

Congress of the United States
Washington, DC 20510

June 7, 2012

The Honorable Kathleen Sebelius
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Sebelius:

We are writing to express our support for the recent Department of Health and Human Services' (HHS) request for information (RFI) on a pilot to assess alternative blood donor deferral criteria for men who have sex with men (MSM). We view this RFI and the pilot to assess alternative donor criteria as important steps toward revising today's deferral policy and assessing the feasibility of allowing healthy gay and bisexual men to donate blood while maintaining the safety of our blood supply.

As you know, the current policy has been in place since the height of the HIV/AIDS crisis in the 1980s, when health officials banned any man who has had sex with a man, even once since 1977, from donating blood for life. In the 27 years since, we have seen vast advances in blood screening technology, policy changes in other nations, and staunch opposition from the nation's blood banks who have called the current ban "medically and scientifically unwarranted."

Still, healthy gay and bisexual men continue to be banned for life, while the FDA allows a man who has had sex with an HIV-positive woman to give blood after waiting only one year. This double standard is inconsistent and indefensible. Our current policies turn away healthy, willing donors, even when we face serious blood shortages.

Recognizing the shortfalls of the current permanent deferral policy, and following the urging of many Members of Congress, HHS convened the Advisory Committee on Blood Safety and Availability (ACBSA) in June of 2010 to review the lifetime deferral requirement. The Advisory Committee concluded that the current ban on gay and bisexual men is "suboptimal" because it allows high-risk individuals to donate while prohibiting low-risk donors from contributing, and it should be changed as a result.

This recognition of the inadequacy of the current lifetime ban of MSM donors by a panel of independent health experts marked an important turning point in the debate over this outdated policy. It prompted HHS to pursue a variety of studies to examine the feasibility of altering the policy to allow low-risk MSM to donate while still ensuring rigorous blood safety.

We applaud the decision by HHS to pursue these studies examining the MSM blood donor deferral policy and we support the decision to conduct a pilot to examine alternative blood donor criteria for MSM. As HHS designs the pilot study, we request the department take into account the following considerations.

With regards to the examination of donor selection measures, we encourage the pilot to explore ways to distinguish high-risk MSM from low-risk MSM in order to avoid deferring low-risk, healthy, and viable blood donors from within the MSM community from donating blood. For instance, the donor questionnaire could collect information on whether or not the donor is in a monogamous relationship or if

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the donor engages in effective preventive measures. In this way the donor questionnaire could assess the risk level of all potential donors, regardless of sexual orientation.

We believe that any change in blood donor deferral policy must be guided by the science of ensuring the highest level of safety for our blood supply. We remain concerned that a blanket deferral of MSM for any length of time both perpetuates the unwarranted discrimination against the bisexual and gay community and prevents healthy men from donating blood without a definitive finding of added benefit to the safety of the blood supply.

Additionally, as you conduct these studies, we urge you to continue to be vigilant in your efforts to avoid any real or perceived unwarranted discriminatory treatment of the MSM community in the language that is used and in procedure.

We are pleased by the progress HHS is making toward revising today's policy banning gay and bisexual men from donating blood and we encourage the department to move swiftly to execute this promising pilot and to use its results to appropriately revise today's discriminatory policy. Thank you for your consideration.

Cc: Dr. James Berger, Acting Director for Blood Safety and Availability, Office of the Assistant Secretary for Health, Office of the Assistant Secretary. Dr. Howard Koh, Assistant Secretary for Health, U.S. Department of Health and Human Services.

Sincerely,



Mike Quigley
Member of Congress



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U.S. Senator



Daniel Akaka
U.S. Senator



Mark P. Begich
U.S. Senator



Michael F. Bennet
U.S. Senator



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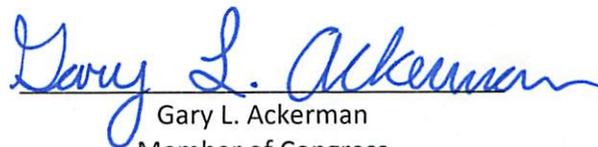
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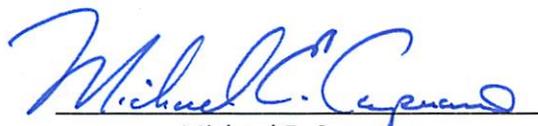
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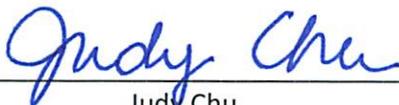
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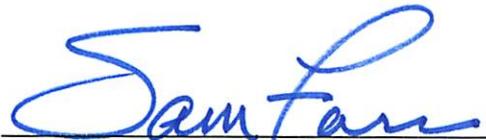
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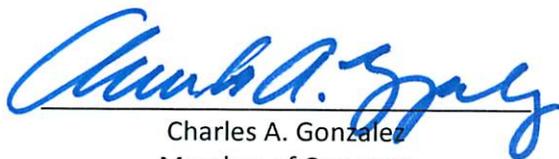
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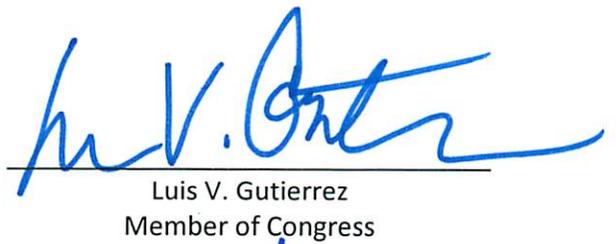
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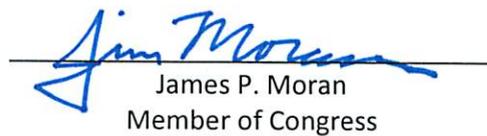

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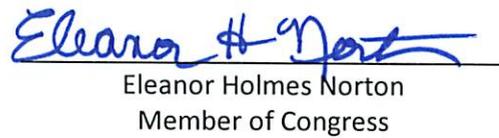

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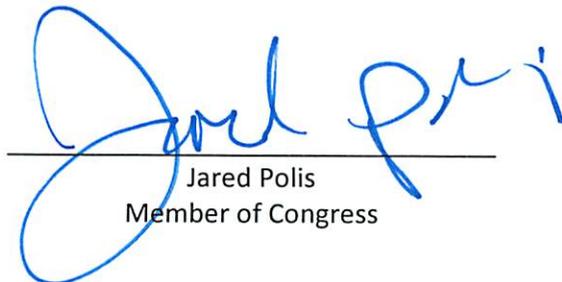

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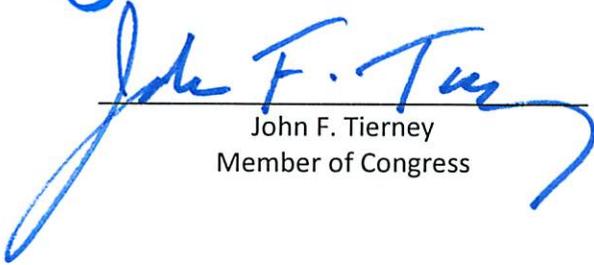
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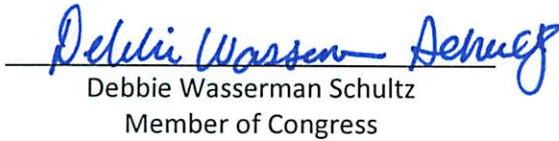
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