

**AMERICAN MEDICAL STUDENT ASSOCIATION
HOUSE OF DELEGATES 2017
RESOLUTION: A4**

INTRