

Altruism, Discourse, and Blood Donation: the Rhetoric of “The Gift of Life”

by

Guy Douglas Solomon

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Director of Dissertation: Donna Jean Kain, PhD.

Major Department: English

The American healthcare system has since WWII regularly suffered seasonal shortages of blood donations. This dissertation examines, through the theories of activity systems, genres, frames and social groups, the discourses and rhetoric associated with the practice and social activity of blood donation. The history of the discourse and the activities of intermediaries responsible for recruiting blood donors are examined focusing on significant discontinuities to the activity system of blood donation such as WWII; the shift to an all-volunteer, free donation system; and the threat to the system posed by the advent of HIV/AIDS. Altruism has been posited as “the” motivation for blood donation since the US moved to an all-volunteer donation system. In spite of assurances that the use of an all-volunteer system would result in an increase in blood donations, since 1974 shortages have regularly occurred but no other appeals have been officially tested or implemented by major intermediaries such as the American Red Cross or America’s Blood centers. Reasons for this resistance to consider alternatives and possible changes to the system are examined to begin to develop ideas about ways that communication might help remedy these regular shortages.



Altruism, Discourse, and Blood Donation: the Rhetoric of “The Gift of Life”

A Dissertation

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by

Guy Douglas Solomon

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Guy Douglas Solomon

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by

Guy Douglas Solomon

APPROVED BY:

DIRECTOR OF  
DISSERTATION:

\_\_\_\_\_ Donna Jean Kain, Ph.D.

COMMITTEE MEMBER:

\_\_\_\_\_ Dana Harrington, Ph.D.

COMMITTEE MEMBER:

\_\_\_\_\_ Brent Henze, Ph.D.

COMMITTEE MEMBER:

\_\_\_\_\_ Annette Greer Ph.D.

CHAIR OF THE DEPARTMENT OF ENGLISH:

\_\_\_\_\_ Jeffrey Johnson, Ph.D.

DEAN OF THE GRADUATE SCHOOL:

\_\_\_\_\_ Paul J. Gemperline, Ph.D.

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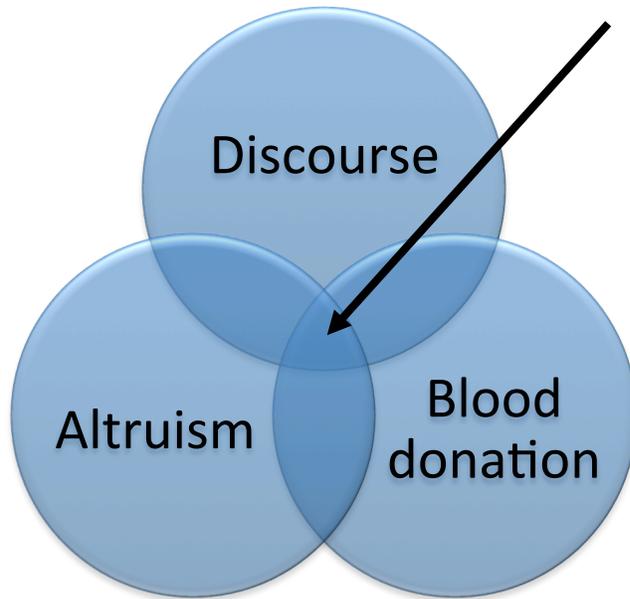
# Chapter 1

## Blood Donation as an Activity System and a Social Institution

I always think about which blood drive was going on in Georgia that day when that husband or mom or school teacher rolled up their sleeve and actually gave me a second chance at life. It's the ultimate gift of life, and I'm the one who was on the other end.  
*Niki Taylor (Parade, June 14, 2011)*

This is the story of how discourse has created institutions and institutions have created discourse that develop and maintain the activity system of blood donation. Both the social activity and the institution of blood donation date from 1929 (Stetten, 1938, p. 1248) and have experienced significant change, driven by discourse, since that time. What started as an experimental medical procedure over time morphed into a patriotic wartime support effort, then into a routine social activity, and more recently into a perceived dangerous and risky threat to the health system. The institutional and social practice of blood donation has been developed and established by the confluence of two discourses: the discourse of blood donation and the discourse of altruism.

Since 1929, blood donation has been part of a dynamic activity system. That system has grown and changed considerably over time but this has remained consistent—the demand for blood frequently outstrips supply and the intermediaries within the activity system (American Red Cross, America's Blood Centers, American Association of Blood Banks, and independent hospital based blood centers) are often playing catch-up to meet the need. The focus of this project, as shown in Figure 1, brings together altruism, blood donation, and discourse because blood donation is a social activity that is driven by discourse; the accepted focus of that discourse is altruism.



**Figure 1—The focus of this project—Dark blue shaded area**

One important aspect of this discourse is the role of “intermediaries” in shaping and controlling it. Intermediaries are organizations that are necessary to accomplish some objective-- in this case, blood donation. I can independently engage in an altruistic act if I purchase a hamburger and soda and give it to a homeless person on the street. However, I cannot independently donate blood to another individual because of technical, sanitary, and legal/regulatory reasons. Trained personnel, facilities, certifications, instruments, insurance, and organizational systems are required to facilitate blood donation, and the intermediaries have all of these capabilities. The intermediaries function between the blood donors, on the one side, and the healthcare system, consisting of hospitals, medical practices, and health research facilities, on the other.

To understand the development of the activity system and the social activity established by these intermediaries, this dissertation examines a number of genres of discourse that create blood donation as an institution and that respond to and enact changes as the intermediaries react

to external and internal forces. Spinuzzi (2004) refers to “great clouds [of genres]” that are associated with any technological activity and this project will deeply examine four genres: 1) health questionnaires, 2) media advertising/ mass media feature articles/public announcements on blood donation, 3) professional journal articles and 4) regulations. This chapter introduces my involvement with the subject and reviews the development of the intermediaries over time. In it, I examine the structural changes (discontinuities) experienced by the blood donation system since its inception, introduce the research questions, and summarize the contents of each chapter in the dissertation.

In the remainder of this chapter, I discuss the frustrating and ongoing problem of shortages within the blood donation system by showing how the intermediaries responded to the changing needs of the healthcare system and attempted to use genres to meet those needs. The incorporation of altruism into those genres and the results of research conducted on motivation of blood donors are introduced. Later in this chapter, I provide a brief introduction and details of the research questions. I introduce the major issues to be examined and the primary tools and theoretical approaches to be used are presented.

## **My introduction to the subject**

I first became interested in blood donation after the terror attacks on the World Trade Center (WTC) in New York City on Sept 11, 2001. I lived, at the time, in South Orange, NJ, and my home was exactly eighteen miles west of the WTC. On that morning, I sat mesmerized watching TV as the announcer described an airliner that, moments before, had struck the north tower. As smoke drifted up from the crash-site, about 20 stories below the top floor, I saw a second plane crash into the south tower. All thoughts of an accident disappeared, and my first

reaction was fear and a sense of loss of the confidence I had felt about the order of things. Over the next day or two, I could see the smoke from the collapsed buildings rising above lower Manhattan from a nearby lookout in the South Mountain Reservation, a county park.

In response, I was one of those who trooped out to give blood. I couldn't think of any other way I could express my solidarity with my country. Over the next few days, public announcements in newspapers, radio, and TV were made that the blood centers were full and no further donations were needed. I was not the only one who heard that announcement because 18 months thereafter, the state of New Jersey was faced with such a shortage of blood that hospitals were forced to import blood from other states. I was engaged by the state of New Jersey to conduct focus groups among current and past donors to try and understand why donations were way down and what could be done about it. What I found was that people remembered the announcements that no more blood was needed. They had not heard any more recent announcements of shortages and they had not been asked to donate. My recommendation was to aggressively announce the existence of a shortage and to appeal to local residents to donate and to ask their friends and relatives to donate. While my awareness about the shortage of blood started with that project for the state of New Jersey, I have found that the shortage existed before the WTC terror attack, and has continued since that time. Since then, I have been sensitized to the subject and to communication and discourse about it: how is it that shortages occur? How are the advertising and other messages evaluated to make sure that they are effective? Who is in charge of confirming the effectiveness of messages?

### **The ongoing problem**

Scientists and professionals in medical sciences have developed procedures to enable individuals to recover from an increasing number of critical injuries and diseases, but in some

cases, the unavailability of blood threatens the ability of medical professionals to deliver the needed procedures (Simon, 2003; Davey, 2004). Since effective blood transfusion technology was first developed, the public has been, in various ways and by different parties, asked to donate blood. During times of national threat, the public has responded enthusiastically to donate blood, but during normal times —when there is no serious national or local threat to people or our society—blood banks regularly face shortages, and needed surgeries frequently must be delayed (Kolins & Herron, 2003). According to Simon (2003), the problem was so severe that,

The New York Blood Center, in the mid 1970's, began a regular program of importation of blood from Europe. Thus, American volunteer blood donors have failed to provide sufficient blood to meet the needs for American patients for more than 25 years. (p. 273)

While the technology and intermediaries are in place to meet routine needs, the public's will to donate is not routinely there. The citizenry that rushes to blood centers to deal with a major emergency and that routinely donates more to charity than citizens of any other country (Brooks, 2008) does not routinely show up at blood centers and I examine some possible reasons why.

I next briefly examine the history of blood donation as an organized activity to show the major factors contributing to its development. Blood donation is a social activity driven by largely emotional rhetoric that has, to date, been fairly ineffective as a direct driver of immediate behavior (Smith, Matthews, & Fiddler, 2011). Intermediaries have not been successful in using mass media to rhetorically create the immediate emotional response during normal times that seems to occur spontaneously during a war, or following an event such as the 9/11 terrorist attacks.

## **Intermediaries drive the process**

Well-known intermediaries such as the American Red Cross (ARC), America's Blood Centers (ABC), and American Association of Blood Banks (AABB) solicit donations from the public almost continuously. For example, in the 20-day period from Oct. 9 to Oct. 29, 2012, the ARC, on its website, indicated that it conducted 30 blood drives within 25 miles of my home in rural eastern North Carolina (ARCa, 2012). Intermediaries have continuously developed programs and discourse intended to establish the blood-banking infrastructure and motivate members of the public to donate. If this effort resulted in just one in ten people (10% of the adult population) showing up regularly at blood centers and donating blood two or three times a year, there would be no more blood shortages, but such is not the case. Perhaps prospective donors do not hear the appeals. Perhaps they lump these appeals in with other solicitations to be ignored. Perhaps they do not believe that there is a shortage. Finding the cause or causes of the rejection of these appeals by much of the public is one of the answers I am looking for in this project.

To understand the development of the activity system and the social activity established by the intermediaries involved, this dissertation examines the discourse including the roles of genres, intermediaries, audiences, and responses to discourse related to blood donation in the US. Health questionnaires, advertising/mass media, blood bank related research studies and professional journal articles, and regulation, are the genres examined because intermediaries are heavily involved in all of these genres and for the past 50 years they have used the same appeal, altruism, to generate response from the public.

Altruism is the focus of appeals to the public and to prospective donors by intermediaries, though little research on the discourse of altruism has been published. There has been extensive research conducted on altruism, how it manifests, with what other characteristics

(of people) it is associated, how it is inculcated, and how important it is as a social phenomenon. My literature review reveals that while significant research has been conducted on altruism, none that I have found so far deals with the discourse of altruism, which means that how altruism can be incorporated into a message to motivate action by prospective blood donors may not have been specifically examined. Altruism research has been located in disciplines of psychology, philosophy, religion, biology, economics, political science, and sociology. The examination of altruism, in these disciplines, has addressed the context of altruism, the motivations, and the results of altruism on both the giver and receiver. A number of significant studies have been conducted to assess the differences between altruism, benevolence, self-interest, and indirect exchanges. This project will use a broad definition of altruism, as “behavior intended to benefit another, even when doing so may risk or entail some sacrifice to the welfare of the actor” (Monroe, 1994, p. 862). In Chapter 2, I present a brief review of discourse and research related to altruism.

Another aspect of the discourse I examine is that which enables and surrounds the activity of blood donation. This includes rules and regulations established by associations (AABB, AMA), by government entities (Congress, Dept. of HHS, military branches), professional discourse among medical professionals, and participation requirements enacted on donors (travel, weight, AIDS, days since last donation, etc.). These discourse elements project the power of the intermediaries to define who may qualify as a donor, and itemize those factors that prevent one from donating. As will be examined in chapters three, four and five, significant research has been conducted on the subject of blood donation including who donates, why they donate, why people stop donating, and related topics. Blood donation intermediaries and discourse have been subject to structural changes that have changed the intermediaries, the

discourse, or both (Discontinuities, below). In spite of these changes, the activity of blood donation at its most basic has not changed; an individual must still visit a blood center and have blood drawn.

## **Discontinuities**

Because I base this dissertation on Activity Theory (Engestrom, 1999), I refer to the structural changes in the blood donation system as discontinuities. The discontinuities examined include the introduction of a completely new intermediary at the start of WWII; the change from a paid, market-based blood collection system to a voluntary system in the late 1970s; and the threat of a blood borne virus (HIV/AIDS) to destroy confidence in the system itself, which occurred in the 1980s. The first major discontinuity was the shift from a casual, hospital blood center based activity where blood was drawn from donors as needed, to a production based, national system with national advertising and blood drives and centers spread across the country to collect and store blood for the use of the armed forces (Kindrick, 1964).

In the second discontinuity, the discourse of blood donation shifted from a utilitarian/market commodity approach (in the domestic/civilian sector before 1977), in which blood is exchanged for compensation or future consideration (Titmuss, 1970), to an ethical/community responsibility approach that views blood as a community resource where donors recognize a social benefit and donate for no compensation or consideration (Beal & van Aken, 1992). The blood donation system was first based on a focus on the individual. The transfusion recipient was expected to pay for blood received, to have donated earlier to the system, or have secured commitments from others to donate. The AABB had developed a complete system where blood donation credits were recorded and could be drawn from. The preferences of the

ARC and of the regulatory authorities were for a community-based system that has since been adopted, but it may not yet be generally understood or accepted by the public.

The third major discontinuity was the response of the blood donor system to the incursion of HIV/AIDS that resulted in major changes in the discourse related to qualification of donors. Activity theory will be used to examine how the blood donation system reacted to the discontinuities and how the responses to contradictions within the developing blood system enabled it to grow and respond to changing situations. As each of these discontinuities occurred, the system used discourse to respond, and developed appropriate genres to maintain the operation of the system itself.

## **Blood Donation History**

Blood donation, as an organized social practice, was unknown until the mid-1920s. Before that era, medical patients with injuries or conditions that required additional blood had little possibility of recovery since the technology and infrastructure did not exist (Schoenijahn, 1909, 211). Basic experimentation with transfusions was conducted on various animals and humans (and from animals to humans), but results were unpredictable until Landsteiner's discovery of blood typing in 1901 (Giangrande, 2000). During the mid-1920s, at the Mayo Clinic in Rochester, MN, and in various hospitals in New York City, when transfusions were required, donors, who had been pre-contacted and pre-qualified, were contacted to come in and provide blood directly to the patients because methods of storing or "banking" blood had not yet been developed.

[B]lood donations were received from professional donors, most of which (sic) were Mayo Clinic employees and local residents. Since blood donors were paid, it is likely that there were many volunteers. Lists of regular donors were kept and Mayo required

that they live within 50 miles of Rochester (Babcock, Personal correspondence, 2011).

By the late 1930s, newly developed technology allowed hospitals and medical facilities to collect and store blood for short periods, and then the stored blood would be directed as needed for the use of resident patients. Hospitals in Rochester, MN; Chicago, Cincinnati, San Francisco, Miami, and New York had by this time established blood banks (AABB, 2011; Moore, 2005).

The need for whole blood continued to increase (at that time, and still today) due to population growth and to advances in medical science. In the US, the federal government influenced the establishment of the national blood banking system in the early 1940s to support the troops in WWII. But while the government appealed to the public to support the war effort with blood donations, it established policies to allow only Caucasians to freely donate (The policies and discourse that erected barriers to donation by African Americans will be discussed in Chapter 4). During WWII, the national blood donation system to support the military was operated by the American Red Cross, while blood for domestic civilian use was collected by blood banks and hospitals as had been done before the war. After the war ended, there was a continuation of a mixed system (some donations were paid and some were volunteer), composed of the American Red Cross, independent local blood banks, and hospital based blood banks. The independent blood banks consolidated as an association organized as AABB and later as ABC. While the ARC provides both blood banking and emergency aid when required by natural or other disasters, ABC and AABB have no function other than the collection, testing, storage, and provision of blood and blood related material such as stem cells and tissue (American Red Cross, America's Blood Centers). Efforts have been made by government, military, and private industry to develop synthetic blood that could be used on any person regardless of their blood type or "rh" factor. Synthetic blood is especially needed by the military for use in battlefield

conditions. In spite of years of research and millions spent in this effort, no significant results have been achieved. Thus, there will be a continuing need for blood donations in the foreseeable future (Estep et al., 2006; Winslow, 2000).

Until the mid-1970s, blood was collected, in the US, by a hybrid system: about three quarters of the blood was donated, and one quarter was obtained via payment to the donors (Eder & Menitove, 2010). In 1970, Titmuss published a large comparison study of blood donation (*The gift relationship: From human blood to social policy*) that compared the US blood donation system to that of the UK. All blood in the UK was obtained from unpaid donation. In comparing participation rates and quality of blood donated, Titmuss made a strong case that the US should move to a 100% voluntary donation system, and eliminate the payment for whole blood. This view was accepted, and by 1980, the US had eliminated the payment for any whole blood collected (McCarthy, 2010).

In the early 1980s, the HIV/AIDS virus infected elements of the US population and some of the blood supply in blood banks was donated by those who were infected (Healy, 1999). This resulted in the death of several prominent people who had received blood transfusions, and the infection (and death) of over half the hemophiliacs in the US. The publicity following these events resulted in a period of public concern and fear as hospitals, blood banks and the government wrestled with how to deal with the situation (Healy, 1999). As medical science identified the virus and determined its manner of transmission, blood donation centers adjusted their screening criteria to avoid accepting donations from individuals who might have contracted the virus. This resulted in a major impact in the discourse of blood donation which will be examined later in the dissertation.

Mass media has been a major element in the attempt by blood collection intermediaries to motivate donations. Because blood collection is a non-profit social activity, intermediaries are able to receive large donations of professional services (advertising creation and production) and media to create public awareness of the need for blood donations. Thus, the intermediaries receive the value of millions of dollars in advertising at virtually no out-of-pocket cost (Ad Council). Unfortunately, the advertising has only proved able to generate a general awareness of the ongoing need for blood donations. It has not resulted in immediate donations following periods of advertising (Armitage & Conner, 2001).

## **Research needs**

With the aim of increasing understanding of the discourse of the blood donation system, in this dissertation I examine the discourse genres, activity systems, and participants that make up the system. This examination addresses two needs related to the blood donation system, and two needs related to scholarly theories used in discourse and rhetoric:

1. To study critically the contexts in which the activity systems and genres of blood donation are developed.
2. To develop theories, methodologies, and frameworks that reveal how the activity systems and genres contribute to the development and support of regular blood donors.
3. To apply activity theory in a new environment and confirm its utility in a situation where the system seems to rely on tangential actors.
4. To apply genre theory to a system that involves multiple unaffiliated organizations, rather than a single organization.

There are a number of comprehensive studies of the blood donation system including Healy (2006), Feldman & Bayer (1999), Starr (1998), and Titmuss (1970). Each of these, as well as hundreds of professional journal articles, examine aspects of the system including historical development, donor motivation, response to the threat of AIDS, profile of the donor, evaluation of communication practices, treatment of donors, and other perspectives. However, no examination of the discourse itself or its role in the activity system of blood donation has been conducted.

### **Bounded area for research**

In addition to examination and evaluation of research studies of others, I will present original research data that examine the responses of young adults (17 to 25 years old) to the discourse of blood donation. I consider young adults an attractive target group for future blood donation appeals for several reasons:

- Older groups have been targeted for years, with various appeals, and the response of blood donors has routinely been smaller than needed (Simon, 2003, P. 273).
- The lives of this older cohort (ages 35-65+), are fairly settled; those who donate blood continue to do so and those who do not have proven extremely resistant to all messages (Zou, Musavi, Notari, & Fang. (2008). Even if some of this cohort can be motivated, their number of remaining years of donation are significantly smaller than those of young adults.

Young adults may be open to appeals, and, if they are, they have many years of possible donations in their futures. The implementation of community service requirements in many secondary school systems has proved successful in orienting youth to the idea of considering the needs of those outside them and their immediate circle of family and friends. Young adults have

been targeted with relatively fewer appeals for blood donation, since donation is not allowed among individuals younger than 17 (in North Carolina, where the research is conducted).

## **Research questions**

This dissertation addresses the gaps in the critical research on blood donation discourse and develops theories, methodologies, and frameworks to examine this discourse. The research questions I address in this dissertation are:

1. What rhetorical strategies have been used and how effective have they been?
2. What opportunities exist to increase their effectiveness in securing an adequate blood supply?
3. What genres of discourse have been/are being used in blood donation? How have these genres been used to develop donors and establish the intermediaries and practices of blood donation?

## **Summary of Dissertation Chapters**

This project is organized into six chapters. The contents of the remaining five chapters are described below:

Chapter 2—Literature Review.

In Chapter 2, I examine in detail the theoretical framework used in the analysis. Activity theory, genre theory, frame theory, and social movement theory are described and placed in context to support the construction of the discourse of blood donation. The development and applications of activity theory along with the major contributors to the development of the theory are

discussed. Genre theory deals with the discursive tools that are developed and applied in activity theory, and it is used in the examination of four key genres: health questionnaires, advertising and mass media articles, professional journal articles, and regulations. Frame theory is used to address the issue of altruism and to examine how effective it is in creating the behavior and attitudes desired by the intermediaries. Social movement theory is useful in providing tools to examine the activities of individuals whose behavior is motivated by issues other than compensation or family. More specifically, a key element in social movement theory is the creation and maintenance of identity both for groups and also for individuals within the groups. The current uses of these theoretical tools are described and a rationale for expanding their application to the issue of blood donation is presented.

#### Chapter 3—Methods

This chapter defines and explains the methods of data collection and analysis and justifies the methods of selecting specific artifacts for analysis. Existing artifacts (health questionnaires, ads, newspaper articles, professional journal articles, regulations) were selected from the thousands available because they dealt with specific issues of donor motivation, donor identity, or intermediary practices. The reasons for selecting each item will be included as part of the analysis. Primary research was conducted including both a survey and also a number of individual interviews. This research was conducted among college students and the findings are not applicable to other demographic groups.

#### Chapter 4—Discourse and Structure

This chapter examines the various genres of discourse that constitute the blood donation system. I analyze the professional articles and studies that socialize new technology, incorporate new ideas and establish the practices of donation centers, and the regulations and technical

requirements that establish the rules within which the entire blood donation system operates, and the blood donor health questionnaires which qualify an individual to donate blood.

#### Chapter 5—Rhetoric and Appeals

Here I review and analyze rhetorical appeals to the public and to past donors as they developed over time, examine how/why altruism operates as a motive in blood donation, and assess how blood donation rhetorical appeals might be revised to deliver increased donations. I also examine frame theory and social movement theory and consider how they might be incorporated into the rhetorical appeals to the public. In this chapter I also analyze original research conducted to assess the awareness, behavior, and attitudes of college age donors and prospective donors.

#### Chapter 6 – Conclusions and Implications

This chapter presents implications and ideas for consideration based on the analysis and observations presented in previous chapters.

## Chapter 2

# Literature Review

These days, the altruistic motives behind the donation of blood are more important than ever, but the nature of this altruism has changed. The conditions of blood donation remain truth-telling and altruism, but new truths need to be told, and the consequences of not telling them are newly severe.

*Kylie Valentine (2005, 11)*

The literature I examine includes material from the blood donation system, from the mass media, from professional and academic publications, and from regulatory authorities. This is a subject that is familiar to both the general public and those professionals involved in blood donation intermediaries and in the healthcare industry. Much has been written about blood donation, but all of it has been from the perspectives of areas other than discourse. Sociology, psychology, medicine, nursing, and economics have dealt with blood donation extensively. Sociologists (e. g., Healy, 2006; Putnam, 2001; Feldman & Bayer, 1999; Piliavin, 1990; Oswalt, 1977; Titmuss, 1970) have examined blood donors as a whole, sub-segments of donors, regular donors, first time donors, ex-donors and other categories to measure their behavior, their motivations, their response to stimuli, and to develop norms for comparisons. Psychologists (Ferguson, 2011; Charng, Piliavin & Callero, 1988; and Schifter & Ajzen, 1985; Solomon & Corbit, 1974) have examined blood donation from the perspective of opponent process theory, habit formation, reinforcement, modeling, attribution theory, and the theory of planned/reasoned action. Doctors and nurses have examined the medical elements and the mechanics of blood

donation. Economists (Goette & Stutzer, 2008; and Ryttilä & Spens, 2006; Solow, 2005; Gneezy & Rustichini, 2000) have examined issues of blood donation such as incentives, tradeoffs, crowding out, opportunity cost, and cost effectiveness analysis. All of this provides a wealth of insight, but little of it relates to the discourse of blood donation. I will build a structure to systematically examine the discourse of blood donation by starting with activity theory. I begin this chapter with a description of the blood donation system and then introduce and explain activity theory and genre theory which I use to explain the relationships and dynamics within the system. I also examine the issues of community and identity which are integral parts of both the perspective of the intermediaries and also of activity theory. Later in this chapter, I present the framework used to examine the discourse.

## **The Blood Donation System**

The Blood Donation System is an institution within our culture that enjoys a high level of awareness but suffers a low level of participation. Blood donors are generally viewed with respect and the system itself is seen as important, but the system constantly struggles to meet the needs of our healthcare system. As part of this dissertation, I examine the discourse and rhetoric of the various intermediaries and participants that make up and impact on the blood donation system. Primary attention is focused on both intermediaries and blood donors. Intermediaries such as the American Red Cross (ARC), America's Blood Centers (ABC), and other blood centers provide the structure for the system and these intermediaries are connected to institutions such as hospitals, government agencies, drug manufacturers, military branches, and others. Blood donors are individuals who respond to solicitations and announcements from intermediaries and who visit blood drives to donate their blood.

There is substantial scholarship and research on the blood donation system, on blood donors and on social movements; and I will present examples from all these areas in this analysis. However, no scholarly treatment of the discourse of blood donation itself has been located. This is the “gap” that I intend to fill with this dissertation. I develop a framework using activity theory, genre theory, frame theory, and social movement theory to examine the operation of the system and its evolution over time. This framework also enables me to isolate sources of difficulty within the system and to develop ideas for resolution of these problems. One of the elements of this framework, activity theory (as defined by Vygotsky and later elaborated by Engestrom) provides a useful lens through which to view the blood donation system.

## **Activity Theory**

Activity theory, one of the theoretical frameworks I use to examine the blood donation system, involves the examination of systems to determine the various elements that contribute to the attainment of an objective that a subject has identified (Engestrom, 1999). This approach grew out of work done in the 1920s and 1930s by the Soviet psychologist Lev Vygotsky (1987) and later refined by his associates Leont’ev (1981) and Luria (1979). According to Wilson (2006), “These writers were working in the field of psychology and ... their primary concern was in understanding the fundamental psychological basis of human behaviour through the study of language, learning, cognitive disabilities and other phenomena” (p. 1). The visual representation developed by Leont’ev is shown in Figure 2.1.

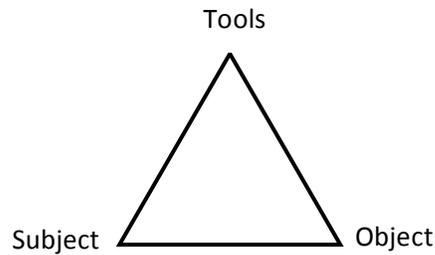


Figure 2.1 Activity System (Vygotsky and Leont'ev 1987)

Activity theory has been applied in the education area, because it provides a more useful model to explain the process of learning than did earlier models that saw learning simply as a response to external stimuli. Activity theory sees learning as a social practice resulting from the active collaboration with others (Rogoff, 1990; Vygotsky, 1987; Wertsch, 1985). In Vygotsky's early work with children he viewed learning occurring "first, on the social level, and later, on the individual level," as the lesson is internalized (1987, p. 57). Perhaps because it originated as a lens through which to view how children learn, activity theory has been used longer in educational systems than in other fields. Currently, activity theory is frequently used to study educational systems (Kain & Wardle, 2005; Barab, Evans & Baek, 2004; Fichtner, 1999; Jonassen & Rohrer-Murphy, 1999; Russell, 1995) and also organizational systems outside of education (Lee, 2005; Roth, 2003; Foot, 2001; Virkkunen & Kuutti, 2000; Lompscher, 1999; Miettinen, 1999; Nardi, 1995;). Within education, activity theory has been applied to areas such as early childhood development (Vygotsky, 1987), design of instructional materials (Barab, Evans & Baek, 2004), teaching writing (Kain & Wardle, 2005; Russell, 1995;), second language acquisition (Lantoff, 2006; Donato, 1994;), science learning (Dewitt & Osborne, 2010; Pea, 1993) and others.

In the fields of organization and communication, activity theory has been used to examine human computer interaction (Kaptelinin, 1996; Kuutti, 1996; Nardi, 1995), organizational learning (Virkkunen & Kuutti, 2000), elaboration of promotion techniques (Spais, 2011), search engine optimization ( Uden, Valderas & Pastor, 2008), salmon fishery operations (Lee & Roth, 2008; Lee, 2005), and organization development (Blackler, 1993). Activity theory is useful in my dissertation because it uses the notion of mediation (Nardi, 1995, p.3), and more specifically, the development and use of tools. Vygotsky, for example, saw language as a significant tool through which children develop higher cognitive abilities. According to Russell (2009), activity theory can be used to “help explain institutional change and collective learning...” (p. 43).

For me, activity theory is useful because it entails the concept that all knowledge is situated within a specific cultural context and this allows me to focus on the activity of “creating blood donors.” I use activity theory to examine operation and change within the blood donation system. While activity theory is viewed as a descriptive, rather than a prescriptive theory, it is chiefly concerned with activity that transforms an object (Barab, Evans & Baek, 1996, p. 209). The graphical representation of an activity system shown below (Figure, 2.2), is an elaboration on the basic representation by Vygotsky and Leont’ev in that it incorporates contextual elements.

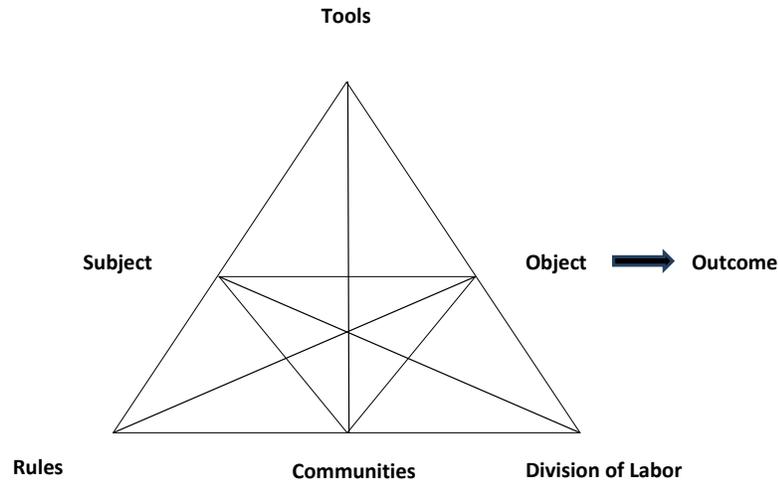


Figure 2.2 Activity Theory Triangle (Engestrom, 1999)

Engestrom’s elaboration is important in that it incorporates the critical elements that provide the cultural and historical context for the activity itself. Engestrom provides the elements that situate the activity and this allows us to examine a specific activity at a specific time and place. This is important and useful in my study of the blood donation system because it provides a lens through which to examine and explain the various discontinuities that have impacted on the blood donation system and that account for its current structure.

The nature of the nodes around the perimeter of the activity system triangle will be described in detail in Chapters 4 and 5. Briefly, the subject is the agent (individual, or group) that drives the activity that is focused on the object. The object may be a person, group, abstract concept, or physical object. Tools are the mediating elements by which the subject acts on the object. In this study, the tools are largely genres of documents such as questionnaires, ads, announcements, journal articles, and regulations. The rules are legal or social limitations that guide and restrict the development and/or use of the tools. The communities are those individuals

or groups that have a stake in the activity system. The division of labor specifies the various roles adopted by individuals or groups within the communities.

Each of the nodes interacts with all other nodes in providing both the activity and also the context of the activity. The model includes the idea of contradiction at each node so that the current state of an activity system can be shown to have relations to other activity systems earlier and it will also have relations with systems that will develop as a result of the existing contradictions and the responses to accommodate them. Although the graphic representation of the triangle suggests stasis or permanency, in reality there is continuous pressure at each of the nodes that results in ongoing shifts.

In the activity systems described in much of the scholarly literature, the individuals, groups, tools, and concepts that make up the system are all heavily involved in the system and are perceived to have a stake in the system. A critical element to be considered in this study is the fact that the relationship of the blood donors to the blood donation system, while critical, is the most superficial and ephemeral of the relationships within the system. Blood donation system participants working in blood centers and in the major blood system intermediaries have full time involvement with the system. Healthcare workers in hospitals (doctors, nurses, aides, and others) have a variable relationship depending on the nature of the conditions of patients (i.e., trauma patients, cancer patients, and those with sickle cell anemia have blood needs that change as their medical conditions change). Individuals in these roles thus have a level of involvement with the system that we might characterize as large or moderate. But regular blood donors are involved with the blood system only one hour (or less) every two months, and the involvement of other donors occupies even less of those donors' time (because they donate less frequently). While the

participation of donors is absolutely critical, donors have the lowest level of involvement of any of the members of the community within the system.

A slightly different perspective on activities is found in Wenger's *Communities of Practice* (1998), a theory that examines organizations and operations. Wenger states, "I do not assume that activities carry their own meanings" (p. 286) and this renders his approach less appropriate than activity theory for my analysis. But importantly, Wenger stresses the importance of participation in establishing a practice (p. 150) and he views active participation as required for a participant to establish identification with the practice. Activity theory better fits into the overall analysis I conduct in that it incorporates historical influences and this is needed to account for the discontinuities that have impacted on the blood donation system and explain how the current system has resulted from the accommodations that the system has incorporated. However, a critical point I make in the analysis is the tangential relationship of the donors and the danger this creates within the activity system itself. Viewed from the perspective of Wenger, and by any reasonable definition, the level of participation of blood donors with the blood system seems insufficient for them to be members of the community of practice of the blood donation system (which is the same as the blood donation activity system).

The blood donation system generates discourse consisting of millions of messages each year but only a handful of the public (only about 3%) responds (Lutgen, personal interview, Jan. 15, 2013). To understand the donors and their relationship to the blood system, I have sought out comparable activity systems to explore discourse, participation, and commitment. Other volunteer activities, community activities, and social action groups are examined in Chapters 4 and 5 to provide this context.

