

STILL DEFERRED

BLOOD AND HEROES

Mary Coble 2015

Still Deferred

By Mary Coble

DON'T BE SUCH A WUSS. Give blood.
BE A HERO. Give blood.
BE HUMAN. Give blood.

These are examples of slogans from blood donation campaigns. Others are: 'Drops for you, life for them' / 'Good people give' / 'Together we can save a life' / 'All types needed' / 'Find the hero in you. Give blood 3 times a year'. Except that, not everybody's blood is wanted and not just anyone can give, save a life or be a blood donation hero. This is what *Still Deferred* is about.

As part of my ongoing inquiry into discriminatory practices against the queer community, *Still Deferred* addresses the targeted exclusion of men who have sex with men, or we could broadly say: gay men, from blood donation (in the United States and abroad). This is a political deferral based on homophobia and fear rather than on scientific fact, which has been argued time and again by medical researchers and gay rights advocates alike. This publication offers examples from that debate as well as documentation of my performance *Deferral*, which also functioned as a contribution to the discussion.

The Discriminatory Policy

The blood donation policy developed by the United States Food and Drug Administration (FDA) in 1983 stated: "A man who has had sex with another man (MSM) since 1977, is permanently deferred from donating blood in the United States." The FDA argued that: "A history of male-to-male sex is associated with an increased risk for the presence and transmission of certain infectious diseases, including HIV..."

However, following the lead of countries such as Argentina, Australia, Brazil, Czech Republic, Hungary, Finland, Japan, New Zealand, Serbia, Slovakia, Sweden and the United Kingdom (excluding Northern Ireland) a more recent draft of the guidelines from the US FDA as of summer 2015 suggests that a man should be deferred (or barred) from giving blood only for one year after he has had sex with another man.

While many have applauded this as a successful step towards gay equality, this call for celibacy still targets sexual orientation over actual risky behavior. The original deferral of gay men was instituted out of fear and lack of knowledge in order to protect the blood supply as a reaction to the AIDS crisis; less was known about transmission and testing was unreliable. It is true that the US blood supply was seriously compromised and that numerous people were infected with HIV through blood transfusions. It is also correct according to the US Centers for Disease Control (as of July 2015) that "gay, bisexual, and other men who have sex with men of all races

and ethnicities remain the population most profoundly affected by HIV.” What is discriminatory and wrong to assume is that all gay men are likely to be HIV positive regardless of their sexual behavior.

Even this most recent proposed regulation ultimately continues to perpetuate stigmatization against gay men and is reflective of institutionally supported homophobia. The FDA’s statement reinforces outdated prejudices that HIV is only a ‘gay disease’. Regardless of the apparent progress in the new draft, gay men are still deferred based on these prejudices.

The Heteronormative Campaigns

In response to this policy, and in order to raise awareness and protest, eleven gay men and I spent 4 days in 2013 at the Corcoran Gallery of Art in Washington, DC creating a work entitled *Deferral*. It is important to note that the Corcoran Gallery of Art is located across from the White House, where the President of the United States resides, and next to the American Red Cross National Headquarters – an organization that holds more than 200,000 blood drives every year and supplies around 40% of the US blood supply.

When researching for the work and looking at blood donor campaigns, including those of the American Red Cross, through the lens of the deferral policy, I found that negative stereotypes and exclusion are perpetuated through rhetoric that favors “Those who give [blood]”. “Don’t be such a wuss, give blood”, a statement used by the American Red Cross, becomes the agitator with a donor call that bolsters a traditional, heteronormative form of a strong masculinity necessary in order to give. In demanding, “Be human, give blood” and by claiming, “Good people give” how are these campaigns framing those who are not allowed to or cannot give?

The blood donor campaigns use strategies of positive reinforcement toward “those who give” by framing blood donors as a certain type of ‘healthy, normal and heroic’ person. “Be a hero, give blood” is a slogan coined by the World Health Organization (WHO), which in the context of the exclusionary practices that negate sexually active gay men from being able to donate blood begs the question of whom is allowed to be this hero and under what conditions is this possible?

I of course acknowledge the importance of blood donation. According to Blood Centers of the Pacific someone needs blood every 2 seconds and 1 pint of blood can save up to three lives. The need and thus the urgency is real. However I suggest that the tactics used by these organizations that have agreed to follow the FDA’s policy must be more aware of the formulations in their campaigns to not further disseminate exclusionary practices and to really consider the ‘we’ that they constantly refer to in their zeal to collect.

DON'T BE SUCH A WUSS.

Give blood.

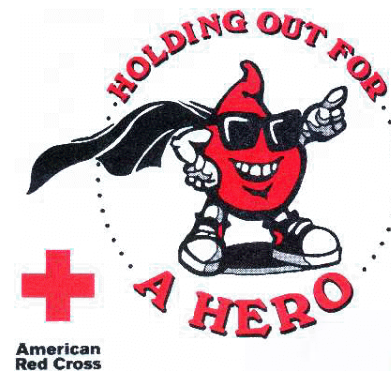


www.DonateBloodNow.org
1-800-GIVE-LIFE

American Red Cross
Lifblood of our community.



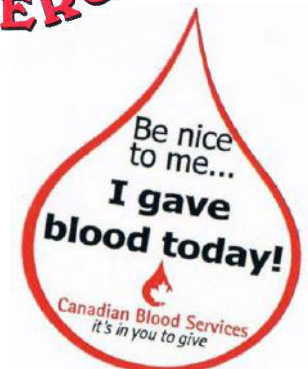
Be SomeOne Special
Be A
Blood Donor



American Red Cross

Show you have a heart this June.

National Blood Donor Month • World Blood Donor Day: 14 June



***Deferral* – a Performance of Defiance**

Deferral was a live performance and installation, which confronted visitors in the atrium as soon as they entered the museum. My own as well as my gay male collaborators' bodies were enclosed behind hospital curtains that surrounded us with quotes from blood donation campaigns and images of one particular figure from a WHO campaign: the blood donation hero or 'Superman', which I had slightly modified with gestures mimicking what could be stereotypical 'gay' postures.

The eleven men stitched over the heroes with various shades of red thread in place of their own 'illegal blood' in an act of re-envisioning their own gay male hero. The WHO's 'Supermen' were transformed into heroes that desired garter belts and nipple rings; heroes with faces masked and hands bound, heroes who have hearts, heroes donning pink capes; heroes that were punctured, split and sewn back together.

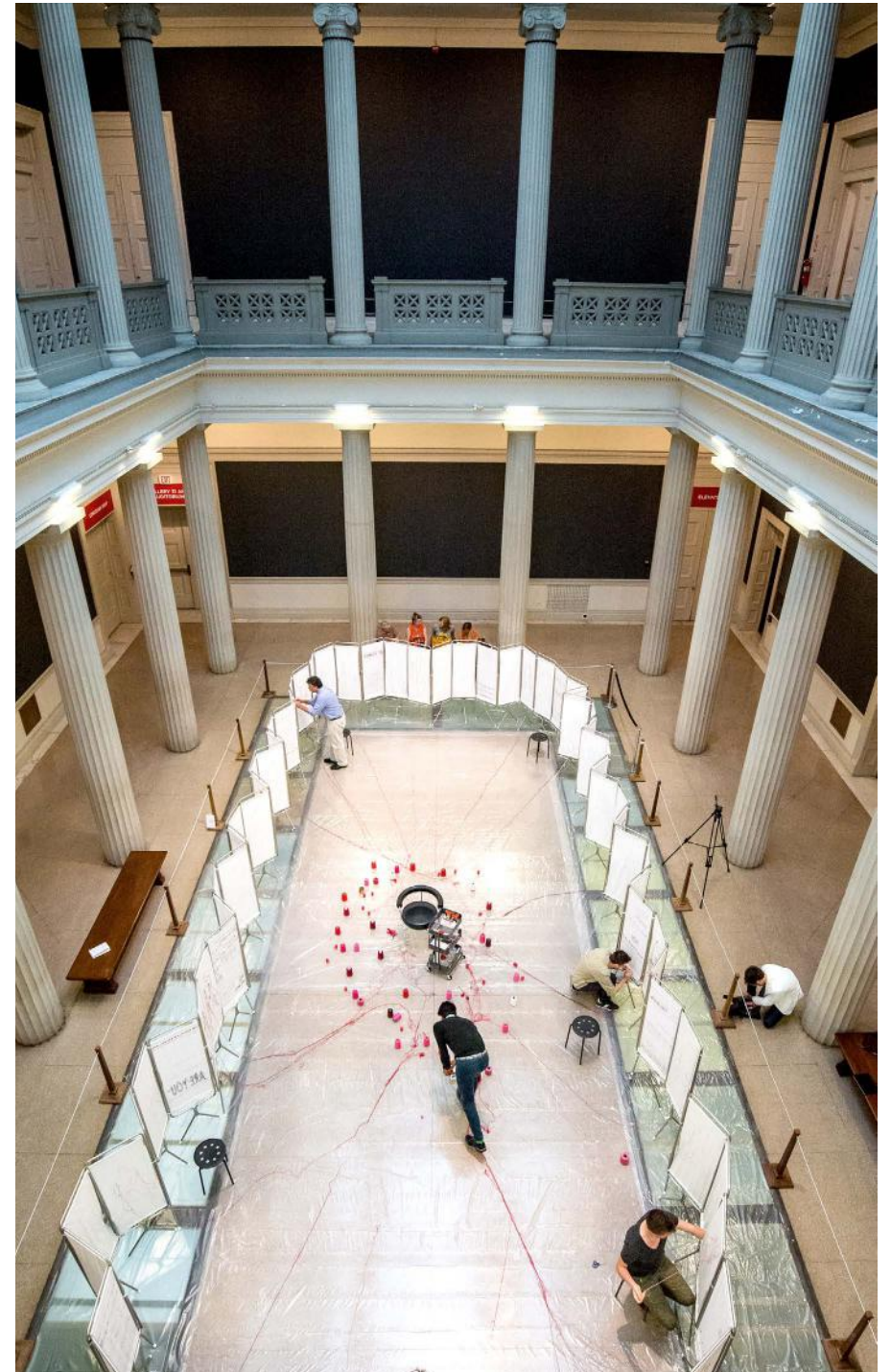
Simultaneously a pint of my own blood was drawn onsite, which I used to blot the word "deferral", in Morse Code onto adjoining curtains that brandished words and phrases from the blood donation campaigns. The bloody dots and dashes of this language that only can be translated by some, pricked, slashed and disrupted the divisive and normative campaign text.

Visitors in the gallery were able to witness as blood bled through the text and to observe the piercing and embracing of the heroes as arms wrapped around the curtains, fingers pressed needles, and thread slowly modified and reclaimed the images.

The visitors were outsiders to the interior actions, and to see what was going on inside the curtains they had to move to the higher level of the gallery space, which implicated them as spectators as they looked down upon us like specimens in an anatomical theater.

Inside this 'theater' a secluded community formed during the 4 days, as the signs of protest (the stitches and the blood) gradually filled the curtains and as, inside the space, the modified heroes visually became connected through a growing network of thread. The acts and movements by the participating men were subtle gestures of defiance against the institutional homophobia of current blood donation policies. The performance resulted in a 'hospital installation', which aims to function as a reminder of the discriminatory divisions between 'healthy heterosexuals' and gay men that are continuously seen as potentially 'sick'. *Deferral* and *Still Deferred* is a collective protest against institutional homophobia and a claim for the right to give blood – and to be someone's hero.

Co-written with Louise Wolthers.



Documentation from *Deferral*

Photo Credit: Mikhail Bezruchko

Documentation from *Deferral*

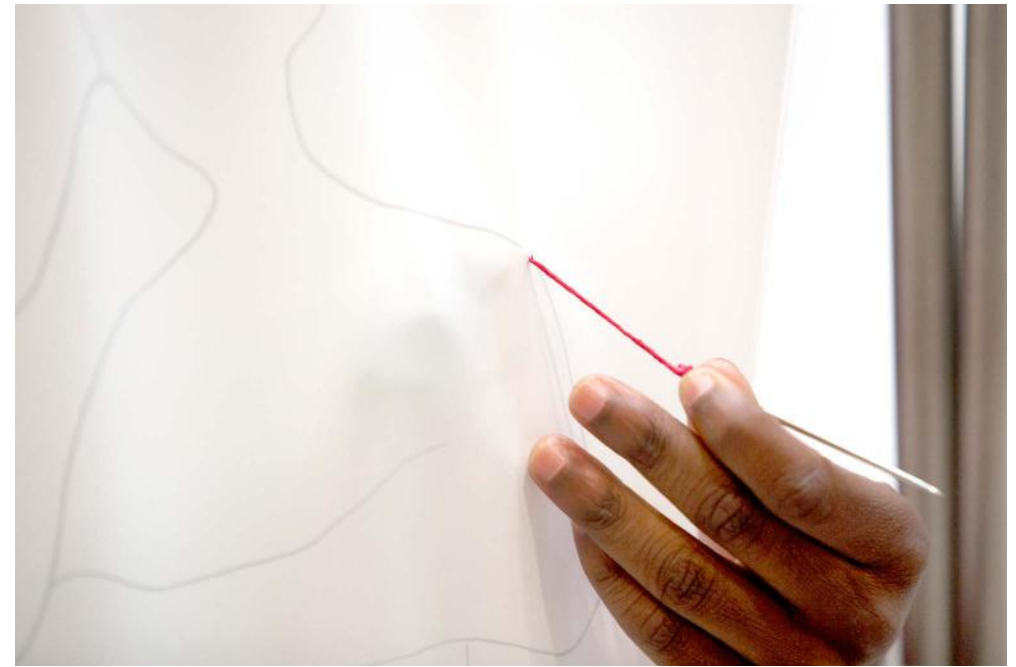


Photo Credit: John Malis



Photo Credit: Mikhail Bezruchko

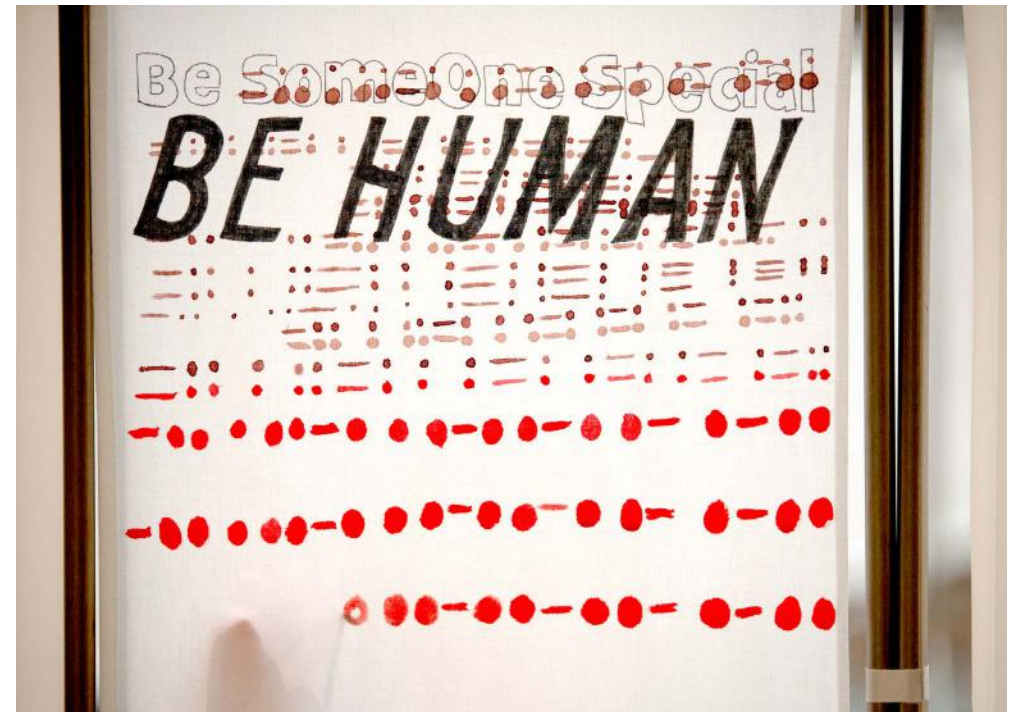
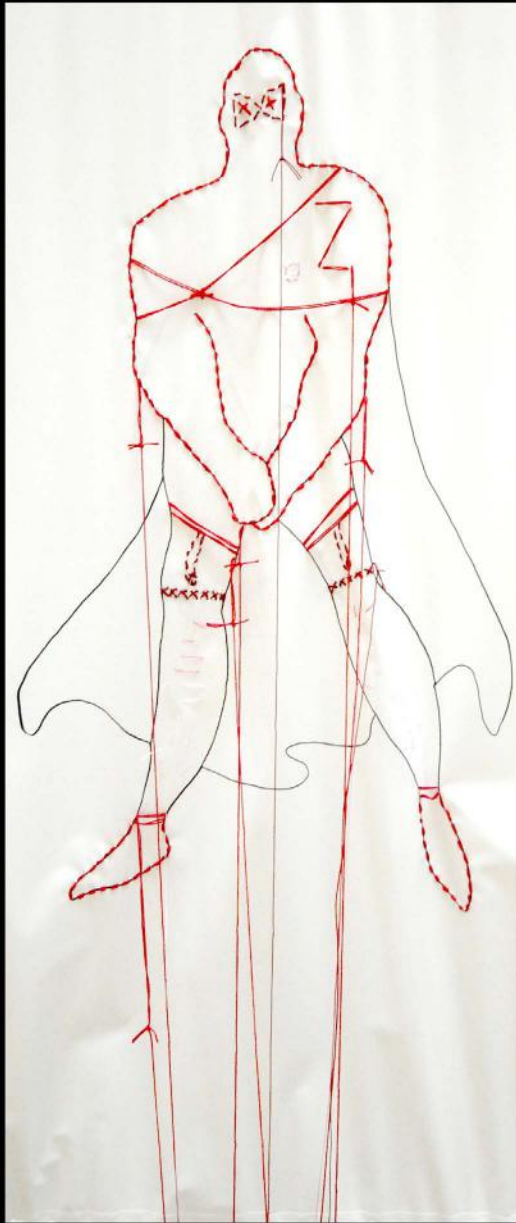
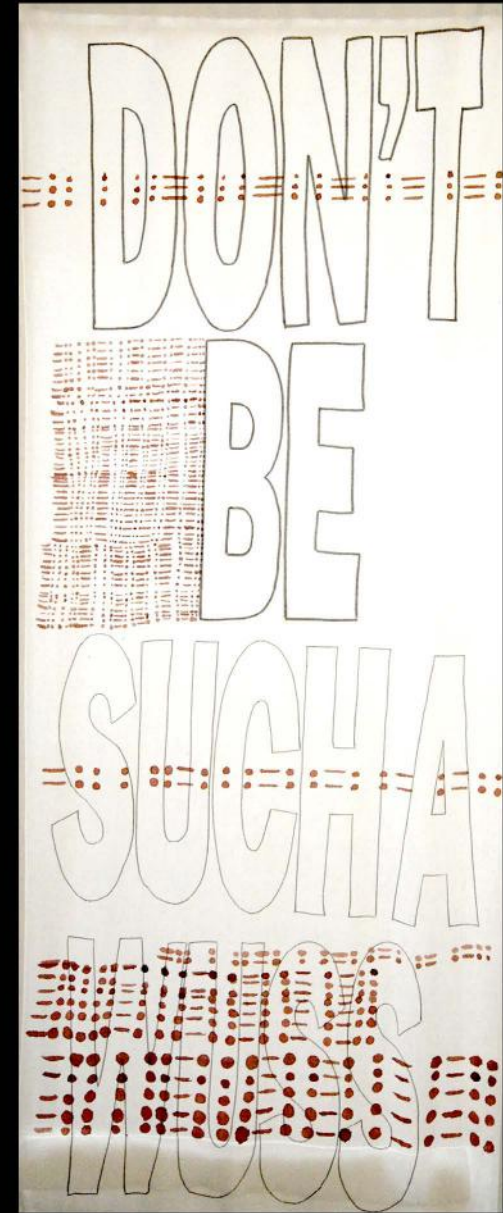


Photo Credit: John Malis



Hero Modified (from Deferral), Collaborators: Armando Lopez-Bircann, Bill Kellner, Chris Hinojosa, Jason Tucker, John Edmonds, John McGirk, Keli Anaya, Mitch Story, Sheldon Scott, Tim Christensen, Zack Child



DON'T BE SUCH A WUSS (from Deferral)

Afterword

Thoughts on the institutional negotiations of *Deferral*

As a further, involuntary contribution to the hysteria and fear surrounding the linkage of blood and gay men, I feel it is important to relay the negotiations that I had to undergo to have *Deferral* created in the Corcoran Gallery of Art. It was an intensive process that resulted in a re-formulation of the work itself, which I am ultimately very happy with today. However the negotiation process illustrated that outdated, scientifically disproven myths of infection still exists even within large institutions that arguably should know better.

In the following I outline some pivotal moments of the process, leaving out names for privacy and the full details/correspondence that are too vast to include here.

My original proposal was to invite gay men into the space to donate their blood, which I would then use to paint onto the curtains that would encase us. The Corcoran's administration, after consulting their lawyers made it clear that I would only be allowed to use pre-screened blood if this performance were to happen.

The curator formulated it like this:

"The biggest concern he [the Corcoran's layer] had was with the handling of blood in the galleries, and any potential risk—however remote—that is being assumed by you, by visitors, and by participants in the performance. Since your idea is to have blood drawn onsite and then paint with it, he is concerned with any contaminants that might be in the blood—HIV, but also hepatitis and other blood-borne diseases."

I argued that I would accept all risk involved by following standard safety precautions when dealing with blood such as wearing gloves, having a medical professional draw the blood and not letting it come into contact with open cuts or my mucous membranes. However, I refused to have the blood of gay men that were invited to donate for this project tested, as I believed this was an extension of the fear and homophobia that the work itself was trying to address.

The response from the curator read:

"Not having the blood tested (among other issues) could be a deal breaker. I've spoken with pathology experts and they believe that it's likely illegal (we're checking with DC Dept of Health) and is certainly unsafe (the head of pathology at one hospital called it "just plain stupid")."

In a letter from the District of Columbia Department of Health, Health Regulation and Licensing Administration dated April 29, 2013 they responded to questions by the Corcoran's General Council including the following:



Government of the District of Columbia
Department of Health



Health Regulation and
Licensing Administration

April 29, 2013

Is it legal to draw blood and not have it tested before put to any use, even if it is not intended for human use?

There are tests required before blood that has been drawn may be transfused, but it does not appear that the question deals at all with non-human uses. It is not specifically illegal to draw blood and not have it tested if it will not be transfused, ingested, or placed in direct contact with skin or mucous membranes. However, the liability of potential exposure of blood borne diseases is a risk to consider.

Is it legal to expose the public to unscreened/untested blood in a situation where there should be no contact between the public and the blood unless by accident?

The answer to this question depends on the meaning of the phrase "expose the public". It would seem that it means to enable the public to see blood being drawn and applied to cloth. Exposing the public in the sense of allowing blood to come into contact with skin, open wounds, and mucous membranes, whether tested or not, would be highly unsafe. It should also be noted that some people are particularly sensitive to the sight of blood and may become faint or light-headed, which may result in injury from falls. It does not appear to be illegal to allow the public to view blood draws and the application of blood to cloth, provided that the donors have consented to have the blood draw done in public view.

After reading this I followed the advice of an experienced performer and researcher of body art, and drew up a Risk Assessment Form that is standard for venues that support live work, suggesting ways that the perceived 'risks' that the Corcoran was focusing on could be placed into a category of low or acceptable. I referred to other artists using blood in their work including a reference to two past pieces of my own, which I assumed the gallery was already aware of. However, the institution could not accept the piece if it involved any untested blood.

From the curator's response:

"Just to reiterate, the resistance that we are encountering here comes completely from a legal, not an artistic, historical, funding, or audience perspective." [...] this is somewhat uncharted territory for the museum and while we want to keep pushing ahead, we as curators and programmers are having a hard time coming up with a legal and medical argument that will sway our lawyer. Ultimately, in our institution at this time, the lawyer has the final call [...]."

Based on the institution's resistance and realizing that the piece needed to be modified or it simply would not happen I decided to rethink the work as the issues at stake were just too important to be silenced. I chose to use my own blood and have myself tested. Instead of demanding this from the gay men who agreed to help me, I asked them to use red thread in place of their blood.

I had to provide documentation of the testing of my blood "by a medical professional for the following blood-borne pathogens and diseases, which are also screened by the Red Cross: Hepatitis B and C, West Nile Virus, Human T-Cell, Syphilis, HIV/AIDS and Chagas." I also had to sign a contract where I agreed "to not knowingly, willfully or recklessly engage in an activity that might alter the blood test results between the time I had my blood tested (June 18th, 2013) and the time of the performance (August 8th, 2013)." My collaborators were asked to sign a participant release form stating: "The performer acknowledges that there is an inherent risk of bodily injury, illness or death and property damage when working with or in the vicinity of human blood, including but not limited to fainting, contamination, spillage and infection"

In addition I was asked to rope off the performance area to provide additional 'protection' for the audience against my already tested blood that was blotted onto the curtain. I also had to accept to have the floor directly under the performance space covered in plastic wrap to protect the floor, while it was ignored that this made the floor extremely slippery for my collaborators and myself.

