

2014

Discrimination in the Blood Donor Policy



A protestor shows off his rejection stamp after trying to donate blood and admitting he is gay.
Gillian Mohnney/ABC News

HAABB Student Scholarship

4/1/2014

ABSTRACT

In recent years, has blood donor eligibility become discriminatory due to outdated policies?

The blood donor policy established by the Federal Drug Administration (FDA) has been one of controversy in the past ten years due to strides the United States has made in embracing marriage equality and gay and lesbian rights. There are various claims of discrimination within the policy, mostly encompassing homophobia. The guidelines that are viewed as homophobic have various effects on the population ranging from “discriminatory intent” which questions the intentions of the blood donor policy’s authorization of the men who have sex with men (MSM) deferral policy (Fox 2010, 42.3). “Discriminatory effect” raises the question of how the blood donor policy psychologically affects those impacted by it and “discriminatory expression” questions how the population may be influenced by the enactment of the policy (Fox 2010, 42.3). In this paper, I will assess the reasons behind the MSM deferral policy, how the MSM deferral policy compares to other high-risk donors, advances in detection testing, and the social stigma that has been created as a result of the policy.

DISCLAIMER

This paper is a review of current literature and is not the result of original scientific or medical research.

KEYWORDS

Blood donor policy, discrimination, MSM, HIV, transfusion

INTRODUCTION

The policies surrounding blood donor eligibility in the United States have been a source of controversy in recent years, largely due to progressive movements in our society regarding acceptance of same sex couples. The deferral policy varies with different countries, with many of them adopting a time-specific deferral policy for a duration of twelve months or more. The policy states: men who have had sex with men (MSM) even once after 1977, are indefinitely deferred from donation until further notice regardless of whether they identify as straight, gay, or bisexual. The stringent guidelines were at a time appropriate due to not only the lack of knowledge about HIV but also the lack of testing available that would be capable of detecting the virus. Throughout time, advances made in the detection of the virus have brought many questions to light regarding why MSM are not only still being singled out, but ultimately being subject to the lifetime rejection that people living with other “high risk” lifestyle choices are not required to adhere to.

DISCUSSION

In the late 1970's the first reported case of HIV caught national attention. A deadly infection swept the nation and the population was paralyzed with fear of the unknown. In the mid 1980's, thousands of people were infected with HIV and hepatitis C around the world, most of whom were already suffering from compromised immune systems. In studies performed in the 1980's at the height of the AIDS epidemic in the United States, it was estimated that an astounding 1:100 transfusion recipients may become infected with AIDS (Dwyre et al, 2011). This finding forever changed the public's view of the blood collection systems. In addition, other findings revealing that the majority of HIV positive individuals were men who have sex with men also created a shift in public's focus on a community that they at the time were unfamiliar with (Dwyre et al, 2011). Stringent measures were put in place to avoid more tragedies like this from occurring. So far it has been effective, ultimately reducing the incidence of HIV transmission in transfusions down 90%

(Dwyre et al, 2011). Despite all of the thorough precautions put in place to resolve this issue and gain back the integrity of the blood collection system, there was never a follow-up protocol planned that would effectively address the evolution of our society - not only with the evolution of the way people think but the technological advances that would be made that have the capability of detecting HIV effectively.

Shifting focus from those who have indefinite deferral to those who are granted temporary deferral, gives a better representation of the discrimination in the blood donor policy. The United States donor policy states high risk activities such as prostitute contact, IVDU/hemophilia contact, females who have sex with men who have sex with men, and those that have sought treatment for syphilis or gonorrhea have a temporary deferment period of twelve months. In 2006, The American Association of Blood Banks (AABB), America's Blood Centers (ABC) and the American Red Cross joined forces to deliver a presentation to the Food and Drug Administration's (FDA) Blood Products Advisory Committee (BPAC) (AABB, 2010). The presentation concluded "that the current lifetime deferral for men who have had sex with other men is medically and scientifically unwarranted" in addition to advocating that the "deferral criteria be modified and made comparable with criteria for other groups at increased risk for sexual transmission of transfusion-transmitted infections" (AABB, 2010). The FDA rejected the proposal. The most recent statement issued by AABB, ABC and the American Red Cross in 2010 expressed their continued support of any proposed deferment periods that are accompanied by scientific evidence of activities determined to be high risk (AABB, 2010).

