Soldan and Sinka's model and, for proponents of the ban like Ian Franklin, rendered blood safety fragile, contingent on the cooperation of MSM (non-)donors. In the following quote, Simon narrowly misremembers the 95% estimate that Soldan and Sinka provided. However, the integrity of his argument remains intact:

I think they said that 97% (sic) of gay men follow the rules and only 3% (sic) don't. Now, that might seem like a huge number of gay men following the rules but that also means that 3% of gay men are giving blood. Now, only 6% of the general population gives blood. So, actually, compliance is only 50%! Not 97% (sic) at all, that's 50%. And they couldn't understand that. They couldn't get that figure around their head. (S2, November 2018)

Compliance should be measured, Simon argued, not against the pool of *all* men who have sex with men but, instead, against the 6% of men who have sex with men that he estimated might give blood.²⁰ Thus, Simon suggests that the blood service's preferred estimate of compliance might be far too high and, therefore, reinterprets Soldan and Sinka's conclusions as evidence of the *safety* of would-be MSM donors – 50% of whom are *already donating anyway* without significant risk to the blood supply.

In sum, the challenges Simon posed to Soldan and Sinka – both his citation of international practice and rereading of the MSM compliance estimate – can be understood as an attempt to intervene in what Martucci (2010) has argued to be the reification of contingent (conservative) estimates of risk within the construction of MSM blood donation policy. Simon weaponised the contingency of risk judgements, demonstrating that they are flexible and founded upon sometimes weak assumptions, as a way of undermining what policy-makers cited as the very foundation of deferral criteria (Brickman, Jasanoff and Ilgen, 1985; Jamieson, 1996; Lupton, 1999). In doing so, he was able to articulate a critique of MSM deferral on the epistemic terrain of policy, echoing how AIDS activists 'imbibed and appropriated the languages and cultures of the biomedical sciences' in the hopes of 'forcing credentialled experts to deal with their arguments' (Epstein, 1996, p. 335).

²⁰ In other words, out of a sample of 100 MSM, only 6 might be expected to actually give blood if eligible and 3 would give blood *regardless* of eligibility.

Simon's appraisal of Soldan and Sinka demonstrates how one activist has engaged with and produced granular critiques of the evidentiary basis of deferral as a way of both staking credibility and positing an argument for reform. Yet, demonstrating familiarity with the biomedical logics of blood donation policy did not simply revolve around the production of *critiques* of deferral criteria. For instance, for some blood donor activists, demonstrating a knowledge of the centrality of the risk of hepatitis B (HBV) infection was a way to demonstrate a familiarity with the intricacies of policy. Nick, for instance, a representative of a major HIV and sexual health charity, told me:

I think you have to have a bulletproof argument and if you're falling at the first hurdle, so, for example, not understanding the risk of hepatitis, it not only damages the credibility of your arguments but it can also damage the reputation of your organisation as well. (N1, October 2018)

Similarly, George told me that when he would enter into debates with proponents of the ban, he would cite his knowledge of HBV in a display of one-upmanship. He said:

What people didn't know is that the year deferral *wasn't* because of HIV, the year deferral was because of hepatitis B. And, so, you had a lot pro-blood ban campaigners who would start their opening gambit and the only thing they would talk about is HIV. And I would respond with, "That's all well and good but you know that the year deferral has not been put in place because of HIV. SaBTO are quite content that HIV isn't the main concern, hepatitis B is. And the reason the year is there is because it's not as simple testing for hepatitis B as it is for HIV. You actually have to have a series of tests. So, do you have any views on that?" And they would fall apart. They would have no idea. Because of the history, people are only interested in HIV. (G1, November 2018)

For, while HIV is often centred within the politics of MSM sexual health as a result of both the activist legacies and discourses it has inspired and because of the contiguity of HIV stigma and homophobia, HIV has been increasingly 'de-exceptionalised' (Dziuban and Sekuler, 2020) by policy-makers since the advent of sensitive and routine nucleic acid testing for the virus. As

Sarah, a member of SaBTO, suggested, for the past decade or so the transmission of HIV had not been something of overt concern for policy-makers, since they felt confident in the efficacy of tests and deferral and as there have been just three recorded incidents of HIV transmission through the UK blood supply since 1996 (Department of Health and Social Care, 2017a). The transmission of hepatitis B (HBV), Sarah noted, was 'far more likely' (S3, March 2019) – with 12 recorded incidents since 1996 (Department of Health and Social Care, 2017a). As such, she suggested that it was concerns about the prevalence and ability to test for HBV that tended to inform decisions about deferral policy. Accordingly, as George and Nick's accounts suggest, knowledge of HBV was not necessarily taken up by activists as a way to debate with policy-makers but as a way to position themselves as insiders privy to the unexpected contours of the epidemiological underpinnings of blood donation policy.

8.3.3. Producing Institutionally/Epistemically Viable Accounts

As well as espousing insider knowledge, activists also found ways to raise their credibility by articulating their aims for reform in ways that chimed with the institutional commitments of SaBTO and the blood services more broadly. As suggested in Chapter 6.2.2, most often this involved a centring by activists of the importance of blood safety, which has been regarded by clinicians as the blood service's 'overriding responsibility' (Franklin, 2007) – a means of repairing reputational damage done by historic incidents of TTI transmission through the blood supply (Feldman and Bayer, 1999). Simon, for instance, proposed that a shift away from a blanket ban on MSM towards an individualised risk-based system would actually improve compliance and, therefore, the safety of blood. He cited instances of MSM blood donors testing positive for TTIs, as well as his estimate of a measly 50% compliance rate, as evidence of the need for reform:

I know numerous cases [...] where gay men have gone along to blood donation sites, they've given blood, and the mechanisms that the blood service has used to protect the blood supply have screened it and caught some level of infection. The person's been brought back in for interview [...] and when asked, "Why did you give blood when you know that you aren't allowed?", they went, "Well, these rules were so ridiculous to me. I feel angry about them and I felt that I

could give blood." And in doing so they probably didn't do a correct risk assessment in their own head. [...] So the number of people that were breaking the rules was huge. (S2, November 2018)

Simon went on:

[The blood service] honestly felt it was about their messaging, that if only they could communicate it better that suddenly gay men would be really happy about it. But as I constantly said to them [...] people are still going to be angry with it, so the best way to protect the blood supply is to bring in a rule that means that people who view themselves as high risk will still be denied giving blood and that's right that they are. But people that are low risk, that are currently denied [...] then they would be able to go along [...] and donate their blood. (S2, November 2018)

Here, Simon describes an attempt to translate anger about the discriminatory nature of policy, which as I have already suggested in Section 8.3.1 was considered ill-suited to express in the sphere of biomedicine, into a more viable account for reform – one that might appeal to the institutional concerns and priorities of SaBTO and the blood services. Rather than present feelings of anger as a standalone argument for change, Simon suggests that anger might be understood more palatably by policy-makers as the driver of non-compliance and, therefore, as posing a risk of infection. Pacifying angry gay men, Simon claims, ought to be apprehended by the blood services, not as a matter of catering to feelings or 'politics', but as managing a concern, shared by activists and officials alike, about blood safety.²¹

A number of other activists echoed Simon's commitment to foregrounding safety as a priority shared by activists and policy-makers alike. Michael, for example, reflected upon FreedomToDonate's internal discussions about risk and safety as follows:

²¹ It is worth noting that the framing of (non-) compliance here is different to in Simon's interpretation of the Soldan and Sinka 'doomsday scenario.' Whereas in the latter case, Simon suggests that current non-compliance implies the *safety* of existing MSM donors, in this instance, Simon appeals to non-compliance as evidence of possible *risk*. In this sense, activists could strategically and *flexibly* frame compliance/non-compliance in whichever terms might move the needle of policy forward.

That [risk] was a constant worry for us because there's this fear that gay people are just going to infect the blood banks. We had to kind of reassure a few people, look, *safety is the first priority of this campaign*. We want to make sure that the risk level is not increased in the slightest by this. All we want to do is make more blood available at no greater risk. (emphasis added, M1, July 2018)

According to Michael, mitigating anxieties about infected blood, which hinged on the figure of the MSM blood donor, required asserting blood safety, rather than pure reform, as the 'priority' of blood donor activism. In this way, certain activists have given primacy to attaining frame alignment (Snow et al., 1986) with the blood services as a way of asserting the legitimacy of their campaigns (in this case, staging a shared framing of deferral criteria as an issue of blood safety in the hopes of massaging the blood services to move on the matter).

As well as claiming to share the institutional commitments of the blood services, activists have also attempted to translate their political claims about MSM deferral as a technology of homophobia – described in Chapter 6.2 – into arguments better suited to the epistemic context of policy-making. One way activists have done this is by emphasising the developments in the sensitivity of TTI testing: that there has been a reduction of the 'window period' from the point of infection to detection – from a number of months to a matter of days in the case of HIV (Alexander, 2016). In doing so, activists have hoped to highlight the discrepancy between the time periods of donor deferral and the capacity to test for TTIs in practice and, in so doing, to point out that length deferral periods are excessively cautious and punishing. From my interviews with activists, I understood that this intervention has been particularly crucial in the light of the 2011 donor criteria review, which saw the introduction of a 12 month deferral period on the basis that: (a) donors 'may test negative in the screening tests [for hepatitis B] but still have sufficient circulating virus to transmit infection through a blood transfusion' and (b) 'a deferral period of 12 months is considered sufficient to allow for the complete clearance in a recovered individual' (Department of Health and Social Care, 2011, p. 42). The transition away from a lifetime deferral to a time-bounded deferral period of 12 months thus saw the renewed specification of the (limited) sensitivities of TTI testing as the justificatory logic of deferral criteria. Jake reflected on the response of his campaign to the results of the 2011 criteria review:

We were very clear in deciding that the position couldn't be, "This is great!" [...] It was still illogical and stupid whether it was 10 years, 12 months, six months, it didn't really make sense [...] The length of time that you need to test for whichever blood-borne infection is relevant [...] 12 months wasn't even linked to the three month period for an HIV test or whatever. (J1, October 2018)

Here, Jake highlights a discrepancy between what he perceived to be the efficacy of TTI testing in practice and the way this was (un)acknowledged in policy. For activists like Jake, this discrepancy was read as emblematic of the homophobic ideology that supported and circulated through MSM deferral policy – ‘illogical and stupid,’ rather than rooted on the solid foundation of scientific evidence and technical capacity.

Yet, instead of leading with charges of homophobia, activists have tended to draw attention to the aforementioned reduction of the window period and improvements in testing sensitivity – a claim that speaks to testing sensitivity as the justificatory logic of policy and, therefore, a claim that operates on epistemic terrain shared with SaBTO. Ali, for instance, described how he first approached SaBTO in 2008 about the need for a review of deferral criteria:

In our [HIV organisation] initial letter in November 2008 where we got the first review, we raised the fact that the testing technology had changed, and so the window period had decreased in length, as a key element in the need to look again at the length of the exclusion period. (A1, August 2018)

Similarly, members of FreedomToDonate recounted how they centred developments in TTI testing since the 2011 review as evidence for the need to revisit and reform MSM deferral:

I think we, we had said that the last review was in 2011 or 12 and we had said, you know, in the space of five years health, technology and detection has come on leaps and bounds so, you know, potentially the evidence says different and that was kind of what we, what we were saying. (S1, June 2018)

Since then [the 2011 report], the identification of HIV has become immensely easier. It used to take three months to detect and now it's— I know it's two weeks or three weeks with the blood test, but unofficially I've been told by doctors it can be as little as eight days [...] I remember one of the adverts I produced actually for the [FreedomToDonate] campaign said viruses used to take a year to detect and now they only take three months. (M1, July 2018)

These claims pertaining to technological advance are a shift from the *overt* political messaging that activists used to describe their motivations to campaign to non-SaBTO members. Instead, they approach deferral policy within the sphere of biomedicine and at the point of engagement with SaBTO on a shared epistemological basis with policy-makers: if the limited sensitivities of TTI testing are the (increasingly entrenched) justification for deferral then, activists argue, improvements in sensitivity indicate a need to change policy. In this way, blood donor activists have been able to address what they consider to be a politically problematic lag in policy in an epistemically viable manner. They have effectively 'scientised' (Anglin, 1997; Barker and Galardi, 2011, 2011; Brown et al., 2016) a claim about a perceived homophobic reluctance to keep deferral policy abreast of technical development.

8.3.4. Enrolling Allies

Thus far, I have outlined how blood donor activists have moderated their own arguments in order to raise their credibility as participants in the politics of blood donation within the sphere of biomedicine and within policy-making spaces – by diminishing emotional displays, speaking in the language of biomedicine, and producing arguments suited to the institutional and epistemic context of blood donation policy. Yet, as I have already suggested, not all the activists that I spoke to felt capable or indeed willing to develop the necessary fluency in the constituent science and technology of blood donation. In cases similar to blood donor activism, for instance within AIDS activist circles, the epistemic demands placed on outsider participants in the biomedical sphere have created divisions 'structured by gender, race, class and education' (Epstein, 1996, p. 293), between 'lay expert' and 'lay lay' (Elbaz, 1992) members of activist movements – with the former increasingly less empowered to directly engage public health institutions with their concerns.

While these divisions are frequently performed by blood donor activists – for instance, where activists like Nick (above) emphasise the importance of a ‘bulletproof argument’ and thus enact a boundary between good, scientific arguments and less legitimate kinds of claims – some individuals have found collaboration with other activists or strategic alliances with sympathetic experts to be a way to traverse these gaps. Colin, for example, who had had his story on *BBC Newsnight* met with the harsh glare of a SaBTO member, found an ally in another blood donor activist, George. Together, they presented at a party conference where George, who was ‘heavily invested in the science’ (G1, November 2018) was able to buttress Colin’s story with the veneer of scientific fact. Colin told me:

There was that pressure to know everything, to be *the* fountain of knowledge on that topic. And in conference, I had George for that, right? Because George *did* know all that stuff. He brought me in to give that personal perspective and then shared some of the maths [...] I could speak from a place of authenticity. I couldn’t speak from a place of knowledge. (C2, January 2019)

While speaking in concert with George did not necessarily mean Colin’s testimony was more likely to be ‘heard’ (we might note that Colin still distinguishes between George’s ‘knowledge’ and his own ‘place of authenticity,’ suggesting the latter might be deprivileged against the former), it did, at the very least, give Colin the confidence to share his story without fear of reprove and without the need to ‘scientise’ his experiences in a manner he did not feel equipped.

Other activists forged alliances with accredited experts as a way of raising the profile of their campaign and managing their self-professed lack of scientific expertise. Notably, the APPG on Blood Donation²² – that brought together activists, MPs, experts, and personnel from SaBTO and the blood services – was orchestrated by FreedomToDonate as a way to enrol medical experts to the cause and to prove their campaign wasn’t ‘just four blokes with their laptops having a rant’ (S1, May 2018). Steven outlined the purpose of the APPG as follows:

²² All-Party Parliamentary Groups are informal, cross-party meetings that bring together members of the House of Lords, House of Commons and relevant stakeholders from beyond Parliament to discuss particular issues or issues pertaining to certain matters of interest for parliamentarians. Some examples of APPGs include the APPG on Antisemitism, the APPG on Fracking, the APPG on Sepsis and the APPG on HIV and AIDS. Crucially, APPGs have no formal relation to policy or legislation but have been historically influential ways to raise the profile of certain issues, to gather evidence and to lobby MPs to enact change.

We decided, actually, let's create an All-Party Parliamentary Group, run our own inquiry where we invite experts and that would inform a report, and that report would potentially go to the Department of Health and would make recommendations [like], "Our evidence says you can lower the deferral period or you can get rid of the deferral (S1, May 2018)

John, an MP who was closely involved with the APPG, noted that the APPG was crucial as it asserted both the bipartisan nature of the issue and rallied experts to the cause. John warmly remembered the opening reception for the APPG held in the House of Commons:

The reception we had in the Speaker's House [...] was great. We've got people from all sides of the House and clinicians arguing the case. So actually, it was quite positive. (J2, March 2019)

Thus, the APPG on Blood Donation appeared strategically useful to FreedomToDonate and its allies. This was, in part, because it reached across the aisle to stake donor deferral policy as an issue that transcended political division (and thus, perhaps, to palatably depoliticise the issue for a group like SaBTO). But also, it widened the pool of credibility available to the group, helping to assert their legitimacy by borrowing expertise and establishing and displaying the campaign as a hybrid movement (Epstein, 2010) comprised of experts and laity alike, all commonly committed to the apparently bipartisan cause of donor policy reform.

In this way, the APPG also served to redress the heterogeneity of space and epistemic authority co-constituted in the politics of blood donation, bridging gaps between laypeople and experts and the poles of right-wing and left-wing politics, and inviting many activists into 'the room' with policy-makers for the first time. Patrick recounted an awareness of the uniqueness of the opportunity afforded by the APPG – the proximity it granted him to policy-makers:

When I was in that room, I was like, this is my one and only chance— someone else might be invited to the APPG but it's not gonna be me. So, you know, like Olivia Colman said, "This won't happen again." I was very like, "This is

my moment."²³ [...] I wanted to make sure that I was as impactful and influential as I could be and as articulate as I could be. (P1, February 2019)

As I have previously noted, if 'the room' is a metaphor for the way authority is heterogeneously distributed across social space, Patrick highlights here how it may be usefully redeployed in the service of activist interests. Opportunities like the APPG, as spaces of hybridity that bring outsiders and insiders together, usefully reconstructs the metaphor of 'the room,' this time with a handful of activists and outsider perspectives firmly within its bounds.²⁴ The experiences described by the activists I spoke to helpfully extends the limited available scholarship on the political function of APPGs. Cook (2016, p. 178) observes that the diverse participant pool of APPGs is central to the political authority it is afforded, its impact contingent 'on the orchestration of participants from different social worlds without reducing the diversity of their interests and perspectives.' Yet, the role of the APPG outlined here by blood donor activists suggests there is more at stake in the diversity of APPGs than just the authority that is granted to it *as a whole*. As well as affording the campaign more political heft, the 'multiple hybridity' (Epstein, 2010, p. 80) staged by blood donor activists in the APPG was vital to the redistribution of unevenly spread authority to actors who were otherwise 'outsiders' within the politics of blood donation, as well as providing opportunities for encounters with policy-makers that were otherwise limited by the tightly drawn curtain of professional authority guarding SaBTO.

A handful of activists went further than simply enrolling sympathetic experts to the cause, describing how they formed close relationships with members of SaBTO. Notably, Simon recalled with great enthusiasm his working relationship with a senior blood service official who sat on the SaBTO Donor Selection Working Group. He said:

[I had] a good relationship with the person that I worked with in the blood service and in fact, I don't think any of these rules would have changed without

²³ In a quintessentially gay style (Halperin, 2012), Patrick is referring here to the speech given by Olivia Colman as she accepted the 2019 Academy Award for Best Actress (the ceremony was held the day before our interview): 'My kids who are at home and watching: Look! Well if you're not, then, kind of, well done. But I sort of hope you are – this is not gonna happen again!' (Oscars, 2019).

²⁴ Bound up here in the reconstruction of 'the room' as a site of authority is, of course, the fact that the APPG as a form is afforded a degree of influence in its association with MPs from a number of political parties (as a criterion of their foundation) and thus their proximity to legislative power.

her. That was Dr. [X] who worked with the [blood services]. [...] They would even invite me to speak at big annual blood conferences. (S2, November 2018)

Here, Simon notes that his personal relationship with ‘Dr. [X]’ – who might otherwise be considered his adversary – granted him a platform to discuss his perspective on donor deferral in spaces where he might otherwise have been made to feel unwelcome. He went on to name two annual blood conferences where he presented his view for reform to blood service personnel and policy-makers from across the UK.

Simon’s reflections on his ‘boundary spanning’ (Frickel, 2010; McCormick, Brown and Zavestoski, 2003) ties to ‘Dr. [X]’ not only confirm that ‘inside’ actors and accredited experts are often vital to establishing legitimacy for outsider influence within public health or biomedicine (Bayer, 1981; McCally, 2002; Frickel, 2004; Joffe, Weitz and Stacey, 2004) but also may trouble a simplistic framing of activists as entirely ‘outside’ and of insiders as entirely opposed to activist intervention. Rather, if, as Simon suggests, this SaBTO member’s involvement, informed by a close and sympathetic relationship with Simon, was integral to donor deferral reform, it highlights the blurry boundaries between the state and social movements or insiders and outsiders (Wolfson, 2001; Goldstone, 2003). Moreover, it redoubles Brier’s (2009) suggestion that we exceed a reductive view of ‘progressive’ reform to HIV and AIDS policy as entirely the outcome of counter-state activist activity. In fact, as Simon’s testimony suggests, state actors (like ‘Dr. [X]’) are integral to enacting and enlivening reform and, as such, we would be wise to apprehend developments in public health policy as involving a broad spectrum of actors and actions, variously oriented in relation to the state.

Perhaps the most striking evidence of the occasional ‘interpenetration’ (Wolfson, 2001) of the state in the blood donor activist movement was the role played by SaBTO in securing blood donor deferral criteria in Northern Ireland. As I described in Chapter 6.2.1, although SaBTO’s advice to replace a lifetime ban with a 12 month deferral policy was taken up in Scotland, England and Wales, it was refused by Northern Ireland’s health minister Edwin Poots. Although the 12 month deferral policy was finally introduced in 2016 (McDonald, 2016) by Michelle O’Neill, the new Sinn Féin health minister, at the time of interview Northern Ireland had yet to implement SaBTO’s newly recommended 3 month policy – in part because the country’s government was suspended between from January 2017 until January 2020 (Hayward, 2020). Ted described how, accordingly, the reviews published by SaBTO in 2011

and 2017 became integral to the battle to bring Northern Irish blood donor policy up to speed with the rest of the UK. He told me:

It was very empowering – the ability to be interviewed by someone and to say that the best available medical evidence is that there's no increased risk to people receiving blood donations, by the removal of a one year deferral period down to a three month deferral period. Whenever you're able to provide that evidence to interviewers, to journalists, and politicians and others, it almost becomes an impossible thing to argue against because that's what the experts have said. This isn't my view or my opinion [...] We now have the evidence and we're now calling for the change. [...] So whenever I went on to debate with some homophobe about whether or not gay men or MSM should be allowed to donate blood, it was always to the backdrop of the clearly identified and scientific evidence based model that had been presented by SaBTO before me. (T3, May 2019)

As well as the evidentiary support and epistemic authority associated with the SaBTO reviews, Ted also noted that members of SaBTO themselves were very willing to engage with the campaign:

We shared a number of platforms here in Northern Ireland with representatives of SaBTO basically giving evidence on the reports that they had done. And I think that made a big difference as well, in that SaBTO were very happy to talk about the work that they had done. [...] Our expertise is always going to be on campaigning and mobilizing LGBT people. We can't be all things to all people. We can't be experts in every form of work. And those who work in SaBTO, and places like it, are lifelong haematologists, lifelong pathologists. That's what these people do, all day, every day for a living, and they're always going to be best placed to talk about the impact of any change. (T3, May 2019)

In the Northern Irish context – where blood donor activists and SaBTO officials uniquely shared a common goal of implementing policy reform and blood donor activists uncritically utilised SaBTO’s recommendations as the basis of their own argument for change – Ted suggests that it is officials and *not* activists who are best placed to argue the case for change and lend legitimacy to the cause.²⁵ While this strategic alliance ought by no means to be considered the norm for blood donor activist campaigns (activists in all other parts of the UK always expressed dissatisfaction with whichever were SaBTO’s current recommendations), the co-operation of SaBTO and blood donor activists in Northern Ireland is striking evidence for the highly contingent, shifting boundary between the inside and outside of a movement and its allies and opposition.

