



Ending the Gay Blood Donation Ban

A new report by New York City-based Gay Men's Health Crisis (GMHC) calls on the U.S. Food and Drug Administration to lift its ban on blood donations from men who have sex with men.

March 3, 2010 By James Wortman

In response to the burgeoning AIDS epidemic of the early 1980s, the U.S. Food and Drug Administration (FDA) instituted a policy in 1985 barring any man who has had sexual contact with another man—even once—since 1977 from donating blood, regardless of his HIV status. Since men who have sex with men (MSM) were the hardest hit by HIV/AIDS when the epidemic began, it was believed that prohibiting them from donating blood outright would protect the blood supply and prevent medical HIV transmission through blood transfusions.

Other groups permanently “deferred”—the FDA’s language in its blood donation policy—include people who have received payment for sex since 1977, intravenous drug users and anyone who has tested positive for HIV. However, other high-risk individuals, including non-MSMs who have solicited a sex worker or had sex with an HIV-positive partner, are prohibited from donating blood for 12 months following the sexual act in question. Groups that have emerged since the 1980s as high-risk for HIV, including African-American women, are not subject to these blood donation deferrals.

New York City-based AIDS service organization Gay Men’s Health Crisis (GMHC) has released a report called “A Drive for Change: Reforming U.S. Blood Donation Policies.” It calls for a new federal policy that assesses whether a donor’s behavior—not his or her sexual orientation—is high risk for HIV.

“Many policies adopted toward HIV a quarter century ago were based on fear, prejudice, homophobia and ideology—not science and compassion,” Sean Cahill, PhD, one of the report’s editors and managing director of public policy, research and community health at GMHC, told *POZ*. “GMHC believes that it is time to reexamine the lifetime ban on all gay and bisexual male blood donors, explore alternatives to this policy that would expand the pool of blood donors, and at the same time guarantee the safety of our nation’s blood supply.”

GMHC joins the American Red Cross, health experts, blood bank organizations and HIV and LGBT advocates nationwide who have long urged the FDA to reform its policy, but after twice revisiting its ban on MSM blood donations—in 2000 and 2006—the federal agency has yet to change it.

Supporters of policy reform note that broadly allowing high-risk, non-MSM individuals to donate blood—for example, heterosexual people who have unprotected sex with multiple partners—actually increases the risk of HIV entering the blood supply under the current policy. In addition, since the FDA has routinely tested blood products for HIV since 1985, some argue that lengthy and even lifetime deferral periods for high-risk groups are unnecessary. Today, common HIV tests can detect HIV antibodies around two to eight weeks following infection (the “window period”), while the newer nucleic acid test (NAT), which is typically used to screen donor blood, can detect HIV nine to 11 days following infection.

The report highlights that many countries around the globe have recently revised their policies regarding MSM blood donors. In 2008, Russia lifted its MSM blood donation ban completely, while Italy, Spain and France now screen donors for high-risk sexual behavior—including unprotected sex and sex with multiple partners—as opposed to sexual orientation. Argentina, Australia, Hungary, Japan and Sweden prohibit MSM from donating blood for one year following sex with another man, while New Zealand enforces a five-year deferral for MSM donors. Countries that, like the United States, continue to ban MSM from donating blood include Canada, Denmark, Finland, France, Germany, Hong Kong, Iceland and the Netherlands.

In the report, GMHC lays out its U.S. blood donation policy proposal in a six-part framework called DONATE, which would help the FDA maintain the safety of the blood supply without broadly discriminating against any one group deemed high risk for HIV. The goals of the guideline, as they appear in the report, are:

- **D**ecreased risk to blood donation recipients of accidental HIV transmission;
- **O**bjective risk factors as primary basis for blood donor policies;
- **N**on-discriminatory impact on gay/bisexual men and other groups;
- **A**wareness-raising of HIV prevention and transmission risks;
- **T**echnology-driven donor screening and blood screening procedures; and
- **E**xpansion of safe, eligible blood donor pool.

“Public policy should be based on science, knowledge and the latest technological advances—not prejudice, ignorance and outdated beliefs,” Cahill added. “The blanket lifetime ban on gay male blood donors is not sound public policy in 2010.”

Click [here](#) to read the full report.