After the AIDS outbreak and the discovery that patients were being transfused with a deadly virus, all research was focused on determining the causative agent of the virus as well as investigating methods to aid in its detection. The ultimate realization that there is a window in which the virus may not be detectable until seroconversion has led researchers on a very long and arduous road to finding effective means in overcoming this obstacle. The first HIV test developed

was an ELISA for the detection of HIV antibodies. Following that over the next fifteen years were Western blots, various rapid tests, and eventually the development of tests that aid in detection of both antigens and antibodies. Seroconversion occurs when the body produces enough antibodies to the virus that it can be detected by current methods. The issue with HIV is that the virus is capable of hiding within cells by incorporating itself into host DNA and preventing an immune response from occurring. Antigens however, can be present in detectable amounts sooner so the focus on adding antigen testing to the available antibody testing allowed for earlier detection of the virus before seroconversion has occurred. From 1999-2008, American Red Cross stated “of 66 million donations tested, mostly pools of 16, there were 32 positive HIV nucleic acid test (NAT) yield samples with an incidence of 1:2,060,000” (Dwyre et al, 2011). Minipool NAT testing was introduced in 1999 and the infectivity window of HIV was further reduced down to 11 days (Dwyre et al, 2011). Development of new methods has not ceased, and there are currently methods being implemented in other countries that could prove to be even more sensitive but are not yet approved in the United States (Dwyre et al, 2011).

Not only was the blood collection services’ reputation tarnished, the entire MSM community felt the same backlash if not more from the rest of the population. The continued enactment of the MSM deferral policy essentially insinuates that any man who has sex with a man is likely a sex-fueled, prostitute-seeking, IV drug user with no inhibitions (Fox, 2010). Furthermore, the policy implies that all MSM are to be treated as if they are HIV positive due to unlikely chances that a MSM is capable of living in a monogamous relationship while practicing safe sex (Fox, 2010). The combination of the MSM deferment policy and the distorted perception of society on MSM have trickled down to effecting how MSM individuals perceive themselves. Psychological issues associated with this stigma has resulted in depression and anxiety, as well as feelings of “otherness” where one feels disconnected from the society they once saw themselves as a part of (Fisher & Schonfeld, 2010).

CONCLUSION

In addition to the development of advanced testing technologies, shifting incidence of HIV in those discriminated against, and unnecessary negative psychological effects on the MSM community, the final staple is the continued shortage of blood that the United States blood collection systems work feverishly to stay caught up with. Eleftherios Vamvakas states “in addition to being discriminatory, the criteria deprive the US blood supply approximately 1% of actual donors” (2011). One percent sounds like a small number but it is significant enough that it could be the difference in a life or death situation. It is important to weigh all risks involved when revising a policy as detrimental as the blood donor policy, but its revision should be based purely off of scientific data and not personal beliefs. If and when the technology is available to reliably and effectively screen for any dangers associated with blood donation, it should be utilized to the fullest extent. Personal bias will never be an acceptable reason to exclude an individual from selflessly donating towards a potential life-saving procedure.

REFERENCES

- AABB. "Joint Statement Before ACBSA on Donor Deferral for Men Who Have Had Sex with Another Man (MSM) - 6/15/10." AABB.org. AABB, 15 June 2010. Web. 4 Nov. 2013. <<http://www.aabb.org/pressroom/statements/Pages/statement061510.aspx>>.
- Dwyre, D. M., Fernando, L. P. and Holland, P. V. (2011), Hepatitis B, hepatitis C and HIV transfusion-transmitted infections in the 21st century. *Vox Sanguinis, The International Journal of Transfusion Medicine*, 100, 92-98. doi: 10.1111/j.1423-0410.2010.01426.x
- Fisher, C., & Schonfeld, T. (2010). Sex and blood: a deeper exploration of discrimination in the FDA blood donor policy. *American Journal Of Bioethics*. 10(2), 40-42. doi:10.1080/15265160903506392
- Fox, Dov. (2010). The Expressive Dimension of Donor Deferral. *American Journal of Bioethics*. 10(2), 42-43. doi: 10.1080/15265160903506350
- Vamvakas, E. (2011). Relative risk of reducing the lifetime blood donation deferral for men who have had sex with men versus currently tolerated transfusion risks. *Transfusion Medicine Reviews*. 25(1), 47-60. doi:10.1016/j.tmr.2010.08.006