Addressing the Stigma Associated with Antiquated Blood Donation Policies and Donor Eligibility for MSM

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ABSTRACT
The crises of blood product shortages pose real health risks and threats to the greater population in the United States (U.S.). Current U.S. blood donation policies continue to restrict or limit donations from willing and healthy individuals on the basis of sex, classified as men who have sex with men (MSM). This essay explores the historical progression of the current blood donation policy through the lens of enacted stigmatization and stigma consciousness for MSM, identifies implications of the current policy, explores the impact of the current policy and proposed changes, and calls for action to modernize the current blood donation policies that create unwarranted discrimination. This paper focuses contextually on the national issue with a specific focus on the state of Georgia.

Keywords: MSM, blood donation, blood Safety, homosexual men, healthcare

INTRODUCTION
Healthcare professionals in or around the healthcare industry are often encouraged to donate blood as often as possible. There is a great emphasis on the fact that giving blood is a critical act of service to help save lives. This is especially true if one has a rare blood type. However, our blood donation policies are extremely antiquated and are currently designed to exclude an entire subset of the population, many of whom are ready and willing to donate and do their part to save lives. In this paper, we explore the historical progression of the current blood donation policy through the lens of enacted stigmatization and stigma consciousness for men who have sex with men (MSM), identify implications of the current policy, explore the impact of current policy and proposed changes, and call for action to modernize the current blood donation policies that create unwarranted discrimination. This paper focuses on the national history of this issue while also exploring the matter at the state level for Georgia. The reason for selecting a southern state as an example in the U.S. is that “HIV diagnoses are not evenly distributed across states and regions” with the “highest rates of new diagnoses continue to occur in the South” (HIV.gov, para 1, 2022).

Historical Progression of the Current Policy
According to the American Red Cross (2022a), blood donors must be at least 16 years of age in most states, weigh at least 110 pounds, and be in good physical health. Whole blood donations can be given every 56 days or six times per year. Based on CDC guidelines, there are many factors that can limit one’s ability to donate, such as taking certain medications, sickness, such as cold or flu, low iron, travel outside of the country, and other factors that are not demographically specific. MSM, regardless of sexual identity, is identified by the current policy and treated differently from other populations, with specific donation restrictions (American Red Cross, 2022a). Women who engage in sexual activities with MSM are also restricted (American Red Cross, 2022a). The current policy restricts MSM donors, requiring them to be celibate for a minimum of three months before they can donate blood (American Red Cross, 2022a).

There is a long-standing history of restricting MSM donors. The current policy has been updated in recent years. Prior to 2020, “The old policy barred any man who had had sex with another man between 1977 and the present from donating blood” (Bayer, 2015, p. 230). This was a lifetime ban. Regardless of how long someone might have been celibate if a man had had sexual contact with another man at any point since 1977, he was ineligible to donate blood for the rest of his life, regardless of health status.

Blood policies were changed during the COVID-19 pandemic, when social distancing and isolation measures required individuals to stay home, effectively canceling blood drives and cutting off the majority of the blood supply (Park et al., 2021). Eventually, the Food and Drug Administration (FDA) shortened the lifetime ban for MSM. Those who had been celibate for one year could regain their eligibility to donate. Under pressure from the media and other advocacy groups, in addition to the deteriorating blood supply due to the COVID-19 pandemic, the FDA shortened the blood donation deferral period for MSM down to three months (Parker et al., 2021). This policy revision is a positive step “but it has also been criticized as ultimately falling short by prominent parties such as the Red Cross, physicians, and LGBTQ+ advocates (i.e., the Human Rights Campaign)” (McCormick et al., 2022, p. 1424).
Stigma

Stigma can be defined as “the co-occurrence of labeling, stereotyping, separation, status loss, and discrimination in a context in which power is exercised” (Hatzenbuehler et al., 2013, p. 813). Due to stigma, members of certain identity groups are often treated differently or negatively because their social identity is devalued in some way, causing them to suffer a number of negative effects based on their stigmatized status (Hatzenbuehler et al., 2013).

Goffman’s (1963) early research on stigma breaks individuals into two groups: the “normals” and the “others.” Goffman stated that individuals in a stigmatized group are often viewed by the “normals” as sub-human. This allows the “normals” to rationalize their animosity based on their differences with the “others” (Goffman, 1963, p.5). The “normals” may often rationalize their views of stigmatized individuals as “thoroughly bad, dangerous, or weak” and may reduce the individual from “a whole and usual person, to a tainted and discounted one” in their minds (Goffman, 1963, p.3).

Enacted Stigmatization

Enacted stigmatization of sexual identity can be defined as “the overt behavioral expression of sexual stigma through actions such as the use of... shunning and ostracism of sexual minority individuals, and overt discrimination and violence” (Herak, 2007, p. 908). Enacted stigmatization goes beyond what people think of stigmatized individuals to what people do to stigmatized individuals (Munro et al., 2022). According to Herak, non-heterosexuals as a group are considered to be abnormal and unnatural, therefore causing them to be seen as acceptable targets for differential treatment, aggression, and hostility. Enacted stigmatization most commonly manifests in the form of discrimination and harassment (Whiteman et al., 2021).

Stigma Consciousness

Stigma consciousness of sexual identity is understood to be the extent to which non-heterosexual individuals perceive, internalize, and accept their stigmatized status and how that status influences their behavior and interpersonal interactions in stereotype-relevant situations (Pinel, 1999). Pinel and Paulin (2005) indicated that members of a stigmatized group often recognize that the way others interact with them is often influenced by their membership in a stigmatized group. “Jokes directed at their ingroup, accusations of wrongdoing, a host of nonverbal cues, and the very language people use all serve to remind targets of this lack of respect from society at large” (Pinel & Paulin, 2005, p.345).

Pinel and Paulin (2005) stated that, if possible, targets of stigma would disengage and remove themselves from those environments. This could create a ripple effect in the healthcare system experience of non-heterosexual individuals. If non-heterosexual individuals feel the need to disengage and remove themselves, it is possible that their overall health will begin to suffer and go unchecked. “What some dismiss as ‘little things’ may be enough to drive [LGBTQIA+] patients away from the clinic and the support they very much need and deserve” (DeCoster, 2017, p. 50). Stigma in this population increases the potential for negative outcomes for the health and well-being of this population (Prescott et al., 2021).

Implications of the Current Policy

There are a number of negative implications associated with bans on MSM. “Instead, turning away MSM donors...stigmatizes these individuals by deeming them unworthy and dangerously perpetuates the myth of HIV as a purely ‘gay’ disease” (Park et al., 2021, p. 249). Additionally, Park et al. (2021) points out that removing these restrictions could add up to 600,000 annual donors to the blood supply. Grace et al. (2019) conducted a qualitative study of MSM and their perceptions of blood donation bans in Canada. Most respondents felt the ban was very stigmatizing. “A recurrent theme among some participants was the feeling that it is unfair and/or unclear why heterosexuals can have frequent casual ‘unsafe’ sex and still donate blood while they themselves are not able to donate blood when practicing safer sex strategies and/or being in monogamous relationships” (Grace et al., 2019, p.7). One could argue that the current policies do not take into account those MSM who are married and/or in monogamous relationships. They could be at minimal risk for contracting HIV or other sexually transmitted infections, similar to the general population; and yet they are still expected to be celibate for three months prior to donating. Additionally, according to the CDC, all blood products are screened for infectious disease pathogens prior to transfusions and HIV annual infection rates have been stable in the MSM population in recent years (Centers for Disease Control and Prevention, 2020).

It could also be argued that blood donors who are MSM might be more aware of safety protocols and personal health status, given that HIV/AIDS has been a reality of this community for many decades. Having been impacted so forcefully by this disease, this is a community that is well aware of the risks, as well as safer sex practices and the importance of regular STI testing. Ian Green (2022), recently published a news article showing that in England, the number of heterosexuals diagnosed with HIV (at 49%) is actually outpacing the number of gay and bisexual men diagnosed with HIV (at 45%). In the U.S., the recent “CDC estimates show new HIV infections declined 8% from 2015 to 2019, after a period of general stability” and credit “much of this progress to larger declines among young gay, bisexual, and other men who have sex with men (MSM) in recent years” (HIV.gov, 2022, para 2). Diverse populations are impacted by various infectious diseases and “approximately 1.2 million people in the U.S. have HIV [while] about 13 percent of them don’t know it and need testing” (HIV.gov, 2022). For this reason, the CDC guidelines for blood safety apply to every donation (Centers for Disease Control and Prevention, 2020). The current policy remains disparate for donor eligibility.
Impact of the Current Policy

When looking at this issue through the lens of enacted stigmatization and stigma consciousness, it is an issue that is detrimental to the LGBTQ+ community. This enacted stigmatization of MSM in blood donation policies brands this group as “others” as Goffman (1963) noted, who are potentially dangerous to public health. This potential for stigma may extend beyond MSM to the entire LGBTQ+ community, as they are often viewed as a whole for social and political purposes as it relates to public opinion. This could lead to further enacted stigmatization by members of the medical/healthcare community and society at large.

DeCoster (2017) describes the negative psychological effects these bans can have on MSM, stating that gay men were seen as a threat and were likely trained to view themselves as diseased and a threat to others. Additionally, the rest of society was taught that it was permissible to fear and devalue gay men as sick and dangerous, and to view them as a looming threat to the otherwise very safe system of blood donation. According to HIV.gov, in 2019 for the U.S. “the largest percentages of HIV infections were attributed to male-to-male sexual contact (66% overall and 81% among males.) but “among females, the largest percentage of HIV infection was attributed to heterosexual contact (83%)” (HIV.gov, 2022, para 9). Research by Gorantla (2022) suggests that factors other than science may be holding back meaningful policy changes, such as historical positions and social perceptions (p. 2). Considering this data, it is clear the current policy warrants further review.

Call to Action

In Georgia alone, the American Red Cross serves a population of approximately 10 million people through eight regional chapters (American Red Cross, 2022b). The COVID-19 pandemic and social isolation procedures drastically diminished Georgia’s blood supply, leaving it at its lowest levels since 2015 (Ripley, 2021). While meeting with the Medical Director of the Red Cross of Georgia, Dr. Baia Lasky, Ripley (2021) found that at that time, the organization was short about 10,000 units of blood, while also noting that one person can only donate three (3) units of blood every 56 days. Judging by those numbers, that would mean that Georgia alone needs roughly an additional 3,334 blood donors just to keep pace with the current demand. The situation becomes even direr when factoring in the shelf-life for red blood cells (six weeks) and platelets (five days), which prevents any form of stockpiling for emergencies (Ripley, 2021). Removing the bans on MSM donors may significantly increase blood donations as recent research supports that “MSM had greater intent to donate with shorter deferrals” (Johns et al., 2022, p. 152).

The assertion that restrictions for blood donation for MSM are appropriate due to health risks is no longer valid if the enhanced screening protocols and safety mechanisms for blood products as reported by the CDC are accurate and consistent. This is timely as the blood shortage crises pose a greater health risk/genuine threat (Bayer, 2015). It is our recommendation that questions about MSM (and individuals who engage in sex with MSM) be removed from the blood donation questionnaire. It is also our recommendation that restrictions on blood donation deferrals for those same individuals should also be removed. “Our current policies turn away healthy, willing donors, even when we face serious blood shortages. Further, the existing...ban continues to perpetuate inaccurate stereotypes against gay and bisexual men and fosters an atmosphere that promotes discrimination” (Bayer, 2015, p. 232). The American Red Cross (2022c) recently issued a statement regarding the FDA’s deferral policy on MSM donors, acknowledging that while it was a step in the right direction, it is not enough. “Between December 2020 and September 2022, the Red Cross, along with One Blood, Vitalant, and partner LGBTQ+ community organizations, participated in a years-long pilot study funded by the FDA in select cities that could potentially lead to changes to blood donor eligibility criteria for gay and bisexual men” (American Red Cross, 2022c, par. 3).

CONCLUSION

While initially implemented out of necessity, blood donation policies are outdated and ultimately discriminatory against MSM. Modern testing procedures have become much more advanced and able to protect the blood supply (Centers for Disease Control and Prevention, 2020). It is time to update these policies for inclusivity and end bans on MSM blood donation. Not only would this benefit the blood supply, but it would also help to delegitimize the stigma attached to gay and bisexual men through these bans. If a total revamping of the restrictions is not immediately possible, then it is necessary for the rationale of these policies to be clarified and addressed (Gahagan et al., 2022). According to BBC News (2022), Canada and the UK have recently taken steps and considerations toward removing certain bans on blood donations for MSM and moving towards behavior-based screenings. Other countries such as “France, Greece, Israel, Hungary, Denmark, and Brazil have also recently [begun reducing or] lifting restrictions” (BBC News, 2022, par. 11). Will the United States follow suit or remain steadfast in antiquated policies without clear rationale?
References


