March 1985. Abbott was keen to capture the lucrative international market and on February 11, 1985, applied for a license to sell its test in France. But French authorities, still shaken by the controversy between the French scientist Luc Montagnier and the American Robert Gallo over the discovery of the virus that causes AIDS, were wary of the American test. They expressed concern about its accuracy, and worried about preserving market share for the test that Montagnier's company, Diagnostics Pasteur, was trying to develop. Pasteur's test was not ready to be manufactured and distributed until June 21, 1985, when it was approved by the National Health Laboratory (NHL). On July 25, 1985, the NHL licensed Abbott's test. The delay between Abbott's first license application and final approval, a delay of more than five months, was the third component of France's blood policy that had a particularly important impact on the legal crisis that would rage over HIV and blood.

2. French Litigation over HIV and Blood

Organized in 1955 by the director of CNTS, Jacques Soulier, the Association Française des Hémophiles (AFH) had long provided a network for hemophiliacs. Emphasizing "hemophiliacs' autonomy and their right to live normally" (Steffen 1997:20), the AFH had pressed medical authorities to increase hemophiliacs' access to factor VIII. Factor VIII had been available in limited quantities since it was first imported in 1975, but the AFH believed that a better supply would improve the lives of French hemophiliacs. At its 1980 meeting the AFH called for an aggressive campaign to produce factor VIII domestically. Domestic production started slowly, but increased dramatically in 1984.

As the tragic toll of tainted blood slowly came to light, individuals infected with HIV through whole blood and blood products in France began to mobilize. Hemophiliacs were stung by the fact that they were infected just when they thought that blood products would help them to become more autonomous. They were angered by what they considered the state's preference for national interests—*domestic* whole blood, a *French* blood test—and its apparent disregard for individual health. So they demanded both financial compensation and a hunt for those responsible for the distribution of HIV-tainted whole blood and blood products. The AHF, hoping to distance itself from other, less sympathetic AIDS-related groups, asked the media not to publish articles about hemophiliac contamination when it began negotiations with the state for a system of compensation (Steffen 1997:33).

France's parliament first discussed compensation in 1987, and in July 1989 it approved a compensation scheme, the eponymic Évin Agreement, after the Minister of Health. The government

presented it as an act of solidarity with victims rather than as compensation for injury. Those who accepted payments were barred from litigating their HIV/blood-related claims in the civil or administrative courts. Payments averaged $20,000 for HIV-infected hemophiliacs, and were also provided for individuals with AIDS or their families, up to a maximum of $125,000. Those with blood transfusion–related HIV infection were not covered by the scheme.

Although the Évin Agreement was an important first step, implementation was slow. By early 1990, the AFH began negotiating for a new compensation law. It was joined by transfusion recipients, who were organized (by a politician with an HIV-infected family member) into the Association de Défense des Transfusés (Steffen 1997:34). On December 31, 1991, parliament replaced the Évin Agreement. The new scheme was directed by a judge from the Cour de Cassation, who made compensation decisions based upon such factors as emotional distress due to HIV infection, health problems caused by HIV, loss of life-years, and economic loss to victims and heirs. Those already compensated under the Évin Agreement, which had paid an average of $23,000 to 1,037 HIV-positive hemophiliacs, could increase their funds with compensation from the new plan, which ranged from $3,000 to $500,000. In addition, transfusion recipients could now seek compensation. Though many hemophiliacs who accepted payments under the Évin Agreement and the new system forfeited their right to sue, others decided to bring their claims to court.

From 1987, when the AFH embarked on a strategy of negotiation, it had been unable to maintain hemophiliac solidarity. Some hemophiliacs disdained the impulse to negotiate, believing that direct confrontation was a more effective strategy for voicing and resolving hemophiliac concerns. Most prominent in this group was GRO-A who in 1987 hired an attorney connected to the far-right National Front and filed a claim that sought damages as a consequence of becoming HIV infected through the blood supply.[34] Others quickly followed—in March 1988, claims were filed against the CNTS for merchandising fraud; in April, there were claims for manslaughter and non-assistance to persons in danger. In 1989 Garvanoff formed the Association des Polytranfusés (AP) as a radical alternative to the AFH and sued the CNTS and the AFH itself for fraud and non-assistance to persons in danger. No longer was the conflict over HIV-tainted blood in the shadows of France's legal life GRO-A his

[34] The National Front, keen on embarrassing the ruling Socialists, was anxious to file damaging charges against the state. In addition, engaged in a campaign in which it asserted that the "national decline" of France was caused by immigration, delinquency, drug abuse, and AIDS, involvement in litigation over HIV and blood fit perfectly into the National Front's political program.