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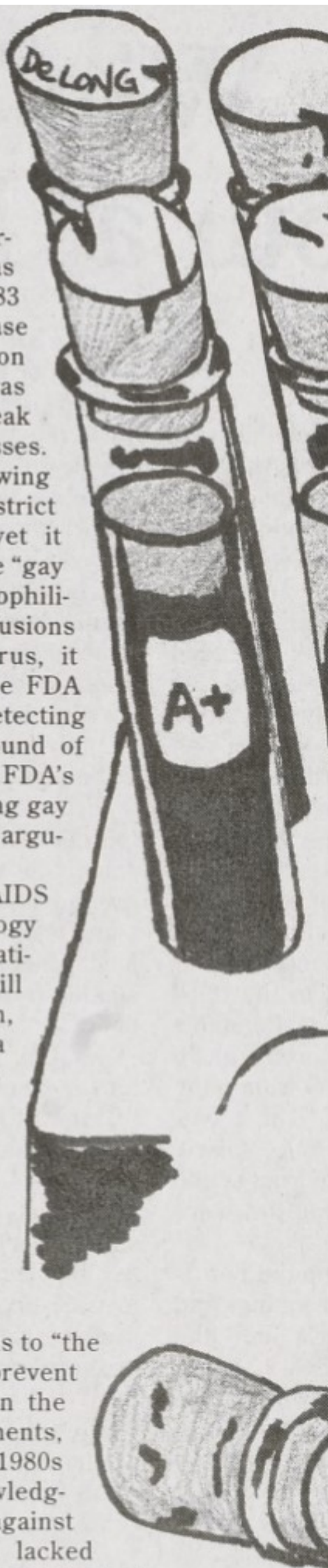
Columbia Daily Spectator, Volume CXXXI, Number 52, 9 April 2007 — Bad Blood: Exposing the FDA's Homophobia
[ARTICLE+ILLUSTRATION]

Bad Blood: Exposing the FDA's Homophobia

BY STEVEN TEAGUE

In 1984, when the Food and Drug Administration enacted a lifetime ban against potential male blood donors who have engaged in sexual intercourse with other men, our understanding of HIV/AIDS was primitive. Not until 1983 did the Center for Disease Control and Prevention recognize that a virus was causing the recent outbreak of then-uncommon illnesses. Evidence existed showing that this virus did not restrict itself to homosexuals, yet it was sensationalized as the "gay plague." Although hemophiliacs requiring blood transfusions were contracting the virus, it wasn't until 1985 that the FDA approved a test for detecting HIV. Given this background of fear and uncertainty, the FDA's policy effectively excluding gay men as blood donors was arguably justifiable.

Fortunately, both AIDS awareness and technology have now improved dramatically. While the virus is still prevalent among gay men, few would consider it a gay plague. AIDS does not discriminate. Unsafe sex places a person of any race, gender, or sexual orientation at risk. Moreover, we can now test to a greater than 99 percent certainty whether a person has the virus. Blood banks test donations to "the point of redundancy" to prevent AIDS transmission. Yet in the midst of these improvements, one relic from the early 1980s remains. Despite acknowledging that the blood ban against sexually active gay men lacked



a scientific basis, the Blood Products Advisory Committee of the FDA reaffirmed the ban—excluding more than 250,000 men from the available blood pool—by a 7-6 vote in 2000.

Though the nation's blood banks and the Red Cross advocate lifting the ban, the FDA refuses to do so—justifying it by alleging that active gay men face a higher risk of infection. Just cursory scrutiny reveals the FDA's rationale to be a mere pretext for discrimination. It is common knowledge that those who engage in protected sex are considerably less likely to contract HIV/AIDS than those who do not. No one group is inherently predisposed to AIDS when proper precautions are taken. If the FDA desired to exclude individuals facing a higher risk of infection, it appears obvious that it

would attempt to distinguish between those who engage in safe versus risky sexual behavior. No such attempt is made.

