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The first U.S. AIDS patient was officially diagnosed on April 24, 1980, and seemingly overnight America was gripped by an epidemic that has since taken the lives of more than a half million people, torn apart thousands of families, and instigated numerous measures to stem the rate of transmission. During the height of the epidemic in 1985, the government enacted a blanket policy which bans any man who has had sex with another man (or “MSM”) even once since 1977 from ever donating blood.

Twenty-seven years have passed, and science, technology, and our understanding of the disease have substantially evolved. It is long past time for this policy to evolve as well. I applaud the decision of the Department of Health and Human Services to research alternative donor deferral criteria, because this outdated and discriminatory policy can no longer stand.

In the past three decades, we have seen vast advances in blood screening technology, policy changes in other nations, and opposition from the blood banking community, who have called the current ban “medically and scientifically unwarranted.” The American Medical Association (AMA) also opposes today’s ban and has called for a revision.

The AMA and the blood banks point out that the current policy creates a double standard where high risk heterosexual behavior, such as a man who has had sex with an HIV-positive woman, results in deferral from donation for one year, while a man who has had sex with another man is deferred for life.

In light of medical advances, vocal opposition from the blood banks and the AMA, and calls for change from Congress, HHS convened a panel of non-partisan, scientific experts to examine the blood ban in 2010. This meeting marked a vital turning point in the evolution of the policy.

For the first time, independent health experts agreed that the current policy banning gay and bisexual men from donating blood was “suboptimal” and warranted a change. Not only was it “suboptimal,” but the current policy could actual be making the current blood supply less safe.

According to the HHS panel, the current policy "permit[s] some potentially high risk donations while preventing some potentially low risk donations." In other words, some donors who engage in high risk behavior, such a having unsafe sex, are donating, while low risk donors, including healthy gay and bisexual men who are in monogamous relationships and practice safe sex, are banned for life.

We can no longer justify this outdated, discriminatory policy that paints all gay and bisexual men with the same brush. The LGBT community is diverse and we need a more nuanced policy that distinguishes high risk MSM from low risk MSM in order to allow perfectly healthy gay and bisexual men to donate life-saving blood.

Still, research is needed to test what a new policy might look like and ensure any change maintains the highest levels of blood safety. HHS is currently poised to begin this much needed research, and 63 members of Congress joined me in a letter last week thanking the department for taking this step and encouraging change.

This isn't 1985. We don't need to falsely choose between the LGBT community and blood safety. We can end discrimination, make our blood supply even safer, and help more people in dire need. The science has evolved and so too must our attitudes toward the gay and bisexual community.

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