I track the social activity of the blood donation system by viewing blood donation as a series of related activity systems. The object of the blood donation system is to identify, create, or develop a regular blood donor (Schreibner, 2003, p. 591). A regular blood donor is a healthy person who donates several times a year and who recognizes a personal need to participate in this social activity (Belda Suarez et al., 2004, p. 1445). Considerable research has been conducted to understand the motivation of the blood donor who regularly participates in blood drives (Ringwald, 2010; France, Montalva, France & Trost, 2008; Lindenmeier, 2008; Mathew et al., 2007; Ferguson et al., 2007; Hupfer, Taylor & Letwin, 2005; Lemmens et al., 2005; Glynn et al., 2002; Piliavin, 1990; Oswalt, 1977). Many have concluded that it is altruism that motivates donors, but this seems to be a “catch-all” motivation for anything that does not include the provision of compensation or tangible personal benefits. Healy (2000) goes further and suggests that it is the intermediaries that have established altruism as the acceptable motivation for donation (p. 387). In producing the rhetorical messages intended to draw in donors, the intermediaries can promise none of the personal benefits that advertisers of commodities commonly include in their messages. In fact, the rules today prohibit the offer of any tangible compensation for blood donation.

As mentioned earlier, blood donation occurs spontaneously in times of emergency such as war times, civil disasters such as hurricanes, earthquakes, and terrorist destruction (Schmidt, 2002). People caught up in a crisis seek ways to support those injured and those providing direct assistance; at such times blood donation occurs without public urging (Hess & Thomas, 2003; Linden, Davey, & Burch, 2002). However, routine donations continue to be needed to enable normal medical needs to be met (Zou, Musavi, Notari, & Fang, 2008). To meet these routine needs, the discourse of blood donation includes both person-to-person communication (face-to-

face spoken communication) and mediated discourse (direct mail solicitations, ads, printed notices and announcements, radio commercials, pre-recorded telephone solicitations, and internet solicitations). Person-to-person discourse (face-to-face) includes messages about blood donation, messages to appeal, inform, instruct, reassure, and qualify; and messages to thank. Mediated discourse (printed or produced discourse that is delivered remotely over time) consists of public announcements (intended to notify the public of a need for blood and where and when a blood drive is being conducted). According to the literature reviewed, the specific language used in person-to-person discourse and the language of mediated discourse about blood donation have not been the subject of direct research. The language of the mediated discourse is one of the genres or “tools” that will be analyzed in chapter 5.

## **Genre Theory**

Genre theory, as described by Miller (1984) and elaborated by Russell (1997) presents genre as a tool for accomplishing results rather than a form that describes a rhetorical device. Miller presents genre stating, “[A] rhetorically sound definition of genre must be centered not on the substance or the form of discourse, but on the action it is used to accomplish” (p. 151). Russell (1997) refers to genres as “typified tool-mediated ways of purposefully and dialectically interacting among people in some social practice (and across various linked social practices)... that... may be used to act together to accomplish shared purposes” (p. 511).

I examine a number of genres and use genre theory to gain insight into which genres are used as part of the activities of blood donation, what these genres are intended to accomplish, and how the genres have changed as a result of outside events. Some of the important genres to be examined are health questionnaires, advertising and mass media articles, articles in

professional journals, and standards and regulations. These genres work with overlapping activity systems to weave together the entire blood donation system.

I combine genre theory with activity theory to explore how intermediaries and discourses have developed and changed over time to create the current blood donation system. Activity systems are enacted in part through the development of genres that “make it possible to act with others over time in more or less but never entirely predictable ways, individually, collectively, and institutionally” (Russell, 2009, p. 44).

While the representation below (Figure 2.3) is vastly simplified, the genres are somewhat sequential in that the entire system is based on research that usually appears first in the genre of professional journal articles. Professional articles in health journals are written by doctors, sociologists, psychologists and other professionals, some of which advise hospitals on new blood borne infections and new tests that reveal/identify infections; and some of which advise blood system intermediaries on the descriptions, motivations, and behavior of prospective donors. The research in these articles influences all of the other genres in the chart. The genre of standards and regulations is written by government regulators and blood industry professionals and administrators and these establish health requirements, procedures, texts, and other measures to maintain the quality of the blood banks and their operations.

The genre of health questionnaires is influenced by regulations and professional articles and it is the genre/tool that connects the individual donor to the local blood bank or technician responsible for drawing the donor’s blood. The health questionnaire is one of the two genres (the other is advertising/mass media) that communicate directly with the public and thus, must use plain English. Advertising and mass media articles are charged with generating basic awareness

of the need for blood donations and also the specific needs that occur from area to area (Tolson, 1996, p. 92), and, as such, connect the blood banks to the public (prospective donors).

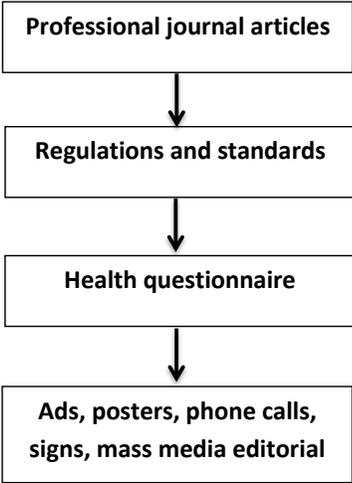


Figure 2.3—Genres Involved in the blood donation system

Taken together this set of genres is part of the blood donation system and as shown is “temporarily stabilized” (Russell, 1997, p. 19). But, I show that, over time, the activity system changes to meet discontinuities and so do the genres. Two of the genres, advertising/mass media and professional journal articles, I also examine later against a different analytical structure, that of frame theory to probe some of the difficulties that reduce the quantity of blood collected by the intermediaries.

**Frame Theory**

Frame theory, articulated by Goffman (1974), seeks to provide meaning to events, activities, discourse, or other elements by providing background and context. As Goffman presents it, the frame does not just exist, it is established by some force (agency); in this project that force is the intermediary. “Social frameworks...provide background understanding for

events that incorporate the will, aim, and controlling effort of...an agency” (p. 22). Goffman describes a particular type of framework that includes events such as weddings, funerals, and other scripted actions as “ceremonial.” This is a frame that may be appropriate for blood donation because “ceremonials often provide a clear distinction between professional officiators, who work at this sort of thing and can expect to perform it many times, and the officiated who have the right and the duty to participate a few times at most” (p. 58). This type of framework also shares a number of common elements with a blood drive, both of which involve officiators, officiated, and, often, gift giving.

More recently, frame theory has been used by communication and journalism scholars (Chong & Druckman, 2007), to understand how authorities provide context for news and messages and how such context is interpreted by an audience. Frame theory is used in this project to address one of the abiding difficulties of the blood system, shortages. Except during or immediately after a major emergency, the general public is routinely unresponsive to the appeals from blood donation intermediaries for donations (Armitage & Conner, 2001). Intermediaries have created the frame within which the public (donors, prospective donors, and non-donors) views the act of donating blood. The frame presents blood donation as an act that demonstrates an individual’s pro-social characteristics. According to the American Red Cross website, “Blood donors report feeling a sense of great satisfaction after making their donation. Why? Because helping others in need just feels good” (ARCb, 2013).

In his discussion of frame analysis, Johnson presents the following definition:

From a cognitive perspective, frames are problem-solving schemata, stored in memory, for the interpretative task of making sense of presenting situations. They are based on past experiences of what worked in given situations, and on cultural templates of appropriate behavior (1995, p. 217)

Frames are established in the discourse, by the blood donation intermediaries and are accepted (or not), by the prospective blood donors. As will be shown in chapter 5, which deals with advertising and rhetorical messages from intermediaries, one of the results of the frame is that it establishes an identity for donors. Because blood donors receive no compensation for donation and do not have other common characteristics, affiliations, threats, or needs, their participation must be obtained by other means. In some social movements and communities of practice, through the activities and discourse of the movement, an identity is developed for individual members/ participants. The difficulty for the blood donation system is the transitory relationship between donors and the system itself. Health and biologic concerns prevent an individual from donating blood more than once every 56 days, even if he/she is willing (ARCd, 2013). The lack of immersion in a social movement of blood donation may make adoption of the identity ascribed by the intermediaries difficult.

Moreover, an important issue is whether the particular frame selected by blood donation system intermediaries is the most effective frame. Intermediaries have adopted altruism as the legitimate and acceptable reason for making a blood donation and studies since Oswalt (1977) have continuously shown that altruism is the motivation claimed by donors. But throughout the years since Oswalt's study, it seems that there have been no periods (except emergencies) during which blood donation levels have exceeded the needs of the system (Simon, 2003).

A number of studies have been conducted to confirm the validity of this motive (altruism) or to identify more appropriate and useful motivators. Sociologists and psychologists have extensively studied the response levels of various groups and the appeal of various messages and techniques (i.e., France et al., 2008; Ferguson et al., 2007; Chalma, 2006; Simon, 2003; Piliavin,

1990). The conclusions drawn and the lessons learned have been rather general and unsatisfying: i.e. appeals to self-efficacy seem more effective than appeals to altruism but there is no examination in the studies that relates discourse to blood donation response. Perhaps this is why there has been no improvement in response rates after applying the learning from this research.

Other research has been conducted to uncover or develop insights that might enable a more effective frame to be developed. Belda Suarez et al., (2004) conducted a study to understand the meaning of blood donation to those who donate. The study included male and female blood donors from a range of ages and research respondents were asked to speak freely about their experiences and attitudes toward donating blood. The responses indicated three motivation/attitude clusters among blood donors. These are 1), a cluster that views blood donation primarily as an altruistic action; 2), a cluster that views blood donation as a duty or a social responsibility; and 3), a cluster with less commitment to either altruism or duty but who donates because it is convenient to do so.

Chamla (2006) examined the results of direct communication via letters written by the blood center to new donors. The letters were written to provide support for the perceived self-efficacy of the donors who had, in earlier research, shown correlation with donors who became repeat donors. Letters had been composed to make the recipients feel special and also a part of an important group; thus, at some level, this research might have provided an example of research on the discourse of blood donation. Unfortunately, the specific language used was not presented in the article to allow conclusions about discourse to be developed, but the conclusions presented support the effectiveness of using the language of self-efficacy to increase donations among new donors.

Ferguson et al. (2007), in a literature review provide additional support for the use of self-efficacy as a focus of donor communication, and Lindenmeier (2008) also confirmed the value of self-efficacy. The importance of making the donation experience itself positive is discussed extensively, but the methods to deal with the experience are mostly physical and behavioral rather than discursive. The exception is the identification of certain negative words and visual images that should be avoided such as needles, fainting, nausea, and blood bags.

Mathew et al. (2007) and Ringwald (2010) examine the issue of retaining first time donors and converting them into regular donors. Their research demonstrates that the methods appropriate for donor retention are different from those appropriate for appealing for first time donors. The importance of personal appeals was identified as a critical element in retention, and various traditional and internet related methods for communicating were noted, but, again, no reference to specific discourse was included.

Steele et al. (2008), in a quantitative study, examined more than 12,000 current and lapsed blood donors age 18 or older. Using self-administered questionnaires, the possible presence of three pro-social personality characteristics (empathetic concern, altruistic behavior, and social responsibility) were explored. Each of the three personality characteristics was positively associated with blood donation. As the score on each characteristic increased, so did the number of donations. However, researchers did not feel that the use of the language associated with these characteristics in advertising would be effective because such characteristics become part of an individual's personality during childhood. They state that there is no indication that the use of the terms would be motivating: "A person's altruistic or empathetic tendencies tend to be set from early childhood, and there is little evidence that a

general mass media campaign or recruitment call could modify these personality characteristics” (p. 52).

Tan (2009) experimented with structuring blood donation within the context of social marketing as defined by the marketing expert Philip Kotler (2006), writer of the leading textbook on marketing. Kotler’s context uses marketing concepts to create and communicate value to influence target audience behaviors to benefit society. This approach assumes a “consumer orientation” that requires that the donor be the focus of attention and that the needs of the donor must be identified and met. Tan references research that indicates that recognition of social responsibility is the primary motivation for blood donation, but no specific references to discourse or language are made.

More recently, Smith, Matthews, & Fiddler (2011) examined the importance of social groups as compared to altruism as a motivator of blood donation. The researchers examined two cities in Canada that had achieved blood donation results that were 70% higher than comparable cities. They found that the major difference between the two high donation cities and the other cities was that social groups were solicited and involved in the donation process in the two high donation cities, while individuals were solicited in the other cities.

People are more likely to donate blood when they are embedded in trusted social networks that value blood donation. The decision to donate blood is therefore motivated less by intrinsic altruism and more by donors’ desire to act according to network norms and to maintain or enhance their status within these networks. (p. 50)

Moreover, when individuals are solicited for blood donations, the specific language adopted by the intermediaries presents blood donation as a “gift.” This is an important element in the framing of blood donation. The work done by Mauss (2006) shows how the concept of gift is

used in society. It involves reciprocal demands and recognition and its main function seems to be the development and maintenance of community. A gift given involves the passing along of a responsibility to reciprocate at some point in the future, which then shifts the responsibility back again. The existence of these mutual responsibilities results in ongoing relationships and involvement in each other's lives. As a system grows to include a number of people, the mutual and overlapping relationships create the need to maintain civility and participation within the community itself. Mauss shows that it is the gift that is so important in developing this community. According to Belk (1979), a gift has four functions: 1) communication, 2) social exchange, 3) economic exchange, and 4) socialization.

In this project, I am concerned with all elements except for economic exchange. The behavior of giving a gift reflects the identity of the donor and the donor's ideal self-concept (Belk, 1976, 1979; Neisser 1973; Shurmer 1971). But the blood donation situation differs from the situation described by Mauss in that the recipient/intermediary actually solicits the gift. And the mediation by the intermediary between the donor and the actual recipient enforces the anonymity of the gift. Titmuss viewed this as a strength of the system, "[Blood donation is] the relationship of giving between human beings in its purest form, because people will give without expectation that they will necessarily be given to in return" (1997, p. 8). While this relationship may be pure, it does not seem strong or common. The function of the gift of blood is to build community; that is required if the system is to meet the needs of the health system in the US. Gifts are part of routine community activity but it is only during emergency conditions that the community comes together to donate blood. Important elements in the current framing of the blood donation act are the individual, altruism, and "gift," though this framing has not proven successful since it was adopted in the early 1970s (Simon, 2003). Perhaps it is time to take a step

in a new direction. Looking at the broader culture and how the blood donation system fits within it may hold clues about how to make effective changes in the discourse that helps define the system itself.

The nature of the blood donation system itself is somewhat unclear. While it is a part of the health system, it also shares some of the characteristics of a social movement. The culture (norms, values, traditions, artifacts, and expectations within a community) influences what social actors define as legitimate; it defines the framing of a movement (Snow and Benford, 1992; Snow, Rochford, Worden, & Benford, 1986). Thus, I examine discourse relating both to the health system and to social movements.

## **Social Movements**

One difficulty in this research has been finding parallel social movements that are comparable at multiple points to the blood donation system as a social movement. The blood donation system is comparable in some ways to various types of volunteer activity (Walk for Breast Cancer, Habitat for Humanity, Meals on Wheels), community social operations (Bowling leagues, barbershop quartet organizations, good government associations), or civic activism (PETA, Environmentalism, Anti-Nuclear). Some see the blood donation system as clearly a cultural element (Grassineau et al., 2007; Tutton, 2002; Healy 2000,1999). Gary Allen Fine writes on social movements and their dependence on culture and discourse. He observes that, "Some social movements are explicitly cultural in that their instrumental goals are to influence the cultural order of the society in which they are embedded" (1995, p. 127).

This is certainly true for the blood donation system in its efforts to influence both how society views blood donors and how blood donors should see themselves. Fine (1995)

shows that the social movements he uses for examples (Feminism and Gay rights) have been initiated and supported by individuals and groups that will obtain direct benefits from the cultural shifts they support and this provides an incentive for their participation. Within the blood donation system, benefits may be received by the paid employees of the blood donation system, by the healthcare system, and by patients and their families but not by the volunteers and blood donors themselves.

More importantly, the similarity of blood donation to social movements is in the voluntary participation of donors while the difference is in the relation of the donors to the movement itself. Within the blood donation system, those employed by the intermediaries have paid employment and their major, if not sole responsibility, is to recruit and process donors. Those in the intermediaries have affiliation with major high status organizations that are working for the benefit of society. They are immersed in the culture of socially responsible and responsive organizations.

But the donors have no comparable immersion. They are not involved with other donors and most do not even know many others who are also donors (Putnam, 2000). They also are not involved with the intermediaries beyond seeing/hearing ads, or receiving telephone solicitations or other notices of impending blood drives. Once they arrive at a blood center, bloodmobile, or other donation location, they are quickly processed through having their blood drawn and are then directed to the area with refreshments where they sit quietly munching on cookies and sipping room temperature juice. Blood center workers may give them perfunctory thanks as they wait, but there is no effort to establish “movement involvement” among these donors. In fact, they are worthless to the blood donation intermediary for the next 55 days (Godin, Vézina-Im, Bélanger-Gravel, &

Amireault, 2012) which reflects their transitory relationship to the system. A key consideration for analysis is what the blood donation system can learn from the social movement theorists to become a community.

**Community.** The term “community” is frequently used in this project and it is a key term in Engestrom’s elaboration of activity theory, in Wenger’s communities of practice, and in social movement theory as examined by Gamson (1995), and Fine (1995), Fine and Harrington (2004). I will further develop this element of the analysis later, but these three perspectives differ in their treatment of the concept itself. Engestrom views community as a contextual element in activity theory. His focus is on the subject, the object, and the tools/genre. The community has more of a supporting role in that the entire activity system occurs within the community and the community receives the benefit. Wenger (1998) seems to assign a higher priority to community in that his perspective is focused primarily on the community itself with less concern about subjects or objects. His development of the concept of “practice” seems more to encompass the whole of an activity system itself. Social movement scholars also establish a higher priority for community in their work. Much of their efforts are expended on examining and understanding the differences between a particular movement community and the larger society. A major objective for social movements such as feminism and gay activism is changing the opinions and perspectives of major institutions within society (Fine, 1995).

While the blood donation system is required to create awareness of blood system needs, the need for changing public and institutional opinions has been limited to three separate social challenges. The first dealt with the race issue during WWII—allowing African-Americans unrestricted rights to donate (Guglielmo, 2010). The second sought to reduce health problems associated with payments for blood donations by moving to a system of completely unpaid

donations (Oswalt, 1977), and the third was the challenge of HIV/AIDS that was seen as the most serious threat of these three (Starr, 1998) because it threatened the integrity of the blood donation system itself.

The blood donation system was able to deal with and resolve each of these issues and I will examine how this was done in chapter 4. But, because these issues were successfully resolved, there has been no ongoing controversy within the blood donation system or between the blood donation system and society. This lack of an ongoing controversy may have hurt rather than helped in the development of a healthy blood donation system since controversies often serve to create a sense of identity. Fine (1995) comments, “I believe that it is helpful to conceive of a social movement as a *bundle of narratives*, which when expressed within an interactional arena by participants strengthens the commitment of members to shared organizational goals and status-based identities” (128).

Such a set of narratives as Fine describes (1995) is a discourse that creates a group and without such a resource a group may experience difficulty in maintaining its identity and in attracting new members. The individual experiences of blood donors are likely to create, for them individually, such personal narratives, but because of the nature of the blood donation system, there is little opportunity to express these narratives within the blood donation process which would, as a result, strengthen the community. Instead, the blood donation system faces routine misrepresentation of the activity of donation in TV situation comedies such as “*Whitney*,” “*The Office*,” and others that misrepresent issues such as privacy, blood type rarity, physical reactions to donations, and other subjects (Donald, 2012). These points will be dealt with at

greater depth in chapter 5. Personal narratives that are useful in establishing community are also one of the elements that may contribute to the sense of “identity” of blood donors.

**Identity.** This term is used in this project both to differentiate individuals (donors versus non-donors) and to refer to a larger issue of the range of characteristics, beliefs, and perceptions that make up an individual or a community. Wenger (1998) deals with identity extensively in his development of the community of practice. Social movement theorists also use it to define and differentiate between a specific movement and the larger society.

I use identity chiefly to address the blood donor and blood donor community to examine how donors are defined by the community itself and how donors are represented via discourse to the larger society. Much of the research that has been conducted on blood donors (and non-donors) has been in an attempt to establish their identity in a manner that allows them to be addressed individually and as a group (Piliavin, 1996; Oswalt, 1977). How they have been identified to date has been by demographic characteristics and by the motivation of altruism.

In this project their identity will be examined in detail as a possible factor in the ongoing failure of the blood donation system to meet the routine needs of the health system. Identity is so important because only if an individual accepts the concept of blood donor as part of his/her identity can he/she be expected to participate routinely in blood drives (Masser, White, Hyde, & Terry, 2008, p. 234). The concept of identity is not so important in a commercial market because when an exchange takes place in a market both sides receive something of value. But when an individual donates blood, he/she provides something of value but receives nothing tangible in return. Thus, the system relies on the effective framing of the act and the creation of the identity of the donor to generate the blood needed by the healthcare system itself. As the system has

struggled, over time, to meet these challenges, it has also faced a number of system discontinuities that have challenged the blood donation system itself.

**Discontinuities.** In addition to probing the current activity system that corresponds to the blood donation system, I look back at the literature to see how the system dealt with discontinuities within the system through their discourses, just as Foucault (1972) refers to “the system of their formation:”

What is transformed by political practice is not the methods of analysis but the system of their formation (administrative recording of illnesses, of deaths, of their causes, of admissions and dismissals from hospital, setting up of archives, relations between medical personnel and patients in the hospital field); what has been transformed by political practice is not the concepts but their system of formation (p. 243).

As was true in Foucault’s analysis (1972), the discontinuities experienced by the blood donation system were a result of political decisions mostly made outside the blood donation system. Today, blood donation and the blood donation system exist as a well-recognized social practice and as a complex system charged with attracting and qualifying donors, collecting blood, typing and testing the blood to confirm its acceptability, storage and quality control, and quick shipment when physicians notify hospitals and blood centers of patient needs. But it was not always this way. Blood donation began as an experimental medical procedure in which surgery was performed on both the donor and recipient. This was a rarely conducted but serious procedure involving significant risk for both the donor and recipient. In the absence of institutions, discourse was limited to face-to-face conversations and, later, classified ads used to recruit willing donors (Starr, 1998; Channing, 1928; Hartman, 1918; Henry, 1917; Madge, 1874; Prichard, 1843, and Blundell, 1818).

Intermediaries that would eventually make up the blood donation system developed slowly. Some hospitals and organizations developed lists of willing donors (Mayo Clinic and Blood Transfusion Betterment Association of NY), and these intermediaries developed lists of health requirements and required prospective donors to submit to regular examinations and to complete health questionnaires. Samples of these health requirements and health questionnaires are available and will be examined in subsequent chapters. As technology developed, blood donation changed from a complex surgical procedure to a simple method for an office visit that could be easily completed by a nurse or technician with a needle.

Concurrent with this simplification was the development of the technology to store blood. This allowed a shift to the inventory system so that blood was no longer taken as needed but was taken in advance and stored until needed. As the process grew simpler, more intermediaries developed and state and federal regulations were passed to protect the public. Shortly before the US entry into WWII, the ARC initiated a project to collect blood for Britain (AABB, 2012). The Red Cross in the UK had been active in collecting blood since WWI, but in the US, the ARC had no history or experience with blood donation. When the US government authorities saw the inevitability of US entry into WW II, the surgeons general of the army and the navy, based on the experience of the ARC with the blood for Britain program and its national operation, installed the ARC as the single institution to collect blood for the military (Kendrick, 1964, p. 101).

This was a major discontinuity in the blood donation system because the ARC was a large national institution, but one with little blood experience and one that tended to crowd out commercial and hospital blood banks that had already been in operation in many metro areas for

a number of years (Starr, 1998). Another discontinuity at this time was the new motivation for donating blood (ARC relied on patriotism while those intermediaries collecting blood for domestic use paid their donors). Also, there was a major increase in the scope of the effort. The ARC much earlier had established a national network of branches in major and secondary cities to be ready for disasters and emergencies when they occurred. It was selected for the military blood donation program partly because it had a national branch network already established. Finally, there was an intention that the WWII blood donation effort should involve the public. Beginning with WWII, there were two different and parallel systems involved in, and competing for, blood donation and there was little overlap between them.

The next major discontinuity was the requirement that all blood donations in the US be collected from voluntary donors who were not compensated. The threat of hepatitis, research on hepatitis conducted by Allen (1970), and the publication of Titmuss' *The gift relationship* (1970) resulted in state and federal policy changes that caused paid donations to be deemed unacceptable for use by hospitals. There was significant discourse leading up to this change and new discourse consisting of revised procedures, revised health questionnaires, and special labeling on blood bags (Starr, 1998; Fridey, 2001; Giangrande, 2000).

The third major disruption was the crisis and response of the blood donation system to the threat posed by the advent of HIV/AIDS (Healy, 2006; Feldman & Bayer, 1999; Starr, 1998). This disruption was most significant because it threatened to destroy the entire blood donation system. "Long established convictions about the moral and political status of the institutions responsible for the blood supply were shattered" (Feldman & Bayer, p. 4). So great was the fear and confusion among the public and the blood donation system participants that donations

declined significantly (Starr, 1998). This disruption resulted in major changes in procedures in blood banks, in the discourse involved in articles discussing the blood donation system and the impact of HIV/AIDS, in health questionnaires, and in regulations.

Both activity theory and genre theory will be used to understand the impact of these disruptions. In spite of the hard work over the past 35 years by intermediaries, government agencies, the healthcare system itself, and many thousands of community minded individuals, no solution has been found to the ongoing and predictable shortages of blood. One would think that after successfully combating the threat of HIV/AIDS, the blood donation system would have been energized to, once and for all, develop methods to allow the system to move beyond the need to limp from crisis to crisis. Perhaps the opportunity exists for the intermediaries to redefine and reframe the donors to bring them fully inside the activity system rather than leave them orbiting outside the system and engaging with the system for only 2-3 hours a year. I present some possible modifications in discourse and speculate on ways to reframe the activity and redefine the donors in chapters 5 and 6.

## Chapter 3

### Methods

When people make donations to privately provided public goods, such as charity, there may be many factors influencing their decisions other than altruism...people are sometimes motivated by a desire to win prestige, respect, friendship or other social and psychological objectives...or to avoid scorn of others.

*James Andreoni (1990, p. 464)*

The previous chapter explained that I will be using activity theory, genre theory, frame theory, and social movement theory to focus on the discursive elements that make up the blood donation system and develop a framework for analysis. My emphasis is primarily on the current discourse though I will refer to prior events and discontinuities as needed to show the operation of the activity systems and adaptation of genres. This chapter identifies the artifacts I analyze and the processes I use to select and analyze them. Because I have conducted primary research on this subject in eastern North Carolina, and because there are a large number of artifacts to examine there, I am, for the most part, limiting my scope to that area of North Carolina bounded on the west by Interstates 85/95. This area is mostly rural with one large city (Wilmington), several smaller cities (Greenville, New Bern, Jacksonville), and a number of small towns. Blood donation in this area is managed exclusively by the American Red Cross and the material and procedures it uses are the same in this area as in other parts of the country it serves. Because the ARC service area extends over all of the Atlantic coastal states and extended as far west as Oklahoma, Kansas, and Nebraska, the area included in this research seems generally representative of those non-metro areas served by the ARC.

Using genre analysis, I begin with the two genres that are used to develop the intermediaries that provide the structure of the blood donation system: the professional discourse presented in journal and, conference presentations, and regulations and guidelines that enable intermediaries and provide the limitations of their functioning. I use Spinuzzi's methodology for tracing genres (2003) to analytically connect several genres to show how they were revised and adapted to accommodate changes in the activity systems. This method is normally used within an organization to understand how genres contribute to the work being done. As such, they "are not static forms; they are dynamic, organic, and messy" (Spinuzzi & Zachry, 2000, p. 173). As an example, Spinuzzi applied his methodology to the activity system of traffic accident reporting in Iowa and showed how it changed and developed over a 35-year period. While he applies the method in detail within an organization, I apply it to multiple organizations that are working independently, but in some cases, collaboratively. What makes this difference interesting/important is that the method works well even when there is not a central organization that establishes policies for all participants. Specifically, I use his method to show the development of the Donor Health Questionnaire (DHQ) and how the DHQ works with professional journal articles to define the donor and the characteristics and behaviors of the donor. Moreover, within the genre of professional journal articles, some focus on blood donor characteristics and motivations and these are often used by intermediaries and their advertising agencies to construct the target audience and appeals used to attract blood donors. Spinuzzi's method allows me to show the interrelationships between these "ecologies" of genres. First, I examine the genre of professional journal articles and assess its importance.

## **Professional journal articles**

Articles are regularly written by doctors, nurses, medical researchers, blood technicians, blood center staff, psychologists, sociologists, and others dealing with blood chemistry, blood components, blood center operations, blood collection procedures, blood testing, blood donor behaviors and attitudes, donor characteristics, and other related issues. These articles are published in specialized blood transfusion journals such as *Transfusion*, *ISBT Science Series*, *Transfusion Medicine Reviews*, *Vox Sanguinis*, etc.), and in medical journals such as the *Journal of the American Medical Association*, *New England Journal of Medicine*, various nursing journals among others. Such articles include original research on blood science and donors, review articles, and articles on blood center operations. They are intended to provide support and updates to professionals in the field and to provide a venue in which active professionals can make the professional community aware of their latest research results, insights, and innovations. Many articles deal with basic blood science including infections, testing procedures, blood components and some articles inform the authorities and technicians developing and updating the DHQ. Although these articles are not necessarily written or intended to be part of the DHQ, these genres (journal articles and the DHQ) work together to result in a safer blood supply.

Other professional journal articles included in this analysis are those dealing with donor demographic characteristics, behavior, and attitudes. The analysis of these professional journal articles is relevant because it shows how the intermediaries have constructed the blood donor (demographics, behavior, and attitudinal characteristics) and how the language of blood donation has been consciously selected and changed over time. Of interest is how the genres in this activity system (professional articles, regulations, DHQ, and advertising and mass media articles)

are generated by different people working on different problems in different organizations with little contact among them.

Spinuzzi's elaboration of the tracing of genres through organizations is based on genres within a single organization, but this project suggests that genre tracing can be operational in wider venues where the various work groups and organizations are not working for the same organization, nor are they necessarily aware of the activities of others whose work (research and articles) may contribute to attaining the same objectives. Nevertheless, their efforts come together to have an impact on prospective blood donors. This methodology is used with these two types of discourse because they each have a significant impact on the functioning of the blood donation system, and on the structure of the blood donation intermediaries. However, neither of these types of discourse is intentionally rhetorical from the perspective of the prospective blood donor. Thus, these genres are better suited to discourse analysis.

Professional journal articles are also examined to assess how the definition of the donor and his/her behavior and attitudes have changed over time, and to examine how the genre of professional articles has worked with the genre of advertising/mass media articles and announcements. Professional journal articles exerted a powerful influence on the genre of the DHQ (which will be discussed in chapter 4), and I will examine advertising and mass media articles to see if they too have been strongly influenced.

## **Regulations and procedures**

Current regulations and procedures establish the operational range within which the blood donation system, intermediaries, and blood centers are allowed to function. Regulations are established by the FDA and also by state agencies. Within the regulations, additional guidelines are provided by professional associations such as the AABB and AMA. Regulations

and procedures of concern here are those that allow and restrict prospective donor eligibility, prohibition of compensation or incentives, and those impacting the donor experience itself. In particular, I examine state and federal regulations dealing with the labeling of blood so as to eliminate blood that was paid for, and state regulations that limit the liability of suppliers of blood (physicians, hospitals, and clinics). In several cases, it is the language of regulations that has forced changes in the activity systems of blood donation. This will be examined using the discourse analysis methodology of Gee (1999).

## **Donor Health Questionnaire**

Due to the seriousness and recentness (1982) of the threat of HIV/AIDS to the blood donation system, the health questionnaire is the genre of most concern in the current activity system of blood donation. DHQs were once uniquely developed by the hospital, blood bank, military organization, or other facility that accepted blood donations. As a result, over time, a variety of forms have been in use with some variation among them (Fridey, Townsend, Kessler, and Gregory, 2007, p. 182). The purpose of the DHQ is to confirm that the prospective donor will not be harmed by donating blood, and also that the blood donated is healthy and free from any infections or other contamination. The DHQ presents a hurdle that the prospective donor must clear before he/she can be accepted as part of the blood donation system. Currently, a common DHQ is used in all US facilities that collect blood donations and this questionnaire is examined (in chapter 4) to show the functions it performs in constructing the donor, generating data, and insuring the quality and safety of the blood supply. I also examine representative questionnaires from earlier periods to reveal how the system has reacted to discontinuities. Only two earlier questionnaires were located and each of these is shown in chapter 4. Both of these earlier questionnaires were widely used throughout the US. Before WWII, individual hospitals

and blood banks used their own questionnaires for their locations, but none of these individualized questionnaires were located.

Currently, prospective donors must answer all questions in the DHQ every time they visit a center to donate blood, even if a donor has a history of donating several times a year for several years at the same center. The DHQ is the document that delivers a degree of assurance that the blood collected is safe and free of contaminations. The specific wording was developed by a government-industry task force initiated by the FDA in 2000. As a result the DHQ is a genre quite similar to regulations in that it was developed under government supervision and at the direction of the FDA. (For comparison, see the discussion in Chapter 4 of state and federal regulations that required labeling on each container of blood to show whether the donor was paid or provided the blood free as a volunteer.). The analysis of the DHQ discussed in chapter 4 focuses on the language of the questionnaire and any accompanying directions or verbal elements. Of concern are the intentions of the language and also the impact of the language on prospective donors, as revealed by research conducted by the AABB (Fridey, Townsend, Kessler, and Gregory, 2007, p. 185). The text of the DHQ is examined via discourse analysis using the method outlined by Gee (1999, pp. 85-86). He identifies six building tasks that must be examined to understand a specific discourse. The building tasks include (1) Semiotic building, (2) world building, (3) activity building, (4) socioculturally-situated identity and relationship building, (5) political building, and (6) connection building. Gee raises a number of questions in explaining the method. The points of these activities are briefly elaborated below and applied in Chapter 4:

(1) Semiotic building involves understanding what systems of knowledge, ways of knowing, and social languages are relevant (or irrelevant) in the situation.

(2) World building, involves understanding situated meanings (of words, phrases) and cultural models that that integrate situated meanings.

(3) Activity building involves understanding the main activity and sub-activities going on in the situation.

(4) Socioculturally-situated identity and relationship building involves understanding relationships and roles and the discourses that make them relevant (or irrelevant) in the situation.

(5) Political building involves understanding what social goods (status, power, gender, race, etc.) are relevant in the situation

(6) Connection building involves understanding what sorts of connections (looking forward and backward) are made intertextually and with people, ideas, institutions, etc.

This framework is used and the observations that result are probed in chapter 4 to gain a clear understanding of the discourse related to the DHQ. Language and content are incorporated into the DHQ from the genre of professional discourse taken from professional journal articles.

