Lifting the Ban on MSM Blood Donation

By Zachary W. Kilmer

"From 1977 to the present, have you had sexual contact with another male, even once?" -The pre-donation questionnaire.

This question is one of many that medical organizations are required to put forth before allowing male citizens to donate blood in The United States of America (Galarneau 29). A "no" allows the man to donate. A "yes" earns a lifetime ban on the participant. The American Food and Drug Administration's (FDA) current policy is that any man who has had sex with another man (MSM) since 1977 is permanently and irrevocably prohibited from donating blood (Galarneau 29). This blood ban was put in place in 1983, during the height of the acquired immunodeficiency syndrome (AIDS) scare, a period in which Americans were terrified of the then mysterious and lethal disease. Although it can be argued that the policy was necessary when we knew little about human immunodeficiency virus (HIV) and AIDS, the fact that it continues into 2014 is illogical, unjust, and must be altered to target behavioral risks rather than discriminate against gay and bisexual men.

The FDA's entire pre-screening process for blood donation has not been updated to reflect thirty years of advances in science and medicine. Comprehensive changes to the questionnaire would not only provide equality and justice for homosexual and bisexual men, but also alter other unsafe donation policies. The FDA admitted in 2010 that the policy is "suboptimal," and the agency claimed it would consider alterations if more studies and research were available on risk behavior approaches (Moulton). Current scientific evidence overwhelmingly suggests that reform would bring positive change, although not enough research

has been done specifically on risk-behavior based assessment for the FDA to act. Funding must be provided by Congress or a private entity to definitively prove that targeting behaviors is safer and more efficient method. A study of this nature could push the FDA's pre-screening process into the 21st century and base it in behavioral risk assessment rather than demographic discrimination; this would result in increased safe blood supply as well as justice for homosexual and bisexual men (Moulton).

MSM blood donation has both scientific and political components; therefore, it is essential to view the issue from both lenses. Making legislative decisions without hard evidence is ill-advised. In addition, lawmakers are necessary to instigate any positive change from scientific knowledge. Therefore, the argument of lifting the ban proposed here will come in three distinct sections. First, the concrete science of MSM blood donation at the biological level must be established. With that serving as a foundation, the second part of the argument will be centered around the "softer" elements of the issue, such as the political, legal, and ethical implications that surround the ban. The last point of discussion will be specific strategic options and alternative solutions for the MSM blood ban and donation questionnaire. With these varied components brought to light, the benefits of bringing dynamic changes to the FDA's blood collection policy will become clear.

The Science of the MSM Blood Ban

The MSM ban was drafted in 1983 in order to protect blood donation recipients from HIV and AIDS, which at the time were highly unknown and lethal medical anomalies. A subsection of the FDA entitled the Blood Product Advisory Committee (BPAC) correctly assessed that MSM were at an increased risk of being infected with HIV/AIDS, which makes

their blood statistically more dangerous to blood donation recipients (Galarneau 30). AIDS/HIV testing was minimal and ineffective during this time, which made banning high-risk groups a reasonable way of preventing HIV transmission (Galarneau 30). The FDA's main reasoning for keeping the ban unabridged follows a similar logic: according the United States Department of Health and Human Services (USDHHS), MSM reflect about 4% of the U.S. population, but as of 2009 account for 52% of people with HIV. Although it is obviously necessary to exercise caution given this kind of information, a blanket lifetime ban on MSM is a dramatic overreaction that is based in fear, stigma, and outdated knowledge rather than modern understanding of HIV, AIDS, and safe sex practices.

One of the most obvious flaws in the ban is that any organization that handles blood donations, e.g. the American Red Cross, is required to test the blood for any and all diseases that could be passed down to recipients (aids.gov). This logic follows a principle of basic common sense. Especially with advances in HIV testing technology, all blood should be tested in order to prevent disease transmission. According to the U.S. Preventative Task Force, the accuracy of modern HIV testing is 99.99%. The only exception to this is the brief window period that follows a fresh infection, which is more likely to create a false negative (this will be addressed later). Given the astronomically high accuracy rate of modern testing processes, the ban's logic has not stood the test of time. MSM may have a high per capita rate of HIV/AIDS, but it is no longer practical to bar an entire demographic when we have the technology to discriminate against actual diseased blood as opposed to homosexual men as a whole.

