

## **PFLAG National**

1828 L Street, NW Suite 660 • Washington, D.C. 20036  
(202) 467-8180 • [www.pflag.org](http://www.pflag.org) • [info@pflag.org](mailto:info@pflag.org)

*Testimony of Parents, Families and Friends of Lesbians and Gays  
Department of Health and Human Services (HHS)  
Advisory Committee on Blood Safety and Availability (ACBSA)  
Thursday, June 10 and Friday, June 11, 2010*

Good morning/afternoon. My name is Rhodes Perry, and I serve as the Policy Manager for Parents, Families and Friends of Lesbians and Gays (PFLAG). PFLAG is a national network of lesbian, gay, bisexual and transgender people, their families and loved ones. PFLAG is also proud to represent countless straight allies from across the country who are committed to full equality for LGBT people. Our membership includes not only parents, but also medical professionals; not only heads of households, but also community leaders; and not only those with a gay or transgender family member, but also those with LGBT neighbors, co-workers, clergy and others.

We are especially appreciative of the opportunity to address the Committee today and provide our insight and analysis of the Food and Drug Administration's current lifetime blood ban for men who sleep with men. Since 1977, our organization has remained deeply concerned by the stigma and damaging stereotypes the ban imposes on our family members. Affirmatively banning gay and bisexual men from donating blood perpetuates a false belief that they - [quote] "lead a sick lifestyle" - even if that is not the ban's underlying intention. While the existing ban certainly doesn't generate nearly as much attention as "Don't Ask, Don't Tell" and the Defense of Marriage Act - two notorious laws that ruthlessly discriminate against LGBT people - its impact is equally punishing.

The critical problem with the blanket blood ban for gay and bisexual men is that it continues to treat these men as a homogenous class of people, with a uniform risk of HIV infection, rather than a population within which individuals or certain subgroups have varying risk based on sexual practices and other risk behaviors. For example, a gay man who consistently uses condoms with his monogamous partner who is HIV-negative will be at no risk of HIV infection; in contrast to a man who engages in unprotected sex with multiple partners, who faces a substantially elevated risk relative to the overall MSM population and the population at large. As long as a blood donation policy fails to account for or distinguish between such behavior-based groups, the policy will continue to disproportionately stigmatize gay and bisexual men.

Consider how this policy impacts our gay and bisexual family members - Chad joined the American Red Cross five years ago. Part of his job was to encourage the public to donate and support the life-saving work of the organization. Since many blood drives occur in workplaces and schools, Chad wanted to model participation by donating his own blood.



*Moving equality forward through support, education and advocacy.*

Before he could give, he was told by a fellow employee that his blood could never be accepted – because he is gay. Chad was surprised to learn about the policy and was dismayed that he could not help out his town's local blood bank simply because of his sexual orientation.

The ban's stigma also jeopardizes the quality of care gay and bisexual men receive from health care practitioners. An affirmative federal ban imposed on men who sleep with men may allow for certain medical providers to not only dismiss their blood donations, but it may also give health practitioners license to provide lower standards of overall care due to their own prejudice and misinformation reinforced by the federal government.

Overall, the ban reinforces inaccurate stereotypes the general public may hold about the health and well-being of gay and bisexual men. While the FDA justifies its policy of banning gay and bisexual men from donating due to high HIV prevalence rates amongst this group of people, it fails to ban other groups with similar rates such as injection drug users, incarcerated individuals and people between the ages of 30 to 49 – all of which are groups with equally high prevalence rates. The ban also does not distinguish between high risk behaviors within MSM sub-groups. The inconsistent application of this policy of group-based deferrals solidifies outdated stereotypes about how HIV is spread and dangerously downplays the risk of infection by non-MSM populations.

Furthermore, established medical associations like the American Red Cross and the American Association for Blood Banks have said that there's no scientific or medical warrant to categorically ban gay and bisexual men from donating blood. The Council on Science and Public Health at the American Medical Association also advocated for altering the lifetime deferral requirement for gay and bisexual men. The ban at this point is not keeping folks healthy; rather it is just keeping antiquated discrimination alive.

There is no doubt that this Committee, Secretary Sebelius, President Obama and others are enormously well-intentioned and committed to reducing the stigma and discrimination the current lifetime blood ban imposes on gay and bisexual men. For that, PFLAG and our families and allies applaud you. But there is also no doubt that, to ultimately succeed, everyone must take concrete steps to evaluate, implement and enforce a new standard to ensure our nation's blood supply is safe.

To that end, PFLAG respectfully requests the Committee to take the following actions; firstly, we request that you repeal the affirmative lifetime blood ban for gay and bisexual men; and secondly, we ask that you reexamine the deferral criteria for all blood donors to ensure all high-risk behaviors – engaged by both gay and straight people – are appropriately screened during the donor intake process. By doing so, you will guarantee that your intention is not just well-received amongst our family members, but also well implemented by truly making sure that our much needed blood supply is safe, too.

In closing, we thank you for your continued leadership in promoting the health and well-being for our families, and we look forward to our ongoing work with you on this critical issue.