## **Advertising, announcements, articles and other mass media materials**

Blood donation advertising discourse consists of rhetorical messages constructed and intended to appeal to the public to make the public aware of the need for blood donations and to persuade members of the public to visit a blood donation center or blood drive and donate blood. Ads currently used include print, broadcast (TV and radio), outbound phone solicitations, and internet placements. I obtained ads and feature articles using newspaper databases from national newspapers such as the *New York Times*, the *Los Angeles Times*, the *Washington Post*, and the

*Chicago Defender*. This information is used mostly for providing historical context. I conducted more detailed analysis on ads, announcements, and articles from local media in eastern North Carolina (See Appendix A for cities, newspapers, and numbers). Print and TV ads and internet websites can include both text and visual elements for examination. Radio and phone solicitations consist only of text. These ads function in the same manner as any other ads: they are intended to influence the audience to change behavior and/or attitude. For those who have not donated before, the ads/articles generally present a problem and suggest that the viewer can solve it by donating blood. For those who have previously donated, mailers and phone solicitations make urgent pleas to donate now, often without providing any specific reasons or justifications. These ads serve to construct the donor and to establish the salient characteristics.

I use Context-Sensitive Text Analysis as defined by Thomas Huckin (1992) as a method to examine the ads, articles, and other artifacts. This method is “problem driven, not theory driven,” (p. 89) and because the discourse being analyzed is intended to persuasively create regular blood donors, it is appropriate to use this method. Huckin demonstrates the use of the method to show the development and socialization of a single PhD student in a rhetoric program. The student’s writing was tracked over time and examination showed gradual accommodation to the academic discipline in choice of language and the length and complexity of sentence structure. Huckin also showed its use (with Berkencotter, 1993) in the analysis of a biologist (Davis), in her preparation of professional articles and in her use of citations. In both of these examples, Huckin uses the methodology to dig deeply into the progress and meaning of the discourse of a single individual. This method was also used by White (2004) in an examination of the rhetorical strategies used by the anti-drunk-driving movement. Her dissertation applied the method to both visual and textual material produced by various stakeholders in the anti-drunk-

driving movement. Her experience was similar to mine in that she found no “projects in rhetoric or professional communication that take a rhetorical approach toward understand the discourse of [the] anti-drunk driving movement” (p. 61). She uses the methodology to show that the rhetorical strategies used by the various participants were effective in attaining the objectives of the anti-drunk driving movement in changing laws and attitudes of stakeholders, law enforcement officials, and drivers. I use the method to examine the effectiveness of rhetorical efforts of a number of participating groups intended to generate regular blood donors over time, and to measure the current effectiveness of the rhetorical efforts.

Huckin identifies specific procedural steps that are normally used in a recursive fashion since the objective is to develop an interpretation of meaning rather than to discover truth. These steps are:

1. Selection of an initial corpus.
2. Identification of salient patterns.
3. A determination of “interestingness.”
4. Selection of a study corpus.
5. Verification of the pattern.
6. Functional-rhetorical analysis.

**Selection of an initial corpus.** For this project, the analysis is primarily conducted on ads, articles, and announcements that are intended to generate awareness and persuade prospective donors. The initial corpus includes the following materials from the year 2012: (1) a total of 189 articles taken from eastern North Carolina newspapers (Daily newspapers from 14 cities east of I-85/95), (2) twelve mailers sent to past blood donors in the Greenville, NC area, (3) six telephone solicitations received and recorded on voicemail, (4) one half page newspaper ad and (5) the ARC website. Huckin indicates that “the investigator usually has a hunch” that the

materials will be of interest to the audience, and this is probably true for those with an interest in donating blood.

**Identification of salient patterns.** In the initial scan of the materials, the patterns allowed me to cluster them into three groups: announcements (147), appeals/ads (50), and reports of results (12) as shown in Figure 3.1.

	Newspapers	Mailer/Brochures	Phone calls	Website
Announcements	147	-	-	-
Appeals/Ad	31	12	6	1
Reports	12	-	-	-
Total	190	12	6	1

**Figure 3.1 Sources and types of ads, announcements, and articles**

Announcements are short messages in newspapers that specify the date, time, and location of an upcoming blood drive and contain little additional information. Appeals include ads, mailers, feature articles, and the ARC website. These items include rhetorical devices and content to provide reasons that prospective donors should donate. Reports of results provide the results of recent blood drives. In addition to ads that directly solicit blood donations, occasional feature articles in newspapers, magazines and other media discuss issues related to blood donation and the blood donation system. Some of these are informational but they generally present the system in a manner intended to generate public support. At times these articles are legitimate feature articles published under the byline of a staff reporter. More often, however, these articles have no byline suggesting that they may be written by employees of blood donation intermediary (in this area, the ARC) and sent to publications as public relations releases. The ARC sends out press releases that editors in local newspapers are encouraged to customize to add local appeal. “We

try to develop a relationship with the editors. We send out templates that they can use as the basis of feature articles. If we have an urgent need, we call them to get extra space, and if they have a need to fill a page, they call me and we will give them something” (Lutjen, Personal interview, Jan. 11, 2013). These articles often refer to a shortage of blood and how dangerous it is to the community.

**A determination of “interestingness.”** I view “interestingness” as any elements that vary from expected language or rhetorical elements. Among the announcements, it is interesting that those sponsoring blood drives assume that it is sufficient to include an announcement of date, time, location, and sometimes the name of the sponsor, without any mention of why a reader might want to donate blood. Some announcements contain additional material, but none contain rhetorical appeals intended to present a reasoned or emotional appeal to the reader. In the articles and ads, the focus on sick children and other vulnerable people is interesting in that it has proven marginally successful at best, and yet it continues to be the main focus of articles and ads. Another element of interestingness is the occasional mention of the needs of the Red Cross as if its need is a legitimate demand that the reader is obligated to fulfill.

**Selection of a study corpus.** From the initial corpus, I selected two announcements because they were all so similar. All of the announcements fell into two types: (1) an announcement of an upcoming blood drive or (2) an announcement of a number of upcoming events in the local area, one of which was a blood drive. I selected one example from each of these types for analysis. From the ads and articles, I selected one newspaper ad and one article. From the brochures I selected two that contained representative elements that were found in all of the brochures. I selected two telephone solicitations from the six in the initial corpus. These two contained rhetorical elements that made them relatively stronger as appeals that I explain in chapter 5.

**Verification of the pattern.** I analyzed each artifact in the study corpus against both my initial assessment of “interestingness,” to confirm that no key rhetorical factors were omitted, and also to confirm that any unexpected grammatical elements were uncovered and accounted for.

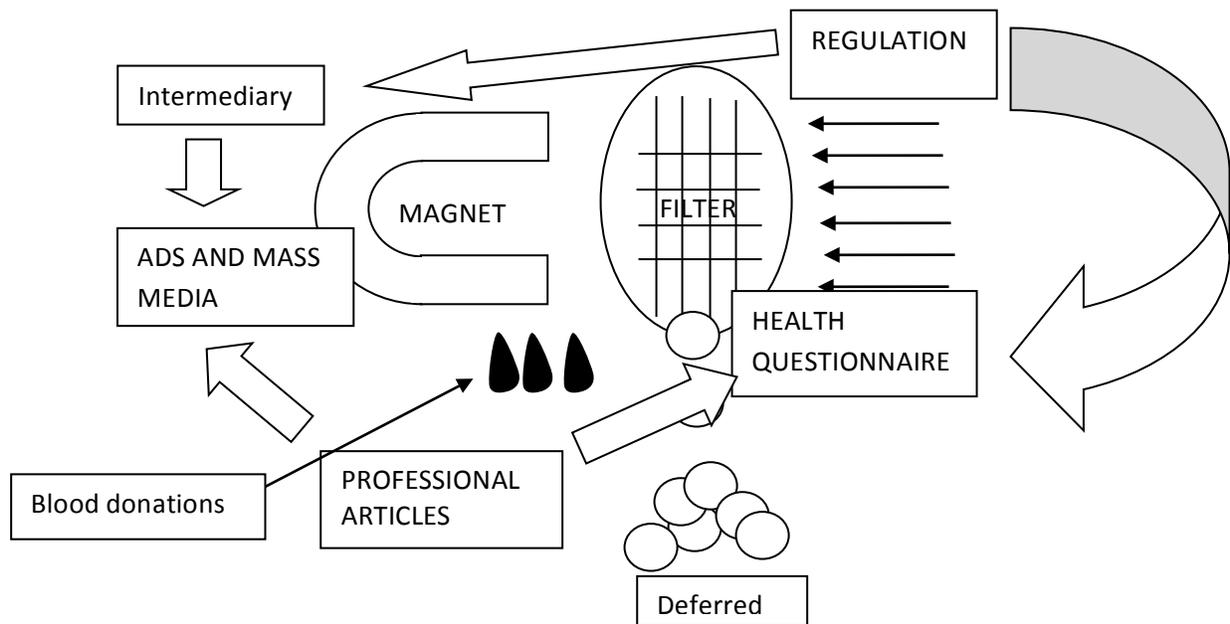
Because much of my project is an exploration of the rhetorical effectiveness of the materials, I was particularly alert for any elements that would make the messages more convincing or those that might reduce the persuasive appeal of the messages.

**Functional-rhetorical analysis.** This step, according to Huckin, seeks to understand why the patterns uncovered exist, what causes them, and what critical influences in the context contribute to the development and maintenance of the patterns. The investigator is expected to bring in any outside knowledge and expertise to arrive at a “plausible, if tentative explanation” (p. 92). In addition to the text itself and the context, I bring my 30 years of experience in advertising and behavioral and attitude research. This allows me to examine the effectiveness of the messages against my own knowledge of why advertising messages work, and what elements impede the persuasiveness of appeals.

## **Perspectives**

I view the discourse of blood donation primarily from two perspectives; the first is that of the intermediary, the institution that is charged with the responsibility of obtaining sufficient quantities of blood to meet the needs of the healthcare system; the second is that of the donor or prospective donor: the actor who is currently only tangentially related to the blood donation activity system. The intermediary must develop and use tools that alert and motivate members of the public to donate blood. The donor, or prospective donor, is the main actor who has the ability to positively impact the ongoing shortage of blood. If only one in ten members of the public make the decision to become a regular donor, then the problem of shortages is eliminated. The

perspective of the regulators is primarily to ensure safety, which serves to reduce the pool of available donors. The perspective of the professionals writing about blood and donors is varied and includes new discoveries related to blood chemistry, blood borne diseases and conditions, profiling the blood donor, and other scientific issues. Visually, the system can be viewed as if the ads and mass media articles function as a magnet drawing all toward the donor centers.



**Figure 3.2 Operation of the genres of the blood donation system**

The Blood donor health questionnaire functions as a filter allowing only a subset of potential donors to be accepted. The regulation system serves both to maintain and update the blood donor health questionnaire as needed as new threats are identified or as old threats have been eliminated, and to specify and oversee the operation of the intermediary. The professional journals also serve two functions: first, they provide information to update the advertising, announcements, and mass media articles to make them more persuasive and more carefully directed to the ideal donors, and second, to inform intermediaries (those involved with the DHQ) to insure that all infections and other conditions that might render blood unsafe are identified so

that unacceptable prospective donors can be deferred, and when conditions that were determined via direct questioning can be determined by physical or biological tests, that unnecessary questions are removed from the DHQ.

While the blood donation system appears to be straightforward and simple, it is, in fact, quite complex and multi-layered. A number of organizations with differing objectives and differing cultures make up the system but in spite of regular shortages, it somehow seems to get the job done of providing blood when and where it is needed. It has responded effectively to past discontinuities but is always on the edge of possible breakdown. Spinuzzi (2003) views the possibility of breakdown as a dislocation that normally results in local workers taking the initiative to incorporate innovation but since the advent of HIV/AIDS this has not happened in the blood system. Now that the FDA is functioning as the central authority of quality and safety of the blood supply, it will be important to see whether there is opportunity for workable innovation to occur at the local level and whether the system can function effectively without it.

# Chapter 4

## Discourse and Structure

[T]here are portions of the real world, objective facts in the world, that are only facts by human agreement. In a sense there are things that exist only because we believe them to exist.  
*J. R. Searle (1995, p. 1)*

In the Literature Review (Chapter 2), I introduced the idea that the blood donation system is part of the health system and that it also has some characteristics of a social movement. The health system is involved in all those elements of the blood system related to blood collection, blood typing, blood storage, processing, quality control, transfusion, and research. The discourse of professional communication in journals and books grounds the blood donation system in the healthcare system. The relationship of the prospective donors to the system is where the blood donation system shares characteristics with social movements. It is the genre of advertising/public announcements/mass media information that grounds the blood donation system in social movements and the community.

In this chapter I examine how genres and activity systems connect blood donors to the blood donation intermediaries and the intermediaries to the healthcare system.

### **Health System and Blood Donation System**

The blood donation system, its discourse and its relations to component parts and to other systems is complex and convoluted. Developing an understanding of one part requires definitions and descriptions of other parts and this sometimes results in a perception of repetition as we proceed through the various elements. The order of presentation of the various elements is somewhat arbitrary, but I have elected to develop the sections in the order presented in the

literature review chapter, beginning with the professional communication, then regulation, then the Donor Health Questionnaire, and finally the advertising/mass media.

Professional communication includes the research and publications of professionals and I examine how this communication has contributed to two genres: first, the conditions and specifics included in the genre of the DHQ (specific physical observations, diseases resulting in deferral, activities resulting in deferral) and second, the language and characteristics of donors, characterization of the donor experience, and specification of the appeals directed at prospective donors that inform the development of marketing and recruitment programs. Professional communication does not directly impact on donors or prospective donors, but it is a major source of information and understanding that informs two of the critical genres (DHQ and advertising) within the activity system of blood donation.

The genre of regulation exerts influence over the structure of the blood donation system and I examine the regulations that change the system from one that is fairly unstructured to one that is highly structured and closely monitored and supervised by the federal government. This section includes examination of local, state, and federal laws and regulations and how these regulations shaped the intermediaries, the activity systems and the genres used.

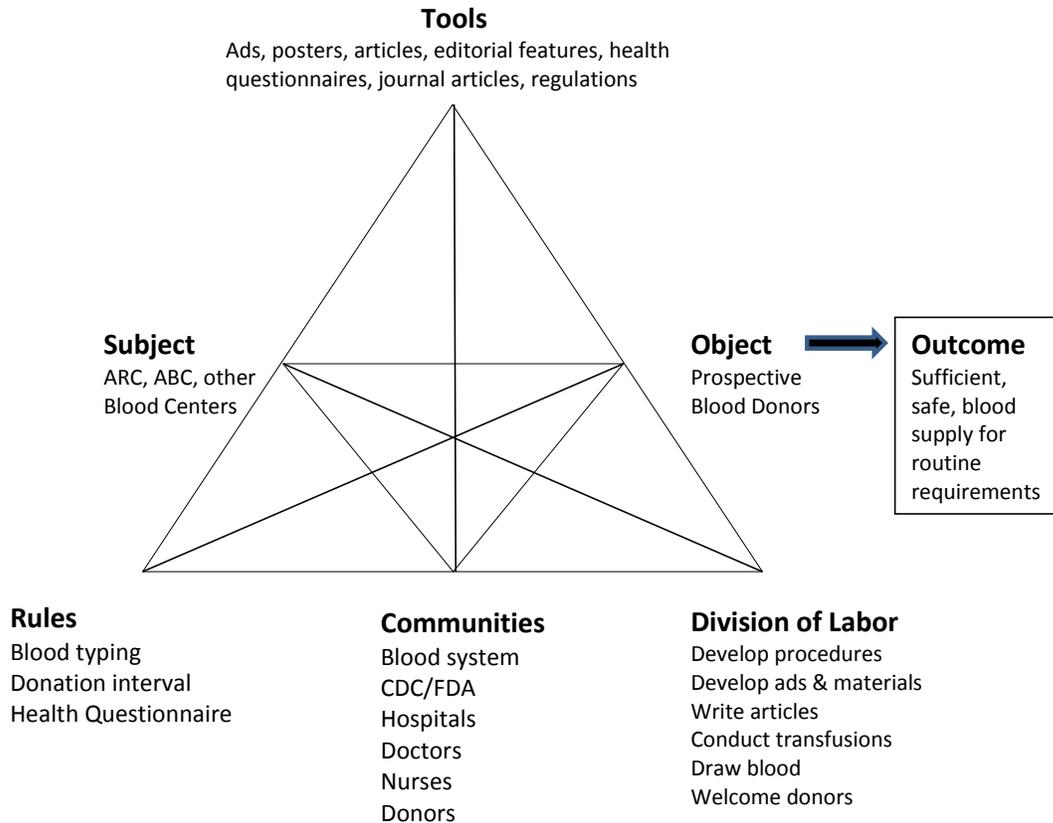
The Donor History Questionnaire (DHQ) is the genre that provides the link between two major systems (healthcare system and blood donation system). The DHQ, as a genre, traces the changing role of voluntary revelation of information on health, race, and private acts. This analysis of the DHQ, starts with the earliest available widely used version (1941) and continues with the version used in the post WWII period. The shift to a voluntary, rather than a paid blood donation system also had an impact on the genre and I examine the dynamics of this change. Then I examine the adjustments made to the DHQ as a result of the impact of the HIV/AIDS

virus on the blood donation system. I also probe the impact of the blood donation system and the DHQ on civil rights during both WWII and during the HIV/AIDS era.

These three genres establish the structure of the blood donation system and they ensure the safety and quality of the system. Because they all impact on structural elements and operations, I deal with them together in this chapter. I deal with the final genre, advertising/announcements/mass media, in the next chapter. Before I examine these genres in detail, I present a view of the consolidated activity system for the blood donation system as a whole.

### **Activity Systems and Genre**

The diagram shown in Figure 4.1 provides a consolidated view of a number of activity systems which, together, make up the blood donation system. The tools (genres) that are examined in depth are shown at the apex of the triangle.

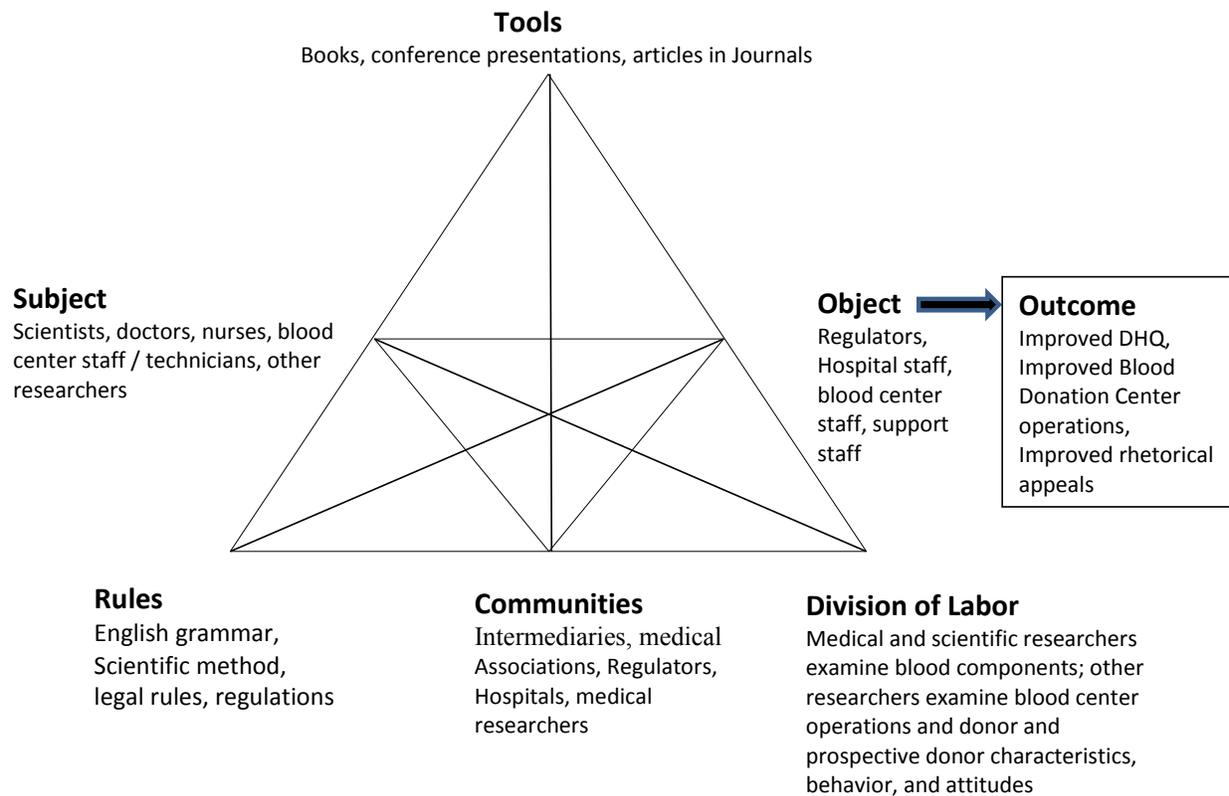


**Figure 4.1 Activity System—Consolidated activities of the blood donation system**

The subject shown in the diagram consists of the blood donation intermediaries that directly interact with donors to collect blood. Using the tools (genres), that are focused on the object, they accomplish the outcome which is a sufficient supply of safe blood. The tools are prepared using the rules established with input from the communities, and some of these communities are also involved in managing the blood collected. The specific activities involved are briefly described as the division of labor. Two of the genres shown in the consolidated activity system, the DHQ and the advertising/mass media, directly involve prospective donors and the other two, regulation and professional discourse, have no direct contact with prospective donors. To provide the context for later examination of direct discourse to and with prospective donors, I begin with an examination of the professional and regulatory discourse.

## Professional Discourse

Professional discourse used in the blood donation system includes books, professional journal articles and conference presentations and covers a number of issues including motivation of donors, characteristics of donors and non-donors, blood diseases, new opportunities for transfusions, use of various blood products in transfusions, factors impacting on storage length and quality, psychological reactions to blood donation, application of transfusion science to third world countries, results of trials of various drugs and blood chemicals, and many other issues. Some professional articles related to the medical, technical and blood bank operations areas are of interest to those managing and updating the DHQ. Over time, the discourse included in the genre of professional publications has been the primary source of the discourse used in the genre of the DHQ. These two genres have maintained this relationship since the creation of blood banking. For example, malaria was shown to be transmitted by blood transfusion by Jankelson in the *Journal of the American Medical Association* in 1931 (p. 177). Bruce Evatt published initial findings related to AIDS/HIV in the *Mortality and Morbidity Weekly Reports* in 1982 and in the *New England Journal of Medicine* in 1984 (Curran, Lawrence, Jaffe, Kaplan, Zyla, Chamberland, & Evatt). Other elements including length of time between donations, size of donations, acceptable levels of blood pressure and hemoglobin were all included in discourse of professional journals before being adopted as factors of donor qualification. Extensive research has also been conducted by professionals into the profiling of the blood donor; this includes demographic characteristics (age, gender, race, education, income, social class, and other variables), behavior, and attitudes. The activity system that describes the professional discourse is shown in Chart 4.2, below:



**Figure 4.2—Activity System Professional Communication**

In this activity system, the subject consists of a wide variety of scientists, researchers, and others involved in conducting research in government, corporate, university, and other institutions. These researchers are working on a range of issues and, as results are obtained, articles are published in professional journals, presented at conferences and posted on the internet and these are the tools used to update and orient the object, those working in regulatory organizations, hospitals, blood banks, and related facilities.

The greatest part of the professional communication included in professional journals consists of medical/technical reports. For example, the May 2013 issue of the largest circulation professional journal dealing with blood (*Transfusion*) lists the following subject headings:

transfusion medicine illustrated, immunohematology, blood management, blood group genomics, blood components, transplantation and cellular engineering, immune hematologic disease, hematopoiesis, transfusion practice, transfusion complications, hemapheresis, and finally, blood donors and blood collection. The technical articles number twenty-three versus one on the topic of blood donors, and account for 178 pages versus eleven for the blood donor article. Over time, many of the articles related to the topic of blood donors have probed the subject of donor motivation, particularly since the US moved to a system that relies completely on unpaid volunteers.

**Research Among Blood Donors.** Current blood donor research related to blood donor characteristics, behaviors, and attitudes is mostly based on surveys conducted among various segments of the population and this includes regular donors, occasional donors, lapsed donors, and never-donors. These population groups participate in surveys, interviews, and focus groups and discuss or answer questions related to their experiences and attitudes about blood donation. The reports published in professional journals account for much of the knowledge of the professional and technical staffs in intermediaries across the nation about blood donors and how to effectively deal with them. Titmuss' famous book, *The Gift Relationship (1970)*, grew out of donor research and was also based on a detailed analysis of donor profiles in which he conducted a detailed comparative study of the systems in the US and the UK. His published results showed that the blood produced by the paid US system was infected with hepatitis and other diseases to a much larger extent than was blood produced by the UK system or by the non-paid part of the US system (p. 204). His book, written to oppose the mounting support in the UK by government leaders to move to a paid, market based system as used by the US (Oakley & Ashton, 1997), achieved its objective in that it aborted the UK pressure to adopt a paid system.

When paid-for blood was a part of the US system (pre-1970), the chief concern was the risk of contracting hepatitis from a transfusion (Oakley & Ashton, 1997). The Titmuss book and its arguments also created pressure in the US to abandon a paid system and the US government soon shifted support to a free donation system (Oakley & Ashton, p. 6). An unintended consequence of Titmuss' success in nudging the US away from a system of paid donation was the need to increase the ongoing discourse from the intermediaries to the public to maintain an acceptable level of donations. Thus, Titmuss' success in putting an end to the system of payment for blood donations was accompanied by a need to shift nomenclature and references to communicate effectively with prospective donors. This change also began the shift of the system from an emphasis on quantity to an emphasis on quality.

**Altruism and “the gift.”** In the absence of a major emergency to motivate US donors, intermediaries were required to adopt some system of appeals to bring out members of the public, many of whom had never donated before. Titmuss had assumed that the alternative to the market system was altruism. As a result of his background as a Fabian socialist (Fabian), he objected to capitalism in general and, in particular, to a market system in all areas of healthcare. He clearly viewed the US blood system in the 1960s as immoral and flawed.

We find that proportionately more blood is being supplied by the poor, the unskilled, the unemployed, Negroes and other low income groups and...a new class is emerging of an exploited human population of high blood yielders. Redistribution in terms of the ‘gift of blood and blood products’ from the poor to the rich, appears to be one of the dominant effects of the American blood-banking system (Titmuss, 1997, p. 172).

Moreover, Titmuss expected the number and percent of donors in the US to increase once the system discontinued the use of paid donation because, “a private market in blood (where

donors are paid) produces, in the long run, greater shortages of blood” (p. 214). He presented altruism and “the gift” as the alternative to the paid American blood system many times in his book. It appears that he consciously adopted both the concept of altruism, and “gift” as its expression, from a considered position of principle. He references Mauss, Levi-Strauss, and Schwartz to show his familiarity with the accepted implications of “gift” as an element of a system. In spite of all of the unsupportive implications of the gift system (which will be developed later in this project), Titmuss did not present any alternatives to altruism because he viewed altruism as the reason for donating blood. As the US shifted to a free voluntary system, intermediaries adopted his concept and language.

Titmuss’ view of donors and why they donate appears to have become the accepted view of all intermediaries in the US. Research articles in professional journals since 1970 have included a large number of studies that have focused on the behavior and attitudes of donors and non-donors. Professionals conducting this research consistently include altruism as the characteristic against which to measure the relative appeal of other motivations. These articles include a wide range of issues and to focus on the most relevant ones, I examine, in some detail, seminal review articles by Oswalt and Piliavin, each of whom summarized a number of separate blood donation studies.

**Review articles by Oswalt and Piliavin.** R. M. Oswalt, a professor and blood system researcher, conducted a review of sixty research studies conducted between 1955 and 1975 on the subject of motivations of donors and non-donors. His study, published in 1977 was the most widely cited study of blood donation until Piliavin’s 1990 study. It summarized studies and drew observations and conclusions from the whole range of data included in the 60 studies reviewed. He examined a range of topics including “demographic characteristics of donors, motivations of

donors, and inhibitions of non-donors” (p. 123). The profile of a donor at this time (1977) was a male, Caucasian, white-collar worker. According to Oswalt, “Altruism/humanitarian[ism], personal or family credit, peer or individual pressure, and replacement are the major motivations that contribute to blood donation” (p. 124). However, Oswalt questioned the validity of the claims of altruism/humanitarianism as a motive and reported that this might be a rationalization. Much of Oswalt’s article is outdated today because it was written before the US moved to a totally voluntary (non-paid) donation system. References to assurance and pre-deposit, replacement, and blood insurance programs are now relics of an earlier era where individuals were encouraged to make arrangements in advance in case they or someone in their family might need a transfusion. Social pressure was a prominent motivator in that era and continues to be effective today. This might originate with family or friends, or might be associated with workplace norms and expectations. Several studies referenced in Oswalt’s report point up the weakness of publicity and solicitations in radio, TV and print media (p. 128) as compared to social pressure. Oswalt sees such media efforts as much more effective if they are employed in educating the public about the realities of the blood situation (ongoing need for blood and persistent shortages in collections) and about blood donation itself rather than in convincing people to donate. Appeals for immediate donation are better left to those situations involving face-to-face or telephone contact. Oswalt also identified apathy, fear, and inconvenience as the major inhibitors to donation (p. 131).

J. A. Piliavin, a noted social psychologist, in her 1990 report, updated Oswalt’s 1977 report and summarized the results of 124 studies conducted in the period 1958 to 1989. In light of substantive changes in the system, such as the existence of HIV/AIDS, and changes in the regulatory environment and in the intermediaries, there was a core of observations that remained

true in addition to a number of new observations responsive to the developing environment and context. Piliavin agreed with Oswalt in his suspicion about altruism not being the real motivation underlying blood donation. “In light of these findings, it may appear that altruism is a form of rationalization rather than a motivation” (Piliavin, 1999, p. 447). She also confirmed his observation about the importance of community support and social pressure.

[I]ndividuals who perceived that there was more community support for donation were more likely to have donated in the past year... A similar relationship between the perceived strength of community norms regarding blood donation and the success of blood drives was found across 17 small Wisconsin communities. Thus, the literature appears to suggest that people are most willing to respond to need if they perceive the existence of both need and community support (p. 448).

Settings in which there is a great deal of social pressure have been referred to as intense collection environments. In such settings, a much higher proportion of the eligible donors do indeed give (p. 449).

Those areas where Oswalt’s and Piliavin’s studies showed significant differences were those that involved the transition to a free/voluntary donation program, and those that involved HIV/AIDS and how the system dealt with the infection, those infected and the overall attitudes of the public.

The two studies addressed above, and the Titmuss book, are examples of the range of input about donors and prospective donors that are provided to intermediaries by professionals. These studies provide critical information about the demographics and profile of donors and prospective donors, about the attitudes and relevant motivations, and about differences between first time donors, regular donors, lapsed donors, and never-donors. Of most importance is information on the characteristics of high potential donors, and the language that is most likely to be effective in motivating those donors. The demographic profile of donors was shown to have

changed over time; Piliavin found an increase in women donating and a decline in donations by non-whites (p. 446).

In spite of the research findings of Oswalt and Piliavin, altruism is still viewed as the primary motivation behind blood donation. While Titmuss and several other researchers identified altruism as the primary motivator of blood donation, the US has experienced regular shortages of blood since it adopted the all-volunteer donation system.

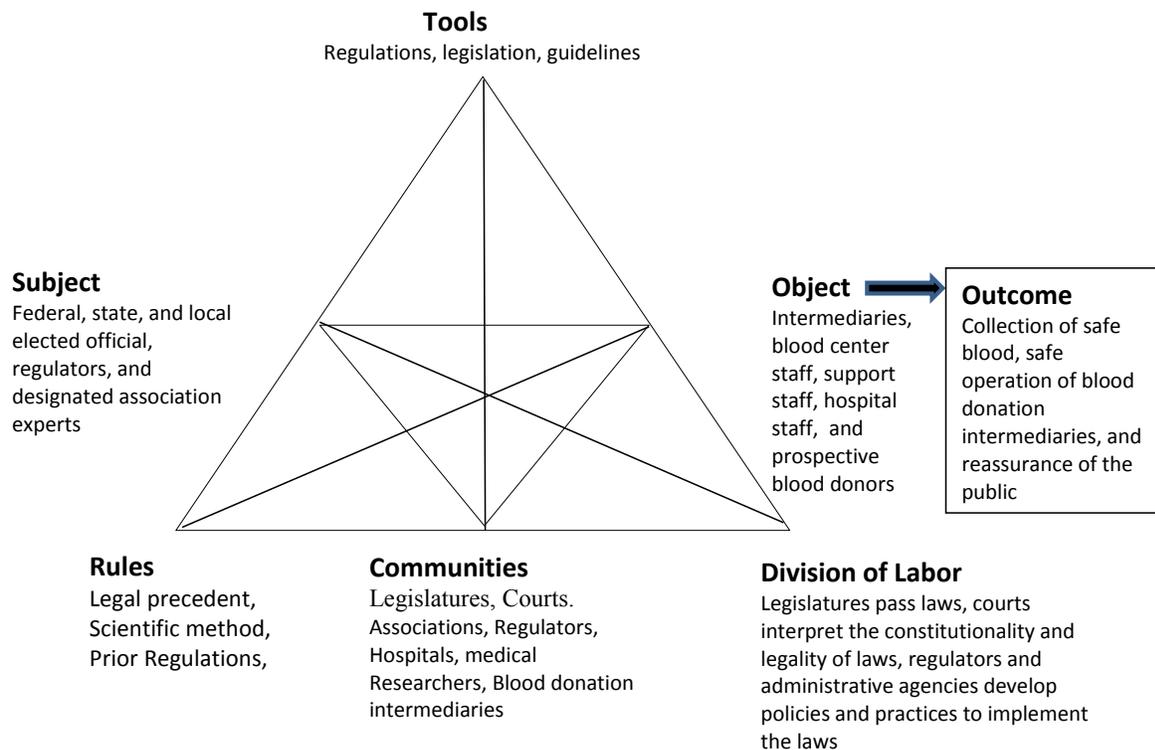
Several more recent studies are of interest because they focus specifically on possible alternate appeals to generate increased response from prospective donors. Self-efficacy has been identified as a possibly more effective motivator than altruism for blood donation and other volunteer efforts (Lindenmeier, 2008; Chalma, 2006). Other studies have considered the possibility that social capital and appeals to community involvement may result in more blood donations than appeals to altruism. Putnam (2000) hailed the existence of social capital as a major element in the American culture and decried the fact that it has declined in all phases of life since 1960 (p. 54). Putnam also shows that “involvement in social networks is a stronger predictor of volunteering and philanthropy than altruism per se” (p. 121). One of the examples he selected to demonstrate the decline in social capital was blood donation (p. 131). A recent experiment in Canada demonstrated an increase in blood donations when intermediaries approached employees of businesses and organizations and encouraged them to donate as a group (Smith, Matthews & Fiddler. 2011, p. 53). This involved face-to-face appeals and interactivity as experienced blood donors were encouraged to interact with coworkers and urge them to support others in the organization and participate as a group in blood donation. This appears to work well because it “links donation to dynamics of obligations and social reciprocity

within the workplace” (p. 55). Individuals are thus donating not to assist nameless anonymous hospital patients but to support their network.