Yet, returning to Simon’s description of his relationship to and engagements with ‘Dr. [X]’ highlights a number of discrepancies that persist between apparent insiders and outsiders that continue to structure the interactions between them. Simon recalled how his familiarity with ‘Dr. [X]’ gave him the ability to discuss views that he otherwise considered off the table in the wider politics of blood donation:

We were frank and honest with each other. [...] I did say people were angry. I did say that the rules were outdated. I said they were homophobic. [...] We had a total frank and honest conversations about these things on numerous occasions. [...] She would have a different view around it but the fact is that she was open to having those discussions [...] People could understand why we were angry but to them anger is not a reason to change a policy [...] And so it was just about finding a common ground where we could talk honestly and openly about these things. (S2, November 2018)

According to Simon, he appreciated his close relationship with ‘Dr. [X]’ because it allowed him to express certain views (and with a certain valence) that could be detrimental to his credibility in the specific epistemic and emotion culture of the blood services. In this sense, Simon suggests

²⁵ The place of scientific authority is especially salient in Northern Ireland where opposition to policy reform is purportedly predicated on conservative, Christian belief, and, therefore, ‘value-free’ science can be strategically enrolled as the antidote to policy steered by apparently ‘anti-scientific’ bias. The role of science as an antidote to anti-queer, Christian conservatism has, of course, provoked much critical commentary by sociologists and queer studies scholars alike (e.g. Allen, 1997; Epstein, 2006; Rosario, 1997; Terry, 1999; Waites, 2005).

that intimate friendships or collegiality between activists and experts cannot be considered mere microcosms of broader encounters between these groups. Rather, these bonds can act as a site for other forms of exchange to flourish. Where mutual trust is assured (or credibility is established by other means), unorthodox views can be expressed – ones that might threaten fragile credibility in the broader politics of knowledge.

That said, Simon still held tightly to a view of ‘good’ engagement or ‘good’ activism as affectless and scientised. This suggests that despite, and perhaps even within, these familiar encounters with ‘Dr. [X]’, Simon was cautious and moderate (finding ‘common ground’) in order to maintain his credibility, calling into question the degree to which these exchanges could ever be totally ‘frank and honest.’ As such, even where movements can be understood to be ‘boundary spanning,’ implicating close working relationships between what would typically be conceived as insiders and outsiders, we must remain cognisant of imbalances that live on through the blurring of these boundaries. Where there are imbalances of power, asymmetric norms of engagement persist, which place additional demands on activists who are highly invested in the cultivation of these relationships as central to their cause.

I opened this section by suggesting that the enrolment of expert allies might offer routes to credibility for ‘lay lay’ activists, who might otherwise be distanced from engagement by a division ‘structured by gender, race, class and education’ (Epstein, 1996, p. 293). However, the accounts I have described here suggest, equally, that the formation of strategically useful lay/expert alliances does not necessarily resolve these divisions. Rather, it may exacerbate them since enrolling experts to a cause often relies on a degree of social or political capital or, ironically, the attainment of scientific credibility. In the case of FreedomToDonate, for example, Steven informed me that the formation of the APPG was facilitated by two members of the group having pre-existing connections to members of the Conservative Party. Similarly, implicit in Simon’s account is that establishing collegiality with ‘Dr. [X]’ – to be taken seriously as an equal – required the establishment of credibility in the first place. Thus, while lay/expert alliances appear to be a route amenable to those laypeople who otherwise might be distanced from the apparent accoutrements of expertise, access to the bonds of alliance remains, itself, raced, classed and gendered.

8.4. Summary

In this chapter, I have outlined the ways in which activists enter into the biomedical sphere and policy spaces of blood donation, find themselves on the ‘wrong side’ of a lay/expert divide and are compelled to operate via the ‘epistemology, material, and rhetorical terrain’ (Johnson, Happe and Levina, 2018, p. 5) of the biomedical establishment (i.e. SaBTO). Blood donor activists’ status as outsider is marked in a number of ways. First, by both their deviation from the expected or normative model of expertise (Shapin, 1995) – including class, dress, gender, sexuality, lack of accreditation – and also through the closed borders of SaBTO. Secondly, through heterogeneities of authority that were constantly being enacted through, for instance, the metaphor of ‘the room,’ nonperformative engagement exercises (Ahmed, 2006), and even the layout of scenes of lay and expert encounter.

Activists have attempted to manage this credibility deficit within the sphere of biomedicine by deploying a familiar set of credibility tactics – strategies that those described by Epstein (1996) as taken up by AIDS treatment activists. For instance, blood donor activists learned to speak in the relevant languages of biomedicine, foregrounding discussions of compliance or of HBV where HIV has been de-exceptionalised; appealed to the institutional priorities or of the blood services (e.g. blood safety) or articulated claims in a more epistemically viable manner (e.g. with reference to the capacity for TTI testing); or enrolled expert allies as a way of redressing the heterogeneous distribution of authority, for instance in the formation of the APPG on Blood Donation.

In describing the kinds of strategies that blood donor activists have employed in a bid to secure a position as legitimate interlocutors, I have also tried to highlight the manner in which these campaigns have been *constrained* within the context of the politics of blood donation. In this sense, the epistemological, material and rhetorical terrain of blood donation policy (or science and medicine more broadly) forms one significant opportunity structure that permits the flourishing of some modes of blood donor activist expression and constrains others, inculcating blood donor activist campaigns that prioritise scientised, ‘objective’ forms of engagement and eschew overt emotional displays. In the next chapter, I will continue to explore the corollaries and effects of this by attending to the implication of the epistemological backdrop of the politics of blood donation on the *sexual politics* of blood donor activism within the sphere of biomedicine (and beyond).

9. Science and Homonormativity: Blood Donor Activism and the Sexual Politics of Credible Participation

9.1. Introduction

In the previous chapter I brought established STS work on credibility to bear on the novel case of blood donor activism. In this chapter, I wish to expand on some of this work and, in doing so, to make a case for the interventions of a *queer STS*. Specifically, I will attempt to redress what I have described in Chapter 4.6 as the limits of STS' engagements with sexuality. To do so, I will examine the entanglements of the politics of knowledge and the politics of sexuality within blood donor activism – apprehending blood donor activist campaigns as both a form of activism within the domain of public health and, simultaneously, a form of a 'gay rights' advocacy. Continuing to build on social movement studies scholarship on the 'opportunity structure' (Kitschelt, 1986; Tilly, 1978; McAdam, 1999; Meyer and Minkoff, 2004; Tarrow, 2011; Waidzunus, 2013), I will analyse themes of constraint and silencing that emerged from interview. I will thus consider the epistemic factors that have shaped blood donor activism and contributed to how these campaigns – in particular, their sexual politics – have been achieved or realised *in practice*. In so doing, I will continue to approach the third question outlined in Chapter 1.1: What are the strategies that lay blood donor activists have taken up in order to effect change and, especially, those taken up to convince expert policy-makers of the need for reform?

In particular, I will examine the ways in which the imperative of apparently 'value-free' science policy or decision-making (Douglas, 2009) is co-extensive with homonormativity (Duggan, 2002) as a 'depoliticised' gay and lesbian social and political form. In this way, I hope to contribute to a scholarship on homonormativity by forwarding homonormative politics, as defined in Chapter 4.5.2, as a product of, at least in part, the epistemic structures that demand them. Homonormativity has, at least colloquially, tended to be simplistically apprehended in terms of bad acts of political agency – as a conservative, assimilationist solution to the gay and

lesbian problem of ambivalence (Escoffier, 2018). As scholarship on a burgeoning critique of homonormativity as a kind of *queernormativity* has argued (Brown, 2009; Boellstorff, 2018; Fielding, 2020; Orne, 2017; Green, 2007), such a framing disregards or flattens the experiences, agencies and material conditions of, especially, non-urban dwelling queers whose lives and identities might be swiftly labelled ‘homonormative’ (and, therefore, anti-queer or un-radical) under a fully agential model of homonormativity.

I argue, however, that we must cast our gaze further afield. Rather than attempt to locate homonormative acts or agents at the end of pointed fingers, I propose that we, as described in Chapter 4.5.3 via Puar’s (2017) reading of homonormative nationalism, consider the broader structuring conditions that constrain or incite the homonormative political subject. As described in Chapter 4.5.4, other authors have gestured to certain economic, institutional or historical forces – both external and internal to gay and lesbian political movements – that have helped to secure the contemporary homonormative configuration (Duggan, 2002; Andersson, 2019; Ammaturo, 2014). As such, to further this scholarship, in this chapter I will consider the ways in which what is considered *scientific epistemology* – or, specifically, the prizing and privileging of so-called ‘objectivity’ within political advocacy – accelerates and is co-constitutive of homonormativity – as, perhaps increasingly, the requirement for legitimate engagement from queer, lay publics.

9.2. ‘We’re Not Trying to Convince Us’: Science and Homonormativity

9.2.1. The Discrediting Effects of Homosexuality

In the previous chapter, I outlined how blood donor activists considered establishing credibility to be a strategically necessary way to engage with policy-makers from SaBTO in the biomedical sphere. Here, I wish to explore the implications of this perceived pressure upon the sexual politics of blood donor activism and, in so doing, to uncover the (hetero)sexualised dimensions of the epistemic context of biomedicine – specifically, a key theme that emerged from my interview data: the *discrediting effect of homosexuality* within the politics of knowledge. To unpack this, I must begin by explaining that the perceived need for a highly scientised, fact-laden, and unemotional mode of campaigning within the spheres of biomedicine – the kind

described in Chapter 8.3 – created a defensively-formed apprehension about overtly political, ‘pro-gay’ messaging amongst blood donor activists.

As I explained in Chapter 6.2.1, the goal of blood donor activism was most often described to me as about challenging the apparent homophobia that fuels the perception of gay sex as ‘high risk’. Nonetheless, the epistemological demands placed upon activists within the policy spaces of blood donation or biomedicine cleaved the biomedical from the sexual in the politics of blood donor activism. One theme that emerged from the data was the excision of explicitly homosexual politics from their campaigns. Activists consistently reiterated the importance of not merely framing their arguments ‘scientifically’ but of the need to articulate blood donor activism within the biomedical sphere as an *entirely* ‘biomedical’ or ‘public health’ oriented campaign, cleansed of any mention of homophobia, discrimination, equality, or other terminology that might betray an overt political agenda in a context that otherwise prized ‘objectivity’.

Activists stressed that they were careful not to campaign within the biomedical arena with any explicit arguments about ‘equality’, since this was considered to be ineffective at persuading policy-makers of the need to change policy. Patrick, for example, suggested that he felt stifled in terms of what he was able to say explicitly about homophobia or sexual politics to policy-makers in the APPG:

I felt I couldn't really talk about institutional homophobia [...] I wanted to get in with the facts, with what I thought they wanted to hear or what their argument was going to be [...] I wanted to meet their arguments on science and not just my opinion because they didn't care for that. (P1, February 2019)

Similarly, Neil, who had described eschewing emotional letter-writing in favour of scientific arguments, told me that, in giving primacy to the science, he relegated any discussion of discrimination before the blood services – even though this was the very issue that steered his campaigning and continued to hold relevance for him:

While there's huge issues with prejudice, and institutional prejudice especially, and unjustifiable discrimination on the grounds of sexual orientation, the argument I very much push is scientific because it's important for the blood

service [...] to understand that there is actually a scientific basis for reform, that it isn't an issue of, you know, "I feel discriminated against so I want change," that this is something that is important to change for *science*. (N3, September 2019)

Both Neil and Patrick suggest that they experienced, or at least perceived, an apparent dichotomy between the scientific and the overtly political or value-driven dimensions of their campaigning, which rendered claims about homophobia in apparent opposition with the specific epistemic context of blood donation policy. Such an observation is consistent with what Cech and Waidzunas (2011) have described as the way a 'chilly', heteronormative institutional culture in science, technology, engineering and mathematics compels individuals to downplay characteristics associated with queer culture so as to better adapt to a highly 'technical' space where these attributes might be read as inappropriately 'social'. This chilling effect can be understood to extend to the politics of these (and related) spaces, where what activists are encouraged to perceive as acceptable advocacy within biomedical contexts is considered to fall on one side of a 'technical'/'social' dualism (Faulkner, 2000).

The presence of such a dualism is, of course, hardly revelatory, since I have discussed this in some detail in Chapter 8.3.1 and 8.3.4. Read in relation to the sexual politics of blood donor activism, however, it reveals what is perceived to be the epistemically degraded position of homosexuality in the politics of scientific knowledge. As I have already begun to suggest, the epistemic context of blood donor activism coalesces a set of imbricated dichotomies within and against which activists must define themselves and others: technical/social, rational/angry, facts/feelings, objective/subjective, inside/outside, and so on. Implicated within all of these apparent oppositions is, of course, what Sedgwick (1990) considered the overarching, *ur-*dichotomy of hetero/homosexuality. The knotted interrelations of these dichotomies and disparate sets of discourses both serves to diminish and discourage overt displays or utterances of homosexuality (as noted above) and, critically, to locate (paranoiacally) homosexuality as a form of disqualification – even where it goes unuttered (Morrison, 2001).

Members of FreedomToDonate, for instance, described how the group were determined to distinguish themselves from what they considered to be certain unsuccessful campaign attempts that had failed because they tended to lead with complaints about institutional homophobia. Steven from the group described one occasion where he felt

compelled to do damage control after another blood donor activist campaign advertised itself to MPs:

I remember there was a campaign that launched, I think maybe like 6 months after we had [...] and they emailed every single MP and said, "This is discrimination. This is disgusting." I had to speak to *our* MPs who were on board and said, "You know, you might feel more aligned to them but we think we are going to be more successful" and ultimately we were. (S1, May 2018)

Here, Steven demonstrates the way in which, as I have described in Chapter 8.3.3, in a context where testimony about prejudice is epistemically deprived, campaigners themselves internalise, police and re-draw boundaries of acceptable activism in the sphere of public health around forms of engagement structured by the 'value-free' and highly positivistic ideal of public health policy. Where, on the one hand Steven constructed FreedomToDonate as a campaign invested in the apparently apolitical aim of public health, he invested other campaigns (real and imagined) with a concomitant set of delegitimising qualities: irrational, angry, political and, critically, *overtly homosexual*, since they led on blood donor deferral as an issue of homophobic discrimination.

I wish to expand upon this idea and suggest that the dramatic intensity associated here with unviable activism relies on and reconstructs a certain, misogynous notion of effete homosexual flair or excess, unsuited to the measured and moderate climate of public health policy. This connection between homosexuality and the dramatic or immoderate was a theme that consistently emerged in interview. Arguably, therefore, a homophobic construction of homosexuality haunted and constrained blood donor activism and its possible forms. For instance, although the NUS did stage a protest outside of the public meeting of SaBTO in 2009, the majority of activists told me, echoing Sendziuk (2001), that they tended to avoid overt displays of anger, like protests, when encountering policy-makers, opting instead for softer, quieter approaches. Sam, who attended the 2009 protest, told me that they felt the petition they handed to policy-makers in the meeting was, in fact, a more appropriate form of engagement:

They [SaBTO] would have reacted badly to a big demonstration because they would have felt like it was an attack on them. And they would have just clammed up. Whereas a petition was just trying to show them public opinion. (S4, March 2019)

As such, despite what Copeman (2009) notes is the ‘marked expressive force’ of blood for political display, blood donor activists have tended to eschew the kind of theatrical, public demonstrations or direct action that have been otherwise central to other modes of queer and HIV politics (Treichler, 1999; Gould, 2001; Capozzola, 2002; Brown, 2015) in favour of more moderate strategies of lobbying and petition-building.

The distinction between the theatrical, disruptive and emotional displays of AIDS activists past and the moderate, ‘kinder’ approaches of blood donor activists is a product of both the epistemic context of blood donation policy and its institutional context and history (Ballard, 1999; Bayer and Feldman, 1999; Sendziuk, 2001; Roussel, 2003). Specifically, the fear that outsiders ‘rocking the boat’ might lead to another catastrophe in blood management. Michael described, for instance, how FreedomToDonate fielded campaign ideas when they were approached by individuals who were interested in working with the group:

Somebody came to us [...] and he wanted to do this idea where we had volunteers outside Parliament who put a drip in their arm and bled blood into the gutter. And we were like, it's powerful but it would freak people out and it would really scare people and it would send the wrong message. [...] It ticks all the right boxes but it's too much, it would scare people. [...] It just fires up ideas in people's minds of: gay, contaminated blood, it's a nightmare. So you've got to manage it and be very calm and logical about it. (M1, July 2018)

While Michael recognised the possible impact of such a stunt as a way of making a dramatic statement about policy, he describes being held back by a sense that such it might be read as excessively theatrical against a wider culture of blood donation policy that valued restraint and moderation as evidence of ‘calm and logical’ thinking. Moreover, Michael notes that the loud and visceral nature of such a stunt might threaten to awaken ever-present anxieties about sexualised contamination – of blood bearing traces of homosexuality (Valentine, 2005) – and

against the backdrop of HIV morality that would pit the innocent donor against other deviant figures of HIV risk (Davidson, 2008, p. 41). Accordingly, blood donor activists understood their actions through a closely linked set of narrowly constructed oppositions – risk/safety, anger/rationality and homosexuality/heterosexuality – wherein any display of excessive theatricality or the horror of the abject (Kristeva, 1982) might be considered sufficient to elicit the nightmarish imaginary of ‘gay, contaminated blood’ in the minds of policy-makers.

Similarly, Tim told me that through his work running proxy blood donation campaigns, he learned the importance of moderation:

You can be as loud and shouty as you like, [...] which was us there with the rainbow flag, making a stance, but, ultimately, [you need to sit] down with them behind closed doors, having an ongoing dialogue. (T2, March 2019)

Framing an overt display of LGBTQ+ advocacy – ‘us there with the rainbow flag’ – as ‘loud and shouty,’ Tim evidences what is otherwise tacit in the words of other blood donor activists: that heightened, emotional displays within the domain of biomedicine are read as a display of homosexuality; that displays of an explicit sexual identity politics are read as heightened, emotional displays; and that either are considered ill-suited to the work and requirements of the politics of public health that happens, calmly ‘behind closed doors.’

Crucially, what we might therefore understand to be displays of homosexuality within blood donor activism – whether enacted explicitly, through the articulation of complaints about homophobia, or tacitly, gleaned from the expression of emotion – were routinely moralised in a paranoid manner by activists who had internalised a certain view of homosexuality and who feared policy-makers would regard this as evidence of activists’ warped motivations. Thus, as well as extricating any messaging that might be regarded as unorthodox to policy-makers, pursuing policy reform as a ‘health issue’ also apparently ensured that campaigners could not be accused of getting involved in the politics of blood donation for, what activists described to me as, the ‘wrong reasons’. Michael, for instance, argued that the dominant framing of blood donation as an altruistic act – whereby blood donation and even the practice of self-deferral are routinely characterised as virtuous practices associated with good citizenship (Waldby, 1996; Davis, 2002; Bennett, 2009; Copeman, 2009a) – imbued a general tenor of suspicion from the powers that be about motivations for involvement in the politics of blood donation. He said:

Giving blood is typically a very altruistic act [...] So, the gay rights campaigners who would sort of do the whole, “It’s homophobic” [thing] were profoundly unhelpful because they made it about *them*, the message. And when you make it about *them*, it helps the homophobic side of the opposition say, “Well, look at these people. They don’t really care about recipients of blood. They care about themselves. They care about the right to give blood.” (M1, July 2018)

Operating within Michael’s perspective here is a representation of queer men within the politics of blood donation, as Bennett (2009) has described, as in opposition to or threatening the figure of the patient – a figuration that continues to inscribe and depends on a division between the ‘guilty’ and ‘innocent’ person living with HIV (Watney, 1987; Epstein, 1988; Patton, 1990; Kirp, 1999; Treichler, 1999). This recalls what Sendziuk (2001) and Ballard (1999) describe, as I noted in Chapter 2.4.3, as the chastening response to gay men’s public protest of deferral criteria in 1983, which saw an outsider ‘gay lobby’ portrayed in the media as a sinister and threatening influence on blood donation policy. According to Michael, within such a framing and an arena where action is disciplined by the attribution of apparent civic virtue, overt references to homophobia (or a display of homosexuality) are easily read as signs of moral defect – selfishly prioritising the gay blood donor over the vulnerable patient, rather than acquiescing, altruistically, to the regime of deferment as the way in which ‘queer men could best practice citizenship’ (Bennett, 2009, p. 12).²⁶

9.2.2. Managing Homosexuality with ‘Science’

Blood donor activists described strategies that helped them to navigate the pitfalls of homosexuality – whether routed out as an identity or a political style or an affect – within the politics of blood donation and the sphere of biomedicine. In particular, they re-emphasised the

²⁶ Of course, it might be conceivably possible for activists to avoid this perceived pitting of political ‘selfishness’ against ‘altruism’, or the freedoms of the donor against the safety of the patient, by framing their arguments as addressing a different sort of risk to TTI risk – the risk to ineligible queer men of being marked out as of ‘degraded ethical standing’ (Valentine, 2005, p. 126) by deferral criteria. In this sense, activists might have articulated their bid as a plea to expand the contingent criteria of risk assessment to include risk to the social fabric. And yet, this kind of argument is rendered obsolete by the highly ‘scientised’ culture of SaBTO, whose members, as they told Lauren as relayed in Chapter 8.2.2, insisted that such a consideration fell outside of their remit.

importance of a veneer of scientific epistemology as a way of managing scrutiny about their motivations for campaigning and, tacitly, anxieties about homosexuality and contagion in the arena of blood donation. George, for example, described what, in his view, helped to quell possible umbrage taken with blood donor activism:

It's helpful when you approach it from a case of, "I care about the people this affects *and* I also have the scientific data" versus people that say, "This is homophobic!" [Another activist] would always refer to it as the homophobic blood ban. And I've always thought that was such a dreadful message because [...] it's not how you convince the people that you yourself are doing it for the right reasons. (G1, November 2018)

George's testimony suggests that, within the politics of blood donation, scientised and patient-oriented accounts of deferral criteria might provide campaigners with a viable, 'value-neutral' voice. This voice operated as an alternative to other forms of argument – like overt references to prejudice, sexuality or sexual identity were likely to be read as evidence of misplaced motivations and a lack of epistemic virtue: of explicit and unfettered bias. This suggests that activists' enrolment of 'science' is not *merely* about an appeal to epistemic authority or the credibility-raising effects for laypeople of scientific discourses, actors, and artefacts in their own right. Rather, 'science' can be a means of managing the discrediting effects of homosexuality – the way that, as Halperin (1995, p. 8) suggests, homosexuality may operate as 'an instant disqualification...[in the] sexual politics of truth,' where it may be gleaned as a sign of 'pathology and partisanship...and grants everyone else an absolute epistemological privilege over you.' The 'scientific voice', therefore, can be understood to offer blood donor activists important routes to restore the credibility denied to them in the biomedical sphere both as lay *and* queer people.

