

Blood Shortages and the Conversation of Blood Bans

By Meagan Hamilton

Second Place: Researched Argument (UNIV 111/112)

As society continues to navigate the COVID-19 pandemic and its aftermath, new realities of its repercussions are inflicted upon us every day. For example, the American Red Cross, the agency responsible for 40% of the country's blood donations, recently announced that we are amid the first-ever national blood crisis (O'Donnell). In January 2021, there has been a 10% decrease in overall donation rates since the start of the COVID-19 pandemic in March 2020 (Red Cross). In response to the conversation about possible solutions to the blood donation shortage, the public debates around blood donation bans arise about how certain groups are prohibited from donating blood. Since the 1980s, there has been a lifetime ban on gay and bisexual men due to the HIV/AIDS epidemic. According to UCLA's School of Law, gay and bisexual men make up 3.6% of the American population, equal to approximately 12 million people and counting (Gates). Allowing blood donations from a group of this size could have a significant positive impact on the donation deficit. With improved technology and medicine, this ban has become the frontrunner of debate among scientists and the American population alike. All are asking if this ban is still necessary, given that it could be a solution to the national blood storage.

The first documented Acquired Immunodeficiency Syndrome (AIDS) case was recorded on June 16th, 1981. AIDS is an incurable, fatal condition caused by contracting HIV, Human Immunodeficiency Virus, which damages the immune system rendering the victim susceptible to typically non-lethal pathogens. By the end of 1981, there were 337 documented cases of AIDS, with one-third of patients dying before 1982 (U.S. Department of Health & Human Services). At

the time, *The New York Times* ran a news story, "New Homosexual Disorder Worries Health Officials," and first mentioned Gay-Related Immune Deficiency (GRID), now known by its medically correct name AIDS. This article was the first article published, following many others from major national news outlets, that created panic among Americans about HIV/AIDS. The public had no idea how or whom this new disease impacted or if it could be cured. It became even more horrifying for those who identified as gay or bisexual men as scientific research began to show trends of them being prominently at-risk for the disease. At this time, anybody on the LGBTQ+ spectrum often faced discrimination or violence, and gay or bisexual men began to face two battles— (1) the risk of contracting a life-threatening disease and (2) facing life-threatening bigotry from the public. *The New York Times* followed with an article, published on November 23rd, 1986, that discussed the increase of violence against gay men saying

... there have been dramatic increases in violence directed against gay men and lesbians, and the violence seems to be connected with the AIDS problem and general hostility directed against the gay and lesbian population (Greer 36).

A separate *New York Times* story ran in December 1982 titled, "Infant Who Received Transfusion Dies of Immune Deficiency Illness" (Schmeck 22). Reporters wrote that a twenty-month-old child died after receiving a blood transfusion from a gay man who had AIDS. The article explains that some people with hemophilia, a clotting disease that often requires blood transfusions, have contracted HIV/AIDS and died. Shortly after, the Center for Disease Control and Prevention (CDC) launched an investigation and reported that HIV/AIDS could be transmitted through blood donation (Mashaw). The Food and Drug Administration (FDA) responded shortly with a lifetime ban on men who have sexual contact with other men (MSM) from donating blood.

It is important to note that a person who has contracted HIV/AIDS may develop clinical latency, according to the federal government's HIV information website. Clinical latency happens when a person contracts HIV/AIDS but does not show any symptoms for 10-15 years.

Unfortunately, many HIV-positive people are unaware that they have this condition because most do not get tested for HIV/AIDS unless they exhibit symptoms (U.S. Department of Health & Human Services). Back in 1983, when the FDA placed the lifetime ban on MSM, they did not know the full extent of clinical latency. They had no way of understanding the disease's true, long-lasting impact; therefore, it seemed at this time that the ban was so firmly entrenched in the medical community and within the general public that it was warranted.

However, there is a more significant issue at play. In 1981, when AIDS was discovered, Dr. Arye Rubinstein identified three children born to mothers who engaged in sex work. All three showed the same symptoms of HIV/AIDS, but this research was quickly dismissed by his colleagues (U.S. Department of Health & Human Services). Since the beginning of HIV/AIDS research, it has been known that several notable groups are at a higher risk. In the CDC study that backed FDA's ban decision, they carried out various tests to identify who is most at risk for AIDS/HIV (Figure 1, Mashaw).

