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 Despite acknowledging that the blood ban against sexually active gay men lacked justification, the CDC has still not rescinded it.
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—justi-
fying 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 protec-
ted sex are considerably less likely to contract HIV/
AIDS than those who do not. No one group is inheren-
tly predisposed to AIDS when proper precautions are
taken. If the FDA desired to exclude individuals fac-
ing a higher risk of infection, it appears obvious that it
would attempt to distinguish between those who engage in safe versus risky sexual be-
havior. No such attempt is made.

Sex workers are a classified high-risk
group. So, logically, anyone “employing”
such a worker should be seen as suf-
ciently high-risk and, like gay men,
merit the permanent donor ban. To
the extent that a distinction is war-
ranted, surely it would favor the gay
man having monogamous sex with
his partner as compared to the het-
erosexual having one time flings with
prostitutes. Yet a heterosexual man
having intercourse with a female
prostitute only faces a one-year dona-
tion prohibition. The degree of leni-
ency 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 scien-
tifically recognized “at-risk” behav-
iors. 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
naively oblivious of it until
they are ignominiously
rejected by blood screen-
ers. Even if aware of the
ban, to perform his civic
duty, a gay man must
fully internalize his sec-
ond-class status by lying to the
 screener and defrauding his
government. This I will not ad-
vocate, no matter how desper-
ate the need for blood.

Columbia University expresses
in its non-discrimination pol-
icy a commitment to nurturing a
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.

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ILLUSTRATION BY CHRISTINE DELONG

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