Blood donor activists' appeal to science as a discourse – as an attempt to mitigate what they perceived as the discrediting effects of displays of homosexuality within the politics of blood donation and an to stake their claims as apparently 'value-free' – chimes closely with the way it has been deployed in other conflicts regarding sexual or gender identity. For instance, where campaigns for LGBTQ+ inclusion have met opposition from religious and social conservatives, an appeal to science and population data – e.g. pertaining to mental health

outcomes, LGBTQ+ prevalence, or genetic or brain imaging studies – has been levelled as objective and authoritative proof of the naturalness and validity of LGBTQ+ beyond the gaze of right wing social mores (Epstein, 1992; Terry, 1999; Waites, 2005; Conrad, 2007; Wuest, 2018).

Even within the politics of HIV, where outsider critiques of the institutions, methods and knowledge-stock of biomedicine have been integral to securing advances in policy and treatment, ‘science’ continues to hold a special status as a boon against right wing hysteria. As Race suggests, ‘Given how moral ideologies always threaten to interfere with responses to HIV/AIDS...investment in scientific evidence...has contributed to the formation of “rational” public health policy in contexts where conservative assaults on HIV programs are an everyday occurrence’ (Race, 2018, p. 96). As such, blood donor activism is just one instance among many where actors have appealed to the ‘value-free’ nature of science in an attempt to sidestep the weaponising of values against claims to LGBTQ+ inclusion or within similar contexts of intense moral scrutiny. Other examples include the kinds of issues that underpin Race’s work on ‘counterpublic health’ (Race, 2009) – such as gay sex, drug use, or sex on drugs, all topics ‘that are difficult to acknowledge or have a sensible discussion about...without these issues being sensationalised and assuming Gothic proportions’ (Race, 2018, p. 172).

9.3. Science and the Limits of (Homo)Sexual Politics

Placing an emphasis upon ‘science’ and disavowing ‘the homosexual’, the politics of blood donor activism, as it was relayed to me in interview, often appeared starkly washed-out: devoid of mentions of gay identity and with primacy given to appearing credible before policy-makers. Note, for instance, how George explicitly described his aversion to anti-homophobic messaging within campaigns on the basis that it would not appeal to or convince the intended audience of scientific experts:

I just felt quite keen to sort of say to people, “Don't put that in the messaging because that's very us. And we're not trying to convince us.” (G1, November 2018).

Rather than adopt discursive tactics that would easily convince within the imagined bounds of the gay community (the ‘us’ that George cites here) and perhaps even appear self-evident, speaking into the epistemic space of public health policy, across a lay/expert divide and the lines of community, activists are compelled to reproduce the epistemic norms that legitimated their exclusion from the fold of blood donation and its politics in the first place – both as queer men and as laity. As Simon suggested:

It's a fight about epidemiology and *you fight it on their terms*. They genuinely don't care about sob stories. And I've seen many sob stories over the years. Oh you know, “Such and such is dying and I just wanted to do my duty.” That makes the gay community angry but it doesn't do anything for the blood service. (S2, November 2018, emphasis added)

Like George, Simon gestures to the apparently distinct norms of policy-makers and gay community and the importance of shifting from the latter to the former, by engaging ‘on their terms.’ According to Simon, within the politics of public health reform, activists are obliged to abandon ‘sob stories,’ which we might be read here as indexical of the subjectivity and apparent femininity that comprises homosexuality itself and, also of feelings like anger that comprise and stoke contemporary gay movements. As Michael reflected on FreedomToDonate’s campaigning. ‘We never thought about the gay thing being an issue [...] it was just about the facts’ (M1, July 2018). As such, activists, policy-makers, and the constituent institutional and epistemic norms of public health policy can be understood to collude in the acceleration of a depoliticised (ergo, homonormative) gay identity – one that might be appraised *merely* in the flat, affectless, epidemiological terms of ‘MSM,’ or, depending on the success of policy reform, distilling 21st century gay identity entirely from the messy and politically troubling phenomenon of homosexual sex that continues to exclude queer men from the warm embrace of full citizenship.

I understand this dynamic that activists have described to be the experience of what Warner (1999, p. 48) argues are the fundamental ‘structuring conditions of gay and lesbian politics.’ According to Warner, when gay community activists, advocates, campaigners, or lobbyists engage with the dominant culture, they straddle the line between the ‘inside’ and ‘outside’ of community. Consequently, they find themselves torn between distinct and ethical,

epistemic and political standards that may necessarily be regarded as incompatible. Warner (1999, p. 49) suggests that where the gay movement has attempted to communicate with the dominant culture across these lines, it has been compelled to engage in acts of *translation*, ‘drawing the curtain over the sexual culture without which it could not exist’ and ‘speak[ing] whatever language of respectability it thinks will translate.’

The prominent resolution to the tensions produced by these structures has been the inculcation of political forms we might recognise as homonormative (Duggan, 2002). As outlined in Chapter 4.5.2, homonormative political forms involve an appeal to and eventual recapitulation of the dominant culture and its standards and a concomitant depoliticising of gay culture and identity. Crucially, for Warner, these acts of translation, which effect what Warner considers to be a ‘stigmaphobe’ politics,²⁷ aren’t simply products of the agencies of individual members of the gay and lesbian movement but yoked to wider societal, material, biological, and economic structures that make a stigmaphobic politics more likely – to be the path of least resistance. For instance, Warner (1999, p. 76-78) locates a shift towards a stigmaphobe politics in the US in factors as broad as ‘the changed nature of the AIDS epidemic, from one understood as crisis to one understood as a chronic manageable problem,’ ‘the 1992 election and the appearance of Clintonian politics on the national scene,’ ‘the rise of highly capitalized lifestyle magazines as the principal public venue of the movement,’ ‘the consequent rise of a politics of media celebrity,’ as well as a shift towards large, well-funded national gay and lesbian organisations like The Human Rights Campaign and away from direct-action organising with ‘less money and less visibility but more direct accountability to those they claim to represent.’

Extending Warner’s analysis here beyond the changing socio-economics of the US gay and lesbian movement (shifts that certainly echo transformations in gay political life in the UK), I suggest that the experiences of blood donor activists that I have outlined reveal the contribution of the specific demands of knowledge politics, or scientific epistemology, to a homonormative politics – one that gives primacy to science as the *lingua franca* of gay community advocates and policy-makers and, consequently, serves to dampen and depoliticise any perceived expression of gay culture that perforates campaigning and that threatens to undermine the apolitical veneer upon which credible participation is staked. In this, the final part of this chapter, I will explicitly address this – describing how the prizing of ‘apolitical’

²⁷ Warner borrows the term ‘stigmaphobe’ from Goffman’s (1963) seminal sociological work on stigma.

scientific discourses effects a troublingly conservative sexual politics of a blood donor activism concerned, above all, with appearing credible through respectability.

I will do this by describing some of the specific implications of the particular epistemic context of the biomedical sphere – one that prizes the ‘scientific’ and devalues the ‘homosexual’ – for the particular politics of blood donor activism. These I located in a number of key themes that ran through my data: shifts in the sympathies of blood donor activists to policy-makers’ perspectives and a concomitant dampening of the tenor of their arguments; a failure to challenge the *a priori* positioning of homosexual subjectivity as an illegitimate source of knowledge; and a conservative shape to the sexual politics of blood donor activism – relegating taboo topics like condomless sex, sex work, and drug use beyond the pale of legitimate discussion.

9.3.1. Sympathies to the Ban

Firstly, the epistemic norms of public health engagements constrained activists’ abilities to voice finer, polyvalent accounts of exclusion from and entry into the fold of the national blood supply; accounts that might co-articulate, unapologetically, the co-produced social, political and scientific dimensions of the ban (in other words, make patently clear that the determination and exclusion of figures like MSM is not a clear-cut ‘scientific’ issue – if such a thing exists – but a socially shaped and contingent judgement of risk). Indeed, ironically, for some activists the pressure to maintain a scientised or at least public health-oriented mode of campaigning rendered them in an ambivalent relationship to the ban and, therefore, their motivations for campaigning in the first place (what I have suggested in Chapter 6.2.2 is their battle to frame blood donation policy as a ‘technology of homophobia’). Certain activists would find themselves vacillating between sympathy to complaints about the homophobic impropriety of the ban and taking up the *ad hoc* role of justifying blood donation policy as having a specific evidentiary basis. Steven, for instance, noted that in attempting to maintain consistency with SaBTO’s strong epidemiological line on policy, FreedomToDonate often felt strategically compelled to rebuff other activists’ claims that they considered to be unhelpful:

When people would say, "Oh it's a ban on gay people and it's discriminatory", we would counter it where we felt like it was helpful by saying, "Actually, you

know, the fact is, data exists that says otherwise and indicates that it's a high-risk group.” (S1, June 2018)

Moreover, as I have outlined in Chapter 8.3.2, activists described how a growing familiarity with the intricacies of epidemiology and TTI testing, including the window period, made them more sympathetic to the logics of deferral policy. Consequently, what activists perceived as the strategically necessary step of developing a fluency in the constituent logics of the blood ban (so as to better engage with policy-makers) significantly shifted and dampened their perspective on its homophobic politics. Activists in this position, for instance, expressed their ire with other campaigners who they perceived as touting the naïve line that ‘all blood is tested’ (as outlined in Chapter 8). Steven described FreedomToDonate’s experience as follows:

I think at first, we thought what a lot of people think, which is why can't a guy who has protected sex with another man donate blood and just get rid of the deferral because blood's tested anyway? All the SaBTO reports and stuff were available online, so we looked through them and looked at evidence and said, actually, we can see where the Department's coming from [...] I think it shifted in a way. [...] Some people will be like, "Well, it's all tested" but then some people will get really into the detail and be like, "But there's, um, viral loads."²⁸
(S1, June 2018)

Mapping a trajectory from uninformed outsider to a more central position of participation within the politics of blood donation, and, as a result, a change in the audience of their claims from lay publics to policy-makers, Steven describes a shift in the group’s – ‘lay lay’ – perspective on blood donor deferral from blanket opposition to a greater – ‘lay expert’ – sympathy for the perspective of policy-makers. Crucially, this highlights the transformative nature of the relationship of activists to the credibility tactics they adopted. Just as Epstein (1996, p. 342) notes of AIDS treatment activists whose critiques of science ‘turned in a more conventionally positivist direction’ as they became ‘increasingly sensitised to the logic of biomedical research,’

²⁸ Presumably, Steven cites *viral loads* here in reference to the window period, in the sense that a certain viral load must be attained after infection before HIV RNA becomes detectable through nucleic acid testing.

blood donor activists' own politics were transformed through their changing relationship to the logics and apparatuses of science and technology underpinning donation policy.

9.3.2. Denying Gay Subjectivity

However, unlike AIDS treatment activists, whose legacy includes a pragmatically-oriented critique of scientific method that indicated that 'reliable knowledge is produced through close attention to the concrete social, moral, and political context' (Ibid.), blood donor activists have largely failed to present a working critique of science. Indeed, with a strategy that stresses that blood donation policy in its current guise is 'unscientific', activists have forwarded a perception of science that couches an unreconstructed objectivity. Rather than recognise that scientific knowledge is inextricable from social values, activists have made a bid for 'science' in an attempt to expunge from policy what they deem to be a set of homophobic values. In doing so, activists falsely presuppose there to be a 'before' and 'after' of science in relation to blood donation policy – rather than to apprehend, as scholars like Jessica Martucci (2010) and Jeffrey Bennett (2009) indicate, that these values *always* infuse the meaning, interpretation, and construction of data and MSM risk estimates. The point of this reading of blood donor activists' science politics is not to take up a quibble (from the armchair) with activists who are not necessarily familiar with more critical outlooks on scientific epistemology and who are subject to norms of participation set by the domain of biomedicine. Rather, I wish to point out that in reproducing a version of scientific epistemology that is purportedly 'value-free', as I have already suggested, blood donor activists have foregone the possibility of re-articulating new guiding values for blood donation policy rooted from the standpoint of the ethics or experiences of gay community (Haraway, 1991; Harding, 1991).

In this way, activists have recapitulated scientific orthodoxy where subjectivity – and in this case *homosexual* subjectivity – is continually de-valued. In his reading of Foucault, Halperin (1995, pp. 47-57) suggests that if the discourse of sexuality in part exacts its regulatory function by establishing homosexuality to be an object of knowledge and affording heterosexuality the 'privileged stance of subjectivity' (p. 47), then the struggle of gay liberation should be understood as an attempt to 'shift homosexuality...to a position of legitimate subjective agency.' According to Halperin, rather than simply asserting the legitimacy of homosexuality by platitudinously claiming gay to be 'okay' or 'good', the aim of gay liberation ought to be:

To treat homosexuality as a position from which one *can* know, to treat it as a legitimate *condition* of knowledge. Homosexuality, according to this vision of *un gai savoir*, “a gay science”, is...an eccentric positionality to be exploited and explored: a potentially privileged site for the criticism and analysis of cultural discourse. (Ibid, pp. 60-61)

Yet, blood donor activists have, at least in the epistemic context of blood donation, been unable to assert homosexual subjectivity in this way. Colin, for instance, who was particularly self-conscious about his inability to speak comfortably about the science of blood donation policy and whose personal experiences were his primary source of insight on the ban, described his subjective experience as a kind of expertise in its own right but one that was persistently devalued within the politics of blood donation. He told me:

I *am* an expert on homophobia. I am a gay man. I have experienced attacks on the street and homophobic responses to this very issue [...] The medical professionals, they have done statistical analysis on the risk of these groups and they've made assumptions based on maths and maths is probably a little bit more strong in an argument than, “Actually, this is how I feel about it.” When you talk about feelings and perspectives— Personal experience doesn't stand up, I guess, in court, if you like, as much as a stat would. [...] So, although, yes, I am an expert on homophobia and my experiences, that doesn't hold up as much. (C2, January 2019)

Read against Halperin's assertions, Colin, on the one hand, seems to understand homosexuality as a unique and 'legitimate condition of knowledge' but struggled to assert this in the epistemic context. Indeed, as I have already quoted in this chapter, Colin continued to distinguish his ability to 'speak from a place of authenticity' from others who could 'speak from a place of knowledge.' Ultimately, for Colin, these hard epistemic boundaries precipitated an insecurity that led to his eventual disengagement from blood donor activism. He explained why he discontinued his campaigning:

I didn't feel that I was an expert on it and I didn't feel like I could— I wasn't informed enough. I wasn't a medical professional. I wasn't an expert in blood donation policy. So, I felt as though the only thing that I could bring to it was my personal perspective. I'd shared my personal perspective and therefore that had ended my— my involvement with the cause. (C2, January 2019)

For Colin, the epistemic contexts of blood donor activism and, possibly, of biomedicine more generally, where 'personal perspectives' are devalued against formal kinds of expertise, make it harder for activists to develop or persist with a politics informed by a more radical form of knowledge or knowledge practice that springs forth from, rather than denies, gay subjectivity.

9.3.3. Skirting the Sexual, Becoming Respectable

As I learned, where gay subjectivity was backgrounded within blood donor activism, the explicit discussion of the *sexual* dimensions of gay life implicated by the ban was also often precluded. Since blood donor activists strategically staked their credibility on a kind of depoliticised notion of gayness – as a flattened identity form – the mention of the intricacies of sex and sexuality were considered to be a bridge too far, threatening to undermine their legitimacy as interlocutors. In particular, some blood donor activists considered certain sexual practices like barebacking – or sex without condoms – to be simply too scandalous to mention within the politics of blood donation. Tim, for instance, suggested that even though he was personally invested in the idea that barebacking was a sexual practice that, in many circumstances, presented minimal risk of HIV transmission, this was not something he felt able to discuss frankly with the blood services. He articulated his views on bareback sex via the perspective of the gay news publication he worked for and his own preference for sex without condoms:

In our little bubble [at the gay publication], we're probably way ahead of where the narrative is [...] We consider some forms of bareback sex safe because people are aware of the status; they're on PrEP; they are perhaps monogamous and therefore are not at risk. So like, me and my boyfriend [...] will have bareback sex. But that's because we trust each other, we both regularly get

tested together and so I see our sex— our sex is safe. Whereas, back when I was 15, I only saw safe sex as with a condom. (T2, March 2019)

But when I asked Tim if he had ever considered discussing these kinds of intricacies barebacking with the blood services when campaigning about the risk of MSM donors, he told me:

No, I wouldn't take that to the blood donation tables as something we're going to change. But that's what I mean by, like, when we talk about things in the [gay publication] bubble, we are ahead of the time. But that's where I'd like to see society move in 10 years, 20 years, whatever it is time. I think we're a way off that. (T2, March 2019)

Tim's hesitance to discuss barebacking practices as part of a strategy of engagement with the blood services, I think, illuminates something important about the position of discourses on sex and sexuality within the politics of blood donor activism and biomedicine more broadly. Tim presents a difference in attitudes between the internal world of the gay publication where he worked and what he deemed to be the retrograde outlook of blood donation officials. In so doing, Tim gestures to the fact that, as countless scholars have noted, barebacking is a sexual practice that continues to inspire reproach, misunderstanding, moral judgement, accusations of pathology, recklessness, deviance and so on, from outsiders or onlookers and, importantly, regardless of the actual, negotiated safety that may often characterise the practice (Tomso, 2004; Halperin, 2007; Kagan, 2017; Race, 2018).

Thus, to raise the subject of barebacking within the politics of blood donation amongst the what Tim considered to be the retrograde outlook of officials would be to introduce an air of scandal – and the potential for the entrance of 're-crisis' discourses (Kagan, 2015) – that not only might unhelpfully 'politicise' blood donor activist claims but, as I have already suggested in this chapter, might undermine the purported moral integrity upon which their fragile credibility is strategically staked. Moreover, while Tim ostensibly presents the differences in his own perspective and that of the blood services as the teleological product of a kind of temporal lag, this discourse of asynchronicity also registers these different orientations to barebacking in *epistemological* terms. Just as Tim describes his own journey from the age of 15 – where he 'only' understood 'safe' sex to be sex with condoms – to today – where he is able to apprehend the

complexities of negotiated safety and the possibility of bareback sex without risk – as an epistemic journey through time, Tim regards the blood services as in possession of a more juvenile or undeveloped epistemology of HIV transmission. In this sense, introducing the nuances of barebacking to the blood services was not simply regarded as too *scandalous* a possibility but, critically, as too *complex* a matter – at odds with what activists experienced as the prevailing epistemology of the blood services.

Crucially, the effects of these dimensions – the moral and the epistemological – on the politics of blood donation are not easily separated. As Race (2018) has articulated, practices like drug-taking, gay sex, or sex on drugs (where they are apprehended as public health problems) are difficult to approach with care and sensitivity both because of the way they are routinely moralised *and* because the dominant epistemology of the spheres of public health and HIV prevention is a positivism that is hostile to complexity and contingency. As such, what is written off as morally reproachful is easily excluded as too complex, unwieldy or beyond the scope of the scientific gaze. In part, this accounts for why, as I have described in Chapter 7.3.3, blood donor activists have so easily taken up a strategy that reifies a simplistic risk positivism of ‘safe’ (i.e. sex with condoms and monogamy) and ‘unsafe’ (i.e. condomless) sex in the pursuit of an individualised risk-based system of blood donation: the re-presentation of this simple – and, by all accounts, outmoded – dichotomy of sexual risk toes the epistemological line of the blood services. Yet, in doing so, activists have threatened to undermine some of the most important developments in the epistemology of HIV transmission made, in parallel, by PrEP advocacy that seeks to establish viable biomedical alternatives to sex with condoms and monogamous coupling, as well as the scientific consensus that ‘U=U’ or ‘undetectable = untransmittable’ – that a person living with HIV and on effective treatment with an undetectable viral load is unable to pass on the virus.

That sexual morality and viable epistemology might be mutually constitutive was most apparent where blood donor activists expressed how they felt compelled to navigate the framing of their own sexual lives and practices as a strategic prerequisite to legitimate participation within the politics of blood donation. As I have already suggested, numerous blood donor activists described how their motivations for campaigning were often regarded with intense suspicion and, as such, that they had to assert the virtuousness of their intentions and/as a kind of epistemic virtue. Similarly, activists expressed how they felt pressured by the biológico-moral regimes that apprehended certain forms of sex as ‘good’ or ‘bad’. Colin suggested that, as well

as his self-perceived lack of expertise, the other primary reason he gave up on blood donor activism as a pursuit was because his 'personal sexual history was coming under scrutiny' (C2, January 2019). He told me:

There was a comment on somebody's Facebook about me saying, "People claiming to be all-is-holy when it comes to their sex life but actually they're a slut" or something like that. [...] So I got a little bit frustrated with kind of being perceived as being this, um, this, uh, holy gay guy that like had pure blood and wanted to save his mum's life and all the rest of it and I was a bit like, "Oh, right, okay I'm done with this story now." So I stopped. (C2, January 2019)

When I asked Colin what he thought this commenter was trying to achieve, he suggested the following:

I think they were trying to undermine the point that I was trying to make in my speeches where I talked about, "Judge me by the risk of the sex that I have not who I have it with." So I think that they were trying to say, "Well actually the type of sex that you have isn't particularly risk free." They were commenting on the fact that, as I understand most 18-22 year old guys at university to be, I was sexually active. I would go home with somebody after a night out and I wouldn't think twice about sleeping with them on a first date but I would still use a condom in that moment. He was trying to undermine the argument and to make it look as though *I was pertaining to be this angel who wants to give blood whereas I was actually a slut who took it up the arse from everyone who offered it.* (emphasis added, C2, January 2019)

Colin's experience suggests that even though blood donor activist campaigns were, by all accounts, detached from the overt mention of scandalous sexual practices, sexuality was a discourse that continued to haunt individual activists. The spectre of non-normative sex – promiscuity, risk, non-monogamy, and so on – and their associated moral valences appears to undermine the apparent virtue of individual campaigners and, accordingly, the legitimacy of

their claims pertaining to the estimable nature of TTI risk. In this sense, a veneer of sexual purity is not only the symbolic outcome of blood donor activism but perhaps an entry requirement to the politics of blood donation itself – a means of navigating the discrediting effects of homosexuality by dampening the scandal of taboo sexuality.