In addition to developing and providing information to help intermediaries better motivate the public and collect more blood, professional communication also has a role to play in providing information to associations and regulators who are charged with making sure that blood donations are not harmful to either the donor or to the patient who receives a transfusion. Some of the medical/technical research reported in professional journals is used by the associations and regulators to construct the donors in such a way as to make the system as safe as possible.

## **Regulation**

A portion of the discourse related to the Blood donation system is created by negotiations and power relationships among congress, state legislatures, administrative agencies, and blood donation intermediaries. This discourse is found in ordinances, laws, regulations, policy papers, and procedures issued at the local, state, and federal levels, and its impact is mostly directed toward the intermediaries to address their structure and operations. The activity system that describes the regulatory discourse is shown in Chart 4.3, below:



**Figure 4.3—Activity System blood donation regulation**

The subject (regulators, legislators, etc.) develops the tools (laws, regulations, guidelines) that operate on the object (intermediaries, blood center support staff, hospital staff, and prospective blood donors ) to accomplish the objective (safe blood supply, safe operation of intermediaries, and public reassurance). These activities are undertaken within the context of the specific rules (legal precedent, scientific method, prior regulations), communities (legislatures, courts, regulators, etc.), and division of labor (passing of laws, court decisions, development of policies and practices).

Regulations have generally lagged the technology and social activity of blood donation. Before WWII, regulation was limited and occurred mostly at the state and local level.

**Regulation before WWII.** Federal regulations directly related to domestic blood donation were not enacted until 1940 and these laws and regulations were critical in the creation and development of intermediaries that now play a leading role in generating blood donation. Until 1940, direct regulation of blood donors and blood donation intermediaries was local or nonexistent. Local hospitals and doctors made private arrangements with donors to be available when blood was needed. Hospitals and organizations such as the Mayo clinic in Rochester, Minnesota and the Blood Transfusion Betterment Association (BTBA) in New York City, established, monitored, and enforced health standards and behavioral norms on blood donors who were paid to be immediately available to donate blood when it was needed. In the description of its operation the BTBA specified health and physical characteristics of donors. In this description, it constructed the donor as one who

...must pass a rigid medical and laboratory (Wassermann and hemoglobin) examination; must weigh at least 150 pounds and possess suitable veins at the elbow; they must be intelligent and of good character (by appearance); they must be accessible day and night (Blood transfusion, 1930, p. 683).

By this language the BTBA constructed the donor as a large, healthy person. The Wassermann test requirement demonstrated that the donor was not infected with Syphilis, and the hemoglobin test showed the absence of anemia. Requiring the donor to be “intelligent and of good character” appears to be an attempt to select out those who would later be called “skid row” donors who were sometimes alcoholics, addicts, or mentally challenged. The blood system defined by this language was not a system that maintained an inventory of blood from which doctors and hospitals could make requisitions. These requirements defined the blood system of the day as one that is similar to today’s “just in time” delivery system used by retail giants such as WalMart and enabled for other business operations by companies such as Federal Express and UPS. When

a doctor in the New York area needed to transfuse a patient, the hospital called the BTBA who, in turn, checked its records for a donor with a matching blood type. When that donor was contacted, he immediately traveled to the hospital and blood was taken from his arm and directly transfused into the patient.

The BTBA further established a market price that donors received for their blood.

The Association has adopted the standard rate of charges for transfused blood which is general throughout the city and vicinity; namely, \$10 per hundred cubic centimeters, the minimum charge being \$25 (p. 684).

This discourse contains no mention of any free donation which confirms that the US blood system was originally structured as a market based system. These early practitioners recognized the danger of the market in which demand would drive up the price in shortage situations and they attempted to regulate the personal characteristics and habits of donors to maintain quality and to eliminate professional donors from the accepted pool. The BTBA was a private medical organization organized and operated under the authority of the Committee on Public Health of the New York Academy of Medicine. Its standards and requirements applied only to its own members and registered donors. Its only recourse for non-performance was to take a prospective donor off its rolls or to refuse to cooperate with non-conforming doctors or hospitals. Its rules had no force of law behind them.

The dire economic conditions created by the crash of the stock market in 1929 and the ensuing depression drove many to seek to sell their blood for money to pay their bills (Passport, 1929, p. 19). During the 1920s the practice of blood donation and transfusion had grown significantly and there were at least 15 agencies recruiting blood donors and taking a commission for referring them to doctors and hospitals in New York City (Passport). The New York City

board of health was concerned about the health of both the donors and recipients because it feared that some donors might be suffering from communicable diseases and also that some donors were making donations so often that it threatened the health of both the donor and recipient.

**New York City Board of Health.** At that time (1929), prospective donors were free to respond to calls from multiple agencies. They were paid \$50 for each donation (Passport) so the situation in New York was a wide open market with no restrictions on donors, agencies, doctors, or hospitals. The local board of health saw this situation as a public danger and an opportunity to wade in and establish order. Using the rationale of the sanitary code, it published rules that required prospective donors to register with the health department, have a physical examination, and have information about their health and their donation occasions recorded on a pass book.

On Jan 26, 1931, Dr. Wynne, the New York City health commissioner, “opened a new bureau to control and license the practice of blood giving in this city...” (Puts blood, 1931, p. 18).

Prospective donors were required to register with the health department and anyone without a permit was prohibited from acting “as a blood donor for a fee.” A donor was required to have his pass books with him and to show it each time he donated blood. Agencies were also required to register and obtain a permit to operate. This was the first exercise of regulatory power over blood donation in the US, and by using its mandate to maintain health; the board of health established its power over donors, agencies, doctors, and hospitals in the domain of blood donation.

The New York sanitary code defined a blood donor as, “Any person who holds himself out as willing to dispose of his blood, or who offers his blood, or whose blood is used for transfusion purposes, for a fee” (Cruise, 1930, p. 419). This definition constructs the blood donor as a male individual whose blood is taken in exchange for a fee. Women are not included in the

definition so, as far as the regulation were concerned, they could not be blood donors. Likewise, anyone, male or female, who allowed blood to be taken gratis, fell outside the regulation, and this allowed friends and family members of an ill or injured person to donate blood intended for that specific person. The sanitary code ignores any free donation of blood that is outside of its regulatory authority. In addition, while news reports of the time report that one of the reasons for the inclusion of blood donors in the NYHC sanitary code was the health of the donors, the code language contains no mention of the health of the donor. There is no language relating to prohibited behaviors, diseases, or health indicators. Nor is there any mention of limits on the frequency of donation, or on the quantity of blood to be taken at each incidence of donation. Because the language of the code constructs blood donors in a gross and undifferentiated manner, this suggests that the fine details of definitions, requirements, and prohibitions were left to be negotiated between the health department and the blood donation agencies.

Viewed through the lens of activity theory, the health commissioner created the tools of agency and donor permits with the immediate objective of improving the health of the blood donors and transfusion recipients, and longer term, to establish the authority of the health department over all blood donation system participants. The donor permit both empowered and controlled donors. Obtaining permits allowed them to donate blood and to receive badly needed money. According to news reports, it also prevented them from donating more than once a month, so that the amount that they could earn was limited (Blood Donor, 1931, p. 129).

**WWII Regulations.** In 1940, in anticipation of war, a new federal agency, the Committee on Transfusions was created. This agency included members of the National Research Council, the American Red Cross (ARC), and the surgeon general of the Army and Navy. The committee

prepared a recommendation that established the first national institution charged with the responsibility to generate blood donations from the public:

As a matter of National Defense the Surgeon General of the Army and Navy requests the Red Cross to take steps immediately looking forward to the formation of civilian groups to provide human blood so that in case of a definite national emergency local units would be in a position to supply the blood needed by the armed forces (Kendrick, 1964, p. 101).

Drawing on the authority of the constitution and its requirement for national defense, military staff gathered the resources necessary to create the first nationwide institution of blood donation, the ARC blood donor service. Rather than a government decree with requirements and impositions on individuals and private institutions, this document appealed to the patriotism of institutions and individuals to sacrifice for the armed forces. Until this time, the ARC was a semi-governmental disaster relief operation (American Red Cross charter). It was in the business of responding to emergency situations and disasters that were of relatively short-term duration. This new document, responding to the war needs of the country, established a national institutional system of attracting donors and collecting blood. Shortly thereafter, a formal agreement was signed by representatives of the federal government and the ARC. This agreement served as the charter of the ARC Blood Donor Service. It designated where blood collection centers were to be established and assigned the ARC the responsibility for recruiting donors and collecting blood (Starr, p. 105). This national blood donation institution was created exclusively to serve the war effort. The ARC was under contract to provide the blood it collected to the armed forces. Civilian blood needs would still be provided as they had been, before the war, by local agencies, blood banks, and hospitals. Independent blood banks, many of which were affiliated with metropolitan hospitals, had been established in some major cities several

years before the war, and these institutions spread to smaller cities during the war, and were the major source of blood, during the war, to service the civilian population domestically.

A major change in the blood donation system associated with the war effort was the establishment of free donation as the norm for blood donations in support of the military. Paid donation was, until this time, the norm, and it continued to be the norm for blood obtained for transfusion use for domestic civilians. For the duration of the war, the US had parallel and competing blood systems; one free and one paid.

Legislation passed in 1944 (the US Public Health Service Act) required that any “biologic” in interstate commerce must 1) have a license, 2) have a package with identifying information, 3) be “safe, pure, and potent”, and 4) be manufactured in a facility subject to inspection (Lipton & Otter, 2010, p. 1643). The National Institutes of Health (NIH) was designated the agency in charge, and it included the Public Health Service (PHS). This legislation had the effect of establishing blood as a manufactured product, which could be subject to the same laws and regulations as other manufactured products. Throughout WWII and for two years thereafter, no federal action had been taken to establish a national blood donation system for domestic use, similar to that established in the UK. When WWII was over, the ARC discontinued its blood collection activities and donated its remaining inventory of blood and plasma to metropolitan hospitals, but in 1948, ARC decided to return to the business of collecting blood, and using the facilities previously devoted to collecting blood for military, it entered direct competition with the domestic hospital blood banks.

**Post WWII Regulation.** In 1947, NIH licensed the first blood bank, the Philadelphia Blood Bank. Still, there was little national clamor or government activity to establish any national blood system. As late as 1957 the only agency with any responsibility for regulating blood banking was

the Laboratory of Blood and Blood Products (LBBP), a small agency with only 15 full time staff. It had responsibility for a range of activities including licensing, regulation, and inspection of blood banks. Perhaps out of necessity, the regulation and supervisory climate was loose and informal. Since the number of licensed blood banks was also small (fewer than 150), this allowed for collegial and informal relations, “in the manner of communication among physicians” (Solomon, 1994, p. 273). These federal regulations all relate to the operation of the intermediaries. No federal regulation up to this time (1970) addressed blood donors directly or imposed any requirements or restrictions on donors. This was left to the discretion of the intermediaries.

**Regulatory Response to Hepatitis.** There was little state or federal regulation of the blood donation system until the recognition of the danger of hepatitis caused a shift to a 100% voluntary (non-paid) donation system. This system was first initiated at the state level before being adopted at the federal level several years later. In 1966, prior to the Titmuss book, a report by Dr. J. Garrott Allen was published that found the incidence of hepatitis to be seven to ten times higher in blood from paid donors as compared to that from unpaid donors (Siplon & Hoag, 2001, p. 198). While no federal action was taken immediately, several states began to act. In 1972, Illinois moved to regulate blood by requiring that blood be labeled voluntary or purchased (Johnson, 2009, p. 1). Several other states followed suit, as did the FDA in 1978 (Starr, 1998, p. 257). These labeling regulations redefined and categorized blood: blood taken from donors without payment was good, and blood given in exchange for payment was bad. By having the blood collected from paid donors labeled as such, the regulators used discourse to drive those establishments paying donors for blood out of business (p. 257). This was the first instance of federal regulation directly impacting on prospective donors.

In 1973, the department of Health Education and Welfare (HEW) under the department secretary, Caspar Weinberger, developed the National Blood Policy--a plan intended 'to result in a safe, fast, and efficient blood collection and distribution system (Abart, 1978 p. 1). The federal government chose to rely on voluntary participation by the various elements in the system, rather than to establish a national system by fiat. The National Blood Policy was a four-page ruling that established objectives and called on non-government groups to develop a practical program to achieve the objectives. The policy was developed as a tool by HEW to resolve a "bitter quarter-century old jurisdictional conflict between the ARC and the American Association of Blood Banks (AABB)" (Surgenor, 1974, p. 17). Longer term it was intended to improve the day-to-day adequacy of the blood supply across the country.

The AABB was originally formed to oppose the ARC blood system because the provision of free blood represented a major threat to the hospital blood banks. By 1971 the two systems were about equal in size, but the ARC strength was in the suburbs while the strength of the hospital blood banks was in urban core areas (p. 19). HEW acted at this time because public awareness of the transmission risk of hepatitis and its relation to donors who were paid had reduced public confidence in the whole blood system (p. 18). The policy was "the first time that a formal written statement of national policy has been issued by the executive branch of the government, at least in the health field" (p. 21). Seven of the ten points in the policy include the language "to encourage, foster, and support" some effort or activity, that drives planning and decision making on system changes to the private sector organizations (p. 21). However, a background statement provided a threat if progress was not quickly achieved:

If in the four-month time limit [for the private sector to draw up a specific plan for the implementation of the policy] progress is not

satisfactory, the private sector will have made it necessary for the federal government to consider stronger action. (p. 22)

The two events that drove the federal government to take this action were the conflict between the ARC and the AABB, and the growing public fear of the threat of hepatitis to the blood supply. Related to these issues was another regulatory response known as Blood Shield laws.

**Blood Shield Laws.** In 1944, 1962 and 1972, the federal government defined blood as a “manufactured product” to allow it to be regulated by the FDA and FTC. As a product, blood was subject to strict product liability which made both the manufacturer and any operations in the channel of distribution liable for damages resulting from product use. This theory was first applied to the blood system when Gussie Perlmutter sued Beth David hospital in New York.

Perlmutter claimed that she was justified to sue “upon the theory that the supplying of blood constituted a sale within the Sales Act and that, as a consequence, there attached implied warranties imposed by that statute that the blood was "reasonably fit for [the] purpose for which required” (Perlmutter, 1954, p. 1). The court decided against Perlmutter stating,

Concepts of purchase and sale cannot separately be attached to the healing materials — such as medicines, drugs or, indeed, blood — supplied by the hospital for a price as part of the medical services it offers. That the property or title to certain items of medical material may be transferred, so to speak, from the hospital to the patient during the course of medical treatment does not serve to make each such transaction a sale... It has long been recognized that, when service predominates, and transfer of personal property is but an incidental feature of the transaction, the transaction is not deemed a sale within the Sales Act (p. 1).

Thus, the New York State Appeals Court, and later 49 state legislatures determined that blood used in a medical procedure was not sold as a product to the patient, but was part of a service

delivered. These state laws use remarkably similar language (Siplon & Hoag). An example is the California law:

The procurement, processing, distribution, or use of whole blood, plasma, blood products, and blood derivatives for the purpose of injecting or transfusing the same, or any of them, into the human body shall be construed to be, and is declared to be, for all purposes whatsoever, the rendition of a service by each and every person, firm, or corporation participating therein, and shall not be construed to be, and is declared not to be, a sale of such whole blood, plasma, blood products, or blood derivatives, for any purpose or purposes whatsoever (CA Health and Safety Code 1606, 1963).

At the same time that the federal government was constructing blood as a manufactured product, the courts and state legislatures were constructing it as an indivisible element of a service. Siplon and Hoag see this as an example of the power of the combined medical community and the blood system. These powerful elements were able to push through blood shield legislation quickly and easily. In each state, the legislation

... was moved expeditiously through both chambers of the respective state legislatures; and perhaps most significantly, each was passed without ever hearing from any consumers who might have been negatively affected by, and therefore opposed to, the legislation. (Siplon & Hoag, 2001, p. 193).

The shield laws effectively insulated the blood system and the medical community from liability for illness or injury caused by transfusion of infected blood. The ubiquity of these laws (passed in 49 of 50 states) shows that state policy makers viewed the availability of blood at a reasonable cost to be a critical social need. The rights of individuals injured by blood had been rendered lower in importance than the availability of blood. In recognizing that there was no test available to reveal the incidence of hepatitis infection in blood, the decision was made on the internal conflict between quality and quantity: those in authority at this time, at both the state and federal level opted for quantity over quality. This reveals the conflict within the activity system

involving regulation. At the same time that state legislatures were passing blood shield laws, states were passing labeling laws that eliminated the acceptability of blood that had been paid for. This appears to indicate that the state legislatures believed that the problem of hepatitis-infected blood could be managed by eliminating paid donors as a source.

This was the regulatory situation in 1982 when the greatest threat to the blood system slowly began to emerge. Thus, neither the blood system nor the medical or regulatory systems were prepared to deal with the new threat to the blood system that was later known as HIV/AIDS.

**Other Regulatory Activity.** Before the passage of the blood shield laws and the required labeling of blood as paid or free, regulatory activity related to blood donation had been limited. In 1962, the federal government for the first time took action against a biologics “manufacturer.” A blood bank in Westchester County, New York, was found guilty of a number of charges and was closed. This successful prosecution confirmed, for the first time, that blood products were drugs and could be regulated as such. In 1972, the Laboratory of Blood and Blood Products (LBPP) was transferred from NIH to the FDA, and this significantly increased its active regulatory enforcement role. All blood banks and transfusion services were required to register as manufacturers and to comply with the 1970 drug manufacturing rules. Thus, in 1962 by court action, and in 1972, by regulatory discourse, blood was changed from an unregulated biological liquid to a regulated manufactured product. (p. 274). The rationale for such action was that blood banking had been deemed a business that is affected with a public interest. The law affirms that “one who devotes his property to a use in which the public has an interest, in effect grants to the public an interest in that use and must submit to be controlled by the public, for the common good” (Hassard, 1965, p. 361).

**Regulatory System Response to HIV/AIDS.** Federal regulations covering the process of blood donation itself were not enacted until the advent of the HIV/AIDS virus and the threat it posed to the entire system. Blood donation intermediaries recognized the need for coordination of donor screening and a unified approach to rebuild public confidence in the intermediaries and in the process itself after experiencing several years of public fear and uncertainty that resulted in a decline in blood donations.

The first official discourse on HIV/AIDS was the “Joint statement on acquired immune deficiency syndrome (AIDS) related to transfusion,” that was issued by the ARC, AABB, Council of Community Blood Centers (CCBC), the American Blood Commission, the National Gay Task Force, the National Hemophilia Foundation, and representatives from the American Blood Resources Association, the Centers for Disease Control (CDC), and the FDA (Joint, 1983, p. 87). This statement was made in a context and environment of fear and uncertainty within the public. It was crafted as a tool by representatives of all major organizations involved in blood donation, blood processing, users of donated blood, and federal agencies. It seems that the statement was intended to satisfy a number of purposes: 1) to acknowledge that there was a new disease and to update the public on the current status, 2) to reassure the public that all affected organizations were working together to solve the problem, 3) to inform the public that some progress was being made, 4) to avoid directly linking AIDS to blood transfusions, and 5) to provide suggestions for the public, for blood banks, and prospective donors. Thus, the statement was intended for multiple audiences including researchers, gay people, and prospective blood donors. It was extremely important because it was the first official statement that was issued with the support of the federal government. Unfortunately, it was not as helpful and reassuring as was needed.

The statement shows considerable confusion or uncertainty about how to deal with prospective donor groups. Donors could be asked questions about health and symptoms:

Donor screening should include specific questions to detect possible AIDS or exposure to patients with AIDS. In particular, all donors should be asked questions designed to elicit a history of night sweats, unexplained fevers, unexpected weight loss, lymphadenopathy, or Kaposi's sarcoma. All positive or suggestive answers should be evaluated before anyone donates (p. 88).

This statement is strong and direct. It gives instructions on what to ask without providing rationales or justification. But later, the statement suggested that agencies refrain from asking about sexual preferences or activities:

Direct or indirect questions about a donor's sexual preference are inappropriate. Such an invasion of privacy can be justified only if it demonstrates clear-cut benefit. In fact, there is reason to believe that such questions, no matter how well-intentioned, are ineffective in eliminating those donors who may carry AIDS (p. 88).

This language is accompanied by excessive justification ("can only be justified," "no matter how well intentioned"). It seems that the writers felt the need to explain this point perhaps expecting that it would receive a negative response from blood center staff. The overall authority of the statement is diminished by the statement that "These recommendations are made with full realization that the cause of AIDS is unknown" (p. 88). While the public and those working in the blood system were looking for reassurance that the medical establishment knew the answers and were implementing solutions, this statement could only deepen the anxiety of all segments of the population.

The fear within the blood system and medical establishment management was that court cases would be filed and they would be found liable in spite of the blood shield laws. But this was not the only issue to be addressed. The public was growing increasingly fearful of donating blood and of receiving blood or blood products. By early 1983, donations had dropped

significantly (Starr, 1998, p. 276). The gay community was concerned about its civil rights, and hemophiliacs were distrustful of their own support organization and angry at the gay community for infecting them (Bayer, 1999, p. 24).

In the 1990s, after the successful development of tests and donor restrictions to omit contamination from HIV, the FDA increased regulation of blood centers. This government involvement shifted the focus of blood center staff from the care and servicing of donors to the correct completion of documentation (Simon, 2003, p, 275). Thus, regulation shifted the activity within blood centers and forced documentation to crowd out attention to donors. For example, a fourteen-page letter from FDA associate commissioner for regulatory affairs John M. Taylor III to ARC president Marsha Johnson Evans itemized a number of administrative and record keeping errors occurring during the period April through December 2002. The first paragraph of the letter includes, “Corrective action by ARC is necessary. This is the thirteenth letter issued by FDA to ARC pursuant to Paragraph VI. A of the Decree...” (Taylor, 2003, p. 1). Toward the end, the same letter reads, “This list is not intended to be an all-inclusive list of deficiencies at your establishment” (p. 14). Clearly, this language (“Corrective action by ARC is necessary.” “This list is not intended to be an all-inclusive list of deficiencies...”) demonstrates that the ARC, as a representative intermediary in the blood system has been placed in a subservient position as a result of systematic oversight by the regulatory system.

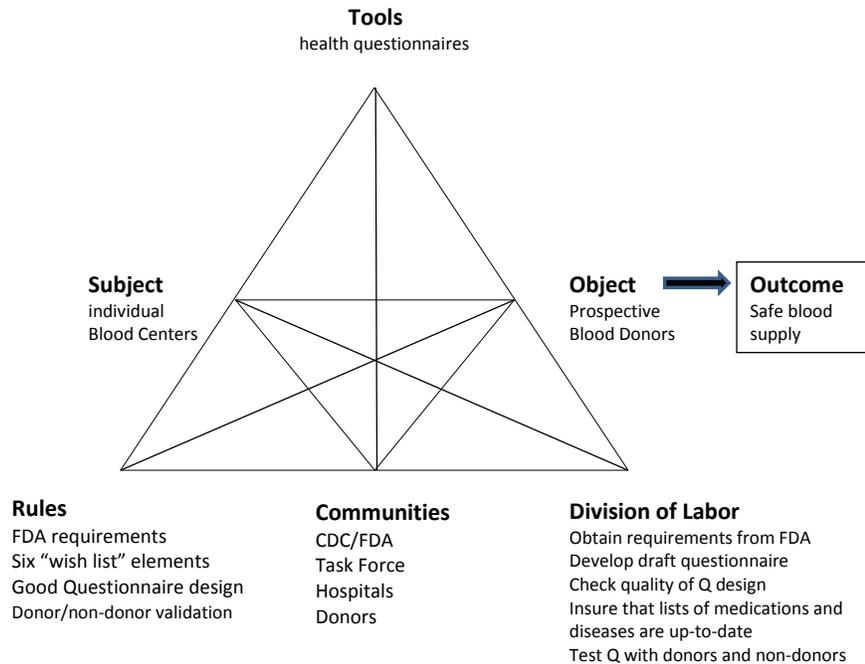
The participation of the FDA has provided public reassurance in the blood system as seen in the fact that the blood collection stopped its decline after the government took charge of the system. In addition to administrative supervision, the major tool used by the FDA to control the system and assure blood quality is its control over the common Donor Health Questionnaire.

This DHQ is a critical genre that insures blood safety and each prospective donor must complete the DHQ before he/she is allowed to donate blood.

### **The Blood Donor Health Questionnaire (DHQ)**

The blood donor health questionnaire (also referred to as the Donor History Questionnaire or DHQ) is a qualification and classification tool that is used to determine the immediate acceptability of a prospective blood donor. It exists because physical testing is not practically available to reveal the existence of all contaminations and infections that might be present in a prospective donor's blood. Should such physical testing of blood be developed, this would omit the need for an extensive DHQ and it would also omit a possible source of contamination that can occur due to the inaccurate recall or dishonest reporting of prior activities, infections, or medical conditions.

Viewed through the lens of activity theory, the DHQ is the tool that is used by each blood center to qualify a donor and his/her blood as safe and also to insure that donation will not harm the donor. The DHQ differs from a health questionnaire administered by a doctor or dentist's office in that the primary purpose of the DHQ is not the health of the person filling out the form and how to improve or maintain it, but to ensure the quality of his/her blood for the protection of the system itself. This genre has been clearly developed as a tool to accomplish significant work for the blood donation system, but the overall effect of the DHQ has been to reduce the number of prospective donors. The activity system that uses this genre is shown in Figure 4.4 below:



**Figure 4.4 Activity System—Donor History Questionnaire (DHQ)**

The DHQ is the last genre of discourse the donors themselves encounter before donation, and it is the only direct institutional connection between the individual blood donor and the blood donation intermediaries (ARC, ABC, and several smaller intermediaries). This diagram shows that the intermediaries are in charge of administering the DHQ that has been developed by the Task Force, after considering the rules established by the FDA and other contributors, to insure that the blood collected from donors is safe for use in the hospitals. In principle, the DHQ is an exercise in power as described by Fairclough (2001). The intermediary presents the DHQ to the prospective donor and the acceptability of the donor is dependent on his/her responses to the questions. Through the DHQ, the power of the intermediary has been normalized and the prospective donors do not question it. As has been the case since the activity of blood donation itself was normalized, a prospective donor is not allowed to donate unless he/she provides acceptable responses to the DHQ and there is no recourse. The intermediary is the only authority that can approve a prospective donor.

The structure of the DHQ is that of a completely closed-ended questionnaire; that is, every question asked offers only two possible responses: Yes or No. The DHQ does not allow a response of “not sure” or “don’t know.” There are no probing questions that provide a prospective donor the opportunity to explain or to elaborate on any responses. This type of questionnaire is appropriate for use in those situations in which the responses are used to make an accept/reject decision about the respondent (Fowler, 1993). The current DHQ has been developed to meet current system needs, but it is based on prior qualification questionnaires and the experience of those working in the system.

### **Early Versions of the Donor Health Questionnaire**

History is clearly present in the current DHQ as seen in samples of the earliest health questionnaires available. Two early versions of the donor health questionnaire that were widely used are shown in Figures 4.5 and 4.6. Such questionnaires have been used since the 1920s, but the oldest sample available is the one below from WWII Army records (Kendrick, 1964, Fig 29).

AMERICAN RED CROSS Blood Donor Registration Card			Form 1004 Rev. Feb. 1944
Mr. Miss	Serial No. _____		
Name Mrs. _____	Date _____		
Address _____	City _____		
Telephone No. _____	Date of Birth _____		
When did you last donate blood? _____	Number of donations _____		
Temperature _____	Pulse _____	Hemoglobin _____	% Blood pressure _____
Any chronic or serious illness? _____	Any form of heart trouble? _____		
Illness in the last month? _____	Shortness of breath? _____	Deferral _____	
Malaria? _____	Swelling of the feet? _____	Uncontrolled bleeding _____	
Chronic pulmonary tuberculosis? _____	Undulant fever within 3 years? _____	Fainting spells? _____	
A persistent cough? _____	Convulsions? _____	SeroLOGY only _____	
Pain in the chest? _____	Jaundice within 6 months? _____	Diabetes? _____	
Diabetes? _____	Pregnant or postpartum 9 months? _____	Remarks? _____	
Nurse _____	Doctor _____		

(Date) \_\_\_\_\_ (Serial No.) \_\_\_\_\_  
**HUMAN CITRATE BLEEDING**  
**AMERICAN RED CROSS**  
 DONOR CENTER \_\_\_\_\_  
 (Donor's Name) \_\_\_\_\_

(Date) \_\_\_\_\_ (Serial No.) \_\_\_\_\_  
**HUMAN BLEEDING REPORT**  
**AMERICAN RED CROSS**  
 DONOR CENTER \_\_\_\_\_  
 (Donor's Name) \_\_\_\_\_  
 (Initial) \_\_\_\_\_ (Date) \_\_\_\_\_  
 (Signature) \_\_\_\_\_

I certify that the above named donor appears to be free of disease transmissible by blood. For details see Form 1004 which is kept for the use of recording the blood bank and files.

FIGURE 29.—Card used by American Red Cross for registration and history of blood donors.

**Clarification of data required by above blood donor registration card:**

When did you last donate blood? \_\_\_\_\_ Number of donations: \_\_\_\_\_

Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ Hemoglobin \_\_\_\_\_ % Blood pressure \_\_\_\_\_

Any chronic or serious illness? \_\_\_\_\_ Any kind of heart trouble? \_\_\_\_\_

Illness in the last month? \_\_\_\_\_ Shortness of breath? \_\_\_\_\_ Deferral \_\_\_\_\_

Malaria? \_\_\_\_\_ Swelling of the feet? \_\_\_\_\_ Uncontrolled bleeding? \_\_\_\_\_

Chronic pulmonary Undulant fever within 3 years? \_\_\_\_\_

tuberculosis? \_\_\_\_\_ Fainting spells? \_\_\_\_\_

A persistent cough? \_\_\_\_\_ Convulsions? \_\_\_\_\_

Pain in the chest? \_\_\_\_\_ Jaundice within 6 months? \_\_\_\_\_

Diabetes? \_\_\_\_\_ Pregnant or postpartum 9 months? \_\_\_\_\_

Remarks? \_\_\_\_\_

**Figure 4.5 American Red Cross Blood Donor Card from WWII**

This record was completed each time a donor gave blood. It may have been developed by the ARC originally for the Blood for Britain program (that operated from August 1940 until January 1941), but I was unable to find any samples from the Blood for Britain effort. Prior to the start of US participation in WWII, the ARC collaborated with the military and adopted this record that

was used to qualify donors whose blood supplied the needs of the US armed forces during WWII. The document includes both observations and measurements by the blood center staff (temperature, pulse, hemoglobin %, and blood pressure), and self-reported information from the prospective donor. Self-reported information included a range of diseases (Malaria, tuberculosis, jaundice, diabetes), medical conditions (heart problems, swelling of feet, shortness of breath, convulsions, fainting spells), and behaviors (when did you last donate and number of donations). At almost the same time as ARC collections for the WWII military began, the ARC found itself embroiled in a civil rights controversy.

The military, which was in charge of the blood donation efforts, instructed the ARC to accept blood donations only from white donors. Dr. James Magee, the surgeon general of the army was responsible for this decision, but others in both military and ARC leadership were in accord (Guglielmo, 2010). These authorities based their decision on the presumed preferences of the white population although there is no evidence that their presumption was correct. In fact, the military and the ARC recognized that there was no scientific basis for this decision. In 1941 Magee wrote, "For reasons not biologically convincing but which are commonly recognized as psychologically important in America, it is not deemed advisable to collect and mix Caucasian and Negro blood indiscriminately" (Guglielmo, p. 70). The use of the passive voice suggests a distancing of the writer and the Army from the decision, perhaps because of the hypocrisy present in the policy. Even though the race restriction was tacit and not incorporated into the Blood Donor Registration Card, the ARC chose to comply.

This policy began in early 1941 and varied from the previous ARC policy established by Dr. Charles R. Drew, the African American medical director of the Blood for Britain program, on which the US WWII blood donation program was based. Drew's policy was to accept blood

from anyone (p. 68). The ARC had selected him as the assistant director of the ARC blood donor services, but this decision of the War department resulted in his leaving the ARC and returning to Howard University. Later, Drew stated,

Up until Pearl Harbor neither the British project nor the Red Cross differentiated the bloods of various races except purely as a matter of statistics. Then the Surgeon General of the army began to receive letters-- especially from misinformed whites—saying that they would rather have their sons and relatives die than to receive blood of a Negro by transfusion. (Francis, 1942, p. 6)

Initially, the racial policy implemented by the military was informal and little discussed but in late 1941, several instances of African American donors being turned away from donor centers occurred. This racial policy added a new element of complexity to the activity system of blood donation. There was no place for the recording of a prospective donor's race on the DHQ, so ARC technicians were required to observe and accept or reject the donor based on this tacit rule. The African American press made known the War Department policy to its audience and strongly expressed its disagreement and outrage to that audience. For example, in an article in late 1941 the Chicago Defender, a major voice of the African American community, the headline read, "Red Cross refuses blood from Negro donors: Rejection originates with army memorandum says Red Cross." The article later says that initial protests to the blood bank were "from southern women especially, it is said, against the use of Negro blood" (Red Cross refuses, 1941, p. 2).

A few months later, and in response to a rapidly growing public relations problem caused by the refusal to accept blood donations from African Americans, the military and ARC backtracked and announced that they would accept blood from African Americans but that this blood would be handled and processed separately (blood from all other groups—Asians, Indians,

Hispanics, and others—was not segregated). This change did nothing to quell the resentment and anger from the African American press that published many columns, cartoons, and letters to the editor expressing outrage and disagreement. Some of the outrage focused on the fact that the US was, at that time, fighting the abominable racist policies of Nazi Germany but was practicing blood donation policies that seemed more suited to the Nazi regime (Guglielmo, 2000, p. 77). In addition to the outrage expressed in the African American press, a number of whites in various professional fields joined to object to the policy. Dr. W. W. Guerlich, an anthropologist from the Western Reserve University medical school objected that the policy was incorrect and hurtful to the unity of the country in wartime (Red Cross unchanged, 1942, p. 3). Over the remainder of the war numerous groups and individuals, both African American and White, appealed to the president, the ARC, and the military to change this policy. The strength of the status quo can be seen in the fact that even against public pressure and scientific facts, the ARC did not change its policy of segregating White and African American blood until 1950 (Guglielmo).

The WWII exclusion of African Americans from donating blood was a clear example of the projection of raw power by members of the white establishment (military and ARC). That there was no difference in the blood of whites and blacks was known by the military authorities who established the policy. The objective of this War department discourse on race seemed to be to satisfy a vocal segment of whites to maintain their support for the war effort. The unintended consequences of this discourse continue to this day in the lower donation rates of African Americans as compared to Whites (Ward et al., 2003).

## Post-WWII Blood Donor Health Questionnaire

After the end of the war, blood collected by both the ARC and the AABB was used for domestic civilian needs. The health questionnaire used by AABB at its blood centers after WWII appears to have been adapted from the WWII ARC questionnaire. The purpose of the questionnaire was the same: to determine whether the donor would be immediately accepted or deferred for blood donation. The AABB DHQ is shown in Figure 4.6 below.