The FDA states that the ban helps prevent "Quarantine Release Errors," (QRE) which is when a professional in the blood donation process makes a mistake that results in HIV being transmitted to a recipient and threatening his or her life (Moulton). However, when this concept

is mathematically tested, it does not support the FDA's claim that the ban saves lives. Although balancing the odds of lives lost versus lives saved would be part of the proposed hypothetical study, the current data suggests a net gain of lives if the ban were to be altered and the questionnaire changed. In the article "Quantitative Estimate of the Risks and Benefits of Possible Alternative Blood Donor Deferral Strategies for Men Who Have Had Sex with Men," the team of scientists determined that, in the case of a one year deferral (as opposed to a lifetime ban) as an example, there would be, *at worst*, one additional case of HIV through blood transfusion every twenty years.

However, altering the ban would also bring in approximately 75,190 new donors. Although these are the estimates for a one year deferral, the numbers would most likely be similar, if not better, with a risk behavior based assessment like the one proposed. According to the American Red Cross, one pint of blood has the potential to save three lives. If an alteration to the ban could bring in 75,190 healthy donors, that is a potential 225,570 people who American doctors could be saving. If we cross-reference that with the earlier estimate of an additional HIV transmission once every twenty years, it becomes apparent that this ban does not function as a safety measure and could be serving the opposite of its purpose.

In the same vein as "life lost versus life gained," it is important to note that in today's medical field, an HIV infection is no longer a death sentence the way that it once was. Let it be clear that under no circumstances is a new HIV infection a minor occurrence. However, the possibility that the proposed study will find that lifting the MSM ban could dramatically increase HIV infections must be acknowledged. Once again, according to the team of scientists behind the study cited above, the worst result of a one year deferral is an additional case of HIV infection through blood transfusion once every twenty years. Although this is unfortunate, the

aforementioned math shows that there would still be more American lives saved than lost. In addition, those infected from HIV aren't necessarily "lost lives" anymore. In today's medical field, there are a plethora of medications and strategies for prevention and treatment of HIV infection (Snowdon). Although it is certainly not good, it is not automatically synonymous with death like it was in the 80s; plenty of people live long and functional lives with HIV/AIDS (Snowdon). If the rate of HIV transmission does increase, but is still ascertained to be "rare," then we would still see a net gain of life. Some additional cases of a potentially treatable disease are arguably better than a car crash victim dying in the hospital because their blood type was not available. Evaluating these risks would be part of the proposed study.

The QREs should be a target of FDA investigation as well. Once again, the whole idea of a QRE is that, despite the high rate of accurate HIV testing, an HIV transfusion can still rarely occur because of a mistake in the blood donation process. Ironically, the blood donation system actually became safer after the AIDS scare because safety procedures were improved (Moulton). According to Brian Moulton, "The blood safety system was fairly abominable for a very long time." Anderson et al. state that "QREs remain the most significant preventable source of risk." Logically, some time and money spent in decreasing QREs would allow for MSM to safely donate blood. It is a backwards and lazy mentality to target MSM rather than potential sources for mistakes in blood transfusion.

There are other hypothetical policies that the FDA could implement to address MSM donors that go beyond pre-donation restrictions. As already stated, it is an accepted fact that MSM carry a statistically higher risk of having HIV than heterosexual men (aids.gov). It is understandable to exercise caution with this information. However, instead of banning MSM donors for life, there are things the FDA could mandate in regards to MSM blood donation that

would address increased HIV rates while also not refusing them at the door. For example, if someone states they are an MSM on the questionnaire, the workers could take the blood and store it, wait until the incubation period previously mentioned is done, and then test it. Even after that, there could be a policy dictating that blood from MSMs should be tested more than blood from heterosexuals; if the accuracy of HIV Testing is already 99.99% (U.S. Preventative Task Force), doing this several times would eliminate any doubt. This would likely not be seen as discriminatory by most of the LGBT community, as it is fairly addressing hard statistics. In addition to fixing QRE rates, adding more procedures that can be done in the lab with blood from MSMs would be an excellent compromise by allowing MSM to donate as well as acknowledging the fact that their blood might carry more risk.

The broad phrasing of the survey's MSM question inhibits the ability of eliminating high risk individuals who are not MSM; "From 1977 to the present, have you had sexual contact with another male, even once?" (fda.gov). It does not ask if the donor had "safe sex" or "unsafe sex" with a male. In fact, it does not ask anything specific about the sexual contact in question. Sexual contact of any kind with another male is enough for a permanent ban, even though anal sex is the only activity that poses a high risk of HIV transmission. A man who participates in manual sex with another man is at practically the same risk as a man who has had no sex at all. Oral sex carries a low risk of HIV infection. A man who "tops" (the person who inserts his penis in the other man's anus) is also at minimal risk ("How Risky Is Oral Sex?"). MSM who engage in safe sex practices (such as condom use) or who are in monogamous relationships, are also not taken into account in the FDA's survey question (Snowdon). Specific questions about sexual practices would also address the "window period" in which HIV testing has a higher chance of giving a false negative because it would properly identify the actual "at risk" men by asking about the

type and time period of their sexual encounter. By targeting behaviors rather than groups of people, we can increase healthy blood supply and help target the legitimate risk factors of transmission (Gordon).

