

National Gay and Lesbian Task Force



**Remarks by Laurie Young, Ph.D., Interim Director of Public Policy and Government Affairs,
National Gay and Lesbian Task Force, June 9, 2010**

Lift the FDA blood ban press conference, Washington, D.C.

Good morning, my name is Laurie Young, representing the National Gay and Lesbian Task Force. Thank you to Representatives Quigley, Farr Nadler and Weiner, and all of the other members of Congress raising awareness about our country's blood supply and the lifetime ban.

First, I want to commend the Advisory Committee for reviewing the decades-old, lifetime ban from donating blood for men who have sex with men. This review is both overdue and critically important.

The lifetime ban was initiated in 1985, at the beginning of the AIDS crisis. Nearly 30 years later, the science has changed but the outdated policy remains. The blanket prohibition against men who have sex with men is a blunt tool that makes it impossible to assess actual risk an individual poses to the nation's blood supply. And there are no similar restrictions in place for other populations based on either demographics or behavior, and certainly, nothing banning lifetime donation.

In a time of ongoing blood shortages across the country, where less than 10 percent of the eligible population donates on an annual basis, the blood needs of the country should be evaluated on par with regard to the safety of our blood supply.

The absolute ban on blood donations from men who have sex with men is simply another reminder of the discrimination the LGBT community continues to face today. Our community wants, like all proud Americans, to be good and responsible citizens and help those in need, but we're told 'Sorry, you're not wanted,' over and over and over again. And why? It's not because science or good public policy dictates the ban. No, instead gay men in our community are singled out because of unfair stereotypes that have no place in a policy supposedly based on science.

All blood donations are tested for safety; meaning that screening safeguards are in place for everyone, equally. Also relevant is the self-selection bias among men who have sex with men; people who know that they are low- or no-risk donors are more likely to choose blood donation as an option. Those who are higher risk will likely not choose to donate.

I know this review will be carefully considered, cautiously undertaken, and a decision will be reached with public safety in mind. These are the same principles of sound public policy that we advocate for, and that our community supports. This is the reason we are asking the policy reflect updated scientific studies on blood safety and distinguish between low- or no-risk men populations instead of using the blunt force of a lifetime ban because of the sex of one's partner.