### 1953 Donor Eligibility Questions Itemized “yes—no” Format

Malaria <u>Diabetes</u> *
Syphilis Drug addiction*
Jaundice Inoculations/vaccinations*
<u>Tuberculosis</u> <u>Alcoholism</u> *
<u>Brucellosis</u> Surgery
<u>Upper Respiratory Diseases</u> <u>Dental extractions</u>
<u>Skin Diseases</u> Transfusions
<u>Allergic States</u> Previous Blood Donation
Bleeding Abnormality Weight Loss
<u>Convulsions</u> * Pregnancy
Heart Disease
AABB Technical Methods and Procedures, 1953
*In times of national emergencies, may omit these items.
( <u>Underlined</u> : No longer in use; BB Technical Methods and Procedures, 1962)

**Figure 4.6 AABB Donor questionnaire (Fridey 2002)**

Items on the 1953 questionnaire that connect to the earlier ARC version are health conditions such as malaria, jaundice, diabetes, tuberculosis, heart trouble, bleeding, pregnancy, and convulsions, each of which resulted in either a temporary or a permanent deferral. This questionnaire adds a number of elements to the earlier ARC version and the asterisks and underlining in the summary above (provided in the AABB questionnaire) shows the power,

flexibility, and willingness of the AABB to modify the blood donor screening requirements. At that time (1953) no governmental bodies exerted authority over the qualification process.

This questionnaire was used from 1953 to 1962 and in some centers until 1982. AABB viewed the conditions with asterisks or underlining as not threatening—diabetes, drug addiction, inoculations/vaccinations, alcoholism, and convulsions—and these could be omitted during times of national emergency. (The ARC questionnaire included diabetes and convulsions in its questionnaire, but not drug addiction or alcoholism. The fact that the AABB and its centers paid for donations may be one factor that explains its inclusion of such items as drug addiction and alcoholism.) There had been concerns about the “professional” donors since the 1930s (Surgenor, 1974; Titmuss, 1970; Guiou, 1939) and questions in the AABB DHQ dealing with several issues (drug addiction, alcoholism and tuberculosis) may have been intended to protect the blood system against such donors. Some items on the 1953 questionnaire were removed in 1962 including diabetes, alcoholism, dental extraction, tuberculosis, brucellosis, upper respiratory infection, skin disease, allergic state, and convulsions. According to Fridey, Townsend, Kessler, & Gregory (2007), “[M]any medical deferrals [at that time were] based not as much on data but on a combination of opinion, tradition, and conventional wisdom” (p. 182), and no explanation as to the decision process for adding or deleting questions is available.

None of these conditions were reinstated in revisions of the DHQ since that time. While there were variations in the DHQ between intermediaries and within the intermediaries themselves from WWII, this flexibility was not viewed as a critical problem until the early 1980s and the advent of HIV/AIDS. In fact, it can be seen as an example of strength in the system in that those routinely administering the DHQ were able to adjust the questions in response to local

issues and problems (Spinuzzi, 2003). However, this strength (flexibility) would be one of the sacrifices that the system was called on to make to respond to the threat of HIV/AIDS.

### **HIV/AIDS, blood donors, and blood donation intermediaries**

Since the early 1980s, DHQs had been revised ad hoc by a number of blood centers following the successful diagnosis of the HIV/AIDS virus and the mapping of its transmission vectors (Fridey, Townsend, Kessler, & Gregory, 2007). Because of the rush to develop a DHQ to effectively screen out those prospective blood donors infected with HIV/AIDS, intermediaries and local blood centers had added various questions and significantly increased the complexity of DHQs used. Moreover, there was no coordination between intermediaries and blood centers so there was considerable variation among the DHQs used. By the mid-1990s, there was little confidence by the intermediaries and the federal government that the questionnaires in use at that time were comprehensive, clear, and well understood by prospective donors. The effort to develop a common DHQ followed a comment, “made in the late 1990s by former FDA Commissioner David Kessler to Arthur Caplan, then chair of the FDA Advisory Committee on Blood Safety and Availability, that, ‘What we should strive for is a zero risk blood supply’” (p. 183).

This comment and the efforts that followed it provide an illustration of the contradictions that are latent in any activity system because systems are dynamic and respond to changes in the environment or in the various elements of the activity system. The current DHQ represents the latest shift within the activity system from a focus that considered both quantity and quality of blood donations to a focus almost exclusively on quality expressed as safety. This shift had been ongoing since the work by Garrot Allen and Richard Titmuss in the 1960s and 70s that dealt with problems (previously discussed in this chapter) caused by the presence of hepatitis virus in

donated blood. Titmuss attributed the presence of hepatitis in the blood supply to the American system of paying donors. Allen did not initially focus on the donation system itself, but when his research showed a high correlation between “professional” donors and incidence of hepatitis, he too lobbied for a volunteer donor system (Starr, 1998, p. 220). At the time of their research (1960s and 70s), all donors were questioned about jaundice (caused by hepatitis), and those who acknowledged the condition were deferred. There was no laboratory test at that time that could reveal the presence of hepatitis in an individual’s blood so an individual with hepatitis could be unaware of the condition or could lie about his/her condition, donate blood, and collect the payment from the blood donation center .

The blood-banking establishment was concerned that control of hepatitis by the elimination of paid donors risked, “problems of supply, which, if the paid donor was eliminated, could escalate into a national crisis” (p. 220). This demonstrated the willingness of the blood donation system and the intermediaries to consider both quantity and quality of the blood supply. A large part of the risk from hepatitis-infected blood was borne by the hemophiliac community. The blood concentrate factor VIII used to control their condition was processed using plasma from multiple donors and as a result almost all hemophiliacs contracted hepatitis (Starr). In exchange for longer life and fewer limitations of their hemophilia, hemophiliacs had accepted the fact that they would likely contract hepatitis.

But both individual hemophiliacs and their association were unprepared for the threat posed by the entry of HIV/AIDS into the blood system. The hemophiliac community, which could accept infection with hepatitis, responded with outrage at the suffering and death experienced by over half of their community from the HIV/AIDS infection.

**Federal action to increase blood system safety.** It is the DHQ that is responsible for identifying risks and ensuring that prospective donors who represent risks are deferred, and in the 1980s, the blood donation intermediaries and the DHQ had failed to identify the presence of HIV/AIDS. In response, intermediaries and their centers acted by adding numerous questions to the DHQ.

By 1990, the questionnaire had grown significantly in length, and the wording increasingly complex. New questions, added in response to regulations, recommendations, or standards, were placed either at the end of the existing donor cards or, in an effort to interject some degree of logic, sometimes grouped with similar topics by blood centers.

Direct questioning of donors with graphic questions about sexual and other specific risks for HIV heralded a new era in screening. With the attention of the public, blood banking community, regulatory agencies, and lawmakers riveted on blood safety, the contents of the questionnaire were later expanded to encompass not only common and real, but potential, rare, and even theoretical infectious risks of transfusion. (Frider, Townsend, Kessler, & Gregory, 2007, p. 183)

By the year 2000, blood centers and intermediaries were concerned that donors were resisting the questionnaires in use, some of which involved upwards of 80 issues. According to Frider, Townsend, Kessler, & Gregory, “[T]he blood banking community was beginning to wonder whether the complication and length of the questionnaire could be keeping donors away” (p. 185). This was a concern because there was already evidence that fear among the public about HIV/AIDS had resulted in a 25% decline in blood donations in New York (Starr, 1998). The failure of the intermediaries to take decisive action and make clear statements had resulted in a loss of confidence in the safety of the blood supply.

There was also concern that, because of the complexity of some of the questions, some donors might inadvertently answer questions incorrectly. In response to the confusion, “the FDA requested that the AABB convene a task force... to address the challenges posed by the

questionnaire” (p. 185). The FDA, by assuming the authority to approve of the DHQ exerted authority over the entire blood donation system within which intermediaries had previously operated in a relatively autonomous manner (Starr). The construction of a hierarchy in the activity system of blood donation—where earlier none existed—may have contributed to reestablishing the credibility of the blood donation system. The DHQ is in place to ensure the safety of the blood system so, even if there is a shortage, the blood that is available is completely safe. It is the job of other tools, genres, and members of the community to attract prospective donors and I address these functions and their contributions in chapter 5.

To improve the effectiveness of the qualification process, the DHQ is intended to be used with two other documents, a sheet called educational material and a medications list (The common DHQ, educational material, and medications list are shown in Appendix B). The educational material is given to the prospective donor to read prior to the administration of the DHQ. Once a prospective donor signs in at a center, he/she is provided with this material. It consists of a single printed sheet that stresses the need that the prospective donor be accurate and honest in providing information. It describes the process of donating and what will happen to the donor during the process. Finally it cautions the prospective donor to avoid donating if there is any possibility that he/she might have contracted the HIV/AIDS virus. While some earlier versions of the DHQ had avoided explicit discussion of sexual activities, to avoid embarrassment to prospective donors and in consideration of the gay community that included a high percentage of regular blood donors, the new common DHQ and the educational material are explicit and clear about the need to defer anyone whose recent sexual or social activities might have brought them into contact with the AIDS/HIV virus.

The educational material describes in explicit detail the sexual activities that might result in exposure to HIV/AIDS. It also provides a description of the symptoms associated with HIV/AIDS. The intention associated with the educational material is to encourage prospective donors who are at risk of having infections that could endanger the blood supply to withdraw. The educational material is to be read by each prospective donor, but it contains no questions that require a written response from him/her.

The medications list is the third separate type of material presented to the prospective donor as part of the completion of the DHQ. This list is presented shortly after the prospective donor begins the process of completing the DHQ (after the prospective donor answers question 3). The medications list currently consists of two sheets with the names of twelve types of medications that result in a deferral, and a separate section that provides an explanation for the need to defer a donor based on each of the medications. Next to each medication name is a brief elaboration explaining the purpose of the medication and why it might have been prescribed. The medications list differs from the DHQ and the educational material in that it includes a number of names of medications that are technical and specialty names, rather than plain English.

The FDA task force established in 2000 to develop the common questionnaire is ongoing and it has been exclusively devoted to the creation and revision of the DHQ. This was the first time that any type of coordinated effort was made to adopt a DHQ that would be standardized across all blood donation centers (Fridey, Townsend, Kessler, & Gregory, 2007, p. 184). At the inception of the task force, participants (FDA, AABB, ARC, ABC, CDC, and others) developed a “wish list” for use in making decisions about question and wording revisions. The list consisted of the following six elements:

1. Shorter questionnaire for all donors
2. Abbreviated questionnaire for repeat donors
3. Questions: easier to understand, less intrusive
4. Less repetition (written, oral)
5. Self-administered questionnaire
6. Validation of questions by proposing agency prior to recommending/ requiring (Frیده, 2002)

The DHQ was developed, extensive communication and attitude research among current and prospective donors confirmed its communication effectiveness, and final guidance was approved in 2006 by the FDA (Frیده, Townsend, Kessler, & Gregory, 2007, p. 181). Except for item 2, Abbreviated questionnaire for repeat donors, all these elements were incorporated into the final approved DHQ. A key issue to be recognized is that the DHQ is intended to be a dynamic, rather than a fixed document. It is “stabilized for the moment” but is subject to review and revision as the medical and research community recognizes new viruses and other threats to the blood supply. The blood donation intermediaries and the FDA have confidence that there will be new threats to the safety of the blood system and the ongoing task force allows for revisions to be made to respond to these threats (p. 202). However, the FDA has established limitations that prevent local centers from making any changes to the DHQ or to the order of the questions. This “freezing” of the common DHQ has the effect of rendering the activity system unresponsive to contradictions that might be observed or experienced in the local centers. According to Spinuzzi, “Since activity is constantly developing, official responses tend to become dated quickly, requiring even more local innovations” (p. 62). Local centers are allowed to append additional questions to the DHQ but only if the effect is to make screening of donors more stringent (p. 198).

The DHQ has been extensively tested to ensure that it communicates clearly and that no misunderstandings exist about the various elements. As Fairclough demonstrates (2001, p. 21)

there can be wide variation in the intentions present in a passage of text and the interpretation made by a reader. The extensive validation and user testing conducted on the DHQ was intended to eliminate or reduce the existence in any variance in interpretation. The DHQ is designed to be self-administered either via a written paper questionnaire or a computer-assisted format. In any event, the language has been developed and selected to the end that the prospective donor is able to clearly understand what is asked. For example, the questions in the left column below were replaced by those in the right column.

Old Questions

General medical questions

In the past 12 mo., have you been under a doctor's care or had a major illness or surgery?

Have you had chest pain, heart disease, recent or severe respiratory disease?

Have you ever had cancer, a blood disease, or a bleeding problem?

New Questions

Have you EVER. . .

Had any type of cancer, including leukemia?

Had any problem with your heart or lungs?

Had a bleeding condition or a blood disease?

If the prospective donor has any questions about the language or concepts in the DHQ, the educational material requests that he/she ask questions of the intermediary staff until the prospective donor is satisfied that they understand. When the DHQ is completed, the intermediaries make the assumption that the donor has provided accurate and truthful answers but there is no validation to confirm this. The system does its best to ask questions that will separate prospective healthy donors from those who may present a risk, but the quality of the blood system depends on the honesty and awareness of those who show up to donate.

## **The discourse of the Donor Health Questionnaire**

As discussed in chapter 2, I use Gee's discourse analysis methodology to probe the DHQ to understand what work it is doing. Gee's first step, the "semiotic building step" examines the social language used, and the language used in the DHQ is plain English as much as possible to ensure the ease of understanding by as wide a swath of the public as possible. The "world building step" considers the situated meanings of words and phrases and the DHQ is clearly centered in the culture of the healthcare system. This culture is communicated in the use of such words as "antibiotic," "medication," "infection," "aspirin," "blood," "vaccinations," and "smallpox," on the first page. This language is used because these terms are also in the lexicon of most of the adult public. Such language places the intermediaries clearly in the healthcare system and it reassures donors by affiliating donor centers and blood drives with the attributes of the healthcare system: professionalism, care, cleanliness, and order.

The "activity building step" involves understanding that the document is intended to qualify or disqualify the respondent from participating in immediate blood donation. The "socioculturally-situated identity and relationship building step" involves understanding relationships and roles. While continuing to defer prospective donors who have contracted malaria, cancer, heart and lung diseases (as was done in versions used before the advent of HIV/AIDS), in the current common DHQ, this step highlights the critical nature of the active gay male relationship as indicated by the fact that a quarter of the questions relate to direct and indirect male-to-male (M2M) sexual contact as a factor relating to the acceptability of the donor. The "political building" step recognizes the power and authority of both the FDA and the intermediaries to establish the acceptability

of prospective donors and acknowledge their status as “altruistic people” thus conferring on them a desirable status, and permanently denying such status to those who engage in M2M sexual activity.

Finally the “connection building” step involves examination of the current DHQ and comparing it to prior DHQ versions and to professional research articles related to various medical and social experiences and conditions. A number of conditions probed in early versions of the DHQ (malaria, heart disease, anemia, last time donated, body weight, pregnancy, drug addiction, etc.) have been recognized as ongoing dangers and continue to be queried. Other conditions such as skin disease, diabetes, allergies, etc., are now recognized as acceptable. Major changes include probing about HIV/AIDS, M2M sexual activity, Chagas, Creutzfeldt-Jakob disease, and questions about travel to or time spent in Africa or the UK. There are currently considerations to develop a brief DHQ for regular donors, and the considerations to modify the lifetime deferral of men involved in M2M sexual activity to a one-year deferral as established in a number of European countries.

**Gay men and blood donation.** The current DHQ, in response to the HIV/AIDS threat to the blood supply adds a number of questions and also allots most of the space on the education material to a presentation about HIV/AIDS. In the DHQ itself, a quarter of the 48 questions deal directly or indirectly with sexual activity. Other items relate to international travel and other activities that the FDA feels might be correlated with exposure to the HIV/AIDS virus or to people who have been exposed. Once a prospective donor has completed the DHQ and answered all questions with a “No” response, blood is drawn. In the event that any items were answered with a “Yes,” the local supervisor in

the center may ask clarifying questions or this may result in an immediate deferral. A deferral does not mean that an individual is permanently prohibited from giving blood. In some cases the deferral is temporary and once the deferral period is concluded, the individual may donate. Those who are permanently deferred include individuals with HIV/AIDS; intravenous drug users; hemophiliacs; those who had M2M sex since 1977; those with hepatitis, Chagas' disease, or babesiosis; those with cancer, heart or lung problems, a bleeding condition or a blood disease; those who have a relative with Creutzfeldt-Jakob disease; those who received a dura matter (brain matter) graft; or those who visited Africa.

Among some of those affected, permanent deferral has come to be viewed more as a civil rights issue than as a health issue. This is particularly true for sexually active gay men in that they face permanent deferral. The ban was first enacted by the FDA in March 1983, before the virus or its transmission vector was completely understood and it specified that, "sexually active homosexual or bisexual men with multiple partners" were deferred from donating (Galarneau, 2010, p. 30). The specifics of the ban were revised in 1992 to include, "men who have had sex with another man even one time since 1977" (p. 30). In light of medical and scientific facts developed since 1992, and diagnostic tests that are now available, all major intermediaries (ARC, AABB and ABC) have petitioned the FDA to relax the lifetime ban on gay men (Joint statement, 2006), but no change has been made. Medical and ethical authorities have written extensively on this subject and new tests (NAT testing), which are significantly more sensitive than antibody testing, have been developed. Eleftherios (2009) reported that using these tests can drastically reduce the risk, such that the error rate in failing to identify persons who are infected using NAT

testing is 1 in 10 million. Deferral periods for homosexual men in other countries have been reduced to one year since the last M2M sexual act, but in the US, fear of HIV/AIDS remains strong. Klugman (2010) cites the case of a gay man in Canada who, although HIV positive, lied about his condition and made 18 donations. Klugman asks,

Why is there a fear that men would lie to donate? After all, there is no human right to give blood. Nor is there a standing moral precept that prescribes giving blood as a categorical imperative. (p. 46)

In response, he references the strong case made by blood intermediaries that define morally virtuous people as those who donate blood and those who do not as not virtuous. Thus, the situation faced by sexually active gay males mirrors that of African Americans up to 1950. The decision of the FDA to deny them the opportunity to donate has rendered them unable, in this arena, to qualify as morally virtuous. Interestingly, questions of moral values are part of the healthcare system (Hippocratic Oath) but only as they apply to physicians and other healthcare workers.

Caplan (2010) attributes the unwillingness of the FDA to consider anything other than the lifetime ban on sexually active gay men, to the devastation caused by HIV/AIDS on the hemophiliac community. This community has an ongoing need for blood and blood products without which hemophiliacs face immobility and an early death. These factors result in this community (hemophiliacs) being a powerful lobbying force on the FDA.

The professional articles, regulation, and DHQ are all genres that define the structure of the blood donation system and its intermediaries. These also specify the acceptable characteristics of the donor and have the responsibility to ensure that the blood

that goes into the system is safe. It is the genre of advertising, public announcements, and mass media articles that is charged with motivating a sufficient number of prospective donors to come to blood drives to meet the ongoing needs of the system.

## Chapter 5

### Rhetoric and Appeals

In reality, gifts are permeated with obligation. While the “opening gift” may be given in comparative freedom, once a gift is given in return the givers/receivers become enmeshed in a never-resting cycle of offering and accepting.  
*T. H. Murray (1990)*

When I began work on this project, I had expectations about the cause of the shortage of blood donations and I had some ideas about how to go about correcting the shortfall. My expectations were based on my experience in the professional fields of market research and advertising. If donors were not visiting the blood centers often enough, my experience suggested that the problem would be found in ineffective advertising. I was confident that the solution would likely be discovered after I conducted behavior and attitude research among blood donors and non-donors. I expected to discover that there would be some combination of words and visual images that, like a “magic pill,” would generate the necessary motivation among prospective donors to result in sufficient donations to eliminate the ongoing blood shortages. My research has proven that the situation is much more complex than I had expected, and that attempts to increase donations must consider more, and different, issues than I had imagined I would confront. For example, research detailed in the Literature Review chapter has shown the ways in which the intermediaries construct donors and has suggested that the fact that they approach the donors individually rather than in groups may impact donation results. Another key issue is the framing of the donation of blood as a response to an emergency

rather than as a routine act by a normal person. By examining each of these issues I will be able to make a very complex system more transparent and amenable to improvement.

Appeals via mass media, internet, phone calls, posters, or mail are considered advertising. Other appeals such as feature articles in mass media that present blood donation as important or in a positive light are not considered advertising but public relations. Regardless of the specific designation, these genres of discourse are those that bear the responsibility of attracting both new members of the public and also reminding previous or regular donors to visit local blood centers and donate blood. These genres can be viewed as “deliberately constructed public policy campaign[s] that specifically intend to change people’s actions, to encourage people to modify their behavior” (White, 2004, p. 73). “If their goals are widely supported by the public and policymakers,” such campaigns are viewed as public service programs (Paisley, 2000, P. 3) that are viewed with less suspicion than are advertising appeals.

In comparison to the DHQ, which targets individuals who are in the blood center after having responded to some notice or appeal, the genres in this section are those tasked with driving the public to the blood donation centers. Recalling analysis in the section on DHQ, the power allocation in this section of the activity system is in the hands of the public rather than in those of the blood donation intermediaries. The genres examined in this chapter attempt to woo, cajole, shame, and demand that members of the public visit a blood donation center. In their messages, the intermediaries are prohibited by law from offering any compensation or items of value. Their messages, instead, address the “need” that exists, an ambiguous and impersonal claim that, for the blood

donation system to function, assumes the audience for its messages will acknowledge the claim as valid and that the request for donations must be honored.

Earlier in the dissertation, I referenced my expectations that there would be a “magic pill” of visuals and advertising copy that would be able to drive a sufficient number of donors to blood centers so as to solve the longstanding blood shortage. The first difficulty with my naïve expectation was the significant difference that exists between commercial advertising and public service messages.

**Commercial advertising versus blood donation appeals.** Prototypical commercial advertising promises specific and direct benefits to members of the public if they purchase an advertised product or service. For example, a TV ad for dishwashing liquid says, “Buy brand X dishwashing liquid to get that ‘See yourself’ shine for your dishes.” The purpose of this ad is not to convince someone who does not wash dishes to buy brand X, but to convince someone who already buys a dishwashing liquid to buy brand X rather than a competitive product.

Normally, the advertiser constructs the message in such a way that a member of the public, who uses dishwashing liquid, will conclude after viewing the message, that the benefits offered by brand X are more valuable or appealing to the buyer than are the benefits offered by a competing product. The advertiser spends substantial time and money constructing such messages, conducting consumer research, and tinkering with words and pictures to get the message exactly right. In most cases, the advertiser wants a member of the public to make a tiny change in behavior and/or attitude. The advertising campaign will be hailed as a success if a few more viewers of the ad select brand X rather than a competitor’s product during the period following the advertising campaign. Both

brand X and its competitor dishwashing liquids will provide good results or they would not be actively marketed.

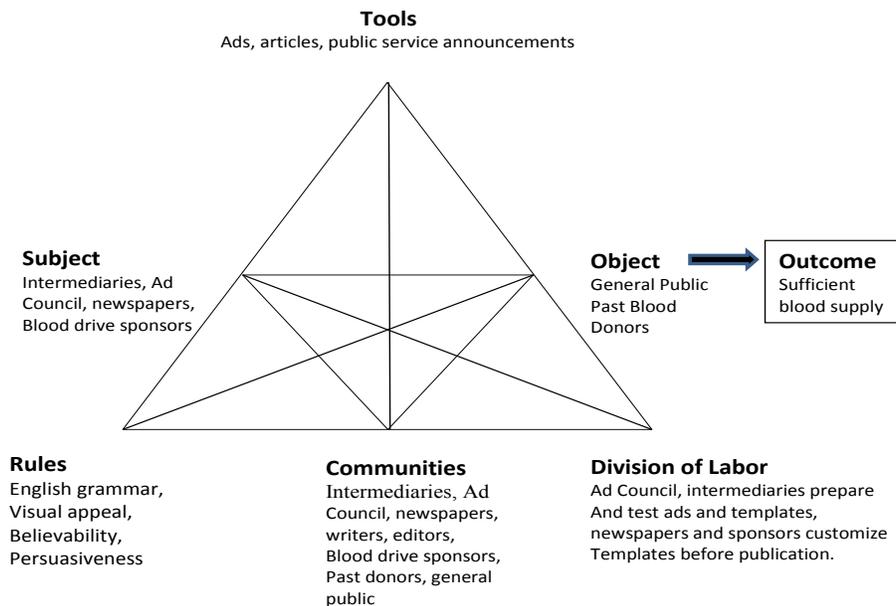
When a consumer makes the decision to buy brand X rather than the competing product, no extra trips to the store are required. No visit to a different store is necessary. No extra spending is required; only a willingness to select a different and comparable product during a regular shopping trip.

The job of the public service message is much broader and more difficult. According to Atkin, a researcher specializing in TV advertising and public service messages:

There are many reasons why [public service] campaigns do not have a strong impact. Audience resistance barriers arise at each stage of response, from exposure to behavioral implementation...key barriers include misperception of susceptibility to negative outcomes, deflection of persuasive appeals, denial of applicability to self, rejection of unappealing recommendations, and inertia or lethargy. (2001, p. 51)

In the case of blood donation advertising, the problem may be the issue of “inertia or lethargy.” The blood donation message asks the viewer to make a much more significant commitment than does the commercial for a consumer product. A person has to interrupt his/her normal activities and travel to a blood center or blood drive location normally during hours of the workday. Once the prospective donor arrives at the center, he/she may have to wait. Then after completion of the DHQ he/she may not be able to donate. If the prospective donor is allowed to donate, he/she must undergo, for some, a frightening and possibly painful procedure. Once that is completed, there is a possibility of fainting or becoming ill. Unless the donor’s home or work location is near a blood center or blood drive location, the entire experience can easily involve a two-hour

commitment. In summary, this process is out of the ordinary, time consuming, possibly unsuccessful, possibly painful, and possibly debilitating. Given the significance of the behavior change and level of commitment involved, it could require a very powerful and convincing message to result in a prospective donor making a decision to donate. The activity system that encompasses this genre is shown in Figure 5.1 below:



**Figure 5.1 Activity system of genres that persuade members of the public to donate blood**

The activity system shown above is representative of the current system and some of the elements in this system have been added/revised over time in response to changes in the environment. The Subject in this view of the system is largely the intermediaries (ARC and ABC), but also includes the ad council, media companies, and blood drive sponsors. These organizations plan and develop the Tools (ads, articles, announcements, brochures, telephone scripts) that are directed to the persuasion of the Objective (prospective blood donors). The Rules for this activity system are those of English

grammar, truth, visual appeal, believability, and persuasiveness. The Community involved in this activity system are all those involved as subjects and objects. The Division of Labor includes developing and testing ads, writing and editing articles and announcements, and scheduling blood drives. While the activity system of today is similar to earlier versions, both the system and the discourse of blood donation were very different in the period before WWII.

**Historical appeals for blood donations.** Newspapers have been critical in creating and helping to develop the blood donation system from the start. Early on (1880 to 1940), when a physician deemed a transfusion to be necessary, the first consideration for blood donation was usually the family or friends of the patient (Transfusion, 1883). But as the use of blood transfusions increased, donations from friends and relatives were an insufficient source and a “paid donor system evolved” (Telischi, 1974, p. 624). To meet the growing needs, doctors and hospitals in the early 1900s, ran classified ads to attract individuals to donate blood.

In the period before WWII all rhetorical appeals for blood donation consisted of classified ads appearing in newspapers. These were not display ads with large type and white space. Rather, they were small, crowded, with small typeface text. The salient patterns of these ads were; 1) a first line announcing a call for blood donation, 2) a short list of characteristics that the doctor or hospital wanted in donors, 3) an indication that the donor would be paid, 4) information about the hours and days of the week donors would be received, and 5) an address and/or phone number. What I found interesting in these classified ads was the fact that only men were solicited to donate. In addition, the doctors or hospitals soliciting for donations do not identify themselves. Even though some of the

ads indicate that they are soliciting for regular or “professional” donors, there is nothing in the ad to reassure the prospective donors as to the quality or reputation of the doctor or hospital where the blood would be taken. The two examples shown below are representative of the classified ads of the period.

Healthy man, 20 to 30 years old. Over 150 pounds. To give blood transfusion: reward: Thursday between 10 and 11. Doctor. 103 east 103<sup>rd</sup> street. (Classified, 1909, P. 6)

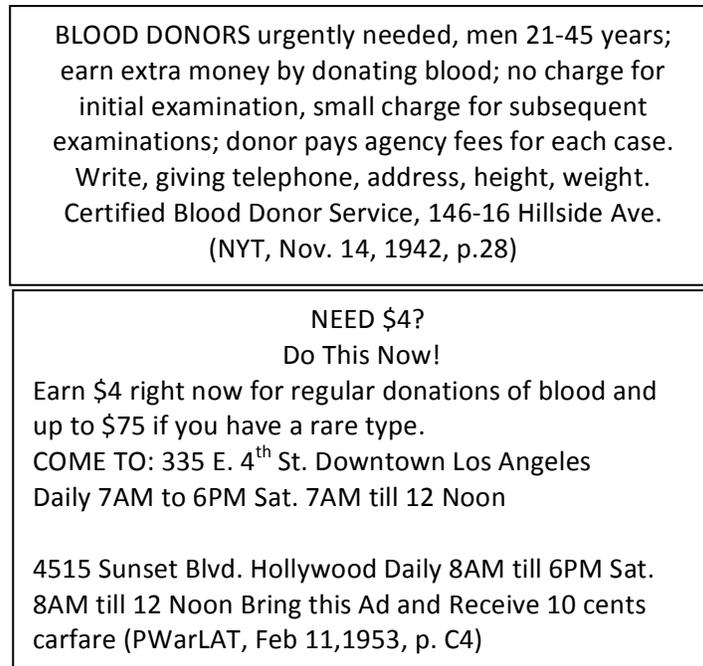
BLOOD DONORS-- Healthy men. 160 pounds or more to give blood. Urgently needed by the sick: must be easily reached by telephone: \$40 to \$41.50 paid for a transfusion: can see men from 7 to 8:30 P. M. Monday and Wednesday. For more information and examination. Second floor rear, 2 West 16<sup>th</sup> St. Telephone Chelsea 1974. (Classified, 1929; pg. W4.)

These two ads show the salient characteristics identified and, using Huckin’s Functional-rhetorical analysis, the only rhetorical appeal included is the “reward” in the first example, and the “\$40 to \$41.50 paid for a transfusion,” shown in the second example. The content of these ads served a recruiting and qualification function. The only requirements stated in the ads were that the donors be healthy, men, and over a designated weight. There is no rationale provided in these ads related to the requirements established. No explanation is provided for why donors should be male or over a minimum weight. Including a requirement that the donor must be healthy may have given the doctor collecting the blood an easy way to reject donors who appeared to be “skid row” residents, as they would later be characterized.

The second classified ad, above, also reflects the development of the “regular” or “professional” donor who must be accessible via telephone. At this time, donors were contacted when the doctor recognized that his patient would need a transfusion. The blood donation system

used, at this time, required the donor to be physically attached to an apparatus that drew blood directly from the donor and transferred it directly into the arm of the arm of the patient.

Classified ads continued to be used during and after WWII as shown in Figure 5.2, below.



**Figure 5.2 WWII and Post WWII Classified Ads for blood donation**

These ads were run after the blood donation system moved from the direct transfusion method to the blood banking system with blood stored for a period until needed. The first ad maintains the salient characteristics of the classified ads from before WWII, in its announcement of “Blood Donors” needed in the first line and the specification that the donors must be male and within an age range. However, it varies in providing language about examinations and discussing payments for examinations. It is also interesting in that it asks the prospective donor to write, rather than immediately visit or call. This ad is

also interesting in that it names the advertiser “Certified Blood Donor Services.” The only rhetorical appeals are the promise to “earn extra money” and possibly the name of the advertiser that may have been a well-known and well-regarded service at the time.

The second ad is somewhat different in that it is more blatant in its offer of payment and it contains no demographic characteristics as qualifications. It does not specify gender, age, weight, or health condition as was normal. It suggests that this opportunity is available for anyone, with no limitations. The rhetorical appeal is payment only.

These ads reveal the bifurcated nature of the blood donation system in the US during and after WWII. After the war, the ARC collected blood from free donors as it had done to support the military in WWII, while local blood banks, hospitals, and entrepreneurs continued to pay for blood, as they had done since before the war.

**Blood donation articles.** Because blood donation was new technology, concurrent with classified advertising, feature articles in newspapers presented blood donation as an unusual activity: an oddity worthy of attention. In the period before WWII, it was frequently presented as a human-interest story with an angle on personal sacrifice, amazing recovery, or heroic medical attention. The two examples shown in Figure 5.3, below, are news items appearing in the main news section of the newspapers.

DR. FRANK M. KEMP'S HEROISM

-----  
HE GIVES HIS BLOOD TO SAVE  
A POOR WOMAN'S LIFE

Kate Pomphrey, a servant, who is neither young nor pretty. Was overcome by gas—There being no other chance of saving her life, the young doctor insisted upon the transfusion of his own blood—the woman may live. (New York Times, Feb. 9, 1894, P. 9).

GAVE BLOOD TO ANOTHER

-----  
Toledo Man's Sacrifice Saved the Life  
Of His Friend.

Toledo, Ohio, Jan. 26. Through the remarkable surgical operation in the transfusion of blood. John Haas of this city is being brought back to health... (The Washington Post, Jan. 27, 1907, p. 9).

**Figure 5.3 Newspaper articles on blood donation**

The first example presents the doctor as a hero who subjected himself to donate blood to save the life of a patient who has no outstanding characteristics (a servant, who is neither young nor pretty) that would warrant unusual attention. In the second example, a man undergoes a “remarkable surgical operation” to save the life of his friend. In both of these examples, the donor is characterized in a very positive fashion (hero, sacrifice), and blood donation is described as a procedure that can save a life.

While it was an unintended consequence, the rhetorical function of such articles was to generate public awareness for the procedure of blood donation and blood transfusion, and they seem to have started the process of normalizing it. Moreover, blood donation was positioned in the public mind with only positive associations...heroism,

sacrifice, lifesaving, healthy. These associations would be called upon in advertising and public announcements as the need for blood increased over the years. The positive associations took on an added urgency as the US prepared for, and then entered WWII.

A major pre-war blood donation effort was the Blood for Britain program that was centered in the New York area and conducted by the ARC, that had no prior experience as an intermediary in blood donation (in Britain, the Red Cross was the intermediary that was charged with collecting blood donations across that country). In the Blood for Britain program, the ARC was charged with responsibility for attracting donors and the NY Blood Donation Betterment Association collected and processed the blood (Starr, 1998). This program enabled the ARC to gain the experience needed to become a participant in the blood donation service and to assume responsibility for the military's blood needs during WWII.

**WWII Blood donation appeals.** During the war, the ARC was active in publicizing the needs of the military for donated blood. The ARC used a number of ads to gain and maintain the attention of the public on the military's need for blood to supply soldiers at the front. The two WWII ads below, (Figure 5.4) are representative.