In this sense, we might understand the epistemic context of public health – where the moral and epistemological are imbricated in complex ways – as having a disciplinary effect on potential participants; their participation rendered contingent along the lines of responsible biosexual citizenship (Epstein, 2018; Orne and Gall, 2019). Note, for instance, that Colin is quick to justify his own past promiscuity by noting that he would ‘still use a condom in that moment’ (C2, January 2019) – a symbolic prophylaxis against accusations of moral or biological impropriety. The deployment of such discursive and embodied sexual practices is not merely about *modelling* the expectations of the putative gay blood donor in an era of biomedicalization (Clarke et al., 2003) – who should approach sex responsibly and/or ascetically, minimising his own risks through condom use and, where possible, monogamy – but becomes itself a condition of legitimate participation in the politics of blood donation. Ryan, for instance, described the implications that blood donor activism had on his own sexual practices and agencies. He suggested:

I can't go moaning at government officials, "You're discriminating against me" if I wanna go and take risks and have unprotected sex. It's self-ownership as well. You've got to take responsibility of your own actions. (R1, December 2018)

According to Ryan, in order to lodge a legitimate complaint with the state, he had to demonstrate adherence to the dominant regime of safer sex practices, responsible citizenship and *healthism* under neoliberalism (Adam, 2005; Crawford, 2006). Even though one might expect, from a distance, that activists’ personal lives ought to have no bearing on or implications for the reading of the content of their claims – since this would run *counter* to the epistemic norms of public health – in practice, activists felt compelled to embody responsible sexual practice under the terms of biosexual citizenship (Epstein, 2018) as a condition of legitimate participation. This insight once again presents the possibility of understanding homonormativity as shaped by the epistemic requirements of policy. For, it was apparent that

gay men felt that if they wish to be heard, and with any credibility, they had to take on the shape of the hygienic, civically-minded and productive New Gay Man (Shugart, 2003; Kagan, 2017) who eschews risky practices, adopts monogamy, and has only the ‘safest’ sex. Thus, even the sexualised dimensions of homonormativity (McNamara, 2013) – in other words, the norms that govern gay sexual culture some degrees removed from political advocacy pertaining to the so-called gay blood ban – can be understood as, in certain cases, intimately entangled with the demands of the politics of knowledge.

9.3.4. Silencing Others

The scandalous nature of non-normative sexuality was understood by some activists to distance them from the possibility of claiming moral propriety and, concomitantly and ironically, apparent value neutrality. Crucially, this air of scandal adheres to or coheres around certain groups more than others – in particular, those whose sexual practices are perceived as falling *de facto* outside of what Gayle Rubin (1984) has described as the ‘charmed circle’ of respectable sexuality. Gay men have found themselves particularly vulnerable to this messy dynamic on account of the ‘public’ nature of their sexuality – in contrast to the invisible-but-everywhere nature of heterosexuality (Berlant and Warner, 1998). As well as modelling forms of ‘good’ or ‘healthy’ sexuality (described above), in an attempt to claw their way back from the ‘outer limits’ (Rubin, 1984) of sexual respectability so as to be heard, as I will go on to describe, blood donor activists have found it difficult to advocate for more marginal groups that represent greater taboos, like sex work and drug use, and strategically beneficial to eschew these issues entirely.

As Colin suggested, the homophobic imaginary of gay sexual culture and the particular kind of backlash anal sex could provoke – what Bersani (1987, p. 212) distilled as ‘the intolerable image of a grown man, legs high in the air, unable to refuse the suicidal ecstasy of being a woman’ – made it ‘very easy to discredit a gay man’ (C2, January 2019). At one point during our interview, Colin wondered aloud about this, imagining a hypothetical scenario that I think is worth quoting from at length:

I just wonder— So imagine I've been on the news one night and I've been talking about how you should gauge the type of sex that they have rather than the person that they're doing it with. Imagine if I was in [London's] Vauxhall

for the weekend and the same journalist who interviewed me spots me coming out of a bathhouse. The immediate assumption would have been that I was engaging in high-risk sex because I'd been in a bathhouse. So, I could have been having completely safe, protected sex. I could have been with my partner, just chilling and maybe having sex with just my partner. Or I could have been in the showers, bent over, taking raw cock from everybody that was in there. The perception would have been that this person who is talking about blood donation— why would they frequent a bathhouse? [...] That's quite a risky place to have sex presumably. [...] And I can't think of a similar example to the, uh, to the SaBTO person. I don't know what would be the equivalent for them but it would be a damn sight harder to discredit them, right? (C2, January 2019)

While Colin's example here is entirely speculative, it does point to the circulation and effects of certain discourses pertaining to sex and sexuality that cohere particularly to gay men (and, in the context of the politics of blood donation, to laity more than the accredited experts of SaBTO). Even if Colin was not, in reality, spotted leaving what the 'post-industrial pleasure gardens' (Andersson, 2011) of London's Vauxhall – an area of London known for its gay nightlife, sexual culture and recreational drug use – it is clear that the discourses that make such a scenario seem possible *are* real insofar as they paranoiacally infect his actions and, therefore, had an effect on his behaviour – eventually leading to his exit from blood donor activism.

Colin suggests that, as countless scholars have noted (Rubin, 1984; Weeks, 1985; Freedman, 1987; Warner, 1999; Johnson, 2004; Duggan, 2006b), the scandal of sexuality – the latent affective mechanic of sex panic – is redoubled for gay men, since queerness itself (associated with corruptive *hypersexuality*) may be regarded as a kind of scandal. Although Colin implies that a certain kind of visit to the bathhouse (a sexless visit, a visit within the bounds of monogamy, or a visit with condoms) might somewhat redeem this trip, he also notes, rightly, that as a visible gay man in the politics of blood donation or public health, the scandal of sexuality would appear to undermine and to stick to him in a way that it could not to an apparent expert – whose formal expertise and fluency in the 'objective' stuff of policy galvanise against the corrosive effects of sexual life. Protected by a carefully maintained public/private divide, the accredited expert is afforded some distance between the content of what they say and what they

do. In contrast, the gay advocate – whose private sexual life has become a matter of public interest and political discussion under the terms of sexual or intimate citizenship (Berlant, 1997; Weeks, 1998; Lister, 2002) – finds that homosexual subjectivity is not merely deprivileged within the politics of blood donation but unfortunately persists as a strategy for devaluing the gay knower; that what they say and what they do may be tightly coupled. Thus, to repeat Colin, ‘it is easy to discredit a gay man.’

I have already pointed to a number of strategies deployed by gay men to help mitigate the risk posed by their homosexuality to their credibility. Blood donor activists, for instance, present depoliticised campaigns that avoid the tricky topics of sex, homophobia, or homosexual subjectivity entirely or else may feel compelled to model the responsibilities of the good biosexual citizen. Through interview, however, it became apparent that, for the blood donor activists that I spoke to, the need to carefully manage the matter of homosexual subjectivity in their campaigns made it difficult to explicitly engage with the topic of other sexual and/or political subjects who were more politically dispossessed or despised. As such, as described in Chapter 7.3.3, blood donor activist campaigns have largely failed to coalition-build with or to fully represent what Dziuban and Sekuler (2020) have referred to as the other ‘figures of risk’ of European blood donation regimes – that is, the broader landscape of blood donor deferral criteria including bans on commercial sex workers, people who inject drugs, and people who have been sexually active in sub-Saharan Africa. The more sensationalised and taboo topics of drug use and sex work generated a kind of affective response that the framing of the ‘gay blood ban’ did not – likely as a product of the already cautious and depoliticised framing of the subject I have outlined in this chapter. Interestingly, the resistance that the members of FreedomToDonate were met with came from *within* the lines of the blood donor activist movement – from MPs who were otherwise sympathetic to the aim of reform to the ‘gay blood ban.’ As a result of the terse reception to these taboo issues, as described in Chapter 7.3.3, the group, Steven told me, eventually distanced themselves from this cause entirely. Others explained their failure to address the deferral of other risk groups in epistemological terms – as simply *too complex* for them to get to grips with. When I asked Simon, a long-term blood donor activist, for instance, if he considered other excluded groups alongside gay men in his campaigning, he replied:

Like I said, I'm not a medical scientist, so getting my head round the epidemiological basis of why gay men should give blood was a complex process. [...] I'm not an expert on sex workers. (S2, November 2018)

As I have suggested above, where the politics of knowledge and sexuality overlap, that which is considered beyond the pale in moral terms may often be rendered epistemologically unintelligible (Epstein, 2006). Thus, Simon's suggestion that sex work was simply too much for him to take on given the already complicated epidemiological terrain of MSM donation implicates sex work as a topic that was also too much (excessively scandalous) for the political space of blood donor activism – that sex workers are a cultural Other that risked upsetting the hard-won, rational and apolitical space that blood donor activists had worked hard to carve – through the invocation of 'scientific' discourse – to discuss gay men.

Whatever the explicit justification provided by blood donor activists, it is clear that in failing to pick up on sex work and other deferral criteria as issues alongside MSM deferral, they have not only denied sex workers the possibility of articulating accounts of deferral criteria alongside urgent calls for decriminalisation, protection and self-determination but also reinforced the moral regimes and normativities that mark these categories – and queerness – as deviant in the first place. Note, for instance, what Steven suggested was the difficulty in representing sex workers politically:

I think a lot of people when you say commercial sex worker think of someone stood on a street corner and who'd got STIs and all kinds of other issues, whereas actually there's plenty of people who've had sex once and may have been paid for it for whatever horrendous reason. (S1, May 2018)

Although they might appear sympathetic, the discourses Steven draws on here are distinctly *anti-prostitution*, summoning both the most abject image of prostitution available in our culture – the street worker as disease vector – and implying that sex work is only acceptable if, in fact, sex work is coerced, which implies sex work can never *really* be a form of work (Mac and Smith, 2018). Moreover, such an orientation to sex work fails to challenge the kind of stigma that commonly binds those furthest from the apex of hierarchised sexual morality which, no doubt, includes gay men *and* sex workers (Bersani, 1987).

9.4. Summary

In this chapter I have outlined the implications of the epistemic norms of public health policy for the sexual politics of blood donor activism. In particular, I have tried to address how, in the process of pursuing the credibility-raising strategies outlined in the previous chapter, activists have been compelled to eschew and disavow campaign forms that might be read as overtly or tacitly *homosexual*. In so doing, through an analysis that brings queer studies together with STS and extends the kind of ‘straight’ STS account of activism outlined in Chapter 8, I have highlighted both the enduring and discrediting capacities of homosexual identity or displays of homosexuality and, in parallel, the role of a limited epistemic opportunity structure within the politics of public health in configuring blood donor activism as a homonormative political form with a dampened and often contradictory sexual politics. Crucially, I have also noted that the discursive effects of this extend beyond the realm of what activists felt (un)able to articulate within their campaigns, also implicating their own embodiments and sexual practices as queer men and their capacity to coalition-build with other ‘figures of risk’ (Dziuban and Sekuler, 2020).

10. A Queer Politics of Blood?

Discussion and Conclusion

10.1. How Do You Solve a Problem like Blood Donor Activism?

'It galls me every time I hear an advert on the radio asking people to give blood when there's a huge section of society that is denied that for no good reason.' So says 'David', speaking to *The Victoria Derbyshire Programme* in 2019, minutes before he attends his appointment to give blood (despite being a sexually active gay man). Later in the same segment, a gay man referred to as 'Ryan', who has been giving blood for years, explains that deferral made him feel 'that I wasn't good enough...that my blood didn't matter.' These men are angry, hurt, and frustrated and, based on the testimony gathered in this thesis, their feelings reflect those of a significant proportion of queer men and their allies who have been motivated enough to campaign on the issue. As I described in Chapter 6.2 of this thesis, these feelings are rooted in histories and experiences of homophobia – a latent wound scratched by exclusionary blood donation policy. The deferral of queer men from the act of giving blood is, for these men, a producer and product of the social horrors of AIDS crisis, the pathologisation of homosexuality, and the persistent positioning of gay and bisexual men as second-class citizens.

However, the majority of this thesis has *not* been dedicated to the problematisation of blood donation policy – rather, to the activism surrounding it. In part, this has been a response to the dearth of scholarly attention to the latter. In Chapter 2 of this thesis, I reviewed the existing scholarship on blood donation and its politics and noted that this literature paid little attention to blood donor activism as an object of inquiry. Furthermore, I noted, where it has been taken up by scholars as a case, studies have focussed on the symbolics of blood donor activism rather than attend to these campaigns as social movement forms in practice. In this way, scholarship has tended simply to recapitulate the position already taken and felt by blood donor activists and their allies – that the 'gay blood ban' represents an egregious and homophobic devaluing of queer men and their bodies. With a few notable exceptions (Dryden, 2015; Hannabach, 2016; Crath and Rangel, 2017), scholars have rarely developed a critique of

blood donor activist politics or their workings. What I have argued over the chapters of this thesis, then, through a combination of detailed empirical and archival work, is that it is not necessarily only blood donation policy that is problematic – but also the activism that seeks to influence it, as well as the biomedical context within which it operates. The solution identified by activists to a problem identified by many gay and bisexual men – the so-called ‘gay blood ban’ – is, it turns out, not really a satisfying solution after all.

How then can we address the newly identified problem of blood donor activism? Moreover, if blood donor activism is a response – or solution posed – to the problem of blood donation policy, is it possible to approach both problems at once? Is it possible, on the one hand, to acknowledge and speak to the feelings of blood donor activists and men like ‘Ryan’ and ‘David’ (above) about blood donation policy, whilst, on the other, to avoid lapsing into and simultaneously redressing the discursive pitfalls of blood donor activist campaigns? What is a man who is incensed about blood donation policy – perhaps incensed enough that he gives blood as an act of protest – supposed to do with his ire? How is he supposed to express his political energies and agency? Into what, if not blood donation or the politics of blood donor activism, is he – or are we – supposed to invest? In this, the final chapter of this thesis, I will attempt to approach this question by taking a more reparative approach to the problems of blood donation policy and its activism (Sedgwick, 2003) – forwarding what I consider to be a queer politics of blood.

* * *

First, however, I wish to return to the research questions posed in Chapter 1.1, which have structured the inquiry of the data chapters of this thesis and have also characterised the nature of the problems described above:

1. What are the motivations of blood donor activists and why are they particularly attached to blood donation policy – specifically MSM – reform as a political goal?
2. What are the implications of blood donor activism in relation to the broader landscape of gay politics and subject formation?

3. What are the strategies that lay blood donor activists have taken up in order to effect change and, especially, those taken up to convince expert policy-makers of the need for reform?

The answers to these questions are the outcomes of the social research and archival work that I have conducted in this project and have produced three important themes that undergird this thesis – the implications of which warrant further examination. These themes, which are the political, theoretical and scholarly contributions of the work I have undertaken here and which I will discuss in detail below, are: the force of un/happiness, the health politics of homonormativity, and the entanglements of credibility and respectability. Importantly, as I will go on to discuss in the final section of this chapter, these themes that I have produced have not only emerged at the juncture of a nascent queer STS – which considers the entanglements of science, technology and sexuality – but also significantly advanced its formulation, indicating both what it is capable of doing and, indeed, what it might be.

10.2. Theme 1: Un/Happiness

In Chapter 6 of this thesis, I unpacked what emerged from my research as the motivations behind blood donor activist campaigning. I described activist's discomfort with donor deferral criteria as being what I have argued is a technology of homophobia. Activists expressed a desire to change a policy of MSM donor exclusion that they argued both to be borne of a pathological regard for male homosexuality and also to be an emissary of this message. But I also argued that attending to activists' stated unhappiness with policy is not the only the only critical register within which we might parse activist motivations. I also noted that by considering blood donor activism as situated within an affective economy – one that hinges on a contingent framing of blood donation in the UK – we could understand these campaigns to be a product of a particular cultural investment in the act of giving (or collecting) blood. Specifically, a widespread framing of blood donation as an altruistic act – a normative rhetoric designed to encourage donation within an otherwise anonymised system of exchange – has served to configure blood donation as a 'happy object' (Ahmed, 2009b). The affective flows surrounding and defining blood donation, I contended, forms the vital public morally oriented to the happy-making and 'good' act of donation (Strong, 2009). Numbered among this vital public are those

excluded from the act of donation – including the queer men who largely people the blood donor activist movement. These men described their feelings of exclusion in terms of a series of unhappy affects – including anger, frustration and a longing to be enfolded into the sticky flows of happiness that circulated blood donors and the act of donation. They gestured to feeling the affective lure of blood donation as a happy object – a desire to be marked out by participation in the ritual as happy, good, and moral – and thus situated their campaigns as attempts to secure this.

This form of analysis makes several important contributions to existing scholarship within social movement studies. As I noted in Chapter 3.6.4.1, vanishingly little work in the sociology of social movements has engaged with affect theory. While there is a large literature that considers the role of emotion in the formation and operation of social movements, these studies have tended to take up an ‘inside out’ model of affect – that is, to regard emotions as having endogenous origins and a positive residence within social movement actors. For instance, scholarly descriptions of ‘moral shocks’ (Jasper, 1998) as integral strategies for enrolling actors into a social movement position the feelings elicited by emotionally charged or moving material as internally generated – a natural response to, say, imagery of animal abuse. The use of affect theory, however, can extend this framework by attending to the blurred boundary between the in and outside of self and the capacity of affects to move us from the *outside in* (Seigworth and Gregg, 2009). For the study of social movements, affect theory highlights how affects can float free of and pre-exist their experiencing by subjects and, accordingly, how they may pre-figure or determine the shape of social movements to which they – and their constituent objects – become relevant.

Indeed, in Chapter 6 of this thesis, I have demonstrated precisely this use of a theory of affect for social movement studies. As I have noted, I opened my survey of my participants’ motivations for activism by highlighting the umbrage they took with what they considered to be a homophobic policy of deferral. This analysis can be understood as adhering to an ‘inside out’ model of emotion and its place in social movement formation and operation: activists are moved to act because blood donation policy stirs internally generated feelings of ire among them. Yet, I have contended that the feelings that motivate blood donor activists are also stirred from the *outside in* – that their unhappiness is the corollary of a historical and strategic (for the aims of blood collection) cultural investment in blood donation as a ‘good thing to do’. Activists are, therefore, driven to act because of happy affects already and exogenously circulating across

the field. In this sense, a broad regard for the contingent affective economy within which blood donation is embedded ‘aid[s] in comprehending...political oppositionality’ (Pellegrini and Puar, 2009, p. 37) to the technologies that delimit access to it.

One implication here relevant to the sociology of social movements is to highlight a significant role for positive affect in the formation of social movements. For, while scholars in social movement studies have considered the role of positive emotions in the long-term and day-to-day function of social movements – for instance, the importance of solidarity, pleasure and fun as sustaining and shaping the trajectories of social movements (Goodwin, 1997; Jasper, 1998; Brown and Pickerill, 2009; Horton and Kraftl, 2009; Wettergren, 2009) – fewer have considered the role of positive affects in the *formation* of activist movements. Instead, scholarship has tended to focus on the role played by negative emotions – like moral shocks – in the coming together of social movement forms (Jasper, 1998; Gould, 2009; Traïni, 2009). In shifting away from a regard for blood donor activism as purely motivated by the sting of homophobia or affront of exclusion and, instead, centring the place of happiness (in part, as relationally determining feelings of unhappiness) in the formation of the blood donor activist movement, I have asserted the importance place of positive affects, as they circulate across culture and come to define ‘happy objects’, in the incubation of social movements.

Another significant implication here for the study of social movements – within STS or further afield – is to open up an additional critical register through which the origins and aims of social movements and activist forms can be understood. It provokes questions about the affects invested in the objects around which social movements coalesce. For instance, what feelings are invested, by whom, and to what ends, in the institutions into which excluded groups might seek access? What is the nature of the affective economy within which justice-seeking social movements are embedded? These questions might seem trite at first glance. It may seem obvious, for instance, that some social good to which an excluded group seeks access would be marked out as happy-making. However, not only does such a line of inquiry promote sensitivity to the cultural, historical and otherwise contextual contingency of these investments (i.e. whether these affects are stable across time and place), but it opens up the possibility of more *critical* work in the field of social movement studies. For, as I will go on to describe in Section 10.4 of this chapter, a recognition of the contingency of the affects that circulate certain objects also entails a recognition of the contingency of our investment in these affects and thus opens us up to politics that exceed what Love (2007a) describes as ‘compulsory happiness’. As

such, social movement forms – like blood donor activism – that appear to be necessary solutions to political unhappiness but that, in turn, couch their own problems can be positioned as just one possible solution among a number of (queerer) orientations. For the sociology of social movements, a field that so often tends to the descriptive, this critical posture represents a welcome and much needed injection of politically motivated argumentation.

10.3. Theme 2: A Homonormative Politics of Health

In Chapter 7, I continued to explore what blood donor activists described as the aims of their campaigning – this time, the configuration of a viable, and openly, gay blood donor (the possibility of which is otherwise denied by exclusionary deferral criteria). By examining what discourses campaigners have enrolled or innovated in order to make a bid for the gay blood donor, I turned to consider the world-building effects of blood donor activism: specifically, its implications for contemporary gay subject formation. Here, I argued that activists have sought to assert the figure of the ‘gay blood donor’ – who stands in for the figure of the contemporary gay man – as healthy and health-bringing and, in so doing, cultivated a politics of homonormativity. Through overt appeals to homonationalism (Puar, 2007) and a ‘post-AIDS’ discourse (Butler, 2004), blood donor activists situate the contemporary (white, middle class, cisgender) gay man as somatically, sexually, racially, and gendered normal and, crucially, as distanced from the contaminating effects of an ongoing HIV and AIDS crisis. Moreover, navigating the limits of TTI testing sensitivity, which render it difficult under current epidemiological conditions to advocate for blanket inclusion of ‘high risk’ groups, activists have worked to speciate MSM into clades unworthy and worthy of inclusion. In so doing, activists have asserted the worthiness of the ‘low risk’ (good) gay blood donor against a series of deviant opposites – barebackers, drug users, sex workers, and promiscuous homo- and heterosexuals. This is a discursive move that can be understood as an extension of what I described in Chapter 5.1.2, drawing on archival research, as the longstanding, narrow, ‘single issue’ diagnostic framing of blood donor deferral as a ‘gay blood ban’ (Ferguson, 2019) – a framing that ‘singles out’ gay men from a lengthy list of exclusion criteria and establishes a discursive field within which gay men can be squared against other ‘figures of risk’ (Dziuban and Sekuler, 2020). Blood donor activism can thus be understood to centre white, monogamous, condom wearing gay men at the expense of other excluded groups.