On August 8th 2013, the performance began 1 hour later than scheduled because the Corcoran's lawyers unexpectedly showed up and demanded that an additional length of plastic be laid down that extended outwards beyond the actual performance space. They also asked to speak with the certified medical professional whose license has been pre-submitted and approved, to ask if she "knew how to safely draw blood". Looking back, the lawyers' interventions can be seen as part of the whole piece since they manifested the alarmist tactics surrounding the process leading up to the performance. The lawyers took stage before my collaborators and myself, and their interference- surrounding us by a 'protective zone'- became an unintended symbolic illustration of the deferral that we would be protesting against over the next four days.

All quotes by the Corcoran's curator are from emails to the artist.



"The FDA recently announced that gay and bisexual men may finally be allowed to donate blood after being banned for life since the '80s—but only if they remain celibate for one year.

So straight guys can have safe sex with woman after woman and still donate blood. But gay and bi men who have had safe sex for an entire year—even with a monogamous partner—would still be banned. Sounds like discrimination to us."

This is a petition by GLAAD and GMHC to "pressure the FDA to screen all prospective blood donors based on risk, regardless of their sexual orientation or gender identity."

For more information visit:

<http://celibacychallenge.com>



... . ..- . -.- .- .-..

DEFERRAL

International Morse Code

A	· · ·	0	· · · · ·
B	· · · ·	1	· · · · ·
C	· · · ·	2	· · · · ·
D	· · ·	3	· · · · ·
E	·	4	· · · · ·
F	· · · ·	5	· · · · ·
G	· · · ·	6	· · · · ·
H	· · · ·	7	· · · · ·
I	· ·	8	· · · · ·
J	· · · · ·	9	· · · · ·
K	· · · ·	Stop	· · · · ·
L	· · · ·	Comma	· · · · ·
M	· · ·	Query	· · · · ·
N	· ·		
O	· · · ·		
P	· · · ·		
Q	· · · ·		
R	· · ·		
S	· · ·		
T	·		
U	· · ·		
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X	· · · ·		
Y	· · · ·		
Z	· · · ·		



U.S. Department of Health & Human Services



U.S. Food and Drug Administration
Protecting and Promoting *Your Health*

Blood Donations from Men Who Have Sex with Other Men Questions and Answers

What is FDA's policy on blood donations from men who have sex with other men?

Men who have had sex with other men (MSM), at any time since 1977 (the beginning of the AIDS epidemic in the United States) are currently deferred as blood donors. This is because MSM are, as a group, at increased risk for HIV, hepatitis B and certain other infections that can be transmitted by transfusion.

Why doesn't FDA allow men who have had sex with men to donate blood?

FDA's primary responsibility with regard to blood and blood products is to assure the safety of patients who receive these life-saving products. FDA uses multiple layers of safeguards in its approach to ensuring blood safety, which include donor screening and deferral based on risk factors, blood testing for markers of infection, inventory controls, and deferral registries. The use of these multiple layers helps to assure the safety of the products in the event that one layer fails.

A history of male-to-male sex is associated with an increased risk for exposure to and transmission of certain infectious diseases, including HIV, the virus that causes AIDS. Men who have had sex with other men represent approximately 2% of the US population, yet are the population most severely affected by HIV. In 2010, MSM accounted for at least 61% of all new HIV infections in the U.S. and an estimated 77% of diagnosed HIV infections among males were attributed to male-to-male sexual contact. Between 2008 and 2010, the estimated overall incidence of HIV was stable in the U.S. However the incidence in MSM increased 12%, while it decreased in other populations. The largest increase was a 22% increase in MSM aged 13 to 24 years. Since younger individuals are more likely to donate blood, the implications of this increase in incidence need to be further evaluated.

Is FDA's policy of excluding MSM blood donors discriminatory?

FDA's deferral policy is based on the documented increased risk of certain transfusion transmissible infections, such as HIV, associated with male-to-male sex and is not based on any judgment concerning the donor's sexual orientation.

What about men who have had a low number of partners, practice safe sex, or who are currently in monogamous relationships?

Having had a low number of partners is known to decrease the risk of HIV infection. However, to date, no donor eligibility questions have been shown to reliably identify a subset of MSM (e.g., based on monogamy or safe sexual practices) who do not still have a substantially increased rate of HIV infection compared to the general population or currently accepted blood donors. In the future, improved questionnaires may be helpful to better select safe donors, but this cannot be assumed without evidence.

Are there other donors who have increased risks of HIV or other infections who, as a result, are also excluded from donating blood?

Intravenous drug abusers are excluded from giving blood because they have prevalence rates of HIV, HBV, HCV and HTLV that are much higher than the general population. People who have received transplants of animal tissue or organs are excluded from giving blood because of the still largely unknown risks of transmitting unknown or emerging pathogens harbored by the animal donors. People who have recently traveled to or lived abroad in certain countries may be excluded because they are at risk for transmitting agents such as malaria or variant Creutzfeldt-Jakob disease (vCJD). People who have engaged in sex in return for money or drugs are also excluded because they are at increased risk for transmitting HIV and other blood-borne infections.

Why are some people, such as heterosexuals with multiple partners, allowed to donate blood despite increased risk for transmitting HIV and hepatitis?

Current scientific data from the U.S. Centers for Disease Control and Prevention (CDC) indicate that, as a group, men who have sex with other men are at a higher risk for transmitting infectious diseases or HIV than are individuals in other risk categories. From 2007 through 2010, among adult and adolescent males, the annual number of diagnosed HIV infections attributed to MSM increased, while the numbers of infections attributed to other risks among males decreased. Among adult and adolescent females, the annual number of diagnosed HIV infections attributed to injection drug use and heterosexual contact both decreased.

Isn't the HIV test accurate enough to identify all HIV positive blood donors?

HIV tests currently in use are highly accurate, but still cannot detect HIV 100% of the time. It is estimated that the HIV risk from a unit of blood has been reduced to about 1 per 2 million in the USA, almost exclusively from so called "window period" donations. The "window period" exists very early after infection, where even current HIV testing methods cannot detect all infections. During this time, a person is infected with HIV, but may not have enough virus or have developed sufficient antibodies to be detected by available tests. For this reason, a person could test negative, even when they are actually HIV positive and infectious. Therefore, blood donors are not only tested but are also asked questions about behaviors that increase their risk of HIV infection.

Collection of blood from persons with an increased risk of HIV infection also presents an added risk to transfusion recipients due to the possibility that blood that has already been collected and is being stored in a blood bank may be accidentally given to a patient in error either before testing is completed or following a positive test. Such medical errors occur extremely rarely, but given that there are about 17 million Whole Blood and red blood cell donations collected each year in the USA, they can occur.

