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Don’t ask, don’t tell . . . and don’t donate

Ushma S. Neill

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Editorial

Did you know that gay men can’t donate blood, nor can they donate sperm anonymously to sperm banks? I applaud the 18 senators who have banded together to urge FDA Commissioner Margaret Hamburg to revisit this issue, as current scientific data on infectious diseases does not lend credence to these policies.

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Soon after an epidemic was recognized in gay men in 1981, individuals who received blood transfusions also began developing a disease that ultimately would be termed AIDS. Little was known about the then-mystery syndrome, but it was soon recognized that it was transmissible through blood products. Blood safety officials took the step of excluding from blood donation those emerging as the first "risk groups": gay men. HIV was identified as the cause of AIDS two years later and, after an HIV screening test was developed, the FDA mandated HIV screening for the blood supply in 1985.

Back in 1981, it made sense to exclude gay men from blood donation, but now transmission of HIV through blood transfusion is extremely rare — less than 1% of all new HIV infections, according to the CDC. In fact, the CDC estimated that at the end of 2007, more than 571,000 people in the United States were living with HIV/AIDS, but only slightly more than half of those cases were a result of male-to-male sexual contact, with the fastest growing risk group being heterosexuals. Despite this, in an effort to further curb the spread of HIV, the FDA also imposed a ban on anonymous sperm donation by gay men.

Unfortunately, these bans further perpetuate the stigma that associates gay men with HIV. Homosexuality is placed in the same risk group with prostitution and intravenous drug use, yet heterosexuals who engage in unsafe behavior are allowed to donate after a sufficient waiting period. Essentially, a heterosexual man can have unprotected anal sex with female prostitutes for years, stop doing so, and then donate blood a year later, whereas a gay man in a monogamous relationship who practices safe sex is forever barred from donation. This is an appalling double standard.

Billions of research dollars later, we now have reliable and low-cost screens for multitudes of infectious diseases and genetic abnormalities. The integrity of the blood supply (and the sperm supply, for that matter) can be assured based on the steps now mandated before any biological product can be transferred to another human. All donated blood is tested for infectious agents, including hepatitis viruses, HIV, human T-lymphotropic virus (HTLV), West Nile virus, *Trypanosoma cruzi*, and syphilis. Although a blood donor's recent HIV infection may not be detected by standard HIV tests, improvements in testing technology have narrowed the window for detection to no more than a few weeks. Sperm donors are subjected to an even more intensive regimen of tests, with blood and urine tested for HIV, HTLV, hepatitis B and C, syphilis, gonorrhea, chlamydia, and cytomegalovirus. General health indicators are also measured, and donors are also screened to see if they are carriers of genetic disorders like cystic fibrosis, sickle-cell disease, thalassemias, or other hemoglobin-related blood disorders. Sperm samples are mandated to be quarantined for a minimum of 6 months and then retested (with the donor tested serially) for infectious agents before semen is released for insemination. With such diligence, it is unlikely that any infected sample would be transferred.

One fly in the ointment is that the whole system is predicated on the assumption that donors will be honest about their lifestyle choices. A good liar can subvert the bans simply by not answering truthfully prior to donation. But given the extensive screens in place to safeguard the blood and sperm supply, no pathogens are likely to be transmitted, regardless of whether the donor has been truthful about their lifestyle.

The 18 senators who have approached the FDA commissioner are backed by the American Red Cross and America's Blood Centers. They have stated that science and the aforementioned screening technologies have advanced far enough for us to be able to do away with these sorts of bans. They asked the FDA to consider using the same deferral policies that apply to heterosexuals who engage in high-risk behavior: a 12-month deferral. Gay men would have to have abstained from sex with other men for a year, even with a condom, prior to being eligible to donate. This sort of policy makes much more sense than having a blanket rule that discriminates against sexually active gay men as a whole.

In my reading of online posts from radical Web sites, the support for upholding the ban is not based on science, but on the hysteria about "gay blood" and the feeling that liberal left-wing crackpots are trying to force their own agenda on fellow Americans. While I can understand that there is a historical reason for wanting to limit the chance of contracting HIV, scientific fact dictates that thoroughly screened blood from gay men will not make a male recipient immediately seek another man for copulation.

The FDA should be urged to lift this antiquated restriction; their rationale concerning risk makes about as much sense as the government's rationale for discharging military personnel because they are gay. The goal should be to have policies in place that are based on the science rather than on bigotry. HIV and other infectious diseases can affect everyone, and the FDA should stop treating gay men as the only people who contract HIV.

Ushma S. Neill,
Executive Editor