The politics evinced by the blood donor activist movement reveal something (troubling) about certain contemporary politics of HIV or the broader politics of queer sexual health in a ‘post-AIDS’ landscape – what I term a *homonormative politics of health*. The reality is that queer men continue to exist within an unequal landscape of risk: they remain hundreds of times more likely to seroconvert than their heterosexual counterparts. Under current conservative political and economic conditions in the UK, an ever-eroded and underfunded public health infrastructure also poses the risk – especially, as I have noted in Chapter 7.2.3, for those who are poor or not white – of increasing rates of HIV and other STI transmission. However, a homonormative politics of health, the kind enrolled by blood donor activists, operates in fear of the pathologising reputational damage done by such an admission (failing to recognise that such reputational damage would only be done by already homophobic agents who need little convincing of homosexuality’s ills). It opts, instead, to focus on restoring the social image of white, middle class gay men. This is the segment of community most cosily distanced from transmission risk and who are assumed to exist in a state of ‘post-crisis’ (Kagan, 2017) and therefore for whom, by eschewing solidarity with the remainder of community, certain epidemiological realities might be strategically denied. Accordingly, we might understand that under a homonormative politics of health, the locus of concern has shifted away from what can be considered *real risk* – i.e. actually existing epidemiology – and instead towards *social risk*, which has become the primary fixation for actors committed to this kind of politics. Within a politics that seeks to rehabilitate homosexuality’s reputation in the aftermath of AIDS crisis, the integrity, virtue, and cleanliness of the white, middle-class, urban dwelling gay man is prized above all. As a result, the biggest threat to gay life in the UK, as it is figured under a homonormative politics of health, is to the *image* of the contemporary gay man, which must be protected at all costs.

There are several significant, real world implications of these politics. Firstly, in giving primacy to mitigating social risk, a homonormative politics of health may often fail to challenge the discursive landscapes that give rise to concerns like stigma in the first place. Agents of this politics have pointed to the somatic integrity (e.g. HIV-negativity) of certain slivers of queer community as a means to illustrate or make a case for their moral integrity (and, therefore, their inclusion). In so doing, they have only shored up a discursive structure that collapses the biological and the moral – one that has historically positioned HIV crisis – an ‘epidemic of signification’ (Treichler, 1987) – as anything other than an unfortunate viral accident affecting

neglected communities and, instead, as a condemnation, a plague, a punishment, a failure of will, just desserts, and so on. For instance, as I have noted in Chapter 2.3.4, one of the discursive legacies of the transmission of HIV through national blood supplies was the introduction of the notion of the ‘innocent’ and ‘deserving’ victims of AIDS (Berridge, 1996; Ballard, 1999; Feldman and Bayer, 1999; Crath and Rangel, 2017). This is a medico-moralism that, as scholars like Bennett (2009) have contended, impedes sensible discussions about risk and the blood supply by positioning the shadow of the risky queer as lurking over the body of the vulnerable patient-recipient (Davidson, 2008).

Historically, some HIV activists, most notably in Canada, have sought to intervene within this moralising framework. McKay (2017, p. 260), for instance, describes how one representative from the Canadian AIDS Society, Douglas Elliott, saw Canada’s Krever Commission – a 1994 inquiry into the handling of infected blood products – as offering Canadian gay communities an important ‘opportunity to document officially their early response to AIDS in the face of governmental inertia and widespread homophobia.’ Elliott, fearing that the Canadian Haemophilia Society might somehow misrepresent gay community responses to AIDS, used the hearing to stress the ‘social underpinnings of the spread of HIV’ (Ibid., p. 263). He argued that it was, in fact, institutional indifference in the early years of the epidemic, as well as homophobia and racism, that exacerbated the spread of HIV and AIDS and that this, rather than the indifference of individual or callous gay blood donors, had effected a crisis of infected blood. In this way, Elliott attempted to refigure a discursive landscape that was otherwise primed to locate guilt and blame in the individual and, specifically, HIV+ queer men. In contrast, however, blood donor activists have done little to challenge this allocation of ‘guilt’ and ‘innocence’ in the landscape of HIV infection. Rather, their campaigns have sought to effect a ‘performative cleansing’ (Crath and Rangel, 2017, p. 806) and to shunt the gaze of this framing – working to dislocate blame from now-innocent ‘low risk’ (monogamous, condom-wearing) MSM by pinpointing it on other, underserving entrants into the national blood supply. By disaffiliating from other figures of risk as a means to redeem ‘low risk’ MSM, have merely whetted the blade for those already at the sharpest end of social and sexual stigma.

As well as unintentionally re-inscribing the discursive structures that contribute to social stigma, the attention paid by a homonormative politics of health to social risk above all else threatens to exacerbate conditions of real risk – by neglecting to attend to them at all. In other words, ‘for those of us who would still like to talk about *reality*’ (Haraway, 1988, p. 577),

if medicine can be understood as a biological and moral regime (as discussed in Chapters 2.3.4 and 3.4.1), a homonormative politics of health places an undue emphasis upon challenging moral judgements at the expense of addressing biological realities. Blood donor activism is, of course, one such case of this. Activists, for instance, acknowledge inequalities in a landscape of HIV and TTI risk where they gesture to certain groups – drug users, sex workers, migrant populations, promiscuous gay men – as being ‘high risk’ (and, therefore, unsafe for inclusion in the national blood supply). Yet, their politics neither express solidarity with these groups nor work to address these realities. Moreover, as I have noted in Chapter 9.3.3, activists’ pursuit of policy reform as a priority has sometimes required them to downplay developments in the epistemology and management of HIV transmission – notably, the advent of PrEP, ‘U=U’, and the shifting meanings of sex without condoms. Because of their anxieties about lingering social stigma pertaining to bareback sex, blood donor activist campaigns therefore risk undermining important material and epistemic interventions in the field of HIV prevention.

Indeed, newly implemented blood donor deferral criteria in the UK does embody some of these contradictions as a direct consequence of activist intervention in the arena of policy-making. In December 2020, SaBTO recommended a series of changes to blood donation criteria in the UK (Hunte, 2020), shaped by the advice of a 129-page report published by the recently established For the Assessment of Individualised Risk (FAIR) steering group. The FAIR group – made up of a range of stakeholders including scientists, blood donor activists, patient representatives and blood service staff – was formed as a result of the continued pressure from lobbyists like the members of FreedomToDonate (who were part of the group) to replace the UK’s blanket policy of MSM deferral with an individualised, risk-based approach to donor selection. The new policy, proposed as a ‘step towards a more individualised risk-based policy,’ was described by the FAIR group as the uptake of ‘gender neutral’ exclusion criteria (FAIR group, 2020). Under the new guidance, blood donation is permitted from any individual, regardless of their gender, who has had the same sexual partner for the last three months – meaning that gay and bisexual men who are in monogamous relationships with other men are now permitted to give blood. Ethan Spibey, the founder of FreedomToDonate, spoke proudly to *Sky News* when the news was announced, asserting the new policy as a ‘huge step’ and as working to challenge ‘the stereotype of a gay man being dirty’ (Sky News, 2020). On 14th June 2021, World Blood Donor Day, when the new criteria came into effect, mainstream media was flooded with reports and images of happy couples and monogamous gay and bisexual men

donating blood. Steven Smillie and Tyler McNeil, a married couple from Edinburgh, both expressed their delight in being able to give blood for the first time. McNeil told *The National*, 'I am aware...[of] how donated blood can save lives and I am glad that the changes in the blood donation criteria will enable me to donate for the first time in my life' (Meighan, 2021). Speaking to *BBC News*, one Welsh gay man described how the day was 'very special' for him and his husband: 'Together we can now make potentially lifesaving donations to help patients in need' (*BBC News*, 2021).

However, thanks to their insistence upon the incorporation of monogamous gay blood donors via an individualised system of risk, blood donor activists exposed new sexual practices and behaviours to moral scrutiny and highly specified demarcation as 'high risk'. New UK policy now prohibits from donating blood, alongside promiscuous queer men: anyone (including heterosexual men and women) who has casual anal sex, anyone who has engaged in 'chemsex' in the last three months, and individuals who have used PrEP in the last three months. While PrEP is proven to be highly effective at preventing the sexual transmission of HIV (Spinner et al., 2016), with regards to this category of exclusion, the report cites concerns that an individual on PrEP who 'becomes HIV infected...as a result, for example, of poor adherence' may have a viral load that is undetectable to testing but that 'may still be infectious through blood transfusion' (FAIR group, 2020, p. 124). Consistent with what scholars have highlighted as the blood services' highly risk averse culture of decision making (O'Neill, 2003; Roussel, 2003; Farrell, 2012; Charbonneau and Quéniart, 2016) and a tendency to rely on data gaps to justify policy (Bennett, 2009; Galarneau, 2010; Martucci, 2010), the report goes on to note that the exclusion of PrEP users is a 'precautionary measure because there are limited data currently available on this topic' (Ibid., p. 125). Indeed, just three studies on the interaction of PrEP and the detection of HIV in donated blood have been published to date, two of which indicate some risk of viral rebound (Custer et al., 2020; Seed et al., 2021) and one of which was inconclusive (Seed, Yang and Lee, 2017).

If, as scholars and activists alike contend, the exclusion of certain groups marks them out as the 'sign of [HIV] infection' (Bersani, 1987, p. 212), then the pinpointing of PrEP-users as a 'high risk' group enacts a confusing double message about a biomedical tool otherwise understood to prevent HIV infection. After the news of reform was announced, some people took to Twitter to express confusion about why individuals who have taken PrEP would be ineligible to donate. 'I've just seen that being on PrEP makes you ineligible for blood donation.

What's that about?' wrote one user (Nate Higgins, 2021). Another complained that the new blood donation policy provided 'straight up false info about PrEP' (u.a. vtuber, 2020). While the FAIR report acknowledged that 'there is a lack of public awareness on the potential impact of PrEP on HIV testing' and recommended that 'further information is shared as part of the communication strategy following the implementation of the new deferral format,' to date, neither the blood services nor any prominent blood donor activist group has attempted to provide clarity about the issue. Accordingly, blood donor activists' homonormative politics of health – which has given primacy to social repair for a respectable cohort of monogamous, condom-wearing men – has pushed the use of a vital biomedical intervention into an undermining epistemological risk closet.

10.3.1. Monkeypox

Recently, this political tendency – the obfuscation of real risk – has been concerningly embodied within certain responses to the transmission of monkeypox virus among MSM in Europe and North America. On 23rd July 2022, the World Health Organization (WHO) declared the global spread of monkeypox – a heretofore rare disease in the Global North but already endemic in West and Central Africa – a 'public health emergency of international concern' (Davis and Bryant, 2022). At this point, in excess of 16,000 cases had been reported worldwide, with 98 percent of infections identified amongst MSM (Thornhill et al., 2022). Although the virus was thought to be spread through close physical contact and not specifically through sex, 95 percent of infections were suspected to have been spread through or linked to sexual activity (Ibid.). Accordingly, Tedros Adhanom Ghebreyesus, the director-general of WHO, named MSM as at particular risk of monkeypox and urged public health authorities to work with the community to educate about risk and deliver targeted interventions (Kupferschmidt, 2022). Ghebreyesus' statement and its subsequent reportage in the media prompted a startling backlash from individuals who claimed it to be homophobic. Some Twitter users, for instance, accused the WHO of 'putting this on the gays' despite the fact that 'anyone can catch it' (Zinda, his face black, his eyes red [@AQueerPanda], 2022) and that this statement was 'deliberately creating gay panic' (naberius bottoms for goofy [@branewurms], 2022). Many drew parallels to the early response to HIV crisis, when AIDS was labelled 'gay plague', and claimed that the WHO was 'literally creating AIDS 2.0' (X Æ A-12 but only

when I'm Nasty [@junejohnson], 2022). Writing in *Men's Health*, one journalist expressed his disdain for press misrepresentations of monkeypox as a sexually transmitted infection spreading between MSM. He suggested that this echoed early framings of AIDS as a 'gay' disease, 'bolstered by the conservative idea that queer sex is dirty, shameful, and immoral, and that the people contracting HIV somehow deserved what happened to them' (Ellis, 2022).

Concerned about the risk that a new virus posed to the reputation of a community still licking its wounds from AIDS crisis, these individuals framed the labelling of MSM as at high risk of monkeypox infection – and thus their naming as priorities for care – as a condemnation of queer men as vectors of disease by public health authorities. Yet, this framing was a paranoid one – a defensive and precautionary response to moral judgements that might be made by conservative forces or those with already homophobic impulses. Neither the virus itself – in its stochastic movements within an unlucky community – nor the public health authorities – in naming what they were observing as risk groups for viral infection – made such a moral judgement.

Moreover, this framing was extremely limited. Individuals concerned about the special attention paid to MSM at the epicentre of a new viral crisis misrecognised the locus of homophobia in the management of monkeypox, which lies not in the 'singling out' of MSM as at-risk but in the reluctance to respond to the global spread of monkeypox *in the first place*. For instance, it took the WHO well over two months after cases were first identified in the UK and across Europe to formally recognise and name monkeypox as a crisis (PA Media, 2022). This, of course, was already despite the fact that outbreaks of monkeypox have been reported in Central and Western Africa since 1970, and as recently in 2017, and roundly ignored by nations in the Global North (Kozlov, 2022). Across Europe and North America, governments have been accused of a lackadaisical approach to vaccine rollout (Goldstein and Otterman, 2022) – with LGBTQ+ groups in the UK warning in August that the government had grossly underordered supplies and underestimated demand for access to inoculation (Mancini, 2022). In this sense, the early response to monkeypox crisis *did* share common ancestry with the response to AIDS crisis: homophobia manifest as state indifference to the plight of queer community.

The point I wish to underscore here is that health outcomes and patterns of viral epidemics may be shaped by state neglect of marginalised groups – a form of necropolitics (Mbembe, 2003) encapsulated within AIDS activists' sloganeering that AIDS crisis was a

‘genocide-by-neglect’ (Epstein, 1997). Accordingly, a homonormative politics of health – like the one described above – that insists naming queer men as at real risk of infection (whether monkeypox or HIV or other pathogen) is a slight to their reputation, threatens to exacerbate conditions that contribute to real risk *in the first place*. It serves or calls to discourage states and public health authorities from targeting interventions selectively and appropriately. As ever, the effects of this will be borne most acutely by those queer men at the intersections of sexual, class and racial oppression, who are already weathering the cost of neglect across multiple axes.

It is important to note that the account I have given here of homonormativity as it pertains to the politics of health – both within and outwith blood donor activism – is a slight but meaningful departure from existing accounts of the phenomenon. As I have described in Chapter 4.5.2, Hanssmann (2009) has criticised a pattern of health advocacy within the LGBTQ+ movement that has given primacy to inclusion within existing paradigms of healthcare and research rather than posing a challenge to the institutional status quo. Specifically, in the US context, Hanssmann notes a failure of mainstream LGBTQ+ movements to advocate for ‘transformation of the health system to provide universal access to healthcare inclusive of just and supportive gender-affirming care’ (Ibid., p. 569). As Hanssmann notes, healthcare advocacy that does not demand universal access will only ever be in service of a privileged few. These politics overlap with the homonormative politics of health that I have elucidated in their appeal to dominant institutions and centring of white and middle-class queers. However, I have further characterised these political forms as shaped by an excessive concern with respectability – consistent with broader trends in homonormative politics – even within the domain of health.

10.3.2. Structure/Agency Revisited

The description I have provided above of a homonormative politics of health appears, temptingly, to foreclose upon the structure-agency debate in the social sciences (Tan, 2011) by implying that homonormativity is a choice that political agents make (in opting to prioritise some concerns over others). However, throughout the chapters of this thesis, I have complicated this picture by pointing to wider structures that have aided in cultivating these political forms within blood donor activism. In Chapter 7, for instance, I noted the role played by the window period – an ‘autonomous property’ (Brey, 1997) of TTI testing – in constraining

activist discourse. Operating within an intensely risk averse institutional culture, where the limits of TTI testing are foregrounded as part of the justificatory logic of deferral, activists found themselves limited in the arguments for reform they were able to put forward to policy-makers. Since they were unable to make a plea for the removal of deferral criteria entirely, activists have therefore felt compelled to make finer-grained appeals for inclusion, challenging a totalising category of ‘MSM’ and urging for distinctions to be drawn between high and low risk sexual practices. Technological infrastructures of testing as well as institutional histories that encourage risk aversion can both, therefore, be considered to constrain and govern the forms of advocacy available to blood donor activists and to pre-determine a homonormative politics – that centres the ‘well-dressed, prosperous, white professional’ (Duggan, 2006, p. 145) – as an amenable political form within the policy landscape of blood donation.

In this sense, structure and agency are tightly entangled in ways that appear to render a homonormative politics of blood donation to be depressingly inevitable. Indeed, as I will underscore in the next section, homonormative sexual politics are further catalysed by the ‘chilling’ political and epistemic contexts of biomedicine and the inescapable nature of heteronormativity, which subtends cultures and discourse of science more broadly. In Section 10.4, however, I will argue how queer work on affect and related sexual politics reveal surprising and counterintuitive routes of agency that lead beyond a homonormative politics of blood donation and towards a more ethical, equitable and queer politics of blood into which we might invest. In other words, I will elaborate upon what options exist for a gay politics that seeks to navigate contentious issues like the ‘gay blood ban’ while resisting the terms of homonormativity that privilege and benefit those gay men and queer figures that are already, materially and socially speaking, the best off.

10.4. Theme 3: Credibility and Respectability

In Chapters 8 and 9, I approached the question of what strategies blood donor activists have utilised in order to convince expert policy-makers of the need for reform. In Chapter 8 I argued, drawing on Epstein (1996), that blood donor activists have taken up a range of tactics in order to raise their credibility as participants in the knowledge politics of blood donation. A number of these tactics, I contended, pertained to ‘scientising’ blood donor activist campaigns – for instance, attenuating emotional displays, learning to speak in the language of biomedicine, or

translating claims into forms better suited to the epistemic context. Critically, I noted that these strategies were highly contingent on the audience to which activists were speaking, or else developed according to the spaces within which activists were operating. Emotional displays, for instance, were considered somewhat effective for enrolling public support but within the sphere of biomedicine, when addressing an audience of accredited experts, they were considered to be misplaced and threatened to undermine a veneer of ‘objectivity’ or ‘rationality’ that lent credence to their campaigns in this context. In this way, I highlighted an important opportunity structure (Kitschelt, 1986) – namely, the biomedical context – that constrained and determined the shape of activist campaigns. Even if the ‘scientific’ nature of activist campaigns was sometimes hollowed out – with discourses that simply gestured to ‘the facts’ or ‘the evidence’ – it was a form that blood donor activists were massaged to take, through the trial and error of trying to hold the ear of the expert members of SaBTO. The epistemic norms associated with science, then, formed a powerful governing structure under which the political claims of outsider activists were compelled to operate.

In Chapter 9, I trained my attention specifically to the implications of the epistemic norms of the biomedical context for the sexual politics of blood donor activism. I argued that the felt imperative to testify before expert policy-makers with campaigns that appeared ‘objective’ – and, therefore, *apolitical* – encouraged activists to downplay aspects of their activism or beliefs that might be perceived as overtly or tacitly homosexual. Complaints about homophobia, exuberant displays of pro-gay advocacy, or political stunts that might be read as effete were to be avoided, which, I contended, demonstrated the discrediting effects of homosexuality within an epistemic context that prized rationality. ‘Science’ was a means, then, for activists, who were almost always queer, to raise their credibility that was degraded on the basis of both their laity *and* their queerness (both their identities and the nature of their aims). I argued, however, that this strategy of ‘managing’ the dimensions of their campaigns perceived as homosexual had a chilling effect on the sexual politics of blood donor activism – catalysing the uptake of homonormativity. In an effort to appear ‘value-neutral’, activists tended to background gay subjectivity within their claims and a normative, conservative sexual morality became tightly coupled with what activists regarded – or experienced – as epistemologically viable. Topics like condomless sex, even in an era of PrEP and ‘undetectability’, were regarded as too complex and too sensational to raise when they needed to appear reasonable and not scandalous. Accordingly, activists tended to centre a moderate and respectable sexuality within

their campaigns – namely, monogamy and condom use – and even felt pressured to model this behaviour in their own sexual lives, as a kind of symbolic prophylaxis against the spectre of non-normative sexuality that hovered over them. To this end, activists also claimed that they were compelled to distance themselves from other groups or subjects that might introduce scandal into their otherwise moderate claims and threaten to undermine their fragile credibility.

10.4.1. Sexualising Credibility Studies

The argument I have put forward here develops on existing literature in both queer and science and technology studies in significant ways. While in Chapter 8 I deployed Epstein's (1996) pathbreaking work to better characterise blood donor activism as a social movement form, in Chapter 9, I expanded upon his framework and, in so doing, revealed some of the shortcomings of credibility studies in STS. Specifically, in arguing that the epistemic norms of public health engagement serve to constrain and flatten the sexual politics of forms of gay advocacy (like blood donor activism), I have elaborated upon what Epstein (2006, p.8) elsewhere describes as the invisibilised relationship between 'the politics of knowledge and the politics of sexuality'. Epstein gestures to the existence of such a relationship in his analysis of a 2003 battle in the US House of Representatives over the National Institutes of Health's (NIH) funding for research on sexuality and health, in which he laments the character of the arguments reached for by defenders of sex research. Under fire from cultural conservatives, who opposed NIH support of the apparently absurd study of topics like sex workers, transgender people, and sex amongst older men, Epstein (Ibid.) notes that sex researchers and their allies have tended to defend their work through an appeal to scientific autonomy, asserting 'that the domains of science and politics...should exist entirely separate from one another, with the former uncontaminated by the latter.' This line of argument, Epstein (Ibid.) suggests, is one that runs counter to the realities of the 'normal workings of science' and lapses to 'indefensible and unreconstructed notions of scientific objectivity and the scientific method,' which he points out had been so skilfully undercut by AIDS activists throughout the late 1980s and early 1990s. Accordingly, he argues, by drawing on a discourse that stages science as apolitical rather than by, say, asserting the need for sexual freedom, left wing proponents of sex research have obfuscated the links between the politics of knowledge and the politics of sexuality – that is,

what right wing critics have recognised, to their own political ends, as the fact that that which is *knowable* tends also to be that which is *acceptable*.

However, thus far, STS (and queer) scholarship has all but overlooked a question posed tacitly by Epstein here – namely, what *are* the connections between the politics of scientific knowledge and the politics of sexuality? Discussions of the performativity of scientific credibility have scarcely considered the manner in which sexuality – whether identities, embodiments, desires, and so on – interacts with the social mechanism through which reliable scientific knowledge and knowers are constructed. For instance, postulating at length the possible variables that might contribute to the authenticity of a scientific claim or claimant, from a speaker’s race or age to their demeanour, Shapin (1995, p. 260) fails to explicitly acknowledge the operation of sexuality or the erotic in the determination of credibility. Indeed, Pereira (2019) has roundly criticised existing work in credibility studies for its failure to attend to marginalised identities – including sexuality. She suggests that few mainstream STS theories hold inequalities as a ‘central element...about how science works’ (Ibid., p. 357) and that identity characteristics are often merely addressed as an ‘extra dimension that may be added to the theory later – the “lots of work ahead” – or a specific issue to be considered in particular cases.’ At the same time, she notes, these issues are regarded as hackneyed or self-explanatory. Accordingly, sexuality – among other identity categories – is paradoxically positioned as well understood in the absence of actual empirical or intellectual inquiry.