FIGURE 23.—Posters used by American Red Cross for recruiting blood donors.

#### Figure 5.4 World War II blood donor advertising 1943

The salient patterns in these ads are the simple drawing, the emotional, violent content, and small amount of text either in the headline or below the visual. They are interesting in that the ads do not provide extensive details; the emphasis is on the war effort and only on the war effort. They assume a level of personal commitment on the part of the public: recognition of a civic duty to give blood.

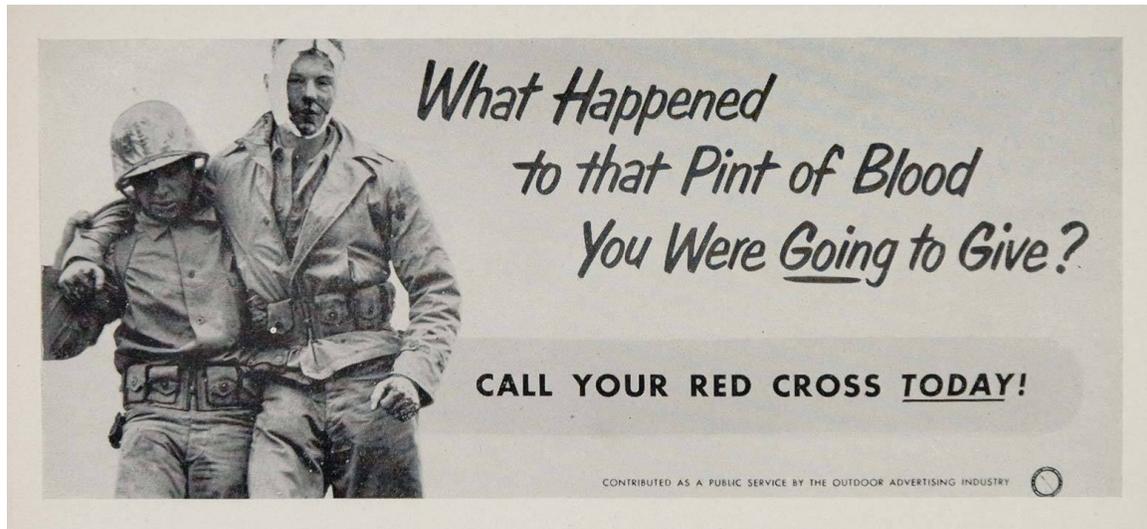
Each one uses a line drawing, emotional visuals, and headlines. The one on the left shows a badly injured soldier receiving first aid on a battlefield with the headline, “He gave his blood, Will you give yours?” This expresses the soldier’s reliance on the civilian donors at home and establishes a reason why a civilian should give blood; the soldier has already given his blood so it is the civilian’s duty to step up and do his/her part. To communicate the context, the visual shows an explosion in the background and a rifle in the foreground with its bayonet driven into the ground and a blood bag hung from

the stock with a tube running to the injured soldier's arm. All of the background is dark forcing the viewer to see only the soldier and the medic administering aid. This ad contains no other text. It does not include the name or the symbol of the ARC, even though it is an ad developed by the ARC. It provides no direction to the public, no address for a blood center and no further explanation. In its simplicity, the ad relies on the awareness and commitment of the public.

The ad on the right is also direct in its use of an image and language. The headline calls for "Blood for the armed forces" more as a way to characterize the need rather than make a direct appeal. The visual shows more of the environment and context than the ad on the left. An injured soldier is wrapped in a blanket and lying on a cot or litter. Two soldiers are administering aid and, again, the rifle with bayonet driven into the ground and supporting a bag of blood on the stock is shown in the foreground. In the background are a number of other figures and vehicles and a bomb blast can be seen in the distance. Below the visual, the text is direct and imperative. The reader is directed to "Enlist through your Union As a Red Cross Blood Donor." The term "enlist" directly connects the viewer to the soldier who has "enlisted" in the armed forces. Rather than donate as an individual the viewer is instructed to do so through "your union" to add home-front organizational support to the war effort. I pick up this idea later in Chapter 6.

These two ads are very direct in their messages, using pen and ink drawings to ensure that the viewer's eye is directed to the emotional heart of the ad, the injured soldier on the battlefield. The rhetorical appeal in these ads is emotional as they present the violence of war and the needs of the soldiers fighting for our country and appeal to the patriotism and sense of duty of those at home to support the troops by donating blood.

**Post WWII blood donation advertising.** The ad below (Figure 5.5) was used during the Korean War (1951). It is brief, emotional, and also presents blood donation as a civic duty.

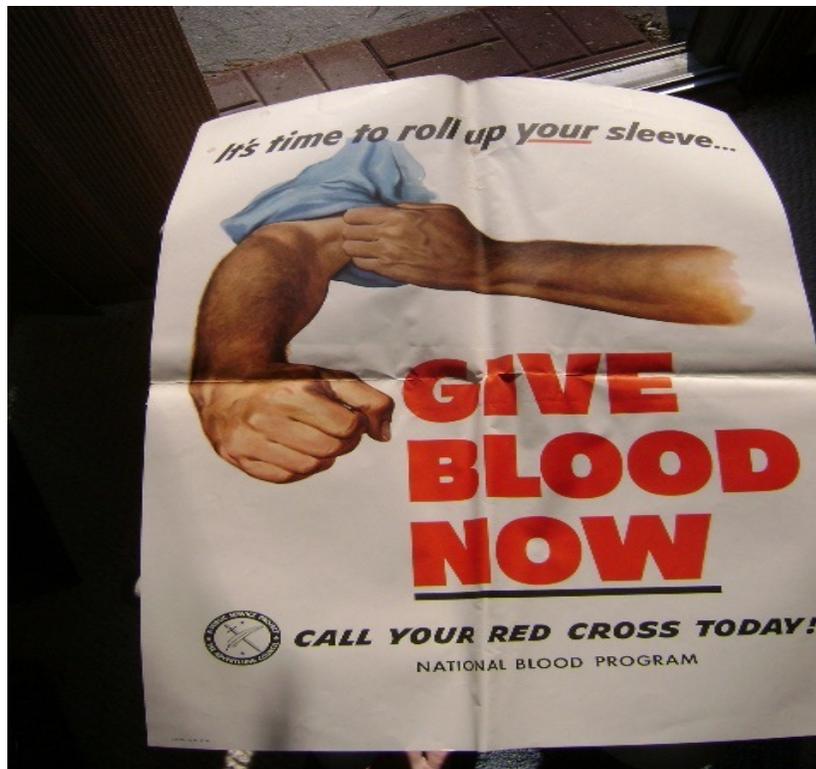


**Figure 5.5 Blood donation advertisement. 1951**

Both the Korean War and the WWII ads show military men in uniform in various levels of injury. The ad from the Korean War (1951) is not only direct, but it expresses the exasperation of the injured soldiers who need blood to regain their health so that they can return to battle. This ad is interesting because the injured soldier is being helped by a buddy and this suggests that he can rely on other soldiers but he also needs to be able to rely on the civilians at home. This ad differs from the WWII ads in that it uses a photo, and the wounded soldier is being helped to walk, rather than lying on the ground or on a litter. There is no context for the figures in the ad, no scenes of battle, just a blank background, perhaps in an effort to focus on the fact that the wounded soldier is apparently making eye contact with the viewer. The text of this ad (Call Your Red Cross Today!) is more directive and urgent than were the WWII ads shown earlier. This text

suggests a greater level of urgency and a lower level of confidence by the ARC that the public will participate. The rhetorical appeal of this ad is less to patriotic emotions and is more imperative than earlier wartime ads. This change in focus may be caused by the fact that public support for this war was much lower than was support for WWII.

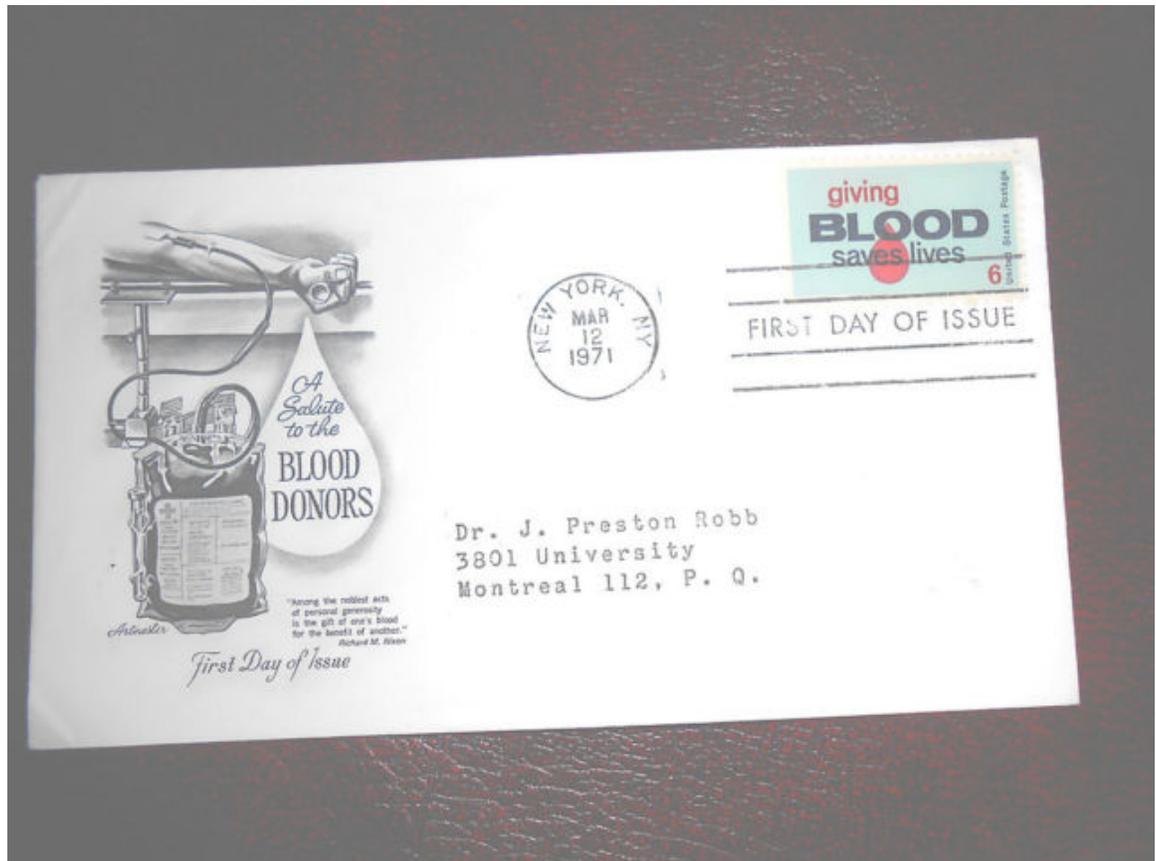
The 1964 print ad (Figure 5.6) shown below seems to be a peacetime ad; it is soliciting blood donations and no mention of war is made even though the US was involved in the beginnings of the Viet Nam war at that time. It uses a color illustration of a man's arm with the headline, "It's time to roll up your sleeve..." and then in very large red type and all caps, "GIVE BLOOD NOW." This ad varies significantly from earlier ads in a number of dimensions. First the focus of the ad is the donor, not the patient needing blood. Second it provides no reason for the viewer to donate other than an assertion that it is "Time to roll up your sleeve." No explanation is provided for why this is the time. Perhaps the ARC assumed that prior advertising had generated wide public awareness and understanding of the need for blood donation.



**Figure 5.6 Blood Donation Poster Advertisement 1964**

Third, this ad assumes that the public has a level of familiarity with blood donation. The headline will only make sense to the audience if there is general recognition that a donor must roll up a sleeve to give blood. The text also associates the giving of blood with strength and with hard work because these are also associations relating to rolling up of sleeves. The visual only shows the two arms of a man (clearly not a woman), with no other parts of the body or face visible, thus using the arms as a synecdoche to represent all blood donors. The rhetorical appeal of this ad is the demand to “give blood now,” with no support or reasons provided; the demand is straightforward and assumes that the public knows why to do it and acknowledges the need. The last line on the ad reads “National Blood Program,” which is clearly counter to the “community” focus that, as previously cited research suggests, is more appealing.

The ad below (Figure 5.7) can be compared to earlier ads to indicate the historical connections to prior periods.



**Figure 5.7 First day issue of Blood Donation stamp and envelope. 1971**

The envelope and stamp show public recognition of blood donors and show a pencil drawing of a man's arm having blood drawn into a blood bag. The drawing does not romanticize the activity nor does it focus on who the blood is for or how much they might need it. It is similar to the 1964 ad, Figure 5.6, in that the visual of a man's arm is used and the focus is on the donor. It is interesting and unique in that it recognizes and expresses appreciation to blood donors as a group; it "salutes" the donor for a worthwhile act. While all earlier ads examined appealed for donations, this is the first ad I examined that provides thanks to blood donors. From the perspective of the advertising activity

system, this ad is very different from earlier rhetorical appeals. Earlier ads were appeals for immediate action (donate now!), while this message is directed at a distant horizon. By publically thanking donors, the intermediary is valuing them and expressing this in the absence of an immediate appeal.

Unfortunately, another major difference from earlier ads is the visual itself. Research results reported earlier indicate the public's strong fear of needles and this ad ignores the warning from such research. The graphic representation of the donation apparatus may depict donors as even more admirable, but it also may reduce the appeal of the activity to those who have never donated before.

**Current advertising for blood donation.** Currently, ads appear less frequently in newspapers than do feature articles or announcements. Figure 5.8 is an example of ads that that appeared in the local newspaper in 2012.

 <p><b>American Red Cross</b> Mid-Atlantic Blood Services Region</p>	<p>To make an appointment to donate blood, please visit or call: <b>redcrossblood.org</b> <b>1-800-RED CROSS</b></p>				
<p><b>The American Red Cross Needs You to Donate Blood and Help Save Lives. Your donation may help save a child like Kodie.</b></p>					
	<table border="1"> <tr> <td data-bbox="529 558 711 604"><b>Kodie</b></td> <td data-bbox="717 558 867 604">Age: 4 Years Old</td> <td data-bbox="873 558 1062 604">Diagnosis: Neuroblastoma</td> <td data-bbox="1068 558 1435 604">Blood Products Needed: Whole Blood &amp; Platelets</td> </tr> </table> <p>In May 2009, Kodie was diagnosed with neuroblastoma, a rare cancer of the sympathetic nervous system usually found in young children. He received six chemotherapy treatments, five surgeries and numerous blood and platelet transfusions.</p> <p>Without blood donors, Kodie may not be here today. It is because of your generosity that Kodie is able to ride around on his red tricycle and be loved and held by his mother, father and older siblings.</p>	<b>Kodie</b>	Age: 4 Years Old	Diagnosis: Neuroblastoma	Blood Products Needed: Whole Blood & Platelets
<b>Kodie</b>	Age: 4 Years Old	Diagnosis: Neuroblastoma	Blood Products Needed: Whole Blood & Platelets		
<p>Please come out to one of the blood drives below, or make an appointment at: <b>redcrossblood.org   1-800-RED CROSS</b></p> <table border="1"> <tr> <td data-bbox="363 907 812 982"> <p>Friday, September 23 <b>Eastern North Carolina Donor Center</b> 700 Cromwell Dr., Greenville 12:00pm – 6:00pm</p> </td> <td data-bbox="912 907 1295 982"> <p>Saturday, September 24 <b>Community Christian Church</b> 1104 North Memorial Dr., Greenville 9:00am – 2:00pm</p> </td> </tr> <tr> <td data-bbox="363 999 812 1075"> <p>Saturday, September 24 <b>Eastern North Carolina Donor Center</b> 700 Cromwell Dr., Greenville 9:00am – 3:00pm</p> </td> <td data-bbox="873 999 1328 1075"> <p>Saturday, September 24 <b>St. Paul Pentecostal Holiness Church</b> 3251 E 10th St., Greenville 12:00pm – 3:00pm</p> </td> </tr> </table>		<p>Friday, September 23 <b>Eastern North Carolina Donor Center</b> 700 Cromwell Dr., Greenville 12:00pm – 6:00pm</p>	<p>Saturday, September 24 <b>Community Christian Church</b> 1104 North Memorial Dr., Greenville 9:00am – 2:00pm</p>	<p>Saturday, September 24 <b>Eastern North Carolina Donor Center</b> 700 Cromwell Dr., Greenville 9:00am – 3:00pm</p>	<p>Saturday, September 24 <b>St. Paul Pentecostal Holiness Church</b> 3251 E 10th St., Greenville 12:00pm – 3:00pm</p>
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<p><b>ALL BLOOD TYPES ARE NEEDED, ESPECIALLY TYPES O &amp; B</b></p>					

**Figure 5.8 American Red Cross Newspaper Advertisement**

This ad occupies a half page in the newspaper and is divided into three sections, each of which is surrounded by a black border. The ad is printed in both black and red and each of the three sections contain elements in both black and red. The top section contains the symbol and the name of the American Red Cross in the left half of the bordered section. The symbol is in red and all text is black against a white background. The placement of the symbol in the upper left corner of the ad ensures that all viewers will see the symbol first, which will prevent public confusion in the event that some might see it as a “missing child” notice.

In the right half of this top section, the background is red; black and white type is used to provide information about scheduling an appointment to donate blood. The red background and the white text calls attention to the URL and the phone number for the American Red Cross. The middle section seems to be organized like a medical case file with a snapshot of a smiling, vulnerable looking Kodie on the left. On the right of the snapshot is a story that expresses the case study of the four-year-old child, who is suffering from a serious illness that requires extensive medical treatment and blood transfusions. The headline of this section, in red type, expresses the need of the ARC for “you to donate blood and help save lives.” But then the sub-headline admits that “your donation may (my emphasis) help save a child like Kodie.” The use of the modal “may” rather than “will” relieves the burden on the ARC to use “my” blood to help a child like Kodie. Having my blood used to help a child like Kodie is only a possibility, not a commitment. Once an individual donor’s blood goes into the system, it is fungible; there is no way to be sure who receives any particular individual’s blood.

The bottom third of the ad lists a number of locations, dates, and times on which blood drives will be held. It also appeals for all types of blood, especially types O and B. This ad is significantly different and more complex than earlier ads. The amount of text included is much greater than earlier ads. It is interesting in that it presents a story of a single, named individual rather than an unnamed person. Rather than focus on a type of recipient, this ad provides great specificity about a single individual. Kodie’s medical situation is explained in detail and the rhetorical appeal is emotional in that it asks the reader to help a vulnerable child. Compared to the wartime ads which focused on representative wounded soldiers and counted on patriotism to generate a response, this ad

uses the snapshot and the details about the child to appeal to the caring instinct for the helpless and vulnerable among us.

**Current newspaper articles/public announcements.** The source of almost all of the newspaper discourse aimed at prospective donors is the blood system intermediary serving that area. Occasionally an obituary mentions that the deceased was a regular blood donor, or a feature article mentions the recovery of a local person thanks to a blood transfusion, or a news article mentions the cancellation of many blood drives due to a severe storm. But in most cases, an article about blood donation is a thinly veiled press release produced by the intermediary and in the great majority of cases it is simply a listing or announcement within a “local events” or a “community calendar” section that announces only the dates, locations, times, and sometimes the sponsors of upcoming blood drives.

**Public announcements.** In many areas, local newspapers have a regular section that provides a brief summary of upcoming local community events, and local blood drives are included with other events such as:

- distribution of new/gently used coats to needy children
- Fire/EMS hosts its annual Christmas Parade
- Community Tree Lighting Ceremony
- Bowling Extravaganza fundraiser
- Kennel Club meets

Such sections in local newspapers featuring local events limit the information provided so each mention contains no more than three to four lines of text. Some of these announcements for blood drives are composed by a local organization such as a service club, a company, or a church if that organization is sponsoring the event. Sometimes the announcement includes the name of the sponsoring organization. Otherwise, these

announcements contain no rhetorical appeals or arguments intended to convince readers to donate. They seem to assume that members of the public want to donate and all they need is information about where and when to go. The example shown below is representative of announcements for blood drives.

Blood drive in Winterville--The Winterville Ruritan Club and the Winterville Baptist Church will hold a blood drive from 3-7 p.m. at the church. For more information, call Tony Moore at xxx-xxxx (Daily Reflector, 2012, p. B2)

This announcement for a blood drive identifies the sponsors of the event and it states the time of day when donations will be accepted. This announcement does not state the date which suggests it will occur on the day the newspaper was issued. The announcement also does not list the address of the blood drive and this suggests that the ad is directed to those who know the location of the church.

In addition to announcements, news articles and features that relate to blood donation include both articles developed by the intermediary public relations staff and also articles developed by reporters working for local newspapers.

**Newspaper articles.** Articles mostly cluster into three main types:

1. A warning that blood supplies are low
2. An admiring piece about someone who donates or convinces others to do so
3. An informative article that explains how blood is used

While newspaper articles tend to cluster into these three formats, such articles include both original compositions and also customizable pieces prepared by the intermediary for use as a template (An example is shown in Appendix C4).

In 2012, a number of articles included material dealing with severe storms that had caused property destruction, injuries, and the cancellation of a large number of blood drives. In this case, information about the storm forms the “interestingness” around which

intermediary public relations staff and local newspaper reporters can construct newsworthy articles that are, in reality, appeals to the public to come to a local blood drive. A common element in many of these articles is language that places the blood drive in a context of uniqueness or special situation. Language excerpted from a number of articles includes the following lexical elements; “critical need,” “dire need,” “current shortage,” “drastic drop in recent donations,” “emergency levels,” and “must collect.” The language in each of these examples seems to stress the unusualness of the situation.

At first glance, one might conclude that the intermediary has done a poor job of planning or managing its own business. Successful organizations normally know the variables that impact on their operations and they establish programs and policies to ensure that they have deployed the resources in the best manner to make sure that they do not often face emergencies, shortages, dire conditions, etc. Because the blood donation system intermediaries routinely justify blood drives by the use of such “emergency” language, there may be skepticism on the part of the public about the quality of management at the intermediaries themselves. In any event, it suggests that there are operational problems. In those instances that the public views as real emergencies (i. e. 9-11, war needs) the response of the American public is generous. Moreover, contrasting the unusualness of the language in the newspaper articles about the blood donation system against the frequency and normalcy of blood drives causes a dissonance; the operation of the blood center consists of a schedule of regular blood drives. Describing the situation as emergency or using other exceptional language may be interpreted by some members of the public as “crying wolf.”

Below I have excerpted from a bylined article published shortly after Hurricane Sandy, and several paragraphs include a number of points that are routinely incorporated in newspaper articles on the subject of blood donation. This excerpt is representative on a number of levels. It shows the freedom that the local reporter has to insert topical and local references. The need for blood is emphasized in the first sentence. It includes a reference to a specific location, date and time of an upcoming blood drive. A short-term reason to donate now (gift card) is also presented.

While seasons are a constant change, one thing that never changes, unfortunately, is the need for blood by the American Red Cross.

There seems to always be more needs than blood available, so blood drives are routinely held here in Perquimans County to help make sure blood is available when needed.

The public blood drive will be held Nov. 1 from 2-7 p.m. at the county recreation center. Our goal this time is collect 37 units of blood.

Donors will even have a chance to enter a drawing for a \$1,000 gift card useable towards gas, rent, food, or just tickets to a favorite concert or sporting event.

According to the American Red Cross, this "Give Something That Means Something" promotion which runs through Dec. 31, gives each person who presents to donate blood or platelets a chance to win a \$1,000 American Express gift card.

While you may enjoy winning a wonderful gift card, giving the gift of life is by far the most important gift of all.

This year you can even schedule an appointment to give blood rather than just showing up and taking the chance of having to wait in line. (Cathy, 2012)

The first sentence from this excerpt presents a fact: the constant need for blood by the blood donation intermediary. The next sentence places this need in context and also localizes it to focus the context for the reader (this is not just a national problem; it affects us here locally). The third sentence announces the date, time, and location of an upcoming blood drive and specifies the goal. The fourth sentence announces a reason to

act now; a \$1000 gift card. The fourth and fifth sentences make the promotion details confusing because sentence four states, “Donors will even have a chance to enter...” then sentence five states, “each person who presents to donate blood or platelets...” These two sentences establish conditions that are not the same. Sentence six then diminishes the value of the incentive or calls into question the values of a person who disagrees with the writer about what is really important. Finally, the last sentence provides information about a new opportunity to call ahead and schedule an appointment, rather than having to show up at a center and wait. The ARC press release from which the above article is adapted is shown in Appendix C4.

Two points of rhetorical interest in this article warrant further analysis: first, the introductory sentence expresses the fact that donated blood is a routine need; this appeal is not the result of some unforeseen emergency but results from normal conditions. This sentence also states that it is the American Red Cross that needs the blood, rather than a trauma or disease patient and this makes administrative need equivalent to medical need. From the perspective of the activity system, the ARC has positioned itself as both the subject and the object of the system, replacing an injured or ill patient as the object. Second, the drawing for a \$1000 gift card provides the donor a “chance” for compensation even though direct payment for blood donation is prohibited. From the perspective of a donor, the chance to win is similar to a commitment to pay for a donation and from experience we know that this is an effective rhetorical appeal. Apparently the authorities consider the use of a game or drawing to be acceptable though a direct payment is prohibited.

This excerpt is representative of many newspaper articles that attempt to communicate multiple points related to blood donation in a brief space. Such materials are often created by the intermediary but they are tailored by local conditions and sensibilities. Because they are prepared as newspaper templates, these materials are delivered to newspapers as plain text that local newspapers can “localize” with specific elements to increase local appeal. Together, newspaper articles and blood drive announcements account for the largest number of messages to the general public to inform and encourage them to visit and donate blood today. Other media alternatives using much more polished and produced materials are used to interact with current or recent donors and these include direct mail brochures and phone solicitations.

**Direct mail brochures.** Once an individual donates blood, their information is incorporated into the local blood donation intermediary database and they receive direct mail brochures from the intermediary several times a year. The direct mail material is much more “produced” than newspaper announcements and articles in that it includes color, design, visuals, and is produced to maximize its rhetorical effectiveness. The brochures used in my area of eastern North Carolina are produced by ARC and consist of a folded 8-1/2” by 11” heavy stock sheet (See Appendix C5 for a copy of a representative direct mail brochure). Material appears to be sent out monthly in that many of the pieces include a text box that says, “Donors needed in August!” (or the name of the current month). The mailing piece for August is examined here as a representative sample of the direct mail material. It is printed on two sides and consists of four 8-1/2” by 5-1/2” panels.

The panel that includes the donor's name and address also includes other rhetorical elements. It is divided into two halves and the address information is located on the right half along with an ARC name and logo and also the mailing permit information. My blood type is "O" and this information has been incorporated into the data record because there are two mentions of how much my blood type is needed. Directly below my address is the statement "O, How we need you! Donate Blood." On the left half of this panel is an attractive photo of two casually dressed, smiling adults: a white man and an African American woman. Below their photo are two colored boxes. In the first is the text "Why be ordinary?" In the box below it is the text "Be ExtraOrdinary. Donate blood." The letter O in the word "extraordinary" is emphasized by red color while the other text is in white. ARC's use of this language constructs the blood donor as part of an unusual group. Blood donors are rare and blood donation is not a normal, routine activity.

The two panels inside the folded sheet contain a short article about an athlete whose life was saved by blood donations. The story is very traumatic (lost 60% of his blood, internal organs pulverized, died 8 times, needed 36 blood transfusions) and the detail provided shows what a serious and unusual case this was. There is an apparent symmetry between the rarity of the donor and the level of trauma suffered by the athlete in the example. The remaining elements on these two panels describe a rewards club from which donors receive points that can be redeemed but no details on the program are provided. Also on the inside panels is an announcement that donors can receive a free haircut at SportClips. On the fourth panel, dates, locations, and times of four local blood drives are shown.

The rewards club and the availability of a free haircut for blood donors present other examples of acceptable ways to provide compensation to blood donors. Although the value of the rewards points or a haircut might be less than the value of a unit of blood, it still amounts to something of value. Perhaps more important is the fact that this offer is being made to previous donors rather than to the general public, possibly in recognition that even past donors need a push to take action and donate.

The mailings are sent to prior donors so the material is produced to maximize the rhetorical appeal. The most persuasive material in the piece is the article about a young athlete whose life was saved and who continues to compete in grueling Ironman competitions. While such a story is powerful, it differs from the stories and visuals presented in the Korean War and WWII ads. In those ads, the injured soldier was a symbol of the nation and the nation's involvement in a distant war. By giving blood, not only would we be saving the lives of injured soldiers, but we would also be supporting the nation. Civilians at home did not participate in battle, but could help in one important way by donating blood. The story in the direct mail brochure is different in that it focuses on the personal health problems of a specific, private individual as was also seen in the newspaper ad featuring Kodie.

This story, in its seriousness and miraculous recovery, is very unusual. It qualifies as an emergency and—to the patient's friends and relatives—it surely was viewed as such. But if the ARC wants to appeal to past donors and have them return several times a year to donate, the use of such a story may not be the message needed. This story, combined with the request to “Be ExtraOrdinary,” seems to deliver a message that blood donation is an unusual activity, not one that is routine. The idea that donation is not

routine is also reflected in the suggestion to “Be a hero” that is frequently inserted in ARC blood donation materials. In general usage, the term “hero” refers to a mythological or legendary figure, often of divine descent, and endowed with great strength or ability (Merriam Webster); or a person, typically a man, who is admired for his courage, outstanding achievements, or noble qualities (Oxford). Of concern in this analysis is the unusualness of the hero; he is the exception, rather than the rule. Constructing the blood donor as hero reinforces the idea and the behavior pattern that has both existing donors and new donors showing up in cases of national emergency but mostly not participating on a regular basis.

In addition to direct mail brochures, another type of rhetorical message directed at past donors is the telephone solicitation.

**Telephone Calls.** Intermediaries use two types of telephone calls to solicit repeat donations from blood donors. Standard outbound telemarketing calls are one type and this type uses a live operator who asks for a past donor by name and solicits agreement to schedule an appointment to give blood. The other type of call is the pre-recorded telephone message (robo-call) that is also used to contact prior donors and notify them of upcoming blood drives.

On Dec. 20, 2012, I received a call from Beth (no last name given) who asked for me by my first name and announced that she was calling “on behalf of the American Red Cross.” This wording indicates that the caller is not an employee of ARC but is a contractor or a worker in an outside telemarketing company. By using only her first name and my first name, a level of informality was established, as was the idea that we were friends or acquaintances. She thanked me for my past donations and told me that there are

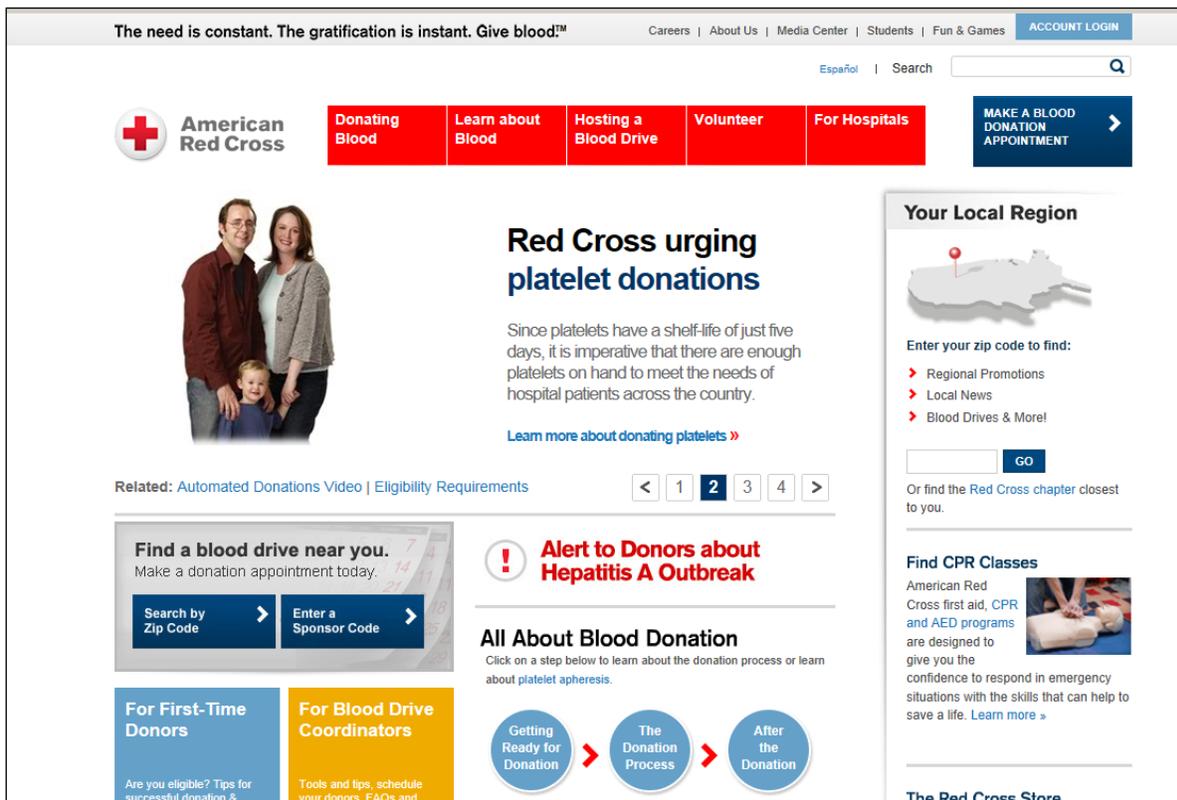
patients in the local hospital whose surgeries are being delayed because of a lack of blood. She told me that a blood drive was scheduled outside the local Bath and Body Works for Dec 24 and another was scheduled for Dec. 27 at the First Church of Christ and then she asked, “Which one can I make you an appointment for?” Her assumption was that I would donate and she offered a choice of dates. This is a proven method for gaining agreement in sales situations: to offer a choice between two alternatives rather than have a prospect say yes or no to a single alternative.

Attached in Appendix C3 is a transcript of three robo-calls I received during a one-month period. This is not a phone call in which a conversation takes place. It is a pre-recorded message that functions in the same manner as an ad in that all of the communication is in one direction. The three calls show a range of elements included in such calls. Two rhetorical techniques were used to add credibility. In the first call, a local celebrity (meteorologist Steve Stuart) identified himself and integrated references to a recent hurricane to the need for blood donations. The hurricane had forced cancellation of many blood drives and he reported that this made the need even more urgent. He referred to patients in local hospitals who need blood as a way to connect blood donation to community affiliation and spirit.

The second technique, in call 3, sought to establish rapport by increasing the personalization of the call. The caller introduced herself by her first name, Denise, and said the message was for Doug, my first name. She thanked me for past donations and specified the time, date, and location of an upcoming blood drive in my community. This was a very positive message. She thanked me twice, addressed me by name, and said it would be “wonderful” if I joined them at the blood drive.

The other robo-call was more generic in its message and approach. It opened with a fact—every two seconds someone...needs a blood transfusion—and then confessed that without volunteers like me they can't meet the need. The caller then provided location, date, and time for a local blood drive. It would be interesting to see results of these three robo-calls because I would expect fewer donors would respond to the generic call than to the other two. Both the celebrity spokesman and the personalization of the call are likely to result in people staying on the line rather than immediately hanging up when they recognize it as a robo-call. The message in both types of phone solicitations is the same in that they assume, because people have donated before, they will donate again upon request. The caller provides no reason that a person should donate other than there is a need. The ARC seems to believe that their need is sufficient to motivate people they call to donate. I examine this belief at greater length later in this chapter.

**Internet.** Each blood donation intermediary has its own internet site with extensive material for the medical profession, blood system professionals, volunteers, and for the public and all segments of donors. For this project I am only interested in the material related to donors and prospective donors. Even when the material directed only at prospective donors is the focus, there is still a substantial quantity of material on each site. The homepage of the ARC blood donation website (<http://www.redcrossblood.org/>) shown below (Figure 5.9), is very busy with many different points and visual images.



**Figure 5.9 American Red Cross Blood Donation website (5/18/2013)**

Even though the homepage includes a number of links, the user must scroll down to view all the material on the homepage. Also the page contains a wide variety of information and a good deal of duplication. For example, two places on the homepage offer to show upcoming blood drives near a designated zip code. In four places it states the idea, “Give Something That Means Something.”

At the top edge of the homepage, is the following line, “The need is constant. The gratification is instant. Give blood.™” The line is trademarked suggesting that it is a slogan or a statement that the ARC values and intends to protect and use on a continuing basis. The first sentence of the statement expresses the concept that there is an ongoing

need for blood for day-to-day use in the healthcare system. The sentence nominalizes and reifies “the need” so it can be expressed without stating specifically what is needed. What is needed is, of course, implied from the sponsor of the website and the surrounding visual and textual elements. The sentence is important because it announces that the organization exists to meet ongoing, routine needs rather than unpredictable emergencies.

This mission is different from the historic mission of the ARC as “serving as a disaster relief organization for the United States” (Kosar, 2006, p. CRS-4). It also differs from the implication of the references to “hero” and “extraordinary” which present blood donation as anything but routine or normal.

The upper left corner of the homepage prominently displays the Red Cross logo and the “American Red Cross” name. Major donor-related links in the banner include Donating Blood, Learn about Blood, Hosting a Blood Drive, and Volunteer. Below the logo and the links the site presents a slide show of four slides that automatically advance at a six-second interval. Each of the slides is targeted at donors and each combines visual and textual elements. The visual element in three of the slides consists of photos of attractive, smiling people, and one shows a cartoon of Keebler Cookie elves. Each of the slides contains a link to find out more about the subject of the slide.

- The first slide shows a mature couple holding a wrapped gift and the headline is “Give blood: Give hope.” Against a white background, the first two words are in red type and the second two are in black. Below the headline in smaller type are two sentences referencing the holiday season and the fact that a pint of blood can save three lives. Dissonance is established between the text and the visual. The visual shows characters holding a wrapped Christmas gift while the text implies

that donating blood is much more valuable than giving someone a wrapped present. The link on this slide offers more information about making an appointment to donate.

- The second slide shows a young couple standing with a 3-4 year old boy. Each character is smiling. The headline for this slide is “Red Cross Urging platelet donations.” The text below states that the shelf life of platelets is five days, and “it is imperative that there are enough platelets on hand to meet the needs of hospital patients across the country” (ARC b). Neither the headline nor the text explains what platelets are or what they do but the link directs the viewer to “Learn more about donating platelets.” Perhaps more importantly, the text refers to “across the country” as the context for platelet donation and this strongly differs with the message of other ads and messages that claim that donations are needed to satisfy local needs within the community.
- The third slide shows a Keebler elf cartoon character and a part of the cartoon says “Be a good cookie. Donate blood.” The headline of this slide is “A Very Sweet Team,” and the text below describes the partnership between Keebler and ARC and promises a Keebler cookie when you give blood. When the link is checked, the material presented is more fanciful information from the Keebler elf.
- The fourth slide contains a photo of a smiling woman with a headline, “Host a blood drive and make a difference.” The text below says you will be a hero if you host a blood drive. Use of the “hero” terminology again calls up the unusualness and rarity of blood donation, rather than positioning it as routine and normal. The

link directs the viewer to more information about why to host a blood drive, how to do it, and what the host is expected to do.

Below the slide show are a number of other elements including a second reference to hosting a blood drive and there are specific links for various types of donors including first time donors, student donors and the entire blood donor community. Information on eligibility for donating blood and also a number of first person stories about blood donors are shown. The general impression is that of a hodge-podge where the concern seemed to be to fill up space and include as many elements as possible rather than trying to construct a clear and convincing message.

In contrast is the website for America's Blood Centers (ABC), the organization that collects almost all the blood in the US that is not collected by the ARC. This website (<http://www.americasblood.org/>) is much simpler and contains much less information than is shown on the ARC website. This website shows its logo, a stylized blood drop in red, white, and blue with a white star superimposed within the drop. The slogan on the site is "It's About Life" and the slogan is repeated three times on the homepage. Major links are shown along the left border of the page and in the center is a 30-second video consisting of a number of visual images of young people giving various things. The video has no spoken audio, only a music background. The lack of speech is itself attention getting and the message is an attempt to persuade young people to give blood. Along the right side of the homepage is the statement "One out of every 7 people entering a hospital needs blood," which provides a rationale and metric to quantify the magnitude of blood needed. The only other elements on the home page are a paragraph offering and describing the ABC professional journal and an announcement that ABC has a

scholarship program for student donors. This website is much more focused and limited than that of the ARC.

Other than information for prospective blood donors, the website also provides information for member blood centers and information about the Foundation of ABC where funds can be donated to support the work of ABC. The ABC website is simpler and clearer, but as a rhetorical device, it is only marginally better than the ARC website and that is only because it is simpler.

**Television.** TV advertising is the primary source of advertising in the US, and both ARC and ABC have material on their websites that can be used to deliver their messages through this medium. The ABC video on its website appears to be a fully produced commercial that could be used on TV to support blood donation without any modification. On the ARC website, a number of videos are available for review, but even though this is the ARC blood services website, all of them describe the work done by ARC in the area of disaster relief, not blood donation.

TV seems to be less appropriate as a medium for blood donation advertising than it is for other commercial and public service announcements because it is difficult to modify a TV commercial for a local market to include mention of local issues and problems. Also there are fewer TV outlets and those outlets are in larger cities. Messages intended for smaller towns cannot be economically developed and used in TV commercials.

## **Rhetorical Implications**

Examination of the rhetoric used to support blood donation in all types of media and directed at all types of donors shows that intermediaries view altruism as the primary

motivating factor that drives blood donation. Some professional discourse has explored alternate motives (self efficacy, group activity), but altruism continues to be the de facto choice. In many messages no clear reason to donate is stated; messages often report a shortage, or tell a story about someone benefiting from receiving blood, or claim that people who give blood are heroes, but I have seen no ads, announcements, or messages that clearly state that altruism is the reason that someone should donate. Healy (2000, 2006) also objects to the language used in current messages such as referring to donors as heroes or extraordinary people because this sets up donors as an elite or morally superior group. “Ideas of...exceptional or even heroic behavior feature heavily in donation promotions, whereas many individuals do not acknowledge these qualities as part of their lives” (Belda Suarez et al., 2004, p. 1445).

The idea that altruism is the primary support for blood donation has dominated the discussion of blood donation within the intermediaries since Titmuss, but the word altruism is never used in announcements, ads, or other material directed to the public as the reason why donors are expected to give blood. Instead, the word used is “gift” or “give” such that the articles, ads, brochures, or phone calls can be interpreted either as a demand or as an invitation.

**Blood Donation as a “Gift.”** Presenting the need for blood in the context of “gift” is radically at odds with the cultural experience of people. The procedure for donating blood involves visiting a blood center, subjecting yourself to a possibly humiliating interrogation, and then having an anonymous technician draw your blood and send it to a faceless intermediary that can use your blood for whatever it wants. The intermediary is

under no requirements to use your blood to help “Kodie” or children like him, or for an injured athlete. The donor has no way of knowing to what use his/her blood is put.

A key use of a gift is in building a community and while the ARC views its blood service as community based, it uses the word community in a different context. In its publications, ARC acknowledges that it sees blood as a community resource because it is provided freely to all who need it, regardless of the quantity of their need. The ARC assumes that the community will, over time, replace the blood used so there is not any individual responsibility to replace blood used. This assumption seems acceptable as long as the donation system itself is community based and that community members have confidence that the blood they donate will help their neighbors.

The historical view of community as expressed by Mauss and others (Game & Metcalfe, 2010; Laidlaw, 2000; Derrida, 1992; Gregory, 1982; Schwartz, 1967) is related to the sense of an ongoing matrix of mutual obligations. Giving of a gift establishes obligations to reciprocate at some time in the future. Over time, the giving of gifts and receipt of gifts forms and strengthens relationships that create a community. “Gifts are one of the ways in which the pictures that others have of us in their minds are transmitted” (Schwartz, 1967, p. 1). For this practice to operate as Mauss describes it, the giver and receiver must know each other and must acknowledge the gift. These mutual obligations are powerful and effective in building communities. However, the current blood system does not function in this manner.

A donor arrives at a blood center and has a unit of blood drawn by a stranger. The blood goes into a system to be used or discarded based on the needs of the system. The system recognizes the effort of the donor and provides courtesy and cookies and juice,

but there is no acknowledged obligation to return the blood. A more appropriate analogy might be going to the Exxon station to fill up with gas. Both these activities involve fluids and containers, but neither works to establish community in the same way that presentation of birthday or Christmas or wedding gifts establishes community. This lack of mutuality may be at the root of the difficulty that blood banks have in recruiting new donors and motivating one-time donors to return. There is an inherent contradiction in a “national blood system” and a “community blood system.”

For the blood donation system to function effectively the intermediaries must succeed in attracting new donors and persuading them to continue donating. This is clearly a rhetorical mission and one that has not been accomplished very well to date. One possibility is that framing the act of donation as a gift may need to be addressed.

## **Framing Theory**

As referenced earlier, the word altruism is absent from that part of the discourse of blood donation that is directed to the public and the term “gift” or “give” has been substituted. This word, purposely selected by the blood donation intermediaries has, as a result, framed the act of donating blood. As analyzed by Chong & Druckman, discussion of framing in this context is appropriate because mass media is used to present this appeal to the public (2007, p. 100). Viewed from the perspective of the writer or presenter, a frame refers to the words, images, phrases, and presentation styles that a speaker or writer uses when relaying information about an issue or event to an audience (Gamson & Modigliani, 1987, 1989). Viewed from the perspective of the viewer or reader of rhetorical material, a frame refers to an individual’s perspective or understanding of a given situation (Goffman, 1974). Entman offers a more developed description of framing:

To frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described. (1993, p. 52)

How effective the frame is depends on both the salience of the message in the text and the existing belief system of the reader or viewer (p. 53). For example, if we examine the very successful framing of blood donation appeals during WWII, the ads presented earlier in this chapter show that the problem was wounded soldiers, the cause was insufficient blood, the moral evaluation was that the reader had a duty to support the wounded, and the recommendation was to go to a blood donor center and give blood. This was a strong framing because the public recognized the danger to the country from Nazi and Imperial Japanese forces and the soldiers on the front were providing the only protection of the American way of life. We, as American citizens, owed it to both the wounded soldiers and to our country to donate blood. The message here was that the strongest were fighting for us and we had to do all we could to keep them strong. Such a message has nothing at all to do with altruism, and seems more related to self-preservation.

According to my research, there has been no comparative evaluation done between the WWII messages, and messages used today, and such comparison may not even be possible. The public seemed sufficiently motivated over the extended period of the war (1941 to 1945) to meet the needs of the military but since that time, and especially since the 1970s, there has been an ongoing problem with seasonal shortages of blood (Simon, 2003). It is possible that a change in the framing of the message of blood donation might improve the situation. This is discussed more completely in chapter six. Social movement

theory provides another perspective that may offer opportunities to develop a more responsive blood donation system.

### **Social Movement Theory**

Social movement theory considers the activities, goals, membership, culture, language, expectations, and cohesion, of groups and examines how the group achieves its goals and maintains its legitimacy. Although social movements often form in response to grievances, they also form to attain other social and political objectives (vegans, members of professional associations, and retired people organize to attain their own ends without facing specific grievances). Applying this framework to blood donation provides another lens through which to seek opportunities for increasing the number of blood donors. The observations of Healy (2000) and others suggest a revision of focus within the study of blood donation from the individual and the gift to the social group, employment group, or other affinity group and that this might offer a more persuasive public appeal. The act of blood donation is one that has historically involved volunteer groups as shown in the full page article from the Washington Post providing details on “How to give a blood bank party” in support of the Children’s Hospital in Washington, DC (How to, 1941, p. 8). In that situation, for the third year in a row, hundreds were invited to attend bridge parties all over the district to support the event. Support was also provided by the American Legion and local newspapers and radio stations. The event was presented as a proven successful civic event.

Group support for the wartime blood donation effort is also seen in the WW II ad presented earlier (Fig 5.4) that directed the reader to contact his/her union rep about blood donation. Healy’s research in 2000 examined a number of blood donation regimes

in Europe and compared systems run by government operations to those run by private operations such as blood banks or the Red Cross. His results show that more blood is collected in those situations where the collection regime works interactively with volunteer groups. Even more recently, several other researchers examined blood donation rates based on factors other than altruism (Smith, Matthews & Fiddler, 2011). They state categorically, “appeals to intrinsic altruism are generally ineffective in significantly increasing blood donation rates” (p. 50). Their research shows that “people are more likely to donate blood when they are embedded in trusted social networks that value blood donation” (p. 50). In a study among Australian blood donors, Alessandrini found that donors seemed to respond more strongly to motives to confirm community affiliation (2007, p. 315) rather than altruism. In spite of Putnam’s observations that social capital has experienced a decline in the US, it may be useful to consider appeals based on social capital, particularly if there are examples of such appeals being successfully implemented in the US.

**Examples of social movements.** The organization and activity systems of blood donation intermediaries differ dramatically from those of social movement organizations such as MADD or Susan G. Komen for the cure. Komen appears to be functioning very successfully and announces on its website that there are 100,000 breast cancer survivors and activists who mobilize 1.7 million friends and neighbors in awareness building and fundraising (Komen). Mothers Against Drunk Driving (MADD) also presents success results and demonstrable achievements on its website. As examples, these organizations have a much different focus and operation than do blood donation intermediaries. They provide a high level of activity and opportunities for volunteer groups to form and

proselytize their messages. Social movement theorists (Oliver & Marwell, 1992; Melucci, 1995) see these organizations and their efforts qualifying as social movements as much as did earlier protest movements. These are volunteer organizations set up to rally support for their selected programs. These organizations reveal a problem in the blood donation system in that no comparable volunteer organization with the objective of raising awareness and increasing blood donations has been established. Looking at these two organizations again (Komen and MADD), they schedule and support local activities to get increased support from members of the public. They appeal for participation, money donations, corporate sponsorships, and other support. ARC on its website, appeals for volunteers but they have little specific to say about the various activities and operations possible for the volunteers. Perhaps more importantly, they appeal to individual donors as shown in the appeal below from the ARC website.

### **Benefits of volunteering**

- You will feel great knowing you are making a difference.
- You will meet donors and hear why they give blood or how blood transfusions have touched their lives. It may change your own.
- You can do good on your own schedule, volunteer as much as and as often as your schedule permits.
- You will enjoy flexible locations and times.
- You will become part of a 125-year-old tradition of neighbors helping neighbors in need. (ARCb)

**Figure 5.10 American Red Cross appeal**

ABC, the other major blood donation intermediary, also invites volunteers and they are asked to 1) donate blood, 2) organize a blood drive, or 3) assist at a blood drive. These two major blood donation intermediaries appear to be seeking volunteers to become adjuncts to their organizations, rather than encouraging dedicated individuals to come together to raise awareness and generate ongoing support as Komen and MADD have done.

The mission statements of the two major blood donation intermediaries are shown below and compared to those of Komen and MADD.

Red Cross Blood Mission Statement

American Red Cross Biomedical Services plays a critical role in our nation's health care system. It is the largest single supplier of blood and blood products in the United States, collecting and processing more than 40 percent of the blood supply and distributing it to some 3,000 hospitals and transfusion centers nationwide. The Red Cross also plays a leading role in protecting the safety of donors and patients and increasing the availability of blood. It has been among the first to help develop and implement testing for infectious diseases and is frequently the single major contributor to clinical trials to improve blood safety. Providing life-saving blood and blood products to patients is a key component of the Red Cross mission to help people in times of emergency and disasters. (ARCC)

The ARC mission statement is very passive and provides little direction or leadership for the organization. The statement is very self-serving and self-directed and is more appropriate as a description of the organization for regulatory or public audiences. Language such as "critical," "largest," "more than 40%," "3000 hospitals," "leading," "first to help," and "major contributor" are descriptive words that are self-congratulatory and say nothing about the mission itself. It is not until the last sentence that mission language is used, and here the blood services function is subsumed under the emergency

and disaster operations. It is possible that the ARC blood services operation views its organization as operating, not as an ongoing service-providing intermediary but one that provides emergency disaster relief.

America's Blood Centers Mission Statement

To help member blood centers serve their communities.  
(America's Blood Centers mission statement)

The ABC Mission statement is brief and to the point, but it positions ABC as subservient to its centers and focused only on their needs. There is no language about donors, awareness, future plans and goals or actions for volunteers.

Susan G. Komen Mission Statement. Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982, that promise became Susan G. Komen for the Cure® and launched the global breast cancer movement. Today, Susan G. Komen is the boldest community fueling the best science and making the biggest impact in the fight against breast cancer. Thanks to events like the Komen Race for the Cure, we have invested almost \$2 billion to fulfill our promise, working to end breast cancer in the U.S. and throughout the world through ground-breaking research, community health outreach, advocacy and programs in more than 50 countries. (Komen)

This mission statement is emotional, personal, and goal-oriented: to end breast cancer forever. It specifies that it is a global movement. It characterizes the operation as the “boldest community” and it specifies some of the events that it supports. This is a very effective and focused mission statement presented in narrative form. It is a bit self-congratulatory in some of its language, “boldest community fueling the best science and making the biggest impact,” but these words are oriented toward the volunteers.

### MADD Mission

The mission of Mothers Against Drunk Driving is to stop drunk driving, support the victims of this violent crime and prevent underage drinking. (MADD).

This mission statement is clear, brief, and goal oriented. It uses basic, action-oriented language—“stop,” “support,” and “prevent”—that are easy to understand.

It appears that no organizations in or around the blood donation system correspond to the organizations such as Komen and MADD, unaffiliated volunteer groups working to generate awareness of the problem that they are trying to solve and explaining the programs they have developed to accomplish their goals. As Gamson (1995) states, the goals of social movements that establish themselves as “against something” (an enemy, a disease, a practice) are often able to generate strong support (p. 90). Materials that can be used to generate anger in the public can be effective in gaining a committed and active base of support. This has certainly been true for Komen and MADD. It may also have been true for the WWII blood donors and those who responded after 9-11. Not only was the country threatened, but peoples’ emotions could be focused against an enemy or terrorists. The anger available at these situations is certainly more motivating than the pity engendered by the ad about the little boy Kodie. Perhaps the blood donation intermediaries need to identify or devise an object, and idea, or opponent for volunteers to focus attention on.

## Chapter 6

### Conclusions and Implications

My heroes are those who risk their lives  
every day to protect our world and make it a  
better place—police, firefighters and  
members of our armed forces.

*Sidney Sheldon*

We sleep soundly in our beds because rough  
men stand ready in the night to visit violence  
on those who would do us harm.

*Winston Churchill*

Having worked on this project for some time, I know a number of blood donors; I donate; and, of course, I discuss blood donation with just about everybody I know or meet. It's not that I am a natural proselytizer, but I am interested in what people know and do about this issue and why. Just based on my personal and informal discussions, I find that most people I ask have never donated. Many of those who have not donated report that they would be willing to donate if they recognized a need and if someone asked them to do so. We can look back into blood donor research conducted, at least since Oswald, and the results are pretty much the same; most people say they are willing to donate if someone asks them to do so.

#### **The Need for Personal Interaction**

In a pilot study I conducted among college students in Eastern NC (Solomon, 2012) the results were also the same. That is, many people who have not donated in the past say that they are willing to donate if there is a need and if they are asked. This is somewhat surprising when I reflect on the fact reported in Chapter 1 of this dissertation

that the ARC conducted, in the 20 day period from Oct. 9 to Oct. 29, 2012, thirty blood drives within 25 miles of my home in locations such as community centers, churches, company offices, medical centers, Red Cross offices, school facilities, and other locations (further examination of the blood drive schedule revealed that the average number of blood drives per day during different months was often even greater than this). With such a wide availability of opportunities to donate and the accompanying public notices to generate awareness, one would think that there would be a surplus of blood collected; but still there are regular shortages almost every year. The intermediaries already know that shortages will occur, and when, so they accommodate this reality in their planning and they schedule advertising and extra recruiting prior to the periods of expected shortage (Shue, Personal Interview, Jan 9, 2013).

So how is it that 35 years after moving to an all-volunteer donation system, shortages still occur? Spinuzzi has shown (2003, p. 81) that genres and activity systems change in response to contradictions, and surely, consistent failure to achieve desired results since 1974 would qualify as a contradiction. Thus, a critical question is what factors have reduced the ability of the blood donation system to make the required corrections in the established activity systems and genres so as to effectively respond to this blatant and serious contradiction?

There are both old and new research insights that suggest that perhaps altruism, while laudable, is not the most effective motive for attracting blood donations from the public. Appeals for blood donation have used very similar messages since the late 1970s and the system has been plagued with regular shortages for that whole period. Other critical social and medical problems have been recognized and serious progress has been

made to deal with them during that time (LGBT rights, breast cancer, drunk driving, erectile dysfunction, and others), but somehow the blood donation intermediaries continue to struggle with the shortage of blood.

As presented in chapter 1, the framework developed for this analysis uses genre theory and activity theory to examine the functions of the discourse within the blood donation system and show the way things are supposed to work. In the current system, which has been in use since 1980, the genre of advertising and public announcements uses “gift” language (or no rhetorical language at all) and sometimes shows visual examples of vulnerable individuals to appeal to the altruistic nature of the general public and motivate a visit to a blood drive. In most cases, the ads and announcements appeal to individuals and assume that the reader/viewer understands and accepts the call to donate as one that members of the public should respond to.

More focused messages explaining the blood shortage, appealing to the self-interest of members of the public, and actions to develop volunteer groups who assume a greater role than that of an occasional donor might be worth consideration. Advertising and indirect media (TV, newspapers, brochures, and telephone solicitations) can be counted on to do part of the job; they can create and maintain a level of public awareness that blood donations are needed. However, to motivate individuals to actually come to a blood drive, direct personal contact seems to be needed. In earlier research I conducted in New Jersey (post 9/11) among non-donors and lapsed donors, the main reason that former donors gave for not donating was that nobody asked them. In the pilot study conducted among college students (Solomon, 2012), the results also support this in that personal appeals are much more persuasive than are media appeals.

## **The Potential of Young Donors**

Throughout the history of the blood donation system, one thing has remained constant; the donor has always had, and continues to have a very ephemeral and tangential relationship with the system itself. It would seem that in the past 50 years, some attempts might have been made to incorporate revisions within the operations of the intermediaries (modifications in the activity systems) so that the affiliation of the donors within the system is made to be somewhat more permanent and structural. There may be opportunities to use discourse and rhetoric more effectively to help the blood donation system intermediaries meet the needs of our healthcare system.

One of my early hypotheses was that because adults have been exposed to blood donation appeals for a number of years and thus have had multiple opportunities to donate, those who have opted not to donate are unlikely to adopt new behavior and become regular blood donors. As a possible alternative group for donating, I considered youth, those aged 16 to 25, many of whom had not yet been exposed to repeated blood donation appeals. In fact, those under 16 are prohibited from donating (in North Carolina), even with a parent's permission, so there might be a possibility of establishing blood donation as a rite of passage: evidence that one has claimed adulthood. In research conducted among college students in Eastern North Carolina (Solomon, 2012) results show that college students are little more aware of a blood shortage than is the general population, and their donations are not the result of recruiting efforts by intermediaries; some are caused by family influence or casual conversations with friends or others who donate, and some students could recall no event or communication that caused them to

donate. Rather than being influenced or made aware by media impressions, the students who could recall outside influences reported that the influence had been personal. One student recalled,

Well, there is this guy at my church. He has always donated blood and he volunteers and helps out and he is very passionate about it. So I thought it was a good cause to donate blood. I have enough so, I just decided to help out... He'd just tell us stories of his experiences there...He just said it is a good cause to give blood.

Those student blood donors interviewed seemed to have slowly, over a period of time since childhood, been socialized into the idea that blood is needed and that donating blood is a good thing to do. For many the decision did not result directly from either personal conversation or from advertising or other mediated discourse. Some could not even recall the communications that influenced them.

I am an organ donor. I just believe that everybody needs to do this. I believe that everybody should be an organ donor and everybody should be a blood donor. I know that is just a personal preference and everybody has got their own thing. If something ever happened to me I'd hope that somebody would be kind enough to donate blood to help me out and I want to be sure that I've done what I could to help them...

The first time I donated blood was at sixteen, at East Temple High. I had to get my mother's permission because I was sixteen, but I had really wanted to (give blood). I just figured, it's like, I like helping people. I just thought about kids that need transfusions. If I can give one pint of blood and help save someone's life, why wouldn't I? So I told my mom, and she said, "OK it's not a health risk; it wouldn't kill me, so OK." So I did; I donated. My mom has donated, but she did not talk about it.

These young donors, when probed for the specific time or incident that influenced their decision to become a blood donor were unable to identify any specific event. One student saw donations as deposits on which she could draw in the future, so her motivation seemed one of enlightened self-interest. Another expressed a motivation that seemed more related to classic altruism, but she also could not recall any events that influenced her. The recall of these students suggests that young people, the same as adults, develop attitudes about blood donation from observation of the activities of parents or others, or from hearing discussion from unaffiliated individuals who proselytize about blood donation, but not from seeing ads, announcements, or other media presentations. Youth may or may not be more responsive to appeals, but all groups are fairly unresponsive to the types of media presentations currently used by blood donation intermediaries.

One response to the potential use of youth as a source of blood donation has been the development of Club 25 International, an online organization started in Africa to generate interest among youth to donate blood. According to the Club's website:

Club 25 International is a youth-oriented global social club for young people committed to saving lives by regularly donating blood. Through Club 25 youth are encouraged to attend a blood center, learn about healthy lifestyles and to give blood regularly. Members can make new friends around the world, promote life saving and life changing practices, and most of all—have fun while saving lives.

Club 25 is Africa's gift to the world. The concept which originated as "Pledge 25" evolved into a full membership social club in Botswana where it became Club 25 - promoting the value of saving lives by giving blood through active participation and healthy lifestyle choices. The name "Club 25" was taken from the young donor's

pledge to "give 25 blood donations". The club became a huge success, and the idea caught on world wide reaching over 65 countries and hundreds of thousands of members! (Club25)

The success of this project in the US is likely to depend on the presence of active local members who seek out peers to participate and bring in other members. History suggests that the presence of a website itself will be insufficient to generate individual commitment and participation.

### **Practical Implications**

As shown in this project, there are people who, through some earlier influence accepted the view of themselves as altruistic and who respond when the needs of others are made known. However, there seems little evidence that those people who do not see themselves as altruistic can be motivated by indirect media appeals to altruistic impulses. Direct appeals to prospective donors can provide no incentives for donation, which leaves only appeals to guilt or duty. In the absence of some kairotic moment, such as an attack on our society, the results of these appeals are not sufficient to meet the needs of the healthcare system. Appeals to altruism to meet the routine need for blood are not motivating to the vast population as has been demonstrated by the need, since 1974, of the New York Blood Center to import blood to meet routine needs (Simon, 2003).

Appeals to community spirit and being part of a social group seem much more likely to produce positive results. Organizations that successfully rely on unselfish support are those that establish strong bonds within the organization to provide ongoing involvement and support to members and participants. Churches, social organizations such as boy and girl scouts, Kiwanis, and others structure meetings and activities

frequently to maintain involvement. As blood donation activity in the US is currently organized, there is little ongoing support for donors and this results in those donors without strong altruistic motivations experiencing little incentive to return to make a second donation. The paid staff in blood donation intermediaries are focused on the next blood drive, rather than providing current or recent donors with an ongoing support system, so a gap exists in bringing new and occasional blood donors to view themselves as part of this community.

It is left for others to step in and supply the ongoing support needed. Existing social organizations or companies might add blood donation to the activities they support. Intermediaries might shift their focus from appealing to individuals to directly appealing to groups not only to donate together but to socialize regularly to begin to build within the groups and the individuals an identity as a blood donor.

### **Review of Research Needs**

I am now at the point to review my observations and findings against the research questions on which this project was based. And I can also reconsider the research needs identified at the beginning of my work and assess whether I have made progress and specify what else needs to be done. The research needs I identified were:

1. To study critically the contexts in which the activity systems and genres of blood donation are developed.
2. To develop theories, methodologies, and frameworks that reveal how the activity systems and genres contribute to the development and support of regular blood donors.

3. To apply activity theory in a new environment and confirm its utility in a situation having characteristics outside the norm.
4. To apply genre theory to a system that involves multiple unaffiliated organizations, rather than a single organization .

**Research Need #1—Contexts.** The contexts of the blood donation system include the healthcare system, the intermediaries, and the community itself. Over time the contexts have also included a paid donation system, a hybrid system, an all-volunteer system, peacetime, wartime, government regulation, the accommodation of hepatitis, and the threat of HIV/AIDS. The system has accommodated itself to each of these contexts as required to maintain the blood supply.

The healthcare system is populated by medical and health professionals who are employed within the system. These professionals have very little interaction with prospective donors. They are much more involved with the blood itself and the testing, qualification, processing, storage, and transfusion of it.

Intermediaries have ongoing relations with the healthcare system; they have interaction with prospective donors and they have professional responsibilities to obtain the blood needed from donors. Some of those in the community are also involved in interacting with prospective donors, with hosting blood drives, with making personal appeals, with providing personal reassurances and other types of personal interaction, and nurturing donors and prospective donors.

I have shown that the activity systems identified and described in this dissertation and the genres that the systems use to do their work are flexible and dynamic in responding to discontinuities and in attaining the goals of the blood donation system.

However, the creation of a hierarchy with the FDA in the position of authority in the blood donation activity system is likely to reduce the responsiveness of the system to environmental and other changes.

In chapters 2 and 3, I presented information showing that the activity system involving the public including donors and prospective donors uses the genre of advertising, newspaper articles, and public announcements to create awareness of the need for blood and to convince members of the public to attend a blood drive.

**Research Need #2—Persuasion.** Those in decision-making roles in the activity system have assumed that altruism is the standard and acceptable motive to communicate in this genre to persuade prospective donors to visit a blood drive. As a result of my research and analysis I have developed a theory to explain the regular shortfall in blood donations.

The intermediaries have constructed by their discourse the fact that blood donation is an emergency act rather than a routine, regular activity. Moreover, the appeals used are related to “gift” and “giving,” words that have not proven to be motivating in this situation. Also, the focus of the appeals (when a focus is included), has been a weak, vulnerable individual cast to inspire pity and compassion. Perhaps most important is the failure of the intermediaries to incorporate structural changes to involve regular donors and potential regular donors into the activity systems of the intermediaries themselves.

In *Communities of Practice* (1998), Wenger theorizes that involvement and participation are required for individuals to be molded into a community and to assume the identity, goals, and culture of that community. As the blood donation intermediaries and activity systems currently stand, there seem to be no active plans in the US for this community building to take place. Regular donors are virtually unsupported and ignored

except for printed appeals and telephone solicitations every 56 days (which then inundate the prior donor until he/she shows up to donate again). Possible strategies for implementing an improved system are shown in the following section dealing with the research questions posed in chapter one.

**Research Need #3—Activity Theory.** The work in this dissertation demonstrates that activity theory can be expanded to include those situations where a critical participant in the activity has only peripheral involvement. The observations of Wenger argue against meaningful participation of blood donors in the community of practice of blood donation (which corresponds to the activity system of blood donation) because of the small amount of time the donor spends involved in the activity system. But the prospective donor is involved in both the DHQ activity system and the advertising/announcement activity system and without the participation of the prospective donor, the entire blood donation activity system collapses. Even though the level of participation is extremely low, the donor's participation is absolutely required. But, as Wenger would suggest, one way to make the system function better (increase the amount of blood donated) is to develop methods to increase the level of involvement of prospective donors within the activity system.

**Research Need #4—Genre Theory.** The genres that connect the activity systems are unusual in that they are distributed over different organizations with varying objectives. The genre of the DHQ and the genre of advertising/announcement are both directly focused on the activity system of blood donation. But others, such as professional journals and regulation have varying objectives only some of which are involved with the blood donation activity systems. For example researchers working on Chagas disease or

on Creutzfeldt-Jakob disease may have no awareness or interest in blood donations or donors, but the successful result of their work could lead to expansion in the number of people able to donate blood. Publication of their work in professional journals would allow FDA regulators to consider significant changes in the DHQ. If tests to reveal the presence of such diseases or vaccines to cure them were developed, questions about these diseases could be omitted from the DHQ. Similarly, researchers working on hemophilia and sickle cell disease might also have a major impact on the blood donation system. Discovery of a cure for either of these diseases would not only be published in professional journals, but would also have a direct impact by reducing the number of patients needing transfusions.

### **Research Questions**

The following section serves to summarize the project answers and relate them directly to the research questions:

1. What rhetorical strategies have been used, how effective have they been, and what opportunities exist to increase their effectiveness in securing an adequate blood supply?
2. What genres of discourse have been/are being used in blood donation? How have these genres been used to develop donors and establish the intermediaries and practices of blood donation?

**Research Question #1—Rhetorical Strategies.** A number of rhetorical strategies have been used in the blood donation system over time and perhaps the one used during WWII

was the most successful. The message focused on wounded soldiers who were protecting all of us at home, and the message appealed for both individual and group donations. The military, the recipient of these donations acknowledged that sufficient blood was received to meet their wartime needs. The motivation of these appeals was not altruism but patriotism and self-interest.

Currently the motivation expressed in blood donation messages to the public avoids self-interest and, instead, focuses on the needs of vulnerable individuals and the needs of the intermediary. The act of donation is framed as an individual activity; but the previous analysis suggests that the use of a collective action frame is likely to result in an increase in the amount of blood donated (Gamson, 1995; Snow & Benford, 1992). “Collective action requires a consciousness of human agents whose policies or practices must be changed and a ‘we’ who will help bring about change” (Gamson, p. 90). This seems to suggest that while the culture sees a blood donation rhetoric based on altruism as a legitimate motivation for donation, the way it is being presented has not proven to have the power to generate sufficient motivation to meet blood donation system goals. Both the altruism motive and the characterization of the donor have not proved effective to consistently meet the blood quantity needs of the health system.

