THE UNIVERSITY OF IOWA

COLLEGE OF
LIBERAL ARTS & SCIENCES
**Department of Communication Studies**
105 Becker Communication Studies Building
Iowa City, Iowa 52242-1498
319-335-0575 *Fax* 319-335-2930
www.uiowa.edu/~commstud

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Dear Advisory Committee on Blood Safety and Availability,

I am writing to encourage the committee to suspend the blood donor deferral policies currently mandated against gay and bisexual men. In a 2009 book-length study of the policy, I found that the measure is built on a foundation of specious and outdated evidence that situates gay and bisexual donors as more diseased and dangerous than their heterosexual counterparts. The arguments employed to sustain the ban emphasize infectious conditions that pose these donors as threats, overlooking the productive role that gay and bisexual men play in the citizenry. In this brief statement, I would like to highlight some important points for considering the alleged risks posed by gay and bisexual men, the evidentiary fallacies justifying the current policy, and the future problems should the ban not be overturned.

First, the committee should consider evidence that positions gay and bisexual men as citizens and blood donors above all other variables. Procedures for deliberating this subject have tended to assume a priori that these donors are an inherent danger. By refocusing attention on these men as donors, the advantages of including gay and bisexual men in the process of giving blood would become immediately transparent. As the committee knows, blood donors, and especially repeat blood donors, have characteristics that set them apart from the rest of society. Repeat blood donors are more health conscious, tend to be low-risk takers, and much evidence suggests their altruistic nature. Sadly, in the FDA's Blood Products Advisory Committee (BPAC) deliberations about gay and bisexual blood donors, no consideration is ever offered to this most central characteristic. In my own work, I interviewed a number of gay men who regularly "pass" as straight to donate blood under the current regulations. All of the men who denied their sexual orientation did so for altruistic reasons that were motivated by obligations relatable to all people: they had received blood as a child, they had fond memories of giving blood as a family ritual at Thanksgiving, they had a parent who was a repeat donor, they were distraught in the wake of a national disaster. Yet, in all my research, I never found a single government deliberation where citizenship and personal sacrifice were given consideration over gross generalizations of recklessness and disease. The motivating feature of these policy deliberations should focus on individuals as donors first and other demographic traits second. Doing so would significantly shift understandings of these donors and the benefits that might follow.

Shifting the focus to give more attention to gay and bisexual men as altruistic citizen-donors seems especially urgent in light of past discussions. Even a cursory glance at the deliberations about gay donors reveals that the current policy is built on a foundation of suspect evidence. In my analysis of transcripts from the BPAC I found that much of the data used to scrutinize gay and bisexual populations came from questionable studies that collected information from bars, STD clinics, and

"various street locations" (the language used in one of the meetings). STD clinical data seemed especially egregious because it foregrounds disease and then made deductions about all gay men. The steadfast articulation of gay men with affliction surfaced time and again, even when it was not pertinent to the measure in question. Discussion of HHV-8 during BPAC meetings illustrates this point well. HHV-8, as many officials noted during those forums, is not transmissible through blood transfusions and is generally associated with HIV-positive populations, not all gay and bisexual men. Indeed, the committee never gave close attention to men who are health conscious, monogamous, and who engage in safer sex practices. The benefit that would be derived from such consideration is clear. A report from the Williams Institute indicated recently that lifting the ban could add another 219,000 pints of blood to the national supply.

Finally, and equally important, because of these generalizations young people are increasingly turning away from becoming repeat donors. Younger people are connecting this important communal ritual with discrimination, potentially turning a generation of repeat donors, gay and straight alike, into ambivalent citizens. This generation, which is more accepting of LGBT people than any in history, are poised to continue resisting any discriminatory policy. There have been protests at universities, colleges, and high schools across the country and this issue will only gain further momentum if current policy trends continue. A recent Facebook page dedicated to this issue attracted over three thousand members in just over a month. To help restore the faith young people have in this vital community practice, the committee should move to treat particular sexual risks with deferrals for all people regardless of sexual orientation. A one-year or five-year deferral exclusively directed at men who have sex with men will only exacerbate the problematic nature of this policy, essentially telling all donors that our science is fundamentally flawed and that gay and bisexual men can never really be trusted. Three years ago it was discovered that the number of people eligible to give blood in this country had been over-estimated by 66 million donors. As a country, we simply cannot afford to lose new repeat donors because of a misguided policy that harbors outdated stereotypes of gay and bisexual men.

The American Red Cross, which collects about half of the blood in this country, receives donations from approximately 22,000 people everyday. And each of them, regardless of race, sex, religion, age, or sexuality, is confronted with a question that positions gay and bisexual men as contagions. While it is impossible to know how each person individually reacts, it must surely give pause to many. I hope the committee alleviates this stigmatizing discourse by revoking the policy, keeping in mind the sound testing measures we now have in place and the potential to collect blood from additional repeat donors.

Thank you for your time and consideration. Please, feel welcome to contact me for further discussion or information.

Jeffrey A. Bennett, Ph.D.
Author of *Banning Queer Blood: Rhetorics of Citizenship, Contagion, and Resistance.* Tuscaloosa, AL: University of Alabama Press, 2009.