Even Epstein’s (1996) own work on the credibility-raising strategies of AIDS treatment activists falls short of connecting the struggles of activists for credibility within biomedicine with the broader struggle for legitimacy of the gay and lesbian community. Epstein, for instance, does consider the exclusionary contours produced by the demand placed upon lay outsiders to raise their credibility in order to be entertained within the politics of knowledge. He describes the relative disempowerment of ‘lay lay’ members of ACT UP relative to ‘lay experts’, as well as the manner in which these hierarchies ‘reinforce social cleavages based on other markers of difference – class, formal education, race, gender, sexuality, and nationality’ (Ibid., p. 353). However, as I noted in Chapter 3.3.4, Epstein does not consider in particular detail what the consequences of this are with regards to the ambitions, content or form of AIDS activism as a social movement. The question of what effect the shape of such exclusions might have had upon the sexual politics of the inside of AIDS treatment activism – and to what extent, therefore, core activists could fully represent the concerns of the ‘outside’ of the

wider AIDS-affected communities – is unexamined. Furthermore, Epstein does not address the sexualised dimension of credibility as a social dynamic itself – or the manner in which heteronormativity governed the interactions of treatment activists with public health authorities. For instance, while he does acknowledge the countercultural, queer aesthetic of ACT UP – embodied by the ‘stark image of a bloody palm print...stickered to the backs of black leather jackets from New York to San Francisco’ (Ibid., p. 223) – as foundational to the social movement, he does not attend to the way this might have coloured their credibility in the eyes of biomedical experts nor the performative strategies taken up by activists to manage this. In this sense, Epstein’s analytic regard for AIDS activists’ position as outsiders is limited to their status as laypeople and neglects their queerness. Yet, activists’ queer aesthetic, for one, may have been highly consequential to their engagements with authorities. In a 2020 profile in *The New Yorker*, Anthony Fauci reflected on an early encounter with AIDS activists demonstrating on the New York campus of the National Institutes of Health:

Without entirely understanding his own motives, Fauci decided to look beyond the activists’ furious rhetoric and style. He recalls telling himself, “Let me put aside the goth dress—the earrings and the Mohawk haircuts and the black jackets—and just listen to what they have to say. And what they were saying made absolutely perfect sense.” (Specter, 2020)

Fauci’s self-congratulatory tone aside, his recollection of this encounter reveals the performative quality of activists’ ‘rhetoric and style’ – something Fauci had to ‘look beyond’ in order to grant them an audience – and the underlying (hetero)normativity of scientific credibility (see below) – presumably typically summoned by a suit and tie or, of course, a white coat.²⁹

It is precisely the ‘deeply interwoven’ (Waites, 2005, p. 556) nature of the politics of knowledge and the politics of sexuality that has been heretofore neglected in studies of credibility that I have addressed in this thesis. As I have recounted above, in Chapters 8 and 9 I have argued that scientific credibility has sexualised contours. Rather than being ‘value free’ – since such an ideal is, as STS scholars have observed, untenable in practice – blood donor activists (and, plausibly, other queer activists in similar biomedical contexts) encounter

²⁹ I described blood donor activists’ own experiences of the relation that dress could have to scientific credibility in Chapter 8.2.2.

epistemic norms that align overt displays of homosexuality with a set of delegitimising qualities that run counter to the authoritative voice of moderate, rational heterosexuality. In order to mitigate the discrediting effects of homosexuality, blood donor activists have tended to rely on sexual respectability as a means to depoliticise their campaigns and raise their credibility as legitimate participants in the politics of blood donation. As such, the epistemic norms of science can be understood as a catalyst for homonormative political forms – offering up only the narrowest *heteronormative* strategies of ‘bioresistance’ to outsider activists who battle ‘within the “field of vision” of institutional science and medicine and necessarily operate upon its epistemology, material, and rhetorical terrain’ (Johnson, Happe and Levina, 2018, p. 5). I have thus illuminated a clear dialectic between science and sexual politics: a tight coupling of scientific credibility and sexual respectability, each reflecting back upon and cultivating the other.

10.4.2. Science and Queer Politics

By illuminating the relationship between sexual politics and the epistemic norms of science, I have also expanded upon work in queer and sexuality studies on homonormativity. As I noted in Chapter 4.5.4, existing scholarship on homonormativity has forwarded homonormativity as a politics inculcated by overarching structures or cultural forces – for example, AIDS stigma (Andersson, 2007) or European jurisprudence (Ammaturo, 2014). Indeed, Duggan’s (2002) initial account was of homonormativity as the sexual politics of neoliberalism and thus at least in part the product of the widespread collapse of market logics into politics. In this thesis, as I have begun to outline in Section 10.3.2, I have argued that homonormativity can also be understood as the product of the stringent epistemic norms of the biomedical sphere – a space within which outsiders (queer, lay, or both) are easily dismissed or silenced. In this way, I have also extended existing queer scholarship that highlights how agencies are shaped and limited by pre-existing power structures that constitute the self (Butler, 1999; Valocchi, 2005) – characterising a similar relationship between structure and agency in the enactment of a homonormative politics.

Moreover, my argument develops that where scholarship has tended to apprehend homonormativity as hinging upon the attainment or performance of *respectability* for a privileged (white, middle class, cisgender) few within the political arena, the homonormative

political forms taken up by blood donor activists may have as much to do with staking *credibility* in terms of the epistemic norms of public health policy. Within blood donor activism, the articulation of a gay politics deprived of the mention of homosexuality cannot be simply understood as the manufacturing of political respectability through the suppression of public expressions of traits considered at odds with or reviled by heteronormativity. Rather, where gay politics entangles with the politics of knowledge, the figuration of an apolitical gay identity and politics is a credibility raising strategy under the inescapable banner of heteronormativity.

There are two broad implications of this claim that the respectability politics of homonormativity are a means of raising credibility, which are worth unpacking explicitly. First, as well as suggesting that what are often taken to be epistemic norms of science are one among a number of structuring factors that contribute to the formation of homonormative political identity (or at least reward its formation as an avenue to strategic and viable political participation), it implies that, as a set of loosely attached and broadly conceived institutions, norms, and politics, science – or, at least, the specific discursive field understood as ‘science’ that blood donor activists encounter – is itself *heteronormative*. Berlant and Warner (1998, p. 548) define heteronormativity as ‘the institutions, structures of understanding practical orientations that make heterosexuality seem not only coherent – that is, organised as a sexuality – but also privileged.’ Thus, the version of science (broadly conceived) presented and navigated by blood donor activists is heteronormative insofar as it privileges and rewards heterosexuality as credible, whilst calling into question homosexuality as a viable position of knowing. From this, we might extrapolate that respectability and credibility can be understood as metonymous – since what is deemed respectable under the terms of heteronormativity in broader political engagements may also be more likely to be afforded credibility under the terms of a heteronormative culture of science. Of course, such a claim cannot be fully supported by the evidence produced in this project but I hope could inspire future research into the entanglements of political respectability and epistemological credibility across many different fora.

Second, scientific epistemology may play a role in facilitating and configuring homonormative political engagements *beyond the biomedical sphere*. The epistemic norms of science are not only privileged within spheres explicitly or ostensibly demarcated as ‘scientific’. In political contexts like the UK, where there has been a significant claim to a turn to evidence-based public policy (Young et al., 2002; Boaz et al., 2008; Doubleday and Wilsdon, 2013), scientific advice is increasingly regarded as the gold standard, often in an appeal to authority

over lay publics or to concoct a supposed air of ‘neutrality’ (Millstone and van Zwanenberg, 2001; Weale, 2001; Stilgoe, 2007, 2016; Buckingham, 2009; Cooper, 2016). Since the epistemic norms of technoscience can no longer be considered limited to or strategically valuable for the internal knowledge politics of technoscience or valued by its internal actors, it follows that wider political credibility may be afforded to certain forms of engagement perceived to possess qualities associated with scientific epistemology (e.g. objectivity or rationality). Accordingly, what might readily be deemed as the respectability politics that characterise homonormative political engagements – the depoliticising of gay identity that Warner (1999, p. 49) describes as ‘drawing the curtain over the sexual culture without which it could not exist’ – are, perhaps, interpretable as a kind of credibility tactic necessary for staking legitimate political participation and a position of epistemic authority in the *public political sphere*. By illuminating these overlaps, I hope to highlight certain epistemic structures that condition and constrain gay politics that may otherwise go unnoticed – in part because science is so often difficult to critique *because* of its strategic importance for activists and political advocates. Once again, the extent to which a scientific epistemology touches, shapes, or undergirds the engagements of broader queer political projects is an avenue of inquiry that warrants future scholarly attention.

10.5. A Queer Politics of Blood

In the discussion of the key themes that have emerged from my empirical research, which I have presented in this chapter thus far, I have detailed something of a depressing scenario. Blood donor activism – an attempt to disrupt the operation of what I have argued is a technology of homophobia and to enfold queer men into the happy affects of a vital public – is seemingly hopelessly entangled with a homonormative politics of health, constrained by a highly normative biomedical context that is anxious of outside interference. Some readers might find such an analysis or point of conclusion to be unsatisfying or even nihilistic – a paranoid reading (Sedgwick, 2003). To meet these concerns (a paranoid position, ironically), in this section I will present a reparative alternative to the politics of blood donor activism that I have problematised in the pages of this thesis. Drawing on a range of queer scholarship, and building from the analysis in this thesis, I will describe what I consider to be a *queer politics of blood* – a political ethic and orientation that offers routes of affective and material investment

that can redress the exclusionary ills of homonormative health politics and gesture to an equitable end to blood donor deferral.

10.5.1. A Politics of Refusal

As I have discussed in Section 10.2, in Chapter 5, I argued that blood donor activism can be understood as an attempt by gay and bisexual men to reorient themselves to the ‘happy object’ of blood donation and away from the linked unhappiness of their *a priori* exclusion from the vital public. Blood donor activism, therefore, is, I argue, a political form highly consistent with a broader vision of gay and lesbian politics as the pursuit of ‘compulsory happiness’ (Love, 2007a) – inclusion into those institutions and social formations, like marriage and the family, from which queers have historically been excluded but that are marked out as happy-making (Ahmed, 2009a).

However, as I have noted in Chapter 4.5.1, critics have argued that the happiness afforded by these political projects is hardly equally distributed amongst queers. Rather, it is unilaterally enjoyed by those already cushioned by class and racial privilege (Franke, 2006; Bailey, Kandaswamy and Richardson, 2008; Conrad, 2010; Spade, 2015). Moreover, whether it be in the bid for gay and lesbian parenthood or gay blood donation, the political pursuit of happy objects may serve to reinforce the conditions of others’ unhappiness by creating a ‘moral hierarchy of good and bad sexual citizens’ (Seidman, 2001, p. 322). The state sanctioning of certain embodiments of queerness may come at the expense of others; the ‘good’ parent or ‘good’ gay blood donor is defined in relation to their undeserving opposite.

Queer scholars have therefore argued against a narrow, rights-based framework of gay and lesbian politics that gives primacy to an assimilationist model of sexual citizenship and fetishizes the ‘snowballing’ (Waaldijk, 2000, 2003; Johnson, 2012) of the rights and privileges of the upstanding gay and lesbian citizen. As Love (2007b, p. 147) suggests, ‘the politics of gay pride will only get us so far. Such an approach does not address the marginal situation of queers who experience the stigma of poverty, racism, AIDS, gender dysphoria, disability, immigration, and sexism.’ Thus, in what has come to be known as the ‘anti-social thesis’ in queer studies (Caserio et al., 2006), scholars have urged for a rejection of a gay politics that centres heterosexist notions of happiness (Halberstam, 2008).

For proponents of the antisocial thesis, a rejection of the politics of compulsory happiness is a political ethic in its own right. Drawing on a historical canon of queer emotions and experiences that include melancholy, rage, fury, dejection, and loneliness, scholars have insisted on a politics that refutes the compatibility of homosexuality and ‘good’ citizenship (Bersani, 1995) and regards queerness as antithetical to the social order (Edelman, 2004). This is a stance that Love (2007b, p. 146) defines as a ‘politics of refusal.’ Notably, Ahmed (2009, p. 9), concluding her writing on the lure of ‘happy objects’ argues that queer must resist the temptation to ‘deposit...hope for happiness’ in those objects like marriage, since such investment ‘both conceals the ongoing realities of discrimination, non-recognition and violence, and requires that we approximate the straight signs of civility.’ Queers, she suggests ‘must stay unhappy in this world’ – not ‘in the sense of feeling sad or wretched’ but asserting ‘the freedom to live a life that deviates from the paths of happiness, wherever that deviation takes us’ (Ibid., pp. 9-15). To Ahmed, queer unhappiness represents the possibility of alternatives beyond the dictates of heteronormativity.

The politics expounded by antisocial theorists, therefore, offers up an ethical alternative to the politics of blood donor activism, which may, as I have suggested, be doomed to reinscribe the very norms they seek to subvert. Following Ahmed, then, some solace might be found in a refusal to be seduced by the lure of the happy object of blood donation – to refuse the call to become a ‘good’ gay citizen or blood donor and, instead, remain an unhappy one. As I will elaborate upon below, an orientation *away* from participation in the flows of the vital public – a refusal to be enticed by the happy affects of blood donation – does not necessarily imply that queers who are so motivated must abandon their political investments altogether. As Halberstam (2011) and Ferguson (2003) both draw attention to: refusal does not represent a failure to act. Rather, the refusal to be enticed by the vital public or to resist exclusionary blood donation criteria – to become passive – is, *itself* an expression of political agency. It is a refusal to incur the manifold costs of blood donor activism – the pitfalls of which may further damage queer communities and render its goals a Pyrrhic victory.

A refusal to be enticed by the norms of blood donation when faced with a form of social disqualification is not an unprecedented position to adopt. This was the stance taken by many Black activists in response to the American Red Cross’ historic policy of blood segregation – a stance that ran counter to the dominant ‘civil rights approach’ to the issue (Hannabach, 2016, p. 22). Hannabach (Ibid.) notes that while the NAACP challenged blood segregation as ‘part

of military “jimcrowing,” their campaign ‘stopped short of critiquing the military apparatus itself’ and, as such, ‘reproduced the militarized framework of a national body bound through blood, and positioned African American soldiers as good citizens who deserved to share in the blood bond linking militarism, medicine, and the national body.’ And yet, Hannabach observes, ‘not all activists mobilizing against the racist policy deployed this rhetoric’ (Ibid.). Notably, she highlights the interventions of Horace R. Cayton, Jr. in the Black newspaper, the *Pittsburgh Courier*. Writing throughout the 1930s and 1940s, Cayton ‘consistently linked racist projects in the US to imperialist projects abroad,’ at one point ‘[s]arcastically proposing... that African Americans donate their blood to the Chinese, who surely would prefer blood from African Americans to dying on the battlefield’ and ‘lambast[ing] the colonial nature of “white men’s wars”’ (Ibid., p. 23). Cayton’s cynicism, his persistent critique of the institutions into which others demanded to be enfolded, and his refusal to be seduced by the promise of happiness presented by blood donation are surely inspiring tenets for a queer politics of blood – especially one that might serve as a rejoinder to a blood donor activism that, as I have noted in Chapter 7.2.5, has explicitly aligned itself through blood donation with the imperialist logics of the ‘war on terror’.

10.5.2. Giving Blood, Swapping Cum: The Ethics of Pigsex

For some critics, a politics of refusal may represent an incomplete or unsatisfying alternative to the vision of blood donor activism. As well as being criticised by some scholars for its elision of the place of happier affects in queer life and history (Snediker, 2006; Castiglia and Reed, 2011), the antisocial thesis that forms the foundation of a politics of refusal has been condemned for its reluctance to forward anything close to a productive and proactive politics. Freeman (2005, p. 59), for instance, has condemned the antisocial thesis for failing to consider a meaningful place for happy affects within queer politics and, therefore, for ‘acquiesc[ing]...to a Protestant ethic in which pleasure cannot be the grounds of anything productive at all.’ Florêncio (2020) has extended such criticism, noting that antisocial theorists also scarcely locate *negativity* as the ‘grounds of anything productive’. He argues that the fixation of scholars like Bersani (1987) and Edelman (2004) on the self-obliterating and antisocial implications of ‘queer sex’ obfuscates its potentially *world-building* effects. An adherence to queer negativity, therefore, might be regarded as eschewing commitment to the positive and productive. This

begs the question: if a politics of refusal represents an alternative ethical investment to blood donor activism, it begs the question: an investment *into what*? If I am suggesting that queers are better off turning away from the happy object of blood donation – what might they turn towards? To answer this question, here I consider what Florêncio has described as the sexual and political ethics embodied by ‘pigsex’ that, I argue, represent the symbolic opposite of those evinced by blood donor activism.

In his recent monograph, Florêncio describes what he considers to be the boundary-shattering potential of pigsex. By ‘pigs’ Florêncio means the barebacking subculture once defined by Dean (2009, p. 49) as ‘a man who wants as much sex as he can get with as many different men as possible, often in the form of group sex that includes barebacking, water sports, fisting, and SM.’ For Florêncio (2020, p. 79), pigs represent ‘masculinities of the threshold...constitut[ing] themselves through a radical openness to the bodily fluids of others.’ This openness, Florêncio suggests:

[T]roubles the private/public, inside/outside, and mind/body distinctions that have sustained European culture and politics...culminating with the twenty-first-century paradigms of the self-administering, self-entrepreneurial neoliberal subject...who works on themselves and their bodies, who self-cares, who is healthy and—most importantly—who realises their potential and succeeds (Ibid.)

In other words, at its very core, pigsex embodies a rejection of the subject and epistemologies we see represented in the figure of the gay blood donor imagined by activists: the upstanding, somatically viable biosexual citizen (Epstein, 2018).

According to Florêncio (2020, p. 134), what pigsex represents is a proliferation of ‘pre-AIDS forms of sexual sociability’ – enabled by the proliferation of antiretrovirals in the form of PrEP and ‘treatment-as-prevention’ – that were ‘put on hold...in the aftermath of the AIDS crisis and the spectre of actual gay sex started carrying with it.’ Increasingly detached from the spectre of AIDS and ‘the docile “responsible” body of condom morality’ (Ibid., p. 145), the repeated receipt and circulation of bodily fluids between gay men through pigsex forms the basis of a kind of queer world-making, wherein gay men open themselves up to and become

porous with one another. This, Florêncio considers to be a ‘radical ethics of hospitality’ (Ibid., p. 168).

The importance of the increasing porosity of queer men’s bodies – the capacity for ‘risky’ fluids, like semen, to be freely emitted and circulate between them – as a means of repair from the damage of AIDS crisis cannot be understated. As I have noted in Chapter 2.3.4, AIDS crisis literalised pre-existing concerns about the social contagion of homosexuality (Butler, 1992; Wald, 2008). Blood-transfusion related incidences of AIDS created anxieties about the leaky boundary between the homosexual and heterosexual body. The reality of viral transmission thus upset the protective framing of AIDS as a ‘gay disease’ that seemed to distance (predominantly white) heterosexuals from fear of the illness (Berridge, 1996; Strong, 2009). Blood donor deferral – and the constituent logic of the ‘risk group’ (Crawford, 1994; Schiller, Crystal and Lewellen, 1994) – was one among a number of hygienic attempts to distance ‘innocent’ heterosexuals from the threat of AIDS by rendering gay bodies *impermeable* to the ‘general population’. As blood donor activists and scholars alike have noted, the containment of ‘risky’ gay bodies was of great significance – threatening to unpick the fragile social integration obtained through gay liberation (Sendziuk, 2001; Weston, 2002).

More pressing, however, than the hygienic distancing of homosexual and heterosexual bodies was the way that AIDS crisis rendered gay bodies impermeable to *one another*. Cum, ‘the magical cock fluid’ (Mitchell, 1977) that had previously been coveted, touched, and tasted where it flowed out of and between queer men, was newly marked out as a vector of death and contagion via HIV (Rofes, 1998). Under the regime of ‘safer sex’ (Escoffier, 1998), ‘good’ and ‘responsible’ gay men were expected to disavow and close their bodies to cum – a substance that had once passed between them as the triumphant – and therefore *politically significant* – emission of gay sex. For, if the siloing of gay bodies from straight ones signalled a risk to the freedoms of queers to integrate amongst heterosexuals, then the bordering of gay bodies to one another signalled a risk to the very foundations of gay community itself. Reflecting on a generation of young gay men who longed ‘to know what [somebody else’s] cum tastes like’, Crimp mused on the magnitude of this loss:

Alongside the dismal toll of death, what many of us have lost is a culture of sexual possibility: back rooms, tea rooms, bookstores, movie houses, and baths; the trucks, the pier, the ramble, the dunes. Sex was everywhere for us, and

everything we wanted to venture: golden showers and water sports, cocksucking and rimming, fucking and fist fucking. Now our untamed impulses are either proscribed once again or shielded from us by latex. (Crimp, 1989, pp. 10–11)

What Crimp acknowledges here is that, while latex prophylaxis no doubt protected gay men from mourning further unimaginable losses to AIDS, the hygienic distancing of bodies in the name of HIV prevention solicited other kinds of mourning – namely, for a culture of uninhibited and unlimited pleasure.

The porosity effected by the antiretroviral moment can thus be understood as disrupting these socially and politically significant effects of AIDS crisis. However, the profound shift that porosity portends in terms of the social position of the gay body – previously rendered synecdochal with HIV – to other bodies has, I argue, been embraced in a *diametrically opposing manner* by blood donor activists and the gay pigs described by Florêncio. In this sense, the two practices embody divergent sexual and political ethics. For their part, blood donor activists have approached the ‘post-crisis’ (Kagan, 2017) moment as an occasion to make permeable the fluid membrane between queer and heterosexual bodies. Attempting to assert gay blood – or, specifically, the blood of ‘low risk’ MSM – as worthy of transfusion into the vital public, blood donor activists seek participation within a moral regime that embellishes the blood donor as a healthy and virtuous citizen. As I have suggested in Section 10.3, this homonormative politics is thus an attempt to undo the damage waged by blood donor deferral criteria and other hygienic strategies of containment to gay men’s social inclusion.

In contrast, gay pigs obliterate this moral topography with their own internal circulations and transfusions of fluids. Transfers of cum, piss, and sweat, unfettered by latex, mark the return of the pre-AIDS sexual culture mourned by Crimp. While the blood donor activist seeks to establish the gay blood donor as the hygienic male citizen *par excellence* through the disavowal of semen (and the prophylaxis of condoms and monogamy), in pigsex, as Florêncio (2020, p. 151) puts it, ‘exchanges of bodily fluids are sought out by gay men, eroticised, and exchanged well beyond the orgasm as a means towards connection and intimacy.’ I contended, therefore, that pigsex is diametrically opposed to blood donor activism not only in the sense that the pig represents a form of deviance against which the gay blood donor is squared, nor simply in their polarised embodiments of purity and impurity, but also

with regards to the worlds – publics and counterpublics – in which they are invested. Echoing political ambivalence about assimilation and separatism (Escoffier, 2018), giving blood and swapping cum (a dichotomy partially forged by the discursive field of blood donation) thus represent divergent – or even *mutually exclusive* – ethical commitments: on the one hand, desire for admixture with the heterosexual national body and, on the other, the desire for circulation amongst ourselves. It is the latter, I argue, that represents an alternative to the politics of blood donor activism.