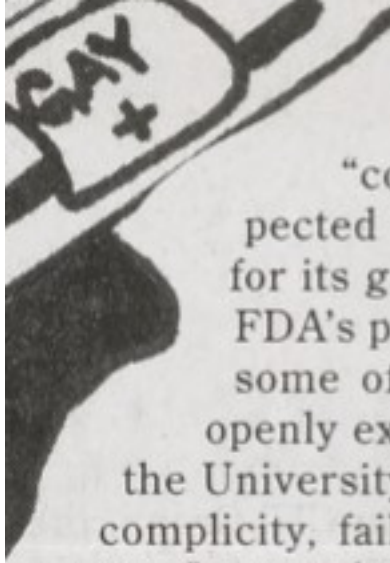
Sex workers are a classified high-risk group. So, logically, anyone "employing" such a worker should be seen as sufficiently high-risk and, like gay men, merit the permanent donor ban. To the extent that a distinction is warranted, surely it would favor the gay man having monogamous sex with his partner as compared to the heterosexual having one time flings with prostitutes. Yet a heterosexual man having intercourse with a female prostitute only faces a one-year donation prohibition. The degree of leniency that the FDA affords to such persons is wholly inconsistent with the policy of screening out high-risk individuals. It is apparent that if the FDA genuinely targeted high-risk groups, it would adopt a screening policy banning blood donations from those narrowly defined classes of individuals engaging in scientifically recognized "at-risk" behaviors. Therefore the proffered rationale for the gay blood ban can only camouflage an invidious motive: to perpetuate homophobia through the institutionalized exclusion of gay males. Such a motive in light of our current blood crisis is appalling.

Because this ban is seldom advertised, gay men remain naïvely oblivious of it until they are ignominiously rejected by blood screeners. Even if aware of the ban, to perform his civic duty, a gay man must fully internalize his second-class status by lying to the screener and defrauding his government. This I will not advocate, no matter how desperate the need for blood.

Columbia University expresses in its non-discrimination policy a commitment to nurturing a



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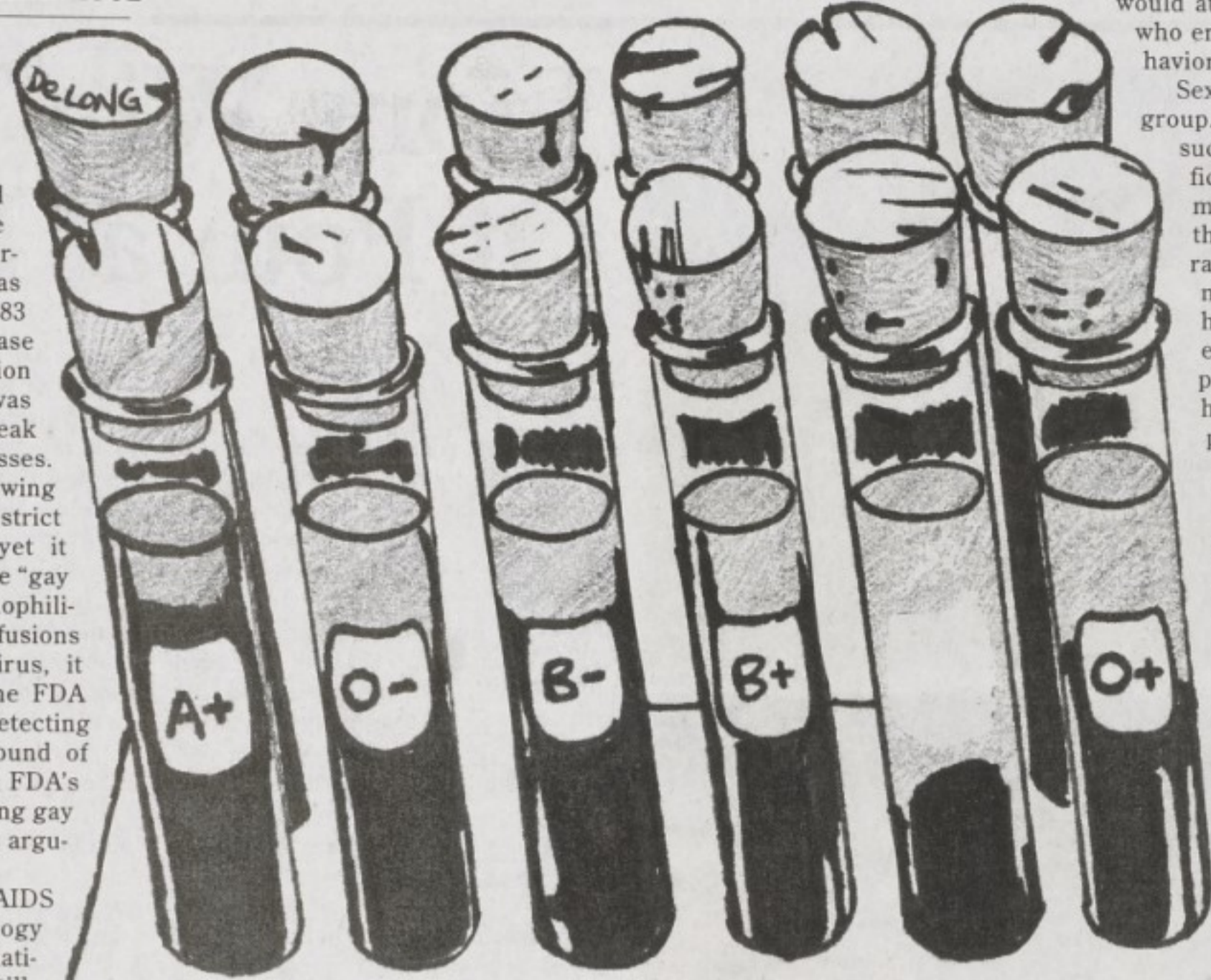
community "founded upon the fundamental dignity and worth of all its members." Given this "commitment," one might have expected Columbia to show enough concern for its gay students to warn them about the FDA's policy. Better yet, the University, like some of its individual schools, could have openly expressed its distaste for the ban. Yet the University, as a whole, remains content in its complicity, failing to issue any response whatsoever. I can only hope that in the future, my University will exercise its responsibility and abide by the language in its non-discrimination policy.