The survey as a whole does not address safe sex practices for anyone of any orientation or gender. A straight male who has unprotected sex regularly is allowed to donate blood without being challenged; a gay male who is honest on the survey and is sexually responsible is banned for life. As Noel Gordon, Foundation Coordinator at the Human Rights Campaign, states...

> The more we can get away from stigmatizing HIV as it relates to peoples' individual identity, [the better]. 'You shouldn't be allowed to give blood because you engage in these types of behaviors' rather than "you shouldn't be allowed to give blood because you're this type of person" is a much more astute and scientifically accurate way of assessing a person's risk of contracting and then transmitting HIV… (Gordon).

Based on twenty-first century knowledge of sexually transmitted infections (STIs) and how they are transmitted through blood, the pre-screening process currently required by the FDA is outdated and potentially unsafe. Reform of the questionnaire should not only include lifting the MSM ban, but should also include the addition of more questions about safe sex practises for people of all genders and orientations. Current FDA policy is keeping out a potentially large supply of safe and healthy blood while also allowing in more "high risk" blood than is necessary. Once again, questions that discriminate against demographics rather than behaviors are not only unjust, but completely defeat the purpose of blood donation safety regulations.

The phrasing of the question also presents a problem for transgender donors. The MSM question perpetuates the gender binary when it simply asks whether someone is male or female. Someone who was born male, but identifies as female at the time of donation, could cause disruptions in the blood donation system because of its simplistic assumptions about gender

(Galarneau). As Charlene Galarneau states, "Such limited language and omissions not only marginalize gender and sexual minorities but also fail to identify potential risk to the blood supply. Clear, accurate, and comprehensive concepts and categories are needed to inform effective and nondiscriminatory blood policy" The question is not only outdated in terms of our understanding of sexuality and HIV/AIDS, but also in how we understand gender.

The scientific and medical community is in agreement that the MSM blood ban must be at least altered, if not totally abolished (Galarneau 29). The FDA does not have the facts, data, and statistics to validate their claim that this policy keeps donation recipients safe. Based on the current scientific evidence available, the study the FDA requires will undoubtedly show that a risk-behavior based assessment will not increase QREs, but would increase the supply of healthy blood. When this happens, the FDA will have no more scientifically sound reasoning to maintain the MSM blood ban, thus increasing political pressure to remove the discriminatory policy.

The Societal Causes and Effects of the MSM Blood Ban

Now that the failures of the MSM ban at the health and science level has been addressed, it is pertinent to analyze its political and sociological consequences. Although the FDA's intentions are likely based in safety and not in malice, banning MSM from donating blood is a form of twenty-first century discrimination. Disallowing an entire demographic from an activity is not the correct way to solve a problem that few people within that demographic might create. Similar to marriage equality and other LGBT (the lesbian, gay, bisexual, and transgender community) issues, the MSM blood ban is an injustice and further adds to the prejudice and disenfranchisement that gay men face in America. The ban must be changed in order to further the advancement of gay rights and the acquisition of equality and legitimization both under the

law and in the eyes of the American people.

Before delving into specifics, it is important to briefly observe the current political climate of America in regards to gay men, as well as the entire LGBT community. As of October 2014, twenty-four states recognize same sex marriage. There are momentous efforts in many other states to legalize marriage equality. Many states' explicit bans on same sex marriage in their constitutions are being struck down, or currently being contested, by the states' courts who are declaring such measures unconstitutional (National Conference of State Legislatures). Many theorize that these advancements are due to the growing support from the general public on LGBT rights and equality issues. Support for marriage equality is at an all-time high, with those in favor at 50% and those not at 41% (Washington Post). This unprecedented sympathy and support from the American public has created an environment where lifting the MSM blood ban is more possible than ever. As victory for marriage equality seems increasingly inevitable, it is time to turn the American public's attention to other LGBT issues in order to fight the war on multiple fronts. One of those fronts should be lifting the MSM blood ban.