How long has FDA had this MSM policy?

FDA's policies on donor deferral for history of male sex with males date back to 1983, when the risk of AIDS from transfusion was first recognized. FDA's current policy has been in place since 1992.

FDA modified its blood donor policy as new scientific data and more accurate tests for HIV and hepatitis became available. Today, the risk of getting HIV from a blood transfusion has been reduced to about one per two million units of blood transfused. The risk of hepatitis C is about the same as for HIV, while the risk of hepatitis B is somewhat higher.

Doesn't the policy eliminate healthy donors at a time when more donors are needed because of blood shortages?

FDA realizes that this policy leads to deferral of many healthy donors. However, FDA's MSM policy minimizes even the small risk of getting infectious diseases such as HIV or hepatitis through a blood transfusion. Due to the generosity of millions of eligible donors, the blood supply in the US has been very stable.

Would FDA ever consider changing the policy?

FDA's primary responsibility is to enhance blood safety and protect blood recipients. Therefore FDA would change this policy only if supported by scientific data showing that a change in policy would not present a significant and preventable risk to blood recipients. Although scientific evidence has not yet demonstrated that blood donated by MSM or a subgroup of these potential donors does not have a substantially increased rate of HIV infection compared to currently accepted blood donors, FDA remains willing to consider new approaches to donor screening and testing. If those approaches can assure that blood recipients are not placed at an increased risk of HIV or other transfusion transmitted diseases, FDA will consider a change to its current policy.

The Health and Human Service's Advisory Committee on Blood Safety and Availability (ACBSA) met to discuss the FDA MSM deferral policy on June 10-11, 2010. During that meeting, the ACBSA heard presentations and engaged in deliberations on the current MSM deferral policy. The Committee was asked to determine if there were sufficient data to support a change in policy at this time, or, if needed, to identify areas of further study that would establish a sound scientific basis for a change in policy. The committee found the current donor deferral policies to be suboptimal in permitting some potentially high risk donations while preventing some potentially low risk donations, but voted in favor of retaining the existing policy, and identified areas requiring further research.

In response to the ACBSA recommendations, HHS is in the process of conducting additional studies that aim to address the following questions:

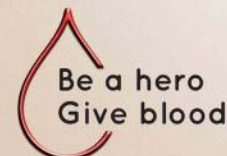
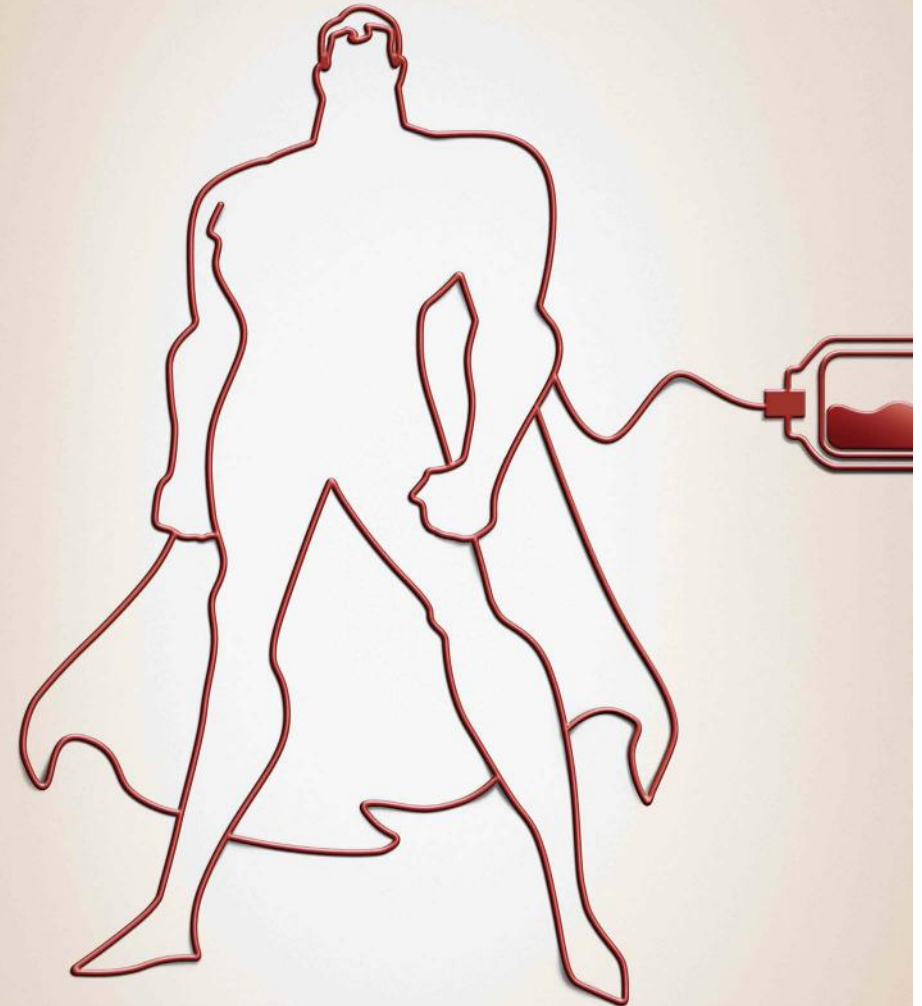
- a) How does the risk of blood transmissible diseases in the current donor population related to risk factors in donors?
- b) What is the root cause of the Quarantine Release Errors, the accidental release of blood not cleared for use that occur at blood collection centers and potentially put the blood supply at risk, and what mitigations can be considered?
- c) Do potential blood donors correctly understand and properly interpret the current standard questionnaire used to obtain donor history? What motivates men with MSM behavioral history to donate blood and would MSM be likely to comply with modified deferral criteria?
- d) Would an alternative screening strategy for MSM (and potentially other high-risk donors) assure blood safety?

When the results and data from the studies are available and potential policy revisions are brought forward for consideration, HHS intends to provide opportunities for discussion in a public forum.

<http://www.fda.gov/BiologicsBloodVaccines/BloodBloodProducts/QuestionsaboutBlood/ucm108186.html>

Page last updated: 5/21/2013

**Every blood donor
is a hero.**

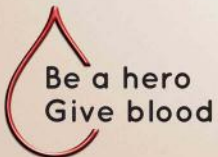


World Blood Donor Day
Every blood donor is a hero 14 JUNE 2012

Every blood donor
is a hero.