The author is a first-year student in the Law School.

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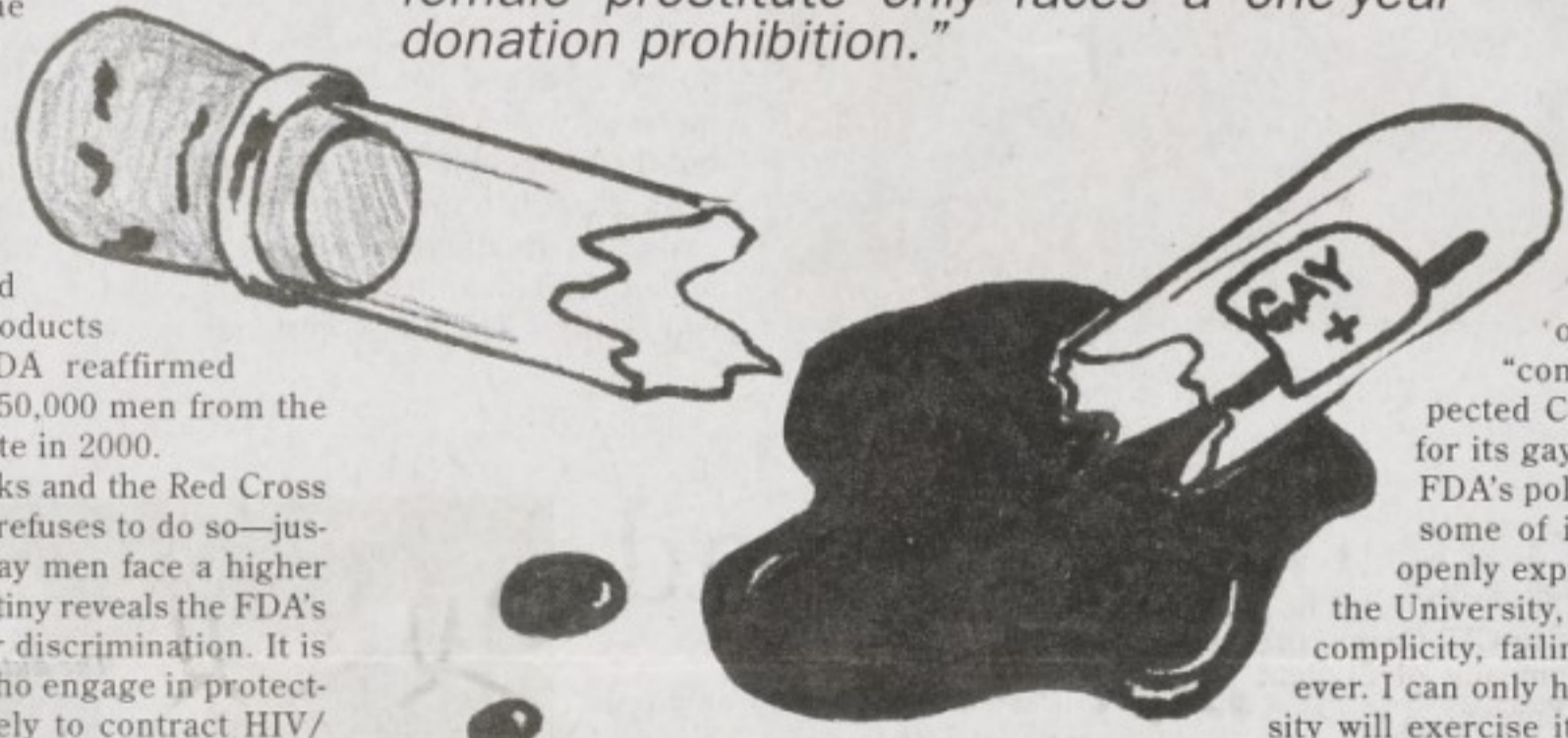


ILLUSTRATION BY CHRISTINE DELONG

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