| Date | No. of Cases (cumulative) | Risk Groups | Fatality Rate (%) | Knowledge of Disease and Modes of Transmission |
|--------------------|---------------------------|--|-------------------|---|
| June 5, 1981 | 5 | 5 Homosexual men | 40 | "The occurrence of pneumocystis in these 5 previously healthy individuals without a clinically apparent underlying immunodeficiency is unusual." (p. 1) |
| July 3, 1981 | 26 | 26 Homosexual men | 31 | "The occurrence of this number of <i>KS</i> cases during a 30-month period among young, homosexual men is considered highly unusual. No previous association between <i>KS</i> and sexual preference has been reported." (p. 3) |
| August 28, 1981 | 108 | 108 Homosexual men | 40 | "The apparent clustering of both <i>Pneumocystis carinii</i> pneumonia and <i>KS</i> among homosexual men suggests a common underlying factor. Both diseases have been associated with host immunosuppression, and studies in progress are showing immunosuppression in some of these cases." (p. 5) |
| June 11, 1982 | 355 | 281 Homosexual and bisexual men; 15 Heterosexual men; 6 Heterosexual women; 20 Men, unknown risk; 33 IVDUs | 43 | "A laboratory and interview study of heterosexual patients with diagnosed <i>KS</i> , PCP or other OI is in progress to determine whether their cellular immune function, results of virologic studies, medical history, sexual practices, drug use, and life-style are similar to those of homosexual patients." (p. 9) |
| July 9, 1982 | | (34 Haitians) ² | 50 | "The in vitro immunologic findings and the high mortality rate (nearly 50%) for these patients are similar to the pattern recently described among homosexual males and IV drug abusers." (p. 13) |
| July 16, 1982 | | (3 Hemophiliacs) | 67 | "Although the cause of the severe immune dysfunction is unknown, the occurrence among the three hemophiliac cases suggests the possible transmission of an agent through blood products." (p. 15) |
| September 24, 1982 | 593 | 445 Homosexual men; 77 IVDUs; 36 Haitians; 3 Hemophiliacs; 32 Unknown risk | 41 | "CDC defines a case of <i>AIDS</i> as a disease, at least moderately predictive of a defect in cell-mediated immunity, occurring in a person with no known cause for diminished resistance to that disease....; The eventual case-mortality rate of <i>AIDS</i> , a few years after diagnosis, may be far greater than the 41% overall case-mortality rate noted...." (p. 18); "... The [case-mortality] rate exceeds 60% for cases diagnosed over a year ago." (p. 17) |
| December 10, 1982 | | (1 Infant) | | "If the platelet transfusion contained an etiologic agent for <i>AIDS</i> , one must assume that the agent can be present in the blood of a donor before onset of a symptomatic illness and that the incubation period for such illness can be relatively long." (p. 27) |
| December 17, 1982 | | (4 Infants) | | "Transmission of an ' <i>AIDS</i> agent' from mother to child, either in utero or shortly after birth, could account for the early onset of immunodeficiency in these infants." (p. 29) |
| January 7, 1983 | | (16 Prison inmates) | | "Since male homosexuals and IV drug abusers are known to be at increased risk for <i>AIDS</i> , the occurrence of <i>AID</i> among imprisoned members of these groups might have been anticipated." (p. 32) |
| March 4, 1983 | 1,200 | No breakdown given | Not stated | "Over 450 persons have died from <i>AIDS</i> , and the case-fatality rate exceeds 60% for cases first diagnosed over 1 year previously." (p. 32) |

Figure 1: “From CDC’s *Morbidity and Mortality Weekly Report* [MMWR], Reported Cases of Opportunistic Infections and AIDS, Risk Groups Identified, and Evolving Knowledge Base: June 1981 Through May 1985.” (Mashaw)

Figure 1 shows that Haitians, prison inmates, and intravenous drug users (IVDUs) were considered high-risk groups for contracting AIDS. However, the narrative has been pushed since its original name – Gay-Related Immune Deficiency (GRID) – that this ban only restricts MSMs. A ban that narrowly points the finger at gay and bisexual men, one that reinforces the stigma of homophobia and stereotypes like gay men are dirty.

The ban may have been justified in its inception to promote public health, but research has shown quality preventative measures since the disease's infancy, such as promoting condoms during intercourse and annual HIV/AIDS screening. Additionally, many MSM’s participate in a safe and popular course of treatment called pre-exposure prophylaxis (PrEP). According to the HIV/AIDS government-funded research group, taking PrEP eliminates the chance of getting HIV through sex by 99%, virtually eliminating the risk (U.S. Department of Health & Human

Services). The most significant preventative measure is the HIV screenings done after blood donations. According to the Red Cross, all blood donations are sent through two HIV tests with an accuracy rate of 99.99%. One test screens for HIV genetic material, and the second screens for HIV antibodies (PBS Newshour). The odds of getting HIV/AIDS from a blood transfusion is about 1 in 1.5 million. The graph below (Figure 2), designed by the CDC studying the trend of HIV infections caused by blood transfusions, shows that from 1981-1995 there were more than 9,000 cases. Due to improved testing technology and preventative measures, there have only been four hundred confirmed cases of HIV infection caused by blood transfusions from 2000 to 2010.