Donors are addressed as “special,” “heroes,” “extraordinary,” or in other language intended to ascribe to them unusual and appealing characteristics. All of this tends to make the donor and the donation of blood anything but routine. It confirms the unusualness of both when a more realistic objective might be to normalize the donor and the activity system.

Once the national policy decision was made that all whole blood donations would be made voluntarily and no compensation would be paid, the blood system in the US adopted the use of the term “gift” to describe the voluntary contribution of blood to the blood system. Examination of the materials developed by the Red Cross during WWII to solicit unpaid blood donations shows little use of the term “gift.” The term was adopted and fostered by Titmuss, in 1970, possibly to differentiate his proposed volunteer system from the exchange/payment system used at that time in much of the US. While it serves to differentiate the new (volunteer) system from the old (paid) one, it does not effectively communicate the reality of the new system. When we examine the modern blood system, we see little of the gift system described by Mauss. Instead of building relationships, the blood system presents the gift giver with an anonymous technician who represents a large impersonal intermediary. There is no possibility of an exchange of gifts, which, according to Mauss, is a basic requirement of the gift system. In the blood donation system, the gift giving goes only one way. The individual blood donor constantly gives and the impersonal blood system constantly takes. Even if a transfusion recipient wants to thank the donor, this is not possible because no donor name or identifier is recorded on an individual unit of blood. While the blood system fostered by the ARC is conceptually based on a community perspective rather than on the individualistic perspective previously fostered by hospital and community blood banks, the system does not incorporate the full meaning of the term community just as it does not incorporate the full meaning of the term gift. In framing the act of blood donation as a gift, many of the commonly held associations and connotations of the term are left unfulfilled.

Perhaps framing the act of blood donation rather as a social act engaged in by groups of affiliated individuals might again be worthy of consideration. This approach was common during WWII and through the immediate postwar period. By engaging more closely with groups of employees, church members, sports club members, school group participants, etc., and by incorporating members of the groups into the intermediaries, those intermediaries might find ways to bind donors closer to the intermediaries so that they are part of the system, and together, the groups and the system can become a community. Presented in this way, even those unable to donate such as individuals under 110 pounds, practicing gay males, or those who suffer from proscribed conditions could be included in the community just as males are included in activities of the Susan J. Komen foundation.

Another revision worth consideration might be to shift the appeal from one directed to the altruism of the prospective donor by using vulnerable, helpless people to tug at the heart strings, to one that appeals directly to the donor's self-interest. I speculate that the ads used during WWII and during the Korean War were effective because the viewer saw them as an appeal to his/her own self-interest. There were injured men on a battlefield and it was in our own self-interest to have those men treated and returned to health as quickly as possible, so that they could continue to protect us. In the same manner, I speculate that the outpouring of blood donations after the 9/11 terrorist attacks were more in response to the deaths and injuries suffered by police and fire personnel than those suffered by innocent civilians. Those on the front line in both wartime and peacetime warrant our support. Even in time of relative peace, there are police and fire fighters injured every day and perhaps they should be the "poster" people to rally the

public around. This might prove effective in finally shifting blood donation from an occasional emergency activity to a routine activity involved in supporting those who keep us safe.

**Research Question #2—Genre Use.** Genres that create and maintain the intermediaries are separate from those genres used to directly effect and support blood donation.

Government activities and regulations (at the federal, state, and local level) were mostly responsible for the creation and maintenance of the blood donation intermediaries. The most significant genre was the WWII War Department document selecting the ARC to be the intermediary in charge of obtaining blood from the civilian population and directing it for use by the military in the war. This document established a national intermediary with a new rationale for donating blood. During later years, regulation continued to be a critical genre, such as the regulations that established the unacceptability of blood that had been received in exchange for payment. Then, more recently, action by the FDA in establishing itself as the authority on the Donor Health Questionnaire (DHQ) has structured a rigidity into the activity system that slows down any systemic responses to changing conditions.

It would be convenient to focus on the discontinuity of the HIV/AIDS epidemic as the factor that has frozen the system; eliminating the possibility of front line members of the intermediaries to make ad-hoc changes in the activity systems and genres to adapt so as to meet overall system goals. The insertion of the FDA into the activity system in a position of power with the ability to block any changes in the DHQ has certainly made the system as a whole more rigid and inflexible. However, when the system is viewed before the early 1980s, the system operated without the existence of HIV/AIDS and still

it had to annually import blood from Europe to meet system needs. Even with a relatively short and simple DHQ the system was not able to obtain from within the US, the quantity of blood needed by the healthcare system.

I have concluded that the problem is systemic. One of the major intermediaries is focused on emergencies and seems to see all of its activities through the lens of emergencies. The other major intermediary sees its function as one of serving its local blood banks, without acknowledging responsibility to generate public support for blood donation. Neither sees its mission as one of motivating the public to donate to meet the routine and dynamic needs of the healthcare system. Blood donors are not meaningfully included in the activity system of blood donation and because of this, no program exists to nurture and inculcate new donors into the blood donation system. In spite of this, the system does experience first time donors but the motivating factor usually does not seem to be anything done by the intermediaries. Moreover, the system faces negative attitudes caused by misrepresentations included in popular TV entertainment programs that sometimes use blood donation procedures as a point of humor.

In an episode of the sitcom “Whitney,” two characters decide to donate blood. While sitting in an open waiting room, a nurse asks one character about sexual history and activity questions aloud. In an episode of “The Office,” Michael passes out after donating blood (Donald, 2012). Such misrepresentation (privacy is paramount in the donor center and few donors experience fainting) may reduce the willingness of non-donors to even consider donating blood.

The public has been included in the genres of blood donation from the beginning. While physicians, researchers, and scientists were studying and communicating with their peers about procedures, typing of blood, components of blood and other issues, the public was called upon in classified ads to donate blood, and read news stories about the “miraculous” effects of blood transfusions. But today, the public communication about blood donation consists largely of announcements of blood drives that assume that the public recognizes and accepts the importance of donating blood. As stated by Lutjen (Personal interview, Jan. 11, 2013), “I’ve worked the donor recruitment side and I often wonder why people don’t get it. This is really important and you never can tell when you will need it yourself.” They ‘don’t get it’ because a complete and compelling story supporting routine blood donation is not delivered. In some of the messages the key story is hinted at such as in the line in the ARC website, “The need is constant,” but then the page goes on and talks about other topics. The idea is not developed, made memorable, or put into context. Additional development of this point might begin the process of “normalizing” blood donation such that it becomes a routine activity. It is difficult to estimate what will be required in terms of time and effort to change the nature of the blood donation system from a response to an emergency to a regular activity engaged in by a segment of the population on a routine basis. Perhaps this question offers additional opportunities for research.

### **Further Research**

The major theoretical bases of this project, activity theory, genre theory, frame theory and social movement theory, are all theories that are somewhat focused on the formal or informal learning environment. They are intended to explain how learning

takes place and what can be done to make the process flow more smoothly. Learning may be a part of my area of inquiry (the blood donation system), but the center of the matter is the connection (or lack of connection) of donors to the system itself. The intermediaries seem to assume that donors are part of the system, and so do regular donors, but based on activity theory and the theory of communities of practice, their level of participation is insufficient to develop either an identity or sense of community: these elements are required if donors are to be a part of the blood donation system. The identity and commitment to blood donation that are present in current regular donors result from factors and causes outside the system itself. These factors and causes may be based on discourse. Research to identify these factors and the discourse that enables them might provide additional tools for use by the intermediaries.

If the blood donation intermediaries begin developing and testing the appeals of motivators other than altruism, it will be necessary and appropriate to explore the appeal of the discourse and rhetoric used. One critical area to examine is the response of regular donors to a new rhetorical appeal. The overall response might not improve if new donors join the blood donation system but those who were already regular donors see a new type of appeal as unacceptable.

The mission statements of the blood donation intermediaries are not useful in providing clear and focused direction to workers within the intermediaries, to workers in other organizations (ad agencies, media companies, large employers and groups that can provide varying types of support), or to volunteers who donate or who individually support the activities. Research into the development of the current mission statements,

how the statements came to contain the current language, and the perception of executives and first line employees toward the mission statements could provide insights into how to go about making changes.

Another interesting area to probe would be the extent to which organ donor programs are based on blood donation programs. Comparing the discourse, mission statements, public relations efforts, and communities of practice might provide insights that could be helpful to both blood donor and organ donor programs.

Finally, this research has largely focused on the blood donor system within the area of eastern North Carolina. It would be interesting to compare these results to those from other areas, and particularly from areas served by ABC. Confirming that the situation described in eastern North Carolina is the same as in the remainder of the US might provide added motivation for the blood donation system to take the steps needed to make changes to the activity systems, genres, and donor appeals required to finally eliminate the shortages that routinely plague the system.

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## Appendix A 2012 Daily Newspaper Articles Examined

<b>City</b>	<b>Newspaper</b>	<b># of Articles</b>
Clinton, NC	The Sampson Independent	69
Greenville, NC	The Daily Reflector	37
Elizabethtown, NC	Bladen Journal	13
Tabor City, NC	Tabor-Loris Tribune	13
Lumberton, NC	The Robesonian	9
Wilmington, NC	StarNews	7
Rocky Mount, NC	The Rocky Mount Telegram	7
Morehead City, NC	Carteret County News-Times	6
Tarboro, NC	The Daily Southerner	6
Jacksonville, NC	The Daily News	5
Kinston, NC	The Free Press	4
Whiteville, NC	The News Reporter	3
Elizabeth City, NC	The Daily Advance	5
Burgaw, NC	Pender Chronicle	2
Hampstead, NC	Pender-Topsail Post & Voice	1
Havelock	Havelock News	1
Total		188

# Appendix B

## Full-Length Donor History Questionnaire

	Yes	No	
Are you			
1. Feeling healthy and well today?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Currently taking an antibiotic?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Currently taking any other medication for an infection?	<input type="checkbox"/>	<input type="checkbox"/>	
Please read the Medication Deferral List.			
4. Are you now taking or have you ever taken any medications on the Medication Deferral List?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you read the educational materials?			
In the past <b>48 hours</b>			
6. Have you taken aspirin or anything that has aspirin in it?	<input type="checkbox"/>	<input type="checkbox"/>	
In the past <b>6 weeks</b>			
7. Female donors: Have you been pregnant or are you pregnant now? (Males: check "I am male.")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I am male
In the past <b>8 weeks have you</b>			
8. Donated blood, platelets or plasma?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Had any vaccinations or other shots?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Had contact with someone who had a smallpox vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>In the past 16 weeks</b>			
11. Have you donated a double unit of red cells using an apheresis machine?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>In the past 12 months have you</b>			
12. Had a blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Had a transplant such as organ, tissue, or bone marrow?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Had a graft such as bone or skin?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Come into contact with someone else's blood?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Had an accidental needle-stick?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything <u>not</u> prescribed by their doctor?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Had sexual contact with anyone who has hemophilia or has used clotting factor concentrates?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Female donors: Had sexual contact with a male who has ever had sexual contact with another male? (Males: check "I am male.")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I am male
22. Had sexual contact with a person who has hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	
23. Lived with a person who has hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	
24. Had a tattoo?	<input type="checkbox"/>	<input type="checkbox"/>	
25. Had ear or body piercing?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
26. Had or been treated for syphilis or gonorrhea?	<input type="checkbox"/>	<input type="checkbox"/>	
27. Been in juvenile detention, lockup, jail, or prison for more than 72 hours?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>In the past three years have you</b>			
28. Been outside the United States or Canada?	<input type="checkbox"/>	<input type="checkbox"/>	

From <b>1980 through 1996</b> ,		
29. Did you spend time that adds up to three (3) months or more in the United Kingdom? (Review list of countries in the UK)	<input type="checkbox"/>	<input type="checkbox"/>
30. Were you a member of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military?	<input type="checkbox"/>	<input type="checkbox"/>
From <b>1980 to the present</b> , did you		
31. Spend time that adds up to five (5) years or more in Europe? (Review list of countries in Europe.)	<input type="checkbox"/>	<input type="checkbox"/>
32. Receive a blood transfusion in the United Kingdom or France? (Review list of countries in the UK.)	<input type="checkbox"/>	<input type="checkbox"/>
From <b>1977 to the present</b> , have you		
33. Received money, drugs, or other payment for sex?	<input type="checkbox"/>	<input type="checkbox"/>
34. Male donors: had sexual contact with another male, even once? (Females: check "I am female.")	<input type="checkbox"/>	<input type="checkbox"/>
Have you <b>EVER</b>		
35. Had a positive test for the HIV/AIDS virus?	<input type="checkbox"/>	<input type="checkbox"/>
36. Used needles to take drugs, steroids, or anything <u>not</u> prescribed by your doctor?	<input type="checkbox"/>	<input type="checkbox"/>
37. Used clotting factor concentrates?	<input type="checkbox"/>	<input type="checkbox"/>
38. Had hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>
39. Had malaria?	<input type="checkbox"/>	<input type="checkbox"/>
40. Had Chagas' disease?	<input type="checkbox"/>	<input type="checkbox"/>
41. Had babesiosis?	<input type="checkbox"/>	<input type="checkbox"/>
42. Received a dura mater (or brain covering) graft?	<input type="checkbox"/>	<input type="checkbox"/>
43. Had any type of cancer, including leukemia?	<input type="checkbox"/>	<input type="checkbox"/>
44. Had any problems with your heart or lungs?	<input type="checkbox"/>	<input type="checkbox"/>

I am female

45. Had a bleeding condition or a blood disease?	<input type="checkbox"/>	<input type="checkbox"/>
46. Had sexual contact with anyone who was born in or lived in Africa?	<input type="checkbox"/>	<input type="checkbox"/>
47. Been in Africa?	<input type="checkbox"/>	<input type="checkbox"/>
48. Have any of your relatives had Creutzfeldt-Jakob disease?	<input type="checkbox"/>	<input type="checkbox"/>

## **Blood Donor Educational Materials:**

### MAKING YOUR BLOOD DONATION SAFE

Thank you for coming in today! This information sheet explains how YOU can help us make the donation process safe for yourself and patients who might receive your blood. PLEASE READ THIS INFORMATION BEFORE YOU DONATE! If you have any questions now or anytime during the screening process, please ask blood center staff.

### *ACCURACY AND HONESTY ARE ESSENTIAL!*

Your **complete honesty** in answering all questions is very important for the safety of patients who receive your blood. **All information you provide is confidential.**

### **DONATION PROCESS:**

#### **To determine if you are eligible to donate we will:**

- Ask questions about health, travel, and medicines
- Ask questions to see if you might be at risk for hepatitis, HIV, or AIDs
- Take your blood pressure, temperature and pulse
- Take a small blood sample to make sure you are not anemic

#### **If you are able to donate we will:**

- Cleanse your arm with an antiseptic. **(If you are allergic to iodine, please tell us!)**
- Use a new, sterile, disposable needle to collect your blood

### **DONOR ELIGIBILITY—SPECIFIC INFORMATION**

#### **Why we ask questions about sexual contact:**

Sexual contact may cause contagious diseases like HIV to get into the bloodstream and be spread through transfusions to someone else.

#### **Definition of “sexual contact”:**

The words “have sexual contact with” and “sex” are used in some of the questions we will ask you, and apply to any of the activities below, whether or not a condom or other protection was used:

1. Vaginal sex (contact between penis and vagina)
2. Oral sex (mouth or tongue on someone’s vagina, penis, or anus)
3. Anal sex (contact between penis and anus)

#### **HIV/AIDS RISK BEHAVIORS AND SYMPTOMS**

AIDS is caused by HIV. HIV is spread mainly through sexual contact with an infected person OR by sharing needles or syringes used for injecting drugs.

**DO NOT DONATE IF YOU:**

**-Have AIDS or have ever had a positive HIV test** -Have ever used needles to take drugs, steroids, or anything not prescribed by your doctor - Are a male who has had sexual contact with another male, even once, since 1977 - Have ever taken money, drugs or other payment for sex since 1977 - Have had sexual contact in the past 12 months with anyone described above - Have had syphilis or gonorrhea in the past 12 months - In the last 12 months have been in juvenile detention, lockup, jail or prison for more than 72 hours -Have any of the following conditions that can be signs or symptoms of HIV/AIDS: •Unexplained weight loss or night sweats •Blue or purple spots in your mouth or skin •Swollen lymph nodes for more than one month •White spots or unusual sores in your mouth •Cough that won't go away or shortness of breath •Diarrhea that won't go away •Fever of more than 100.5 F for more than 10 days

Remember that you CAN give HIV to someone else through blood transfusions even if you feel well and have a negative HIV test. This is because tests cannot detect infections for a period of time after a person is exposed to HIV. **If you think you may be at risk for HIV/AIDS or want an HIV/AIDS test, please ask for information about other testing facilities. PLEASE DO NOT DONATE TO GET AN HIV TEST!**

Travel to or birth in other countries

Blood donor tests may not be available for some contagious diseases that are found only in certain countries. If you were born in, have lived in, or visited certain countries, you may not be eligible to donate.

**What happens after your donation:**

To protect patients, your blood is tested for hepatitis B and C, HIV, certain other infectious diseases, and syphilis. If your blood tests positive it will not be given to a patient. You will be notified about test results that may disqualify you from donating in the future. **Please do not donate to get tested for HIV, hepatitis, or any other infections!**

**Thank you for donating blood today!**

(Donor Center Name)

(Telephone Number) ◦

### **MEDICATION DEFERRAL LIST**

Please tell us if you are now taking or if you have EVER taken any of these medications:

**Proscar© (finasteride)** – usually given for prostate gland enlargement

- Avodart© (dutasteride)** – usually given for prostate enlargement
- Propecia© (finasteride)** – usually given for baldness
- Accutane© (Amnesteem, Claravis, Sotret, isotretinoin)** – usually given for severe acne
- Soriatane© (acitretin)**—usually given for severe psoriasis
- Tegison© (etretinate)**—usually given for severe psoriasis
- Growth Hormone from Human Pituitary Glands** – used usually for children with delayed or impaired growth

**Insulin from Cows (Bovine, or Beef, Insulin)** – used to treat diabetes

**Hepatitis B Immune Globulin**—given following an exposure to hepatitis B.

**NOTE:** This is different from the hepatitis B vaccine that is a series of 3 injections given over a 6 month period to prevent future infection from exposures to hepatitis B.

**Plavix (clopidogrel) and Ticlid (ticlopidine)**—inhibits platelet function; used to reduce the chance for heart attack and stroke.

**Feldene**—given for mild to moderate arthritis pain

**Experimental Medication or Unlicensed (Experimental) Vaccine**—usually associated with a research protocol

### **IF YOU WOULD LIKE TO KNOW WHY THESE MEDICINES AFFECT YOU AS A BLOOD DONOR, PLEASE KEEP READING:**

If you have taken or are taking **Proscar, Avodart, Propecia, Accutane, Soriatane, or Tegison**, these medications can cause birth defects. Your donated blood could contain high enough levels to damage the unborn baby if transfused to a pregnant woman. Once the medication has been cleared from your blood, you may donate again. Following the last dose, the deferral period is one month Proscar, Propecia and Accutane, six months for Avodart and three years for Soriatane. Tegison is a permanent deferral.

**Growth hormone from human pituitary glands** was prescribed for children with delayed or impaired growth. The hormone was obtained from human pituitary glands, which are found in the brain. Some people who took this hormone developed a rare nervous system condition called Creutzfeldt-Jakob Disease (CJD, for short). The deferral is permanent.

**Insulin from cows (bovine, or beef, insulin)** is an injected material used to treat diabetes. If this insulin was imported into the US from countries in which “Mad Cow Disease” has been found, it could contain material from infected cattle. There is concern that "Mad Cow Disease" is transmitted by transfusion. The deferral is indefinite.

**Hepatitis B Immune Globulin (HBIG)** is an injected material used to prevent infection following an exposure to hepatitis B. HBIG does not prevent hepatitis B infection in every case, therefore persons who have received HBIG must wait 12 months to donate blood to be sure they were not infected since hepatitis B can be transmitted through transfusion to a patient.

**Feldene** is a non-steroidal anti-inflammatory drug that can affect platelet function. A donor taking Feldene will not be able to donate platelets for 2 days; however, its use will not affect whole blood donations.

**Plavix and Ticlid** are medications that can decrease the chance of a heart attack or stroke in individuals at risk for these conditions. Since these medications can affect platelets, anyone taking Plavix or Ticlid will not be able to donate platelets for 14 days after the last dose. Use of either medication will not prohibit whole blood donations.

**Experimental Medication or Unlicensed (Experimental) Vaccine** is usually associated with a research protocol and the effect on blood donation is unknown. Deferral is one year unless otherwise indicated by Medical Director.

# Appendix C

## Advertising and Promotion Materials

### 1. Newspaper Announcement

#### **Blood drive at Barefoot Church**

Tabor-Loris Tribune (Tabor City, NC)—Wednesday, April 4, 2012

An American Red Cross **blood drive** sponsored by Barefoot Church of Whiteville will help ensure an adequate supply of blood in the region, Tanya Tilley-Hall of the ARC's Donor Services says.

That **blood drive** is scheduled from 2 to 6:30 p.m. this Friday at the church, located at 28 South Whiteville Village.

Blood donors are encouraged to call 910-207-6185 for an appointment. Walk-ins will be accepted, but appointments can help reduce wait time.

"We are extremely grateful to the employees and members of Barefoot Church for their support," Tilley-Hall said. "They heard of our need for blood and offered to help by hosting a community **blood drive** ."

Donors must be at least 17 years of age, or 16 if accompanied by a parent. All donors must weight at least 110 pounds, be in general good health, and have a photo ID.

## 2. Newspaper Feature Article

### Hospital's need for blood still critical

Sampson Independent, The (Clinton, NC)—Monday, June 25, 2012

Author: Billy Todd ; Staff Writer

Even though Sampson Regional Medical Center's emergency **blood drive** last week was successful, the need for blood is still critical, officials said, and the plea to help is still being made.

A total of 105 units were collected during last week's drive at the medical center. However, according to Amber Cava, SRMC director of marketing and community relations, and RN Debbie Finney, blood bank director, they are still desperate for donors.

"Donations are still down with the onset of summer, and the need is critical," asserted Cava. "We are in constant need of donations to replace the blood being used."

While the need is critical Cava said so far, and fortunately, no elective surgeries have had to be delayed or rescheduled due to the ongoing shortage.

"We have been able to provide for all of our patients in need of blood, but we need constant donations to replace the units that are being used," Cava reiterated.

Finney explained that the hospital has many repeat donors and that they are very grateful for those who donate regularly.

"We are very appreciative for our regular donors," she stressed. "The problem we run into is that once a donor gives blood, they must wait eight weeks before giving again. So those who generously gave last week will have to wait for eight weeks before they can give again. We are in constant need of new donors to make up for the regular donors that are in the waiting period," explained Fenney.

The RN added that because it is summer, many regular donors may be on vacation or away from home and cannot donate.

"I would like to express our appreciation to all those who read the article last week in The Sampson Independent and responded by coming in. The community support we have received is wonderful. We are still in critical need, however, and more new donors are needed.

The SRMC Blood Center is open daily Monday through Friday for donations. The center is open from 8:30 a.m. until 4 p.m., Monday through Thursday and from 8:30 a.m. to 2 p.m., on Friday. For more information or to schedule an appointment, call the SRMC's Blood Donor Center at 910-592-8511,

ext.8442.

Businesses are gearing up for a couple of in-house drives in July, and at least one church is holding a public drive in the later this week.

Employees at Smithfield will have an opportunity to donate from 9 to 11 a.m. and from 1 to 4 p.m., on July 19; and Star Telephone employees can give from 9 to 11 a.m. and from 1 to 4 p.m., on July 26. The general public can take advantage of a **blood drive** being held Thursday from 3:30 until 7:30 p.m. at Grove Park Baptist Church, located at 609 Northeast Blvd. Anyone wishing to donate may just stop by and give.

Finney said she would like to see more civic groups and churches become involved in sponsoring a **blood drive**.

"We are always open to holding a **blood drive**. Anyone interested in conducting one can contact us at the center or come by SRMC and we will get you set up. Grove Park has dedicated themselves to hold a **blood drive** each quarter and this is their second drive. Hopefully, it will be as successful as their first one," remarked the nurse.

The plea continues, she said, because what the hospital is facing is not unique.

"Blood supplies at all blood centers are down in the summer and the places where we can draw from when our supplies are low cannot meet their own needs much less supply blood to other locations. That is why the need is so critical at this time. Summer is a time when many people have plans on so many other things that they overlook the need to donate. But because of the increased travel and physical activity that occurs in summer, it can be a time when the need for blood increases," said Cava. "Often that is the reason we experience a blood shortage crisis. This also occurs during holiday periods," added the director.

And donating, hospital officials assure, is quick and virtually painless.

"The process of donating blood is really not that complicated nor is it really painful. We will prick your finger during the evaluation to see if your levels are high enough to give and we do a few simple tests to ensure that you are in good physical condition to be safe to donate and a brief question period related to your health such as foreign travel and recent illnesses are asked then once you are given the green light to donate you get to relax on a table and a needle is inserted into your arm and the blood is drawn. The whole process is less than an hour," explained Fenney.

Following the donation, soft drink and a cracker or cookie is given to ensure that you start replacing the fluids your body just lost.

Finney shared that during many of the church drives the event is a big social gathering where people

come support each other and visit while the donors are waiting to be evaluated or waiting for a table.

“We encourage anyone that has never given to come out and try. We do not force anyone and the blood you donate may save the lives of several others. The need is great and we need you to help,” stated the nurse.

### 3. Telephone robo-calls for blood donations

9/12/2011 4:33PM

Hi, this is meteorologist Seven Stuart from your local 13 news weather team. The skies have cleared and the recent hurricane has passed, but unfortunately the need for blood donations has not. Power outages and flooding from the storm have forced the cancellation of many American Red Cross blood drives right here in our community. Please consider giving blood today. There are patients in our local hospitals right now, who are depending on the kindness and generosity of volunteer blood donors like you. Please visit Red Cross Blood dot org, or call 1800red cross and make an appointment today. All blood types are needed. Again, that's Red Cross Blood dot org, or 1800red cross. Stay tuned to 13 news for the latest updates on your local weather conditions.

9/27/2011 4:03 PM

Did you know that every two seconds someone in the United States receives a blood transfusion. Voluntary blood donors are the only way we can meet that need and you can help us by giving blood. On Sept. 28 from 12 to 6 PM at the First United Methodist church in Washington. All blood types are needed and you can help us maintain an adequate local blood supply. So come out and save a life at the First United Methodist Church, on Sept. 28 from 12 to 6PM. Thank You.

10/5/2011 12:21 PM

Yes, hi, this is Denise calling with Red Cross blood services and this message is for Doug. We wanted to call and thank you so much for your past life saving donations. We want to let you know about a blood drive we are having there in Washington. We'll be at the St. Johns Church of Christ. That is this Saturday October 8 from 10 to 2PM. If you can join us, that would be wonderful. Again we thank you and If you need us call the Red Cross at 1800red cross. Bye-bye.

#### 4. American Red Cross press release sent to newspapers in mid-Atlantic Region

### “Give Something that Means Something” With the Red Cross

#### Presenting Donors Eligible to Win \$1,000 Gift Card

**(Norfolk, VA, October 5, 2012)**—The leaves are changing colors and temperatures are dropping. One thing that remains the same is the constant need for blood. The American Red Cross asks donors to “Give Something That Means Something” for a chance to win a \$1,000 gift card useable toward gas, rent, food or tickets to your favorite concert or sporting event.

The “Give Something That Means Something” promotion, that runs from October 1 through December 31, 2012, gives each person who presents to donate blood or platelets with the Red Cross a chance to win a \$1,000 American Express gift card.

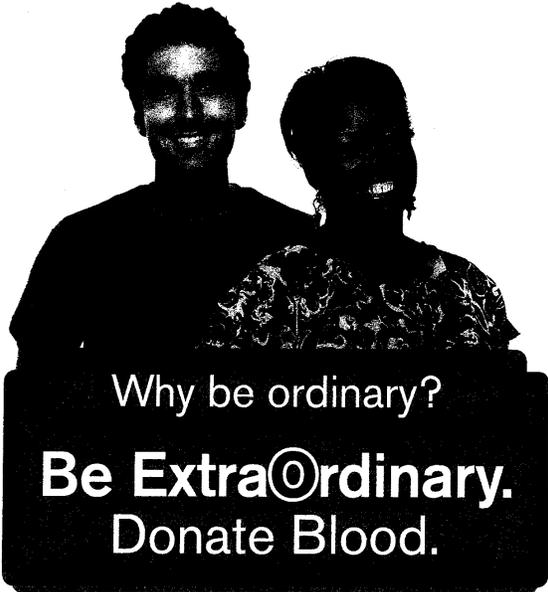
“Donating blood is an opportunity for people to give the most important gift of all, the ‘Gift of Life,’” said Page Gambill, chief executive officer, American Red Cross, Mid-Atlantic Blood Services Region. “The Red Cross depends on the generosity of volunteer donors to meet the needs of patients in our area and across the country.”

The Red Cross Mid-Atlantic Blood Services Region provides lifesaving blood to patients in more than 50 hospitals. Approximately 550 people need to give blood or platelets each week day to meet hospital demands.

**Make an Appointment for an Upcoming Blood Drive Today!**

5. Direct mail piece

—Outside panels



To schedule an appointment to give blood, visit or call:  
[redcrossblood.org](http://redcrossblood.org) | 1-800-RED CROSS



Mid-Atlantic  
 Blood Services Region  
 611 West Brambleton Ave  
 Norfolk, VA 23510

NON-PROFIT  
 ORGANIZATION  
 US POSTAGE  
 PAID  
 AMERICAN RED CROSS

**BLOOD DONORS ARE NEEDED IN AUGUST!**  
 \*JULY 1-SEPTEMBER 30, ALL PRESENTING BLOOD  
 AND PLATELET DONORS WILL BE ENTERED TO  
 WIN A \$3,000 GIFT CARD!

\*Please visit [redcrossblood.org/supersummersave\\_mar](http://redcrossblood.org/supersummersave_mar) for promotion details.

GUY SOLOMON  
 117 WEST 11TY ST  
 WASHINGTON NC 27889



O, How We Need You!

**Donate Blood.**

If you have been told previously by the American Red Cross or another blood center that you should never donate blood, please disregard this message.

**Donate Blood.**

O, How We Need You!

Earn an extra point for  
 donations made between  
 August 1 - 31.

**bonus point days**



\*Point totals will be calculated on the 10<sup>th</sup> of each month and will appear in a future mailer. Reward Club point totals listed may not reflect your recent donation. For more current point totals, donors may contact [RedCrossRewards@redcross.org](mailto:RedCrossRewards@redcross.org).

<p>*Washington Public                  Washington Moose Lodge #1800                  322 Flanders Filters Rd.                  Multipurpose Room First Floor                  Washington, NC                  Wednesday, August 1, 2012                  12:00 pm - 6:00 pm</p>	<p>*Beaufort Regional Health System and Beaufort                  Regional Medical Center                  628 East 12th Street                  Education Conference Room First Floor                  Washington, NC                  Monday, August 27, 2012                  11:00 am - 3:30 pm</p>
<p>East Carolina University                  East Carolina University College Hill                  East 5th Street, East Carolina University                  Bloodmobile Parking Lot                  Greenville, NC                  Thursday, August 23, 2012                  11:00 am - 5:00 pm</p>	<p>East Carolina University                  East Carolina University Student Health Center                  East 5th Street, East Carolina University                  Main Room Second Floor                  Greenville, NC                  Thursday, August 30, 2012                  11:00 am - 5:00 pm</p>

For a complete listing of all local blood drives, please visit [redcrossblood.org](http://redcrossblood.org) or call 1-800-RED CROSS. Appointments are recommended. All drives are subject to change, please call the day of the drive to confirm date, location and appointment time. You can donate blood every 56 days or every 112 days for double red cell donors. For all eligibility questions, please call 1-866-236-3276.



**Please donate blood at one of these upcoming blood drives:**

## Around the Red Cross

### From Flat Line to Finish Line, Brian Boyle's Life Was Saved By Blood Donors Just Like You

On the way home from swim practice in 2004, eighteen-year old Brian Boyle's future changed in an instant when a dump truck plowed into his vehicle.

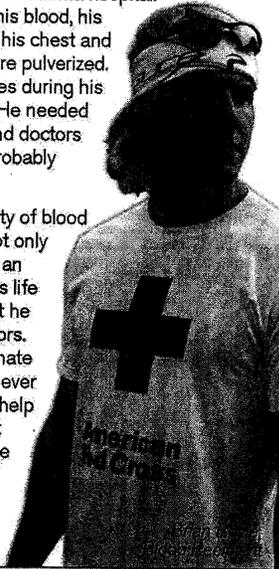
He was airlifted to a shock-trauma hospital.

He lost sixty percent of his blood, his heart had moved across his chest and his organs and pelvis were pulverized. Brian actually died 8 times during his treatment and recovery. He needed 36 blood transfusions and doctors told him that he would probably never walk again.

Because of the generosity of blood donors like you, today, not only can Brian walk, but he is an Ironman Triathlete. Brian's life was saved by people that he didn't know... blood donors. Please come out and donate blood this summer. You never know whose life you will help save. To read more about Brian's journey of courage and determination visit:

[redcrossblood.org/ironheart](http://redcrossblood.org/ironheart)

MARPPWINTRV1.01.2012



## Red Cross Rewards Club August Bonus Days

### Red Cell Bonus Days August 1-31

Whole Blood Donation = 2 Points  
Double Red Cell Donation = 4 Points

Red Cross  
**rewardsclub**   
[redcrossblood.org/redcellrewards](http://redcrossblood.org/redcellrewards)

### Your Current Rewards Club Points Total

1

This is your point total as of June 30, 2012.

All donors receive 1 enrollment point as a welcome into the new Red Cross Rewards program.

+ For more information on when points are calculated and reported, see reverse.

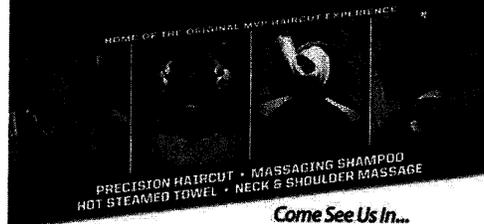
**Find out how you can earn more Rewards Club Points from your blood donations and maximize your Rewards Club Certificates! Visit [redcrossblood.org/redcellrewards](http://redcrossblood.org/redcellrewards)**

For complete rules and disclosures about the Red Cross Rewards Club please visit [redcrossblood.org/redcellrewards](http://redcrossblood.org/redcellrewards).

## Donor News

*Saving Lives Never Looked So Good!*

During the month of August, present to donate blood at an American Red Cross blood drive in the states below, and you will receive a **FREE HAIRCUT** at participating Sport Clips locations.



*Come See Us In...*

**SportClips**  
HAIRCUTS  
IT'S GOOD TO BE A GUY

North Carolina, South Carolina, Alabama, Georgia, Tennessee\*, Kentucky, and Virginia\*

\*Other states of operation to include: Colorado, IL, Missouri, MI, and North Dakota, ND.  
Find Yours at [SportClips.com](http://SportClips.com)

[redcrossblood.org](http://redcrossblood.org) | 1-800-RED CROSS



American Red Cross

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