World Health
Organization



World Blood Donor Day
Every blood donor is a hero 14 JUNE 2012



American Blood

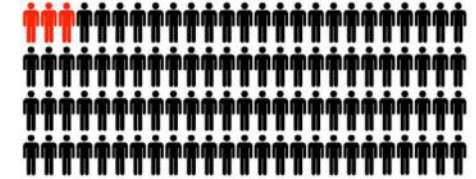


10 pints
average amount
of blood in human body

320 pints
total amount of blood
donated by Al Fischer

Sources:
www.newsday.com
www.americanblood.org

3 in 100 Americans donate blood



1 pint saves 3 lives



Donated whole blood may be transfused to a patient as is, or it may be broken down into its transfusable components - red blood cells, platelets, and plasma. Each component can be used to help save a different patient's life. That's up to three patients who can benefit from a single blood donation.

15m pints donated annually



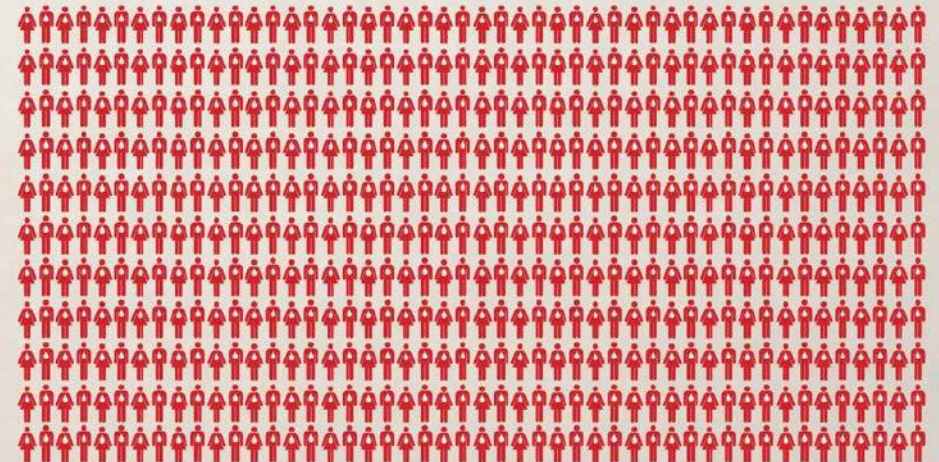
+ American Red Cross blood supply
is 48 hours from being empty



1 person only allowed 6 pints of blood donation within a year



OVER A LIFETIME ONE DONOR CAN HELP MORE THAN 500 PEOPLE



Visit www.blood.co.uk or call us on 0300 123 23 23



Blood and Transplant

Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products

Draft Guidance for Industry
This guidance document is for comment purposes only.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Biologics Evaluation and Research
May 2015

Contains Nonbinding Recommendations

Draft – Not for Implementation

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Change to a one-year deferral is also supported by other evidence, including the experience in countries that have already changed their policies to a one-year deferral (Argentina, Australia, Brazil, Hungary, Japan, Sweden and United Kingdom). In addition, this change would potentially better harmonize the deferral for MSM with the one-year deferral in place for both men and women who engage in certain other sexual behaviors associated with an increased risk of HIV exposure (e.g., sex with an HIV-positive partner, sex with a commercial sex worker). Thus, following careful review, the BOTS Working Group was supportive of a policy change to a one-year deferral for MSM.

- i. A history ever of a positive⁴ test for HIV,
- ii. A history ever of exchanging sex⁵ for money or drugs,
- iii. A history ever of non-prescription injection drug use⁶,
- iv. A history in the past 12 months of sex with a person with a positive test for HIV, a history of exchanging sex for money or drugs, or a history of non-prescription injection drug use,
- v. A history in the past 12 months of receiving a transfusion of Whole Blood or blood components such as packed red blood cells, platelets, or plasma,
- vi. A history in the past 12 months of contact with blood of another individual through percutaneous inoculation such as a needle stick or through contact with a donor's open wound or mucous membranes,
- vii. A history in the past 12 months of a tattoo, ear or body piercing,
- viii. A history in the past 12 months of syphilis or gonorrhea, or treatment for syphilis or gonorrhea,
- ix. For male donors: a history in the past 12 months of sex with another man,
- x. For female donors: a history in the past 12 months of sex with a man who has had sex with another man.

Slogans from blood donation campaigns

- +All types needed
- +Always give 100%, unless you are donating blood
- +Are you a blood donor?
- +Are you ready to be a hero?
- +Be a hero...save 3 lives. Just 1 pint may save up to 3 lives.
- +Be a hero, it's in your blood
- +Because it's in your blood.
- +Be a real hero.
- +Be human, give blood
- +Be someone special, be a blood donor
- +Be someone's hero. Give Blood.
- +Be nice to me I gave blood today
- +Blessed are the young who can give back life with their blood
- +Blood, a gift for life.
- +Blood saves lives. Safe blood starts with me.
- +Blood donation, gift of life
- +Blood donation, gift of love
- +Blood donation is good
- +Blood donors are life-savers
- +Blood donors are special people
- +Blood is life itself, make it available
- +Blood is meant for circulation. Donate blood.
- +Blood should circulate-donate blood without waiting for a call
- +Blood. The Fountain of Life.
- +Celebrating your gift of blood
- +Celebrating the gift of blood
- +Do something amazing today. Save a life, give blood
- +Do some good for someone else.
- +Do something special
- +Donate blood, donate love.
- +Donate blood, save life

- +Donate blood so others may live
- +Donate for life
- +Don't be such a wuss. Give blood.
- +Drops for you, life for them.
- +Give a gift of love. Your own blood.
- +Give a hand
- +Give Blood Give Life
- +Give blood, the ultimate renewable resource
- +Give Blood Save Lives
- +Give Hope
- +Give life.
- +Give something priceless, donate blood
- +Give the thing that cost nothing-give blood.
- +Good people give
- Have a heart, give blood today
- +Have a big heart, give blood
- +Help save a life, Give the gift of blood
- +Hero's needed
- +Hero's wanted
- +Holding out for a hero
- +I believe in donating blood
- +I give blood, will you?
- +I just gave the gift of life
- +It's in your blood to save lives
- +It's about life
- +It takes all types. Giving=Living
- +It takes all types to keep the beat going
- +I tried, have you?
- +I make a difference
- +If you donate money, you give food! But if you donate blood, you give life!!
- +It takes all types. Donate blood.
- +Join the Hero Club, give blood.
- +Join us.
- +Every blood donor is a hero