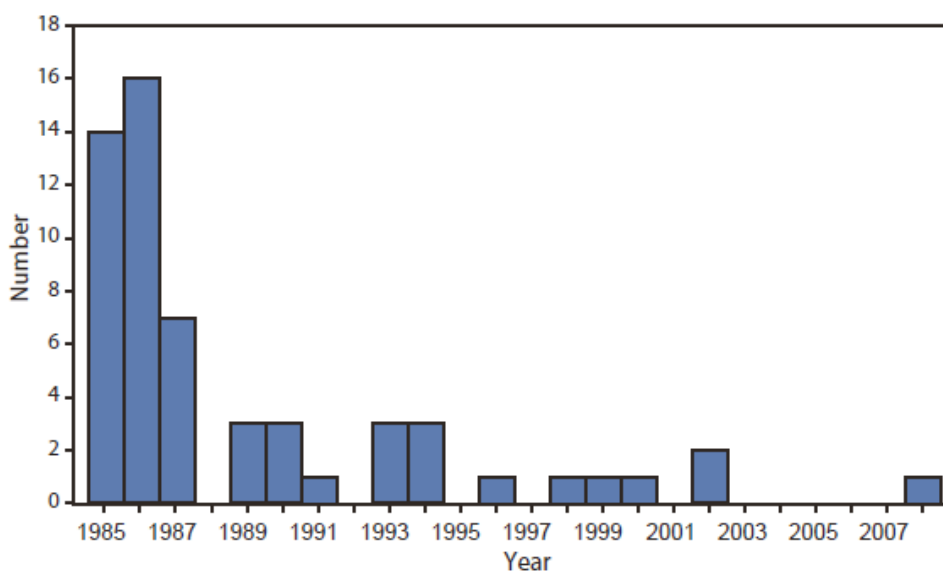


Figure 2: “Number of cases (in hundreds) of transfusion-transmitted HIV infection from contaminated blood products, by transfusion year --- United States, 1985--2008 (Centers for Disease Control and Prevention)”

Wanting to practice social distancing and tending to spend more time at home, many people canceled their blood donation appointments during COVID quarantine, with bookings still not returning to average two years after the COVID-19 shutdown. The conditions associated

with the COVID-19 pandemic have resulted in eliminating 62% of blood drives in college and high school blood populations (Red Cross). Between the pandemic canceling in-person events, causing an employment shortage, and spreading illness, we are at risk of never sustainably recovering from the national blood shortage. These reasons have not touched on one of the biggest causes. Only 32% of Americans are eligible to donate blood due to the stringent mandates for donating blood (Riley).

Annually, 4.5 million Americans will receive a blood transfusion, but the demand will not have sufficient supply if a solution is not proposed (Riley). Soon enough, people will die due to hospitals and treatment centers simply not having enough blood. Nevertheless, governing bodies in the medical industry are withholding a possible opportunity to save lives, bisexual and gay men. In 2014, the FDA revised its policy on blood donations given by gay and bisexual men. First, the FDA wrote that they could only donate after participating in a twelve-month hiatus abstaining from MSM contact. Then in April 2020, the FDA revised the policy only to be that of three months of celibacy (Vines), which means that this group can donate blood safely. While a start, this new standard is not enough to help the blood supply shortage issue. It is neither sustainable nor ethical to ask gay or bisexual men to abstain from sex for three months and not require the same of straight or lesbian couples that can equally spread HIV/AIDS to their partner(s). This policy represents a harsh deterrent to donation during a time when approaches should be facilitating donations.

Since the 1980s, technology and testing resources have transformed how people view an HIV/AIDS diagnosis. Doctors have come a long way from treating HIV-positive patients in hazmat suits to not even wearing a mask. The scientists who once counted the devastating infection rates turned to creating preventative tools that virtually eliminate the risk of contracting

the disease. Society has shifted from viewing HIV/AIDS as GRID, something that only unholy, dirty gay men contract to understanding that people diagnosed with HIV/AIDS can live a long, healthy life due to improved medications and treatments. From when the CDC and FDA first released their statement announcing a lifetime ban for gay and bisexual men, to slowly changing the limitations by recently updating legislation to be less restrictive, we are moving in the right direction, but not quickly enough. COVID-19 has depleted our blood banks, and the government through outdated and discriminatory policies is preventing a possible solution. It is no longer a question of safety because we understand it is possible for this group of people to donate blood safely. At this point, it is a policy rooted in homophobia that prevents an available segment of the population from saving lives. It is time for a change.

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Meagan Hamilton is currently a second-year student at VCU, majoring in Creative and Strategic Advertising. She created “Blood Shortages and the Conversation of Blood Bans” under the mentorship of Professor Emily Csukardi during UNIV112 in Spring 2022. Beyond being a student, Meagan is highly involved in her sorority, Alpha Omicron Pi and the VCU Ad Club.