It is worthwhile to ask why the FDA does not treat other groups with a high risk of HIV with the same kind of scrutiny in which MSM are treated. The FDA's claimed stance on the ban is put succinctly by Dr. Louis Katz, the Vice President of America's Blood Centers; "The FDA is not homophobic – they are risk-averse" (Zelman). If this were true, and the ban was based solely on concern for public safety, why have they not banned other high-risk demographics? For example, in 2009, African Americans represented 12% of the total U.S. population, but accounted of 44% for both U.S. citizens living with HIV and of new cases in 2010 (aids.gov). These statistics show that African Americans are a very close second to MSM in terms of likelihood of having HIV. If the FDA were to exercise the same amount of rigid caution they use

when dealing with MSM donors, they would place a similar ban on African Americans. However, it is highly unlikely they would do this because it would be viewed as racist and discriminatory, and would cause heavy backlash and outrage. This inconsistency in philosophy shows that the FDA's policy is more discriminatory than they are admitting.

The idea that the MSM ban is not discriminatory because it keeps people safe is inherently flawed. The concepts are not mutually exclusive, and oppressive overreaches in the name of "keeping people safe" have been used all throughout history as excuses to legally discriminate. For example, America is currently having a national discussion about government surveillance after Edward Snowden revealed the extent of the National Security Agency's wiretapping programs. Many argue that this breach in privacy and Fourth Amendment rights is not worth the potential safety being supplied (The NSA Files).

In 1942, President Franklin Delano Roosevelt "created a civilian agency in the Office for Emergency Management to provide for the removal of persons or classes of people from designated areas as previously denoted under Executive Order No. 9066" (War Relocation Camps in Arizona 1942-1946). It was mostly Japanese Americans who were put into these camps after the attack on Pearl Harbor.[1] Executive Order 9066 was a measure to keep people safe from potential Japanese threats during the Second World War (War Relocation Camps in Arizona 1942-1946). It might have succeeded in its goal to a certain extent, but is seen by most historians as one of America's darkest acts of racism and discrimination. It was an overstep that persecuted an entire group of people for the potential actions of a few in the name of public safety, just like the MSM blood ban. Pearl Harbor was the catalyst that allowed fear to cloud the

[1] It is important to note that this is not a comparison in severity of crime against the persecuted, merely a juxtaposition of the reasoning behind their execution.

judgement of Americans and lawmakers and relocate an entire group of people out of their homes and into camps. Although America's history is shrouded with racism and discrimination, Japanese Internment Camps are an exemplary instance of how a public act in the name of safety can have a discriminatory impact on society. The AIDS scare of the eighties did the same thing with MSM blood donation, and the residual stigma and association of gay men with HIV and AIDS has allowed it to continue.

Imagine a world in which it was acceptable to enact the same kind of policy that is placed on MSM blood donors on other demographics for other issues. It has already established that a blood ban on African Americans would probably never occur because the FDA would seem discriminatory, which is hypocritical on the FDA's part. If MSM as a whole are barred from an activity that everyone else is allowed to partake in because of a "threat to public safety," what is to stop lawmakers from using similar logic with other issues? African Americans, Hispanics, and other minorities have a tendency to reside in high crime areas (Ellis). If governmental authorities were to ban certain races from businesses because they are statistically linked with crime, there would be intense public outrage, and rightly so. Not only would it be ethically repugnant, the infringement of personal liberty, justice, and equality would not be worth the potentially small amount of safety created for the people who are not being discriminated against. Due to this fact, it is important to ask why this kind of legal discrimination is permitted for homosexual men.

There is still a cultural stigma that is residual from the AIDS scare that creates an association between gay men and HIV. This is a central component for why the MSM blood ban is still on the books. Shane Snowdon, director of the Health and Aging Program at the Human Rights Campaign, describes living during this period:

You cannot exaggerate the degree of panic and hysteria there was in the first years of the

> epidemic. Going well beyond the idea of 'your blood isn't coming near ours.' People didn't want to be in the room with gay men, they didn't want gay men as their waiters… Then there was no testing, so between the absence of any testing and a complete hysteria in our society, the blood ban was driven by panic. (Snowdon).

The hysteria that Snowdon describes, although not as severe, still resides in the minds of many Americans and creates a psychological association of gay men with HIV, which in turn creates a sociological image of impurity. Any organization that calls for change to the MSM blood ban would likely face resistance because of this ignorant preconception that "gay" is synonymous with "AIDS." This is a major hurdle in altering the MSM blood ban. Part of lifting the ban is public education not just on the ban itself, but general HIV/AIDS information, of which many Americans still are ignorant. This will be discussed further in the last section.

