



NEW YORK STATE SENATOR

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Senator Hoylman's Comments To FDA On Gay Blood Donation

BRAD HOYLMAN-SIGAL May 12, 2020

On May 8, Senator Hoylman wrote to FDA Commissioner Stephen Hahn to provide public comment on the recently-announced guidelines for gay and bisexual blood donors. The text of the public comment is below:

I write to provide comment on the FDA's Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products.

On March 24th, I wrote you to respectfully urge you to end the FDA's outdated, discriminatory policy banning gay men from donating blood, and outlined the ways in which this would benefit public health during the COVID-19 pandemic as the FDA issues urgent calls for blood donations.

Following my request, the FDA issued the new guidance referenced above, relaxing long-held regulations that had prevented most gay men from donating blood. Under the new guidelines, men must wait three months after a sexual encounter with another man before donating blood; previous guidelines had required men to wait a full year after having sex with another man before donating blood.

Though this new guidance is at least a step in the right direction, I continue to strongly urge you to lift restrictions on blood donation for gay men altogether. Requiring celibacy for any length of time in order for gay men to be able to help save their neighbors' lives by donating desperately needed blood is both cruel and illogical.

As I mentioned in my previous letter, in New York City, there are hundreds of thousands of New Yorkers who might be interested in donating blood, but are unable to because the FDA continues to treat gay men like second-class citizens. As New York's only openly gay Senator, this is a personal issue for me: my husband and I would like to help our community by donating blood—yet your agency refuses to let us do so unless we remain celibate for three months, a requirement that the FDA would never consider imposing

on heterosexual donors.

This policy unnecessarily reduces the blood supply. According to a 2014 UCLA study, allowing gay men to donate blood would lead to a 4% increase in the blood supply—that's roughly 615,300 additional blood donations. The FDA claims each blood donation saves 3 lives, meaning gay men donating blood could save more than 1 million lives.

There is no evidence that this policy makes the blood supply safer. The FDA's existing policies for screening and testing blood donations virtually eliminate the likelihood of HIV entering the blood pool. The Nucleic Acid Test (NAT), which the FDA currently uses, detects HIV in donated blood with a high degree of accuracy. In fact, the FDA estimates the risk of HIV infection from blood screened by NAT is only 1 in 1.47 million.

After the FDA slightly relaxed the ban on gay blood donors changed in 2015, the low risk of HIV infection did not change at all. Lifting the ban would put the United States in line with best practices internationally. Countries such as South Africa, Mexico, Italy and Argentina are able to maintain a safe, stable blood supply while allowing gay men to donate blood. In fact, in Italy, a 2013 study found that allowing gay men to donate "did not significantly affect either the incidence or prevalence of HIV infection among blood donors." Maintaining this ban, despite this updated guidance relaxing the requirements, continues to put the United States behind the international standard.

During the COVID-19 pandemic, we shouldn't let stigma prevent patients from getting the blood they need. I urge the FDA to heed the calls of medical professionals nationwide and completely lift the ban on sexually active gay men donating blood.