

June 7, 2010

Jerry A. Holmberg, PhD
Executive Secretary
Advisory Committee on Blood Safety and Availability
Office of Public Health and Science
Department of Health and Human Services
1101 Wootton Parkway, Suite 250
Rockville, MD 20852

Dear Members of the Advisory Committee,

I am writing on behalf of amfAR, The Foundation for AIDS Research, to urge you to recommend modification of current Food and Drug Administration (FDA) practice that effectively bans for life men who have ever had sex with men from donating blood. The current policy is outdated and provides official reinforcement of stigma and discrimination against the millions of gay and bisexual men in the United States.

For over two decades amfAR has supported research on HIV/AIDS prevention and treatment, and we are a forceful advocate for evidence-based policies that can reduce HIV incidence, morbidity and mortality. As an organization founded soon after the HIV/AIDS epidemic was recognized and when discrimination against people living with and at risk of HIV was rampant, we also appreciate the strong connections between achieving public health goals and advancing human rights of the groups most affected in the epidemic.

When the permanent deferral of blood donation by men who have ever had sex with another man was initiated in 1985 it was justified based on the limitations of HIV testing technology at that time. Those limitations do not apply today, and yet FDA policy has not been modified in decades.

Current blood donation policy treats men who have sex with men (MSM) differently than other population groups that are at elevated risk of infection with HIV or other blood borne infections. Heterosexual individuals who hire a sex worker are subject to a one year deferral. Heterosexuals who report having had sex with a person living with HIV are subject to a one year deferral. By contrast, a man who admits to having sex with another man *only once since 1977* is subject to a lifetime ban on blood donation.

Current FDA policy ignores the tremendous diversity among gay and bisexual men and other MSM. Many of these men are in committed monogamous relationships and have been so for many years. Yet FDA-approved screening procedures for prospective donors fail to take such critical behavioral factors into account.

The lack of justification for the current policy has led the American Medical Association, American Red Cross, America's Blood Centers and AABB (formerly the American Association of Blood Banks) to call for modifications in the restrictions on blood donation by MSM. Eighteen United States Senators have urged a review of the policy. The time has clearly come for a change.

As you know, there are a variety of preferable alternatives to the current lifetime ban, including a shortened deferral period and revised screening procedures that are more effective and consistent in determining the risk factors of prospective donors. Additional research may be needed to fully understand how changes in screening questions could help assess risk. Therefore I urge you to seriously consider implementing a reduced deferral period while necessary research is completed, and to reexamine this question as soon as new research clarifies options regarding screening procedures.

As an organization committed to ending the HIV/AIDS epidemic in America and around the world, we fully support all efforts to minimize risk to the nation's blood supply. It is also important to appreciate the social risks inherent in a government policy that effectively discriminates against a group of people who are already subject to stigma and discrimination in our nation. Research has established the links between homophobia and vulnerability to HIV/AIDS and other health concerns.¹ I urge you to consider these very real social risks as you develop your recommendations on blood donation policy.

Thank you for your consideration of these comments.

Sincerely,



Kevin Robert Frost
Chief Executive Office
amfAR, The Foundation for AIDS Research

¹ For example, children, whose parents accept their homosexuality or bisexuality, are 3.4 times less likely to engage in HIV risk behavior compared to children who are rejected by their parents for being gay (Ryan, C, et al, Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults, Pediatrics, Vol. 123 No. 1 January 2009, pp. 346-352)