America has a "sexphobic" culture. People in the Unites States place a stigma on issues of sexuality across a wide array of orientations and genders (Snowdon). As Shane Snowdon says, "We have a huge problem in our culture of, even when it's medically critical to be asking people about sex, we don't. There is massive discomfort around [human sexuality]." She argues that because Americans are squeamish when it comes to sexuality, many medical professionals do not ask specific, medically pertinent questions about sex practises. Due to this, blood banks might have an inherent interest in keeping the questionnaire the same so as to not scare away current clientele (which statistically skew towards older people) who would be uncomfortable being questioned about their sex lives (Snowdon). The Center for Disease Control provides a thorough sexual health risk assessment for males that any medical personnel may use. Primary care professionals use it extremely rarely because of the stigma of sexual discussion, especially of a homosexual nature (Snowdon). Something like this document could easily be adapted to change the blood donation questionnaire, but Americans first need to accept that talking about

sex is necessary, especially when it comes to medical information.

As Charlene Galaranue states, “Given... the many social and cultural associations we attach to [blood:] life and death, purity and contamination, inalienable personhood and social cooperation, it is little surprise that blood donation and deferral policies elicit strong debate about justice, exclusion, safety, risks and community…” Banning gay men from donating blood, no matter what the reasoning, is causing further disenfranchisement to a demographic who is known for being persecuted in the modern era (Galaranue). Blood has a close association with disease, purity, community values, and altruism. Banning gay men under the guise of public safety creates a subtext of second-class citizenry, or even worse, sub-humanity. Being turned away at the blood bank creates a sociological concept that gay men have blood that is “less than,” or not good enough to go into “normal people.” The MSM blood ban must end in order to stop this social marginalization and disassociate gay men with impurity in the American psyche.

Solutions and Strategies for Lifting the MSM Blood Ban

It has now been shown that the MSM blood ban is bad policy from a multitude of angles, viewpoints, and fields. Discussing the ban and taking action to lift it, however, are two different things. Comprehensive reform to the pre-donation blood policy based in behavioral risk assessment is dependant on many different political, social, and scientific factors. As already stated, the numbers and statistics for the five- and one-year deferrals have already been estimated by medical professionals. According to Brian Moulton, the FDA claims that they want a similar study done on risk-based assessment in order to consider changing the policy. Either Congress or a private entity needs to allocate funds and manpower for this to occur (Moulton). There are many strategies for how to bring this idea into reality, and they must be thoroughly assessed and

discussed before implementation in order to attain equality for MSM and increased safety for blood donation recipients in a swift and practical manner.

As cynical as it may sound, it is important to asses the political motivations of the FDA and other blood donation organizations before initiating any strategy. Although it is impossible to know what happens behind closed doors, there may be subtext to anything these organizations publicly state. For example, as Shane Snowdon states, the FDA request for research on the risk-based assessment could be a stalling tactic because they have interest in keeping the ban intact. Although there is always a chance the proposed study could show that risk-based assessment would not be safe for the public, most medical professionals and scientists would likely agree that change would be beneficial. Demanding a study could be another line of red tape to maintain the status quo. Although it is important not to view the FDA and other organizations as adversaries, it it also important to assess the methodology behind their actions and public doctrine in order to choose strategic actions accordingly.

In the same vein of assessing political motivations and risks, it is important to analyze the pros and cons of the intermediary steps necessary to lifting the MSM blood ban. For example, the American Red Cross has publically stated that they support a one-year deferral (Moulton). If, hypothetically, the FDA were to support this and be willing to adjust the policy accordingly, it would have to be decided if that were an acceptable stepping stone to full abolition. For many men, a one-year deferral is just as limiting as a lifetime deferral because they regularly engage in homosexual activity (Snowdon). It is comparable to civil unions and marriage equality, in that civil unions are similar to marriage but do not provide full equality. In addition, acceptance of a one-year deferral could stall the ultimate goal of lifting the ban; this could be from either political maneuvering from the FDA and other health organizations or the slowing of momentum

because of a "victory." If a one-year deferral is accepted as an option, there is a possibility the FDA will see the anti-ban supporters as "appeased" and leave the matter be, as opposed to letting the momentum continue until the ban has been lifted. This political gamble would have to be considered before strategizing.