By advocating for an ethics of pigsex over the pursuit of blood donation policy reform, I do not intend to suggest that blood donor activists, or even my reader, need to engage in the kind of sexual exploits described above. It is not that in order to be considered a good political agent one *must* be into fist-fucking, piss-play, or load collecting, nor even that those whose sexual proclivities tend to the extreme *necessarily* evince the apposite politics to contravene those embodied within blood donor activism. In fact, this kind of prescriptivism remains among the worst critical tendencies of queer theory – the tendency to bluntly categorise and, therefore, *prescribe* practices, embodiments or experiences as either ‘queer’ or ‘not queer’ and, accordingly, as either having or not having political value (Boellstorff, 2018). Race (2018, p. 90) has described this as a ‘culture of thought’ wherein ‘the significance of ordinary practices seems to depend on what team the critic assigns them to in a dialectical joust between reproductive hegemony and resistance...however mundane, ambiguous, happenstance or multiple they may be in their practical meaning or actual experiencing.’ He (Ibid.) argues that this critical tendency ‘finds its apotheosis’ in Dean’s (2009) *Unlimited Intimacy*, which Race suggests eschews empirical inquiry in order to elaborate ‘a celebration of barebacking...for its heroic resistance to heteronormative ideals of marriage, reproductive kinship and private coupledom.’

And yet, despite Race’s criticism of his methods, Dean’s work is useful for our purposes because it offers an insight into precisely how the laudable ethics of (at least certain members of) a sexual subculture might be taken up by others in the absence of a prescription of the sexual practices themselves. Therein, Dean (Ibid., p. 176) suggests that the practice of cruising for bareback sex ‘exemplifies a distinctive ethic of openness to alterity’ – an ‘exemplary...relational ethic’ that, he argues, is one that ‘we all, gay and nongay’ might learn from. Dean (Ibid., p. 177) proposes that ‘the ethics of cruising is a matter not of how many people one has sex with or what kind of sex one has with them (bareback or otherwise) but of how one treats the other, and more specifically, how one treats his or her own otherness.’ In other words, the ethics of

cruising are applicable beyond and detachable from ‘the strictly sexual realm’ (Ibid., p. 176). We may consider an ethics of pigsex in a similar manner – in this case, as inciting a rejection of the politics of purity and the hygienist imperatives taken up by blood donor activists in their figuration of the idealised gay blood donor. Moreover, it implies a political investment in the contexts that enable and mediate the ‘radical openness’ cultivated within pigsex – not only the availability of antiretrovirals but also the amelioration of the social and material conditions that are responsible for and maintain lingering inequalities in the epidemiology of HIV transmission.

It is here that the cultivation of an ethics of pigsex may also be taken up as a surprising and amenable end to the so-called ‘gay blood ban’, as well as other blood donor deferral criteria. As I have already suggested, prophylactic distancing between gay men and the implementation of exclusionary blood donation policies represent twinned strategies of containment of bodies ‘at risk’ of HIV. In this sense, in both cases, the donation of bodily fluids from the gay body – or any body from within an HIV-affected community – has been prohibited or at least dimly regarded on the basis of stark inequalities in the landscape of HIV transmission. As I have already suggested, as they stand, homonormative health politics are an unsuccessful attempt to dislocate certain queer men from the realities of the epidemiology of HIV (and other TTIs) and do nothing to address the sexualised, racialised, and classed nature of ongoing HIV crisis. Accordingly, if, as I have noted, an embrace of the ethics of pigsex means investing in the conditions that enable the porosity described by Florêncio – namely, the conditions that mitigate HIV risk – then, as well as having common roots, the distancing of gay bodies and the exclusion of figures of risk have common solutions: interrupting the conditions that produce exceptional HIV risk *in the first place*. In this sense, confronting the ‘gay blood ban’, as well as other forms of exclusionary blood donor deferral criteria – including bans on sex workers, intravenous drug users, and migrant populations – requires addressing the true nature and causes of an unequal landscape of HIV transmission: institutional and systemic racism; homophobia; barriers, economic or otherwise, to testing, treatment and prevention tools; uneven access to and poor representation within HIV education; stigma against, amongst and between affected communities; the hostile environment for immigrants; the criminalisation and hyper-policing of sex work and drug use; limited access and the closure of needle exchanges, and so on.

10.6. Conclusion: Towards a Queer STS

Crucially, the interventions, analysis and themes I have put forward within this thesis and developed throughout this chapter have only been made possible at the intersections of a queer STS – a nascent research programme that, as I have begun to suggest in Chapter 4.6, opens up new lines of inquiry and may redress gaps in scholarship pertaining to the relationship between science, technology, and sexuality. Such a research programme is not only important for the purposes of broaching under-represented, taboo, and minoritised topics within the fields of queer and science and technology studies but is also of epistemological and political significance – inviting study that might aid sexual and gender minorities in critically appraising their relationship to the institutions and outputs of science and technology (Cipolla et al., 2017). In this concluding section, I will briefly reassert the need for a queer STS and outline how my research has both contributed to and applied this burgeoning approach, supporting its intellectual and political value and signposting future directions for research.

10.6.1. Queering STS, STS-ing Queer

Employing a queer STS framework – a promiscuous and productive mingling of queer and STS theories – widened the theoretical scope of this research project. For, although nothing is inherently wrong with either a ‘straight’ STS or queer studies approach, each would have been limited in what it could bring to bear upon a study of blood donor activism – since each gives primacy to either (the politics of) science or sexuality. Alone, these approaches occlude discussion – to which a queer STS has given primacy – of science as a (normalising) force in the shaping of sexuality and, vice versa, how scientific discourses are shaped in relation to the politics of sexuality.

We can see how such a ‘purification’ (Latour, 1993) of science and sexuality in STS and queer studies can limit the terms of engagement by casting our eyes back once more to work within both fields on HIV and AIDS activism. As I have suggested in Chapter 3.3.3, Epstein’s (1996) work on AIDS treatment activism has often been cited within STS research as an example *par excellence* of the performative nature of ‘expertise’ (e.g. Collins and Evans, 2002; Woodhouse et al., 2002; Rip, 2003). Yet, mentions of Epstein’s work tend to obscure the subtler relations between their political work across lay/expert divides and the politics of sexual

identity. In this sense, they fail to apprehend AIDS activism as a movement simultaneously making claims about the construction of scientific knowledge *and* the rights and freedoms of those with marginalised sexual practices and identities. In this way, the term ‘AIDS activism’ has operated euphemistically within STS literature as a term that conceals the multiple political agencies of AIDS activists under the banner of a ‘strictly’ biomedical identity. As I have already noted in Section 10.4.1, Epstein’s work itself falls into a similar trap where it does not connect the activities of AIDS treatment activism with the broader political concerns of its constituent queer community.

Equally, while some work in queer studies has attended to the social construction of medical knowledge of HIV (Watney, 1987; Patton, 1990; Treichler, 1999), studies of AIDS activism within the field have sometimes under-determined activists’ encounters with biomedical norms (e.g. Colter et al., 1996; Crimp, 2004; Gould, 2009). As a result, this work has under-problematized ‘science’ as a body of knowledge, as well as its constituent epistemic norms, and its relation to other regulatory forces like heteronormativity. Studies that appear to redress the failures of STS to situate AIDS activism within a broader landscape of sexual politics have scarcely critically connected this with the institutional cultures and norms that constrain plausible claims-making about HIV (e.g. Crimp, 2004; Halperin, 2007; Castiglia and Reed, 2011; Schulman, 2013).

As I have suggested, via Voss and Lock (2012) in Chapter 4.6, queer STS is a nascent field; something of an absence in STS and queer studies departments, syllabi and research agendas. Some degree of existing scholarship does, however, already work within a framework recognisable as queer STS. Some writers, for instance, have acknowledged the value of introducing STS theory to the domain of queer studies. Latham (2016, 2017, 2019) has explored how work from STS can contribute to understandings of the experiences of transgender individuals as medical or sexual subjects. Others have bridged the domain of STS and queer studies with less explicit acknowledgement of the radical nature of their approach. As Molldrem and Thakor (2017, p. 8) point out ‘the proliferation of queer perspectives in the study of science, technology, and medicine is not only taking shape in recent iterations of queer STS. It has been happening for decades.’ Accordingly, a partial queer STS repertoire already exists and, as Molldrem and Thakor imply, uncovering this genealogy is integral for building the future of the field. Among Epstein’s corpus, which has proven integral to my own research, his work on biosexual citizenship (2018) and the overlaps between the politics of knowledge

and the politics of sexuality (2006) stand out as good candidates for theorising at the intersection of science and sexuality. Similarly, Race's (2018) recent book, *The Gay Science*, takes up a queer and STS-informed approach to public health interventions in contexts of sex and drug use – topics which are 'difficult to acknowledge or have a sensible discussion about...without...being sensationalised and assuming Gothic proportions' (Ibid., p. 172). Throughout this book, Race examines the positivistic tendencies of the science of public health and reveals its normative underpinnings, seeking practice-oriented ways to exceed its moralising assumptions about 'appropriate behaviour' that weigh down the dominant approaches to HIV and harm reduction (Ibid., p. 9). In this way, Race's work embodies the cross-cutting nature of queer STS, illuminating the imbrication of the sexual and scientific: the sexual values embedded in scientific epistemology, as well as the biomedical infrastructures that structure gay sexual subjectivity.

10.6.2. Critically Queer STS

In this thesis, I have simultaneously demonstrated the value of and contributed to the emergent field of queer STS where, as I have discussed in Section 10.4.1, I have extended existing STS work by sexualising a 'straight' credibility studies approach. Therein, I have illustrated the interrelation of the politics of knowledge and the politics of sexuality, describing the discrediting effects of homosexuality and arguing a politics of respectability to be a credibility raising strategy in the case of blood donor activism.

Importantly, my analysis has also shed light on the troubling implications of this relationship – as it manifests in blood donor activist campaigns and the politics of blood donation – for marginalised groups. This kind of insight was made possible at the intersection of queer STS – a mode of inquiry that combines STS insight into the social mechanisms of science with the antinormative political bent of queer studies. In this sense, queer STS is best understood as a *critical* approach to STS – not only highlighting the constructedness and contingency of science, technology and sexuality but also denaturalising them, revealing their regulatory effects, opening them up to contest and – *pace* Latour (2004) – making room for alternatives. In this thesis, have not simply glossed the manner in which the norms of engagement in the politics of blood donation or the autonomous properties of HIV testing technologies catalyse certain political forms within blood donor activism, I have also developed

a sustained critique of these politics, shedding light on their occlusion and stigmatisation of queer figures of risk deemed beyond the pale of medical or national incorporation. Notably, I have achieved this in large part by sustained application of the queer feminist analysis described in Chapter 5, attending to silences and marginality in the constituent discourses of blood donor activism and refusing to only fetishise the observable (Brim and Ghaziani, 2016).

This kind of overtly politically motivated analysis – that stems from a regard for research itself as a ‘moral and political [intervention] through and through’ (Kong, Mahoney and Plummer, 2001, p. 97) – is a departure from much existing STS research on sexuality, which often tends to the descriptive, leaving the matter of its political commitments understated or unsaid. We might return here to Epstein (2018), who shies away from a full critique in his writing on biosexual citizenship. Highlighting the way the ‘biological and health-related processes are brought into some relation with sexual meanings or identities,’ Epstein notes that ‘the “good biosexual citizen”’ is increasingly marked out as ‘someone who acts in accordance with the best available evidence and divulges truthful information about his or her sexuality’ (Ibid., pp. 26-37). Accordingly, Epstein (Ibid., p. 41) calls for further study in ‘the intersectional domain of biosexual citizenship’ to ‘shed light on a broader range of cases in which bodies and populations; sexual desires, beliefs, and practices; ideas about what it means to be risky or to live healthily; and biomedical and public health interventions become intertwined in ways that matter for the practices and rituals of political belonging.’ This avenue of inquiry might be fruitfully explored under the purview of a queer STS, wherein we might develop critique of the ensconcing of biomedical and sexual norms. Yet, Epstein is somewhat coy about critically engaging with the regulatory effects of the notion of ‘the good biosexual citizen’ and certainly does not articulate the concept in relation to a politics that would seek to antagonise the moralising norms that constrain queer life.

In contrast, in this thesis, I have adopted a critical posture that goes beyond mere description. I have problematised blood donor activism, the field within which it operates, and searched, in Section 10.5, for ethical alternatives. Similarly, in the other work that I have signposted as part of a genealogy of queer STS theory, Kane Race (2018) has written incisively, with a clear political and practice orientation, of the need to challenge the responsabilising impulses of the dominant, medico-moral approach to sexual and public health interventions. He argues, instead, for a ‘counterpublic health’: a truly non-judgemental approach to the matter of care and harm reduction for sensationalised issues like gay sex or drug use. Race, therefore,

draws on queer and STS theory to not only *describe* but to *disrupt* the relationship between the science of public health and marginalised pleasure practices. It is this distinction between description and disruption that lies at the heart of a queer STS, waiting to be explored further.

11. Summary

In the opening of Chapter 2, I argued that existing scholarship on blood donor activism and blood donation policy acts as both topic *and* resource for a study of blood donor activism, in the sense that this literature, in weighing the implications of exclusionary deferral criteria, tends to recapitulate the arguments made by blood donor activists in the first place. As such, this literature forms part of the discursive landscape that is critical of blood donation policy. In a similar vein, this thesis has been a critical intervention in the landscape of the politics of blood donor activism – resisting some of its discourses and problematising its methods, outcomes and contexts. In this chapter, I present a succinct summary of the work that this thesis has performed in this regard.

In this thesis, I have sought to answer the following questions about blood donor activism in the UK:

1. What are the motivations of blood donor activists and why are they particularly attached to blood donation policy – specifically MSM – reform as a political goal?
2. What are the implications of blood donor activism in relation to the broader landscape of gay politics and subject formation?
3. What are the strategies that lay blood donor activists have taken up in order to effect change and, especially, those taken up to convince expert policy-makers of the need for reform?

While the historic emergence of the deferral of men who have sex with men from blood donation has been fairly well characterised within the literature, I have noted that scholarship on the protest of the so-called ‘gay blood ban’ has, heretofore, been underdeveloped, with little attention paid to it as a focus of study. I have also argued that where attention has been paid to it, scholars have tended to focus on the symbolics of blood donor activism and rarely engaged with the practical or rhetorical strategies taken up by activists or critically assessed the implications of it. In an attempt to redress these gaps in scholarship and to better characterise blood donor activism as a case, I supplemented a study of an extremely partial archival record of the history of blood donation policy with 31 semi-structured interviews with UK blood

donor activists, as well as patient representative and representatives from the UK blood services. Crucially, this approach was adopted, in part, as an *activist-archival* practice – an attempt to supplement an archive of blood donation politics skewed to the ‘official record’ of credentialed officials, so as to begin to map the involvement of outsider activists (so often excluded from archived history) in the construction and life of blood donation policy in the UK. Analysis of this data was informed by a wide and promiscuous array of theory – aligning with the broad critical ambitions of the project – including scholarship from science and technology studies, queer studies, social movement studies, and the corpus known as affect theory.

In Chapter 6, I explored activists’ motivations to reform exclusionary blood donation criteria in the UK or, in other words, how blood donation policy has been made to matter for them. First, drawing on constructionist accounts of technology, I argued that blood donor activists regard and seek to publicly assert blood donation policy – or the ‘gay blood ban’ – as a technology of homophobia: one that is produced through, re-inscribed by, and sustains a certain pathological regard for homosexuality. Therefore, blood donor activists have, I noted, tended to argue that blood donor activism is ‘not-about-blood-donation’. However, I also argued that blood donor activism cannot be understood as distinct from the specific and highly contingent manner in which blood donation is framed in the UK. Specifically, if blood donors are enrolled through the deployment of rhetorics of altruism and civic-mindedness to describe donation, then, the act of blood donation is as a happy object, one to which blood donor activists find themselves oriented under a politics of compulsory happiness (Ahmed, 2009b). Blood donor activism, then, is not ‘not-about-blood donation’ but entirely bound up in the affective field within which blood donation is constituted as a cultural practice. This reading of blood donor activism as operating within a specific affective economy, I argued, develops upon existing social movement studies by demonstrating the utility of an ‘inside out’ model of affect for understanding the aims and formation of social movement forms, as well as the role of happy affects in their formation.

In Chapter 7, I examined in closer detail and problematised the discourses employed by blood donor activists to describe their work, attending to their implications in terms of the shifting meanings of 21st century gay identity. In particular, I described how blood donor activist discourses define the putative ‘gay blood donor’ as a healthy, somatically (and, indeed, *virtually*) normal citizen, through what I have argued are appeals to homonationalism (Puar, 2007) and the deployment of a ‘post-AIDS’ or ‘post-crisis’ discourse (Butler, 2004; Kagan,

2017). Moreover, and in part precipitated by the ‘window period’ of TTI testing technologies that render epistemically insufficient claims for blanket inclusion of risk groups under the logic that ‘all blood is tested’, activist discourse works to speciate ‘low risk’ from ‘high risk’ MSM. Activists, seeking rhetorical loopholes around this autonomous property of TTI testing (Brey, 1997), assert the racially, gendered and sexually normal figure of the good, gay blood donor, who is worthy of inclusion, against a set of discursively summoned, deviant opposites, including the risky figure of the barebacker, the promiscuous homosexual, the promiscuous straight man, sex workers, and people who use drugs.

In Chapter 8, drawing on work in social movement studies on the opportunity structure (Tilly, 1978; Kitschelt, 1986) as well as Epstein’s (1996) seminal work in credibility studies on the credibility-raising tactics of AIDS treatment activists, I described the strategies adopted by blood donor activists to assert themselves as legitimate participants in the politics of blood donation. In so doing, I have both extended these sets of literatures by applying them to a new case *and* characterised the rhetorical and practical strategies of blood donor activists and their origins, which, as I have already noted, have heretofore been under-characterised in the scholarship on blood donor activism. Marked as outsiders in the politics of blood donation on account of their deviation from the expected markers of expertise – for instance, accreditation, class, dress, and sexuality – blood donor activists, I noted, have attempted to raise their credibility by deploying a familiar set of credibility tactics that closely trace those described by Epstein. Activists, for instance, enrolled expert allies, spoke in the language of biomedicine, and translated their claims into more epistemically viable forms by ‘scientising’ their campaigns. At the same time, I noted, activists were compelled to *eschew* a range of strategies considered inappropriate for the epistemic opportunity of the context. For instance, while emotional displays were considered to be important for enrolling public support, they were considered inappropriate – and, indeed, discrediting – as tools to convince policy-makers of the need to reform blood donation policy.

In Chapter 9, I continued to explore the manner in which blood donor activism has been constrained and shaped by the opportunity structure presented by the politics of blood donation. Here, I outlined what I have already described as the mutual entanglements of the politics of knowledge and the politics of sexuality as it pertains to blood donor activism. Following on from my account in Chapter 7 of the credibility-raising strategies adopted by activists, I argue that activists have also been compelled to repudiate campaign forms that might

be read as homosexual – for instance, avoiding mention of homophobia, explicit arguments for equality, or campaign strategies that might be read as effete and dramatic. Therefore, I have contended, the epistemic context of science within which activists operate is heteronormative and, therefore, elaborated on the sexualised dimensions of scientific credibility that have otherwise been neglected in the literature on the subject. Accordingly, I described how, in order to mitigate the discrediting effects of homosexuality in the sphere of public health, blood donor activist campaigns have tended to model a homonormative politics of health (Duggan, 2002), highlighting, for the first time, the perceived norms of scientific epistemology as a structure that cultivates homonormativity. For instance, blood donor activists have tended to excise discussion of the sexual dimensions of gay life; avoid the scandalous topics of sex work, drug use, or sex without condoms; and centre the moderate, respectable and rational figure of the good, condom-wearing, monogamous gay man. The primacy given to the *credibility* of their politics – defined in terms of the epistemic norms of public health – has, I have noted, eroded the capacity of blood donor activists to coalition-build with other groups excluded from blood donation.

In the final chapter of this thesis I have added depth to my problematisation and critique of the politics of blood donor activism. I have argued that if we come to understand the problematic implications of blood donor activism as carved, unavoidably, by the structures within which it operates and governed by the political pursuit of ‘compulsory happiness’ (Love, 2007a), we can look instructively to queer theories of negativity that frame turning away from the happy object of blood donation as a viable political alternative in its own right. Turning away from blood donation, I have contended, opens up space to invest in a set of sexual and political ethics – namely, those embodied by pigsex (Florêncio, 2020) – that represent the diametric opposite of those embodied by blood donor activists. Specifically, I have suggested that our political energies are better spent embracing the newfound porosity afforded to the gay male body by the antiretroviral moment and continuing to invest in them as a means to flatten the unequal contours of HIV transmission – ends that would also serve as the means to secure a true and equitable end to exclusionary blood donation policy.

The specific conclusions and insights generated within this thesis, I have argued, have only been made possible at the juncture between queer and science and technology studies – a queer STS. The epistemological space occupied at this intersection permits insights into the co-constitution of science, technology, sexuality and gender. Moreover, the melding of the

overt and anti-normative political commitments of queer studies with the denaturalising insights of STS positions a queer STS well as a *critical* STS practice – one committed to disrupting the normative goings on of science and technology to queer ends.

This thesis also gestures to a number of avenues for future research. The focus of critical inquiry in this project has been upon blood donor activism in the UK. Yet, I have noted throughout the chapters of this thesis that blood donor activism is a social movement form present in many countries, historically and contemporarily, across the world, including the US, Canada, Australia and France. Future research into the specific motivations, forms, and implications of blood donor activism across different national contexts – highlighting both similarities and differences – would further the work I have begun to engage within this thesis, characterising blood donor activism as an activist shaped by culturally contingent framings of blood donation, contingent institutional histories of policy-making, and contingent epistemic norms. Such comparisons would not only be useful for the sake of characterising blood donor activism as a pursuit and also helping to flesh out the activist archive this project gestures to, but also helping to characterise: the forces that shape biomedical and gay activism, different regimes of heteronormativity and instances of homonormativity, and the points of their overlap.

Moreover, as well as inciting future, critical research in queer STS at the intersections of science, technology, and queerness, I hope that the specific attention paid in this thesis to the interactions of the politics of knowledge and the politics of sexuality will encourage further attention to these entanglements beyond blood donor activism as a case. This might include an examination of the interrelation between the sexual politics of any given political campaign and the epistemic contexts within which it operates or, moving further downstream, a consideration of the way sexual knowledges and embodiments – amongst queers or otherwise – relates to the social processes of scientific knowledge production.

Appendix 1: Example Interview Protocol

Introduction:

The purpose of this interview is to explore participants' experiences of blood donor activism or campaigning – to understand in a bit more depth how blood donation activism works in practice and the kind of impact it is making. We'll cover a range of topics in this interview – including your personal involvement with and motivations for blood donor activism or campaigning, your thoughts on the policy, as well as your thoughts on the politics, science and technology of blood donor activism.

The interview will be audio recorded (so that I can concentrate on our conversation without having to take too many notes) but no one other than myself will hear the recording.

1. Personal involvement with campaigning:

- To start, why don't you tell me a little bit about yourself?
- Could you please describe your past or present involvement with blood donor activism?
- How did you get involved with donor activism?
- Are there any stories that stand out to you that really catalyzed your involvement?
- What did your activism/campaigning consist of?

2. Aims of campaigning:

- Why was this issue important to you?
- Do you think blood donation is important? Why?
- What kind of future would you like to see for blood donation policy?

- Why do you think a ban on certain apparently ‘high risk’ donors is/has been in place?
- Why do you think so many gay and bisexual men in particular feel so strongly about the blood donation ban? Why is this a ‘gay’ issue?
- Do you think blood donation is important for LGBTQ+ equality?
- Who do you think donor activism represents?
- Is donor activism *just* a gay and bi men’s issue? (e.g. Does this affect women in the same way? Or is this issue particular to gay men?)
- Has your attitude to donor policy changed over time at all?

3. Campaigning experience:

- What was it like running donor activist campaigns? What was your role?
- How did this work in practice? What kinds of strategies did you use? What kinds of actions – online or offline – did you take? Why did you choose these strategies and not others?
- What were the aims of the campaign? Did you feel you were successful?
- What kinds of responses did this campaign generate?
- Do you recall how you built an argument against donor deferral criteria? What was important to include?
- What is the role of scientific evidence in making the case for a change to blood donor policy? Do any bits of scientific or technical evidence stand out as important to you?
- What other forms of evidence or kinds of argument have been important? Are some kinds of evidence more important than others?

4. Donor policy and TTI/HIV testing:

- What is your understanding of the ‘window period’?
- How have you navigated this issue?

5. Closing remarks:

- Is there anything you think we've missed or haven't spoken about that I should know?
- Is there anyone else that you think I should speak to? Other organizations? Other campaigners?

Appendix 2: Ethical Approval

STS Ethics Proforma

December 2014

STS Ethical Review Application Form

Please complete this form electronically, then either print and sign it or provide an electronic signature for submission. The boxes should expand automatically to contain your responses to each question.

Name(s) (Please include the names of all researchers who will be involved in collecting data as part of this project): Benjamin Weil

Email address of lead applicant: benjamin.weil.16@ucl.ac.uk

Role (delete as appropriate): ~~Permanent staff~~ ~~Research staff~~ ~~Honorary Fellow~~
~~PhD student~~ ~~MSc student~~ ~~UG student~~

Project title: Exploring the claims and meanings behind the contest of the deferral of men who have sex with men (MSM) from blood donation

Proposed dates for the data collection (please estimate if not exactly known):

Start date: May 2018

End date: Oct 2019

Research question or focus of the study: In this study, I aim to investigate the way in which LGBTQ+ identity politics and technoscientific knowledge have been deployed and intermingled in campaigns against MSM blood donor policy in Britain.

Please provide a brief description of your data collection processes.

What methods do you intend to use?

At this stage, I am applying for ethical clearance for a single interview with a member of a small but prominent campaign group, which I would like to engage with more deeply on the project in future. This is, therefore, an exploratory interview that may be used in the final thesis but its primary purpose is to attempt to establish a relationship with this group for future interview. Another application for further empirical work will follow.

I intend to use a semi-structured interview technique, to engage the participant on a number of different pre-determined topics and guided by a list of open-ended questions.

I will record this interview and transcribe it myself, taking a few hand-written notes during the interview as a tool for transcription later. I do not anticipate providing any visual or written material to discuss during the interview, but the participant has asked me to provide them with a list of themes prior to the interview.

How will participants for each of the above methods be identified and recruited (what do they have in common and how will you contact them)?

The participant has already agreed to an interview, following an email that I sent to a few group members as a way of introducing myself and to gauge the group's level of interest in the project. The email detailed the nature and intention of my research and invited them to consider participating in the project through interview.

UCL defines a number of 'minimal risk' categories (see Appendix A for further information here). Do you consider this research to be 'minimal risk' Yes / ~~No~~ (please delete as appropriate)

If **NO** please contact the STS Director of Research for further advice.

If **YES** please briefly describe why you feel your project is 'minimal risk':

This participant is an adult (over 16 years old), who is not a member of a vulnerable group and my methods involve no invasive procedures. Interview questions will not cover any contentious themes nor cause the participant any stress or negative consequence. The interview will not probe any sensitive subjects, however, the topic of 'sexual behaviour' will be raised in the duration of this interview in relation to, for instance, the spread of HIV amongst MSM. If in the unlikely event that I detect that the participant may reveal sensitive information pertaining to the participant's *own* sexual behaviour (which I do not anticipate and will not probe), I will swiftly steer the participant away from this.

I have been open about the aims of the study and its themes with the participant and will continue to commit to this transparency by providing the participant (at their request) with a list of themes to be raised in interview prior to our meeting.

Finally, this research will not place myself at any risk.

Ethical considerations. (*see the advice at www.ucl.ac.uk/sts/ethics on how to complete this section*)

How will you manage participant consent and withdrawal processes? (Be especially specific about how you will ensure you obtain evidence of informed consent commensurate with the data you are collecting.)

As I expect the interview to last over 10 minutes:

The participant will read an information sheet outlining: the purposes of the interview in the context of my research (including details about myself and the time-scale/trajectory of the thesis), information about transcription and data protection and storage, information about withdrawal from the project. The information sheet will also briefly outline the issue of identifiability (see the section below) and invite the participant to discuss these issues/any concerns with them before the interview begins.

The participant will then fill out a consent form in which they will: (i) confirm they have read and understood the information sheet including the withdrawal process, (ii) confirm their participation is voluntary (iii) consent to the anonymous reporting of their data within the study excepting relevant demographic information addressed during interview (iv) agree to participate in the study.

On the information sheet, which participants will read prior to giving consent, I will outline the withdrawal process. If, **within 4 weeks** of the interview date, the participant decides that they no longer wish to be included in the project, they may contact me by email to have their interview removed from the study.

Is it appropriate to offer your participants the opportunity to choose what level of anonymity their data is reported under? If not why not? If so then how will you facilitate their choice and/or maintain their anonymity?

As the participant is a member of a unique campaign group in Britain – the only of its kind – they are therefore highly identifiable. Furthermore, certain demographic details – including gender, race and sexuality – are extremely relevant to the aims of the study and the interpretation of data. As such, it would be disingenuous to offer the participant complete anonymity in the reporting of their data, as well as an impediment to the integrity of the research.

Instead, I will identify the campaign group by name and anonymize the participant *within* the group as far as possible, for instance, by referring to the participant as 'a team member from the campaign group' and never by name.

What health & safety considerations are relevant (both for you and for your participants) and how have you taken them into account in planning your data collection?

The interview will be conducted in a public place and I will inform relevant individuals (my supervisor, my partner) when and where the interview is to be held and at what time I will return. As I previously stated, I do not anticipate this research will place me at any risk.

In the event that the interview will take place in the participant’s place of work, I will comply with their own health and safety procedures.

What confidentiality issues are relevant and how will you handle your data to ensure confidentiality?

As stated, there are issues around identifiability, which I will navigate by anonymizing the participant as far as possible, never referring to them by name and avoiding the use of identifying demographic information where possible.

The raw recording of the interview will only be available to me and I will transcribe these myself. The transcripts will be available only to my supervisors and myself. All digital data will be stored on an encrypted and password-protected laptop and a back-up file kept on hard-drive in locked locker in locked room requiring pass-code access. Any files containing personal information that could be used to identify participants– for instance, copies of consent forms – will be stored in physical form (as printed papers), securely and separately from transcripts and audio files.

Will you request permission to archive your data for use by future researchers? If so then please briefly explain your archival processes (e.g. where the archive is based, the terms of its submission etc.)

No

Please indicate what level of Data Protection your project requires and why:

(See Appendix B for details; if ‘light touch’ or deeper please also complete the table below for your project – the appendix contains some useful examples regarding how fill this in)

This project will contain light-touch research data. While the interview may touch on some of the every-day experiences of the participant (for instance, how they came to be involved in the campaign), it will not ask the participant to share any personal data and nor will the participant’s personal data be included in any way within the research.

Person(s) Responsible for Data	Personal Data to be Registered	Type of Data Subjects	Data Format	Method of Securing Data
Benjamin Weil	Semi-structured interview; transcript	Research participant	Electronic file	Electronic document kept on encrypted laptop requiring password; back-up file kept on hard-drive in locked locker in locked room requiring pass-

STS Ethical Review Application Form

Please complete this form electronically, then either print and sign it or provide an electronic signature for submission. The boxes should expand automatically to contain your responses to each question.

Name(s) (Please include the names of all researchers who will be involved in collecting data as part of this project): Benjamin Weil

Email address of lead applicant: benjamin.weil.16@ucl.ac.uk

Role (delete as appropriate): ~~Permanent staff~~ ~~Research staff~~ ~~Honorary Fellow~~
~~PhD student~~ ~~MSc student~~ ~~UG student~~

Project title: Exploring the claims and meanings behind the contest of the deferral of men who have sex with men (MSM) from blood donation

Proposed dates for the data collection (please estimate if not exactly known):

Start date: July 2018 End date: March 2019

Research question or focus of the study: In this study, I aim to investigate the way in which LGBTQ+ identity politics and technoscientific discourses have been deployed and intermingle in campaigns against MSM blood donor policy in Britain.

Please provide a brief description of your data collection processes.

What methods do you intend to use?

I have previously applied for ethical clearance (STSEth142) for a single interview with a member of a small but prominent campaign that I wanted to engage with. This interview was a scoping exercise to assess the willingness of the group to participate in the project. This was a success and has opened further opportunities to speak to other individuals both inside of the group and outside involved in donor activism.

As such, this application is for further semi-structured interviews with participants involved in contemporary blood donor activism in the UK. Semi-structured interview will allow me to engage participants across a number of different pre-determined topics guided by a list of open-ended questions.

Interviews will be recorded and transcribed myself, perhaps taking a few hand-written notes during the interview as a tool to aid transcription later. I do not anticipate providing any visual or written material to discuss during the interview, but upon request I may provide participants with a list of themes for preparation prior to the interview.

How will participants for each of the above methods be identified and recruited (what do they have in common and how will you contact them)?

Participants will largely be recruited via a snowballing technique. The participant who I had interviewed previously provided the contact details of a number of potential participants involved in campaigning within or alongside the group. I will continue to pursue participant recruitment this way in the first instance. I have also identified a number of key players in contemporary blood donor activism in the UK since the mid-1990s, who I wish to approach to develop a broad understanding of this mode of campaigning. I aim to conduct around 30 interviews in total.

I will contact potential participants by email, with the permission of the participant who provided contact information where applicable, and explain the nature and intention of my research, why I got in contact with them and invite them to consider participating in the project through interview.

UCL defines a number of 'minimal risk' categories (*see Appendix A for further information here*).
Do you consider this research to be 'minimal risk' **Yes / ~~No~~** (*please delete as appropriate*)

If **NO** please contact the STS Director of Research for further advice.

If **YES** please briefly describe why you feel your project is 'minimal risk':

Participants will all be adults (over 16 years old) and will not be members of a vulnerable group and my methods involve no invasive procedures. Interview questions will not cover any contentious themes nor cause the participant any stress or negative consequence. The interview will not probe any sensitive subjects, however, the topic of 'sexual behaviour' may be raised in the duration of this interview in relation to, for instance, the spread of HIV amongst MSM. If in the unlikely event that I detect that a participant might reveal sensitive information pertaining to the participant's *own* sexual behaviour (which I do not anticipate and will not probe), I will swiftly steer them away from this.

I will be open about the aims of the study and its themes with all participants and will continue to commit to this transparency by providing participants with a list of themes to be raised in interview prior to our meeting, upon request, and accommodate any concerns or questions they have about participating.

Finally, this research will not place myself at any risk.

Ethical considerations. (*see the advice at www.ucl.ac.uk/sts/ethics on how to complete this section*)

How will you manage participant consent and withdrawal processes? (Be especially specific about how you will ensure you obtain evidence of informed consent commensurate with the data you are collecting.)

As I expect interviews to last over 10 minutes:

Participants will be provided with and read an information sheet outlining: the purposes of the interview in the context of my research (including details about myself and the time-scale/trajectory of the thesis), information about transcription and data protection and storage, information about withdrawal from the project. The information sheet will also briefly outline the issue of identifiability (see the section below) and invite participants to discuss these issues/any concerns with them before the interview begins. The information sheet will be emailed to the participant prior to the date of interview and provided to them again as a physical copy on the date of interview before we commence.

The participant will then fill out a physical copy of a consent form in which they will: (i) confirm they have read and understood the information sheet including the withdrawal process, (ii) confirm their participation is voluntary (iii) consent to the anonymous reporting of their data within the study excepting relevant demographic information addressed during interview (iv) agree to participate in the study.

On the information sheet, which participants will read prior to giving consent, I will outline the withdrawal process. If, **within 4 weeks** of the interview date, the participant decides that they no longer wish to be included in the project, they may contact me by email to have their interview removed from the study.

Is it appropriate to offer your participants the opportunity to choose what level of anonymity their data is reported under? If not why not? If so then how will you facilitate their choice and/or maintain their anonymity?

Where possible, I intend to offer complete anonymity to participants and refer to them only by their specific involvement with donor campaigning e.g. “a blood donor activist who produced a petition” or “an employee at a large HIV/AIDS charity”

However, a number of participants may be highly identifiable as they may be members of unique campaign groups in the UK – the only of its kind – or recognisable charities or other organisations. Furthermore, some demographic details – including gender, race and sexuality – are extremely relevant to the aims of the study and to the interpretation of data. As such, it would be disingenuous to offer all participants complete anonymity in the reporting of their data, as well as an impediment to the integrity of the research.

Instead, where the above is applicable, I will refer to individuals as members of a *named* group, organisation or charity, (e.g. “a team member from campaign group X” but never by their own name, thus preserving their individual identity but enabling some discussion of the role/operation of the group/organisation.

What health & safety considerations are relevant (both for you and for your participants) and how have you taken them into account in planning your data collection?

Interviews will be conducted in a public place and I will inform relevant individuals (my supervisor and/or my partner) when and where the interview is to be held and at what time I will return. As I previously stated, I do not anticipate this research will place me at any risk.

In the event that the interview will take place in the participant’s place of work, I will comply with health and safety procedures of their workplace.

What confidentiality issues are relevant and how will you handle your data to ensure confidentiality?

As stated, there are issues around identifiability, which I will navigate by anonymizing participants as far as possible, never referring to them by name and avoiding the use of identifying demographic information where possible.

The raw recording of the interview will only be available to me and I will transcribe these myself. The transcripts will be available only to my supervisors and myself. All digital data will be stored on an encrypted and password-protected laptop and a back-up file kept on hard-drive in locked locker in locked room requiring pass-code access. Any files containing personal information that could be used to identify participants– for instance, copies of consent forms – will be stored in physical form (as printed papers), securely and separately from transcripts and audio files.

Will you request permission to archive your data for use by future researchers? If so then please briefly explain your archival processes (e.g. where the archive is based, the terms of its submission etc.)

No


Please indicate what level of Data Protection your project requires and why:

(See Appendix B for details; if ‘light touch’ or deeper please also complete the table below for your project – the appendix contains some useful examples regarding how fill this in)

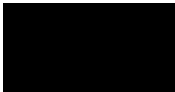
This project will contain light-touch research data. While the interview may touch on some of the every-day experiences of participants (for instance, how they came to be involved in blood donor campaigning),

it will not ask the participant to share any personal data and nor will the participant's personal data be included in any way within the research.

Person(s) Responsible for Data	Personal Data to be Registered	Type of Data Subjects	Data Format	Method of Securing Data
Benjamin Weil	Semi-structured interview; transcript	Research participant	Electronic file	Electronic document kept on encrypted laptop requiring password; back-up file kept on hard-drive in locked locker in locked room requiring pass-code access

Applicant Signature:  Date:

Supervisor Comments (*Please provide reasons why you feel this proposed research will operate in an ethically appropriate manner. Please note that for student projects the supervisor MUST sign and date this form before the application can be considered for processing*):

Supervisor Name: _____ Signature  Date:

Director of Research Comments:

DoR Signature: _____ Date:

Please return this form to the STS Research and Finance Administrator (sts-rfa@ucl.ac.uk) for processing.

Appendix 3: Information Sheet

Information Sheet: Involvement with blood donation activism and campaigning

i. Interview Information

Thank you very much for agreeing to participate in an interview investigating your experiences of campaigning on blood donation policy.

The interview will explore your experiences of campaigning on blood donation policy. Your comments in this interview will be used to develop a better understanding of the operation of blood donation activism and how this relates to and might inform other forms of LGBTQ+ and biomedical activism. Your honesty and openness in this interview will therefore be greatly appreciated.

The results of this interview (for which ethical approval has been granted) will be presented as part of a thesis written by a PhD candidate (Benjamin Weil) in the Department of Science and Technology Studies at UCL, a copy of which will be held in the UCL Library. After completion, parts of the thesis may be published in written form, for instance in a peer-reviewed journal or book.

The interview, which will be audio recorded, will last approximately 60 minutes and you may choose to stop it at any time. By default, your comments will be anonymised in reporting the outcomes of this interview and attributed only to an individual who has been involved in blood donor activism, a pseudonym of your choosing or however else you might like to be anonymised. No one else will be given access to the audio recordings. The transcripts of the interview will be available only to my supervisors and myself and will remain separate from your personal information (i.e. name and contact details). Recordings, transcripts and personal information will be stored securely in compliance with the Data Protection Act 1998.

ii. Withdrawal

If, following the interview, you determine that you would rather not participate in the project and to have your comments removed from the data set, please contact me by email at benjamin.weil.16@ucl.ac.uk no later than 2 weeks after the date of the interview.

If you have any other questions or comments about the interview, please don't hesitate to get in touch or we can discuss these in person prior to the start of the interview. Once again, many thanks for agreeing to take part in this project. Your time is greatly appreciated.

Best wishes,

Benjamin Weil

Appendix 4: Consent Form

Consent Form: Involvement with blood donation activism and campaigning

Thank you for agreeing to participate in the interview. Please indicate Yes (Y) or No (N) in the appropriate boxes to indicate that you have understood and agree with the relevant following statements.

	Y/N
1. I have read the interview information sheet and understand the information provided and my role as a participant	
2. I understand that my participation is entirely voluntary and that any information used for reporting purposes will be made anonymous excluding group identification (as explained in the information sheet)	
3. I agree to participate in the above study	

Participant Name _____

Signature _____

Date _____

Appendix 5: Participant Biographies

Name	Pronouns	Code	Interview Date(s)	Bio
Steven	he/him	S1	May 2018, June 2018	A member of the blood donor activist group FreedomToDonate
Michael	he/him	M1	July 2018	A member of FreedomToDonate
Ali	he/him	A1	August 2018	A representative of a major HIV and AIDS charity
Jake	he/him	J1	October 2018	Launched a petition demanding repeal of the 'gay blood ban'
Charlie	he/him	C1	October 2018	Former employee at a major HIV and AIDS charity
Nick	he/him	N1	October 2018	A representative of a major HIV and AIDS charity
George	he/him	G1	November 2018	Lobbied politically and launched a petition for reform of the 'gay blood ban'
Anthony	he/him	A2	November 2018	Ran a blood donor activist campaign through his workplace (an advertising agency)
Simon	he/him	S2	November 2018	Long-time blood donor activist who started campaigning through the NUS
Ewan	he/him	E1	December 2018	Poet who has written work inspired by 'gay blood ban' and advocated for reform
Ryan	he/him	R1	December 2018	Community organiser who delivered evidence for MSM policy reform to SaBTO
Colin	he/him	C2	January 2019	Blood donor activist who delivered personal testimony for George's campaign
Patrick	he/him	P1	February 2019	Student blood donor activist who campaigned for policy reform through the NUS

Gavin	he/him	G2	March 2019	Campaigned for policy reform through the NUS
Peter	he/him	P2	March 2019	HIV activist and advocate for sex workers
John	he/him	J2	March 2019	MP who has worked closely with FreedomToDonate
Sarah	she/her	S3	March 2019	Member of SaBTO
Sam	they/them	S4	March 2019	Campaigned for policy reform through the NUS
Thomas	he/him	T1	March 2019	MP who has worked closely with FreedomToDonate
Tim	he/him	T2	March 2019	Campaigned for policy reform through the NUS
Naomi	she/her	N2	April 2019	Representative from an organisation supporting individuals living with a blood disorder
Scott	he/him	S5	April 2019	Campaigned for policy reform through the NUS
Sharon	she/her	S6	April 2019	Senior nurse for NHS Blood and Transplant
Rachel	she/her	R2	April 2019	Representative from an organisation supporting individuals living with a blood disorder
Andrew	he/him	A3	May 2019	Human rights campaigner and long-time blood donor activist
Ian	he/him	I1	May 2019	Assisted college students campaigning for policy reform through the NUS
Conor	he/him	C3	May 2019	Campaigned for policy reform through the NUS
Lauren	she/her	L1	May 2019	Campaigned for policy reform through the NUS
Ted	he/him	T3	May 2019	Representative from an LGBTQ+ charity
Neil	he/him	N3	September 2019	Blood donor activist who raised a legal challenge against MSM exclusion

Appendix 6: Example Codes

Codes
BLOOD DONORS
'Amazing person'
Health
'Don't have to be in shape'
Healthy lifestyle
Safe practices
Motivations
Altruism
'Warm glow'
Indebtedness
Culture of blood donation
For the community
Health benefits for donor
Rare blood type
MSM POLICY
'Unscientific'
'Final frontier' for gay rights
Arguments for change
Based on 'outdated views'
Current policy not efficacious
Improving compliance
Will make blood safer
Improvements in technology
MSM as pool of potential donors
Justifications for policy
'Not our job to look at rights'
Clinical setting as limiting factor
Contaminated blood
Gaps in data or knowledge
Justified by (scientific) evidence
No right to give blood
Personal responses
Anger
Desire to donate or help
Disappointment
Exclusion

CAMPAIGNING
'Positive' vs. 'negative' campaigns
Importance of science
Campaign exclusions
Sub-Saharan Africa
Women
Safer sex
Sex work and drug use
The risk group
Hierarchies of risk
Risk practices
Condom use
Drug use
Monogamy
Oral vs. anal sex
PrEP
Promiscuity
Receptive vs. insertive
Testing
Contaminated blood scandal
Establishing legitimacy or credibility
'Outsider' status
Acquiring knowledge
Allies with health or sci. expertise
APPG
Scientific evidence
Health focus
Split audience
Who shouldn't give blood
Chemsex
Drug users
People who are promiscuous
People who have had sex with sex workers
People who have had unprotected sex
People who haven't been tested
People with infections
PLWHIV
Sex workers
Sub-Saharan Africans

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