

Gay men discrimination continues: fda's laws preventing homosexuals' blood donati...

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The history of United States laws and policies discriminating against queer people is nothing new. Anti-gay, anti-transgender, and sexist laws are still in effect today, despite many people believing that the era of discrimination of these people is coming to an end. One of these pieces of legislation currently in effect is the FDA's blood donation policy set in 1983, which prevents gay people from donating blood, specifically gay men. This policy was recently amended to allow men to donate blood as long as they had not had sex with another man in the previous year. Although it may seem that this is a step in the right direction, the amendment only continues to perpetuate stigma against homosexuals.

The problem with the FDA's policy is that it is not backed by any medical support. Obviously, gay men are not the only people capable of carrying the HIV virus. Anyone, heterosexuals included, who has unprotected anal sex is at a risk for contracting HIV; however, the history questionnaire required for donating blood doesn't ask anything about sexual behaviors of individuals besides gay men. The only deciding factor for whether or not a donor is deferred on the grounds of their sexuality is whether or not they have had sex with another man; this includes every gay and bisexual man who has had any sex with another man recently. The questionnaire does not ask anything about whether the sex was oral versus penetrative or protected versus unprotected, both of which play a significant role in the risk of HIV infection. The AABB, America's Blood Centers, and the American Red Cross released a statement regarding the FDA's policy regarding the deferral of gay and bisexual men, saying that the deferral is " medically and scientifically unwarranted... The blood banking community strongly supports

the use of rational, scientifically-based deferral among blood donors who engage in similar risk activities.”

The questionnaire also excludes transgender individuals; transgender males who haven't had gender reassignment surgery weren't the FDA's target donor group of those possibly at a higher chance of carrying HIV, yet they are still included in the policy to be deferred. Journalist and author of the book *Victory Deferred: How AIDS Changed Gay Life in America* John-Manuel Andriote expresses the unfairness in the policy: “ the FDA is perpetuating stereotypes of gay men who can't be trusted and assumptions about what all gay men do in bed”, including the assumption that “ all gay and bisexual men are vectors of ' bad blood' merely for having sex.” Andriote continues to explain that it would be more medically precise to ask all donors, regardless of sexual orientation, about simply their history of unprotected sex in the past year. This behavior is “ the riskiest behavior of all, whether between two men or a man and a woman,” and is also the leading cause of HIV infections in gay and bisexual men. This type of question would also include transgender individuals more accurately, including straight trans women who haven't had reassignment surgery, yet may still be having unprotected sex. This simple questioning is also subject to simple lack of cooperation on the donor's part, who could lie on the questionnaire without further inquiry. The need even for questioning of this nature is debatable, seeing as current HIV screening procedures are highly successful in keeping the nation's blood supply free of the virus; the FDA itself reports that the chance of an HIV infection resulting from a blood transfusion is 1 in 1.47 million, but for some

reason they find it necessary to continue to defer every gay and bisexual male donor with even a mildly active sex life.

The FDA modeled their policy's amendment after that of Australia, whom they claim has " a similar percentage of men reporting male-to-male sexual contact at some point in their lives." Australia also amended their previous ban on all gay blood to include only those who were sexually active in the past year. However, the FDA might be more successful modeling their policy after South Africa, who also has a volunteer-based blood donation program. South Africa has an estimated 6.3 million people living with HIV, a number that is five times as high as the United States'. As many as 33% of gay and bisexual men are believed to be HIV positive. In 2014, they changed their policy after it being deemed discriminatory (the same policy the United States continues to use), since heterosexuals have a higher rate of HIV/AIDS in South Africa yet could still engage in risky sex and continue to donate blood. The new policy actually favors those in monogamous relationships regardless of sexual orientation, instead banning those who have had a new sexual partner or multiple partners in the previous six months. Argentina also lifted its ban on gay blood donors in September 2015 in favor of an individualized risk assessment policy. Using these countries as models for the FDA's policies would make a more inclusive and accepting environment for people to do their society the honorable service of blood donation without the unfair and unnecessary discrimination against gays and bisexuals.