- +Every drop counts
- +Feel Awesome
- +Feel Brave
- +Feel Essential
- +Feel Fierce
- +Feel good
- +Feel Proud
- +Feel Shockingly Good
- +Feel Strong
- +Find the hero in you. Give blood 3 times a year.
- +Join the "vein-to-vein" chain that helps save lives
- +Make a difference
- +More blood. More life.
- +New blood for the world
- +Researchers have found: people who don't donate blood are more likely to lose their girl friends than those who do. Sometimes it isn't wrong to lie for a good cause.
- +Researchers say that 85% of people that donate blood become 71% more attractive to their partner
- +Rich or poor, you have what you need, the most precious natural resource of all
- +Rock n Roll up your sleeve
- +Roll up your sleeves and give blood
- +Save a life give blood
- +Save a life without donating any money
- +Saving the world isn't as easy. Saving a life is.
- +Share a unique gift. Give blood, give life
- +Share a little, care a little
- +Share life, Give blood
- +Spread the love, give some blood

- +Starve a vampire, donate blood
- +Together
- +Together, we can.
- +The best date you'll ever have is the date you will have with the blood mobile
- +The medical side effects of giving blood: Slight euphoria, puffed up chest and a broad smile
- +The need is constant. The gratification is instant. Give blood.
- +Together we can save a life
- +You're somebody's type
- +You can be heroes
- +You can be someone's superhero!
- +You don't have to be a doctor to save lives. Just donate blood. It's safe. It's simple. And it saves lives.
- +You have a pint to spare-you have a life to share
- +You have, you can
- +Your blood is worth bottling
- +Your donated blood helps to mend broken hearts.
- +Wanted: more life-savers
- +We need all types of blood from all types of people
- +We need each other, donate blood
- +We need you
- +We need your help!
- +We need your type
- +We need you to save a life
- +What's your type?
- +With just a drop of blood you can make a difference. Give blood saves lives
- +Would you give a few minutes to save a few lives
- +Vote for life with your blood

Man says blood center rejected him because he appeared gay

Aaron Pace is admittedly and noticeably effeminate, but he says he's not homosexual. Still, his looks, character and behavior prompted a blood donation center to reject him when he tried to donate blood recently and he's miffed, to say the least. "I was humiliated and embarrassed," said Pace, 22, of Gary. "It's not right that homeless people can give blood but homosexuals can't. And I'm not even a homosexual."

Pace visited Bio-Blood Components Inc. in Gary, which pays for blood and plasma donations, up to \$40 a visit. But during the interview screening process, Pace said he was told he could not be a blood donor there because he "appears to be a homosexual."

No one at Bio-Blood returned calls seeking comment, but donation centers like it, and even the American Red Cross, are still citing a nearly 30-year-old federal policy to turn away gay men from donating. The Food and Drug Administration policy, implemented in 1983, states that men who have had sex — even once — with another man (since 1977) are not allowed to donate blood.

The policy was sparked by concerns that HIV, the virus that causes AIDS, was tainting the blood supply. And, back then, screening tests to identify HIV-positive blood had not yet been developed.

Today, all donated blood is tested for HIV, as well as for hepatitis B and C, syphilis and other infectious diseases, before it can be released to hospitals. This is why gay activists, blood centers including the American Red Cross, and even some lawmakers now claim the lifetime ban is "medically and

scientifically unwarranted." "It is unfair, outrageous and just plain stupid," said Curt Ellis, former director of The Aliveness Project of Northwest Indiana, an agency that's been educating the public about HIV-related issues for many years. "The policy is based on the stigma associated with HIV that existed early on," Ellis said. "It seems like some stigmas will just never die." The Indiana State Department of Health doesn't have a policy regarding the collection of blood and its criteria. "Nor do we advise blood donation centers on their individual policies," spokeswoman Amy Bukarica said.

But the U.S. Department of Health and Human Services last year voted again not to recommend a change to the FDA's policy of a lifetime deferral for men who have sex with other men. "The deferral of men who have had sex with other men is still in effect in Indiana and across the country — with all blood banks, not just the American Red Cross — because all blood banks must be in compliance with FDA regulations," said Karen Kelley, spokeswoman for the American Red Cross.

"We recommended that the deferral criteria be modified and made comparable with criteria for other groups at increased risk for sexual transmission of transfusion-transmitted infections," she added.

"While we are disappointed with the committee's decision, our organization is obligated by law to follow the guidelines set forth by the FDA regarding donor eligibility," Kelley said.

The American Red Cross, which supplies approximately 40 percent of the nation's blood supply, determines a potential donor's sexual history through standardized health and lifestyle questions in a private, confidential health history review, she said. This is similar to how other blood donation centers, such as Bio-Blood, screen potential donors.

By Jerry Davich, Sun-Times Media, July 15, 2011

According to a Williams Institute study:

"If the current MSM ban were completely lifted, we estimate that an additional 130,150 men would likely donate 219,200 additional pints of blood each year. If MSM who have not had sexual contact with another man in the past twelve months were permitted to donate, we estimate that 53,269 additional men are likely to donate 89,716 pints each year. If MSM who have not had sexual contact with another man in the past five years were permitted to donate, we estimate that 42,286 additional men would make 71,218 blood donations.

Conclusion

Since American Red Cross and the American Association of Blood Banks have declared that the current FDA blanket ban on blood donation by MSM is unwarranted there have been new calls to reconsider current policies. Our analyses suggest that lifting the ban could increase the total annual US blood supply by 0.6% to 1.4%. While these increases in the blood supply may seem modest, they would occur in an environment where blood supply shortages are common."

The Williams Institute is dedicated to conducting rigorous, independent research on sexual orientation and gender identity law and public policy. A national think tank at UCLA Law, the Williams Institute produces high-quality research with real-world relevance and disseminates it to judges, legislators, policymakers, media and the public.

Table 2:

Panel 1. Estimates of Number of Men Who May Donate Blood

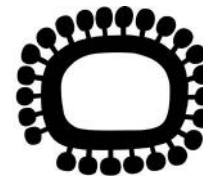
	# Eligible to Donate	# Likely to Donate	# of Pints Donated
Lifting of Blood Donation Ban	2,603,004	130,150	219,200
Twelve-Month Deferral	1,065,375	53,269	89,716
Five-Year Deferral	845,714	42,286	71,218

Thank you to my collaborators on *Deferral* including: Armando Lopez-Bircann, Bill Kellner, Chris Hinojosa, Jason Tucker, John Edmonds, John McGirk, Keli Anaya, Mitch Story, Sheldon Scott, Tim Christensen, Zack Child and Mary Kendell.

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