A crucial component of lifting the blood ban is public awareness. The MSM blood ban is an issue that is not publicized nearly enough; most of the American population does not know the ban exists (Moulton). This is not a traditional legislative issue in that Congress does not have jurisdiction or authority over the matter (Moulton). However, there has already been pressure from some members of Congress on the FDA in the form of a letter to the Department of Health and Human Services calling for a change of the ban, signed by a plethora of U.S. Congressmen (Letter to Kathleen Sebelius). Increasing education and public awareness would likely cause outrage against the ban for many Americans. Their anger could turn into pressure on their Congressmen, which would in turn increase the already present pressure on the FDA. It could also push Congress to supply the funding for the proposed study on risk-assessment that the FDA claims they need before changing the ban. This is a basic, but very important first step. Politicians are more likely to act if their constituents are upset. If presented to the American people in the right light, such as a health safety issue and an act of discrimination, the MSM blood ban has the potential to mobilize many people into action. Once again, if one were to have a cynical mind, one would assume that if the FDA was motivated by politics rather than safety. Stirring up outcry over the ban would motivate them more quickly than the unknowledgable status quo.

Awareness about the ban must go hand in hand with sex education as well. The "sexophobic" culture in America discussed before largely contributes to an ignorance of sexual

knowledge in America (Snowdon). If the pre-donation questionnaire were revised to be based in behavioral risks, it would not be helpful if the donors did not know about "safe sex" enough to properly answer the questions (Snowdon). Not only would increased sex education help to reduce STIs overall, it would make a risk-based assessment more effective. Education about HIV/AIDS will also help to reduce the stigma people have about HIV and its association with MSM, which is a major contributing factor for why the ban is still in place (Snowdon). Once people have the hard facts about how HIV works, and gay men's subsequent lack of transmission risk through blood donation, they will be far more likely to publically support lifting the MSM blood ban.

A tactic that needs to be a part of the strategy to lift the blood ban is hosting blood drives. Many peoples' knee-jerk reaction when they hear about the blood ban is to protest blood drives all together (Moulton). Although boycotts are normally a fantastic way to make one's voice heard, this is a special case in which doing so would be detrimental. Eligible donors not giving blood because of the ban blemishes the name of the movement and only serves to hurt people who need blood. Instead of boycotts, people and organizations should host blood drives in a similar manner to the organization Banned4Life; Banned4Life, an advocacy group working to eliminate the MSM blood ban, helps to host blood drives in which gay men bring as many eligible friends as possible to donate in their place. In addition, educational materials about the ban are handed out to the donors and patrons. Other organizations have MSM go to HIV testing centers, get a negative result, and present it to the blood donation workers in order to make a point about the ban (Snowdon). Actions like this increase awareness and blood supply, as well as provides a positive and cooperative image for the anti-ban movement. Motivating representatives to act is the political element, and blood drive events like the one discussed are the grassroots

side.

After being informed about the MSM blood ban, many ask what they can do on an individual level. As with many political issues, it can seem daunting and hopeless when looked at from such a large lens as was done here. However, there are a few basic things that anyone can do to aid in lifting the ban. The first is, if one is eligible, to donate blood. There is always a need, and the main point of this issue is that there is a large portion of the population who want to help but are legally barred. When donating, one can ask the health care professionals running the drive about the ban, as well as talk to other patrons in order to spread awareness. In that same vein, one of the most helpful things that can be done is educating people on one's daily life about the MSM blood ban; those who know this is a problem are a small minority, and informing a coworker, family member, or friend is one of the most beneficial things that can be done. As said before, it is also very helpful to call politicians and representatives and ask them what their stance is on the ban and what they are doing to address it. Donating to LGBT organizations working to fight the ban from the legislative and grassroots side is also a great supportive gesture. One does not need to go to a gay pride parade or take part in a protest in order to help this cause; little things like the ones mentioned can speak volumes.

Major changes throughout American history can be traced back to a movement of the masses. Especially in today's political climate, we cannot rely on any legislative individual or group to further the MSM blood ban issue. There needs to be an outcry of angry voters in order to motivate any action. This is an issue that will certainly outrage many Americans when they become aware of it. It is an issue of public safety and civil rights. By supporting the lifting of the ban, people would be protecting their fellow citizens while also helping to abolish discrimination. LGBT issues have never been on the main stage of American political theater in

the way they are now, which makes this the time to push the MSM blood ban to the forefront. This study must be done in order to conclusively prove that the pre-donation screening process must be updated, modernized, and based in risk behaviors instead of discrimination against MSM. This will make our national blood supply safer and to allow gay and bisexual men to live as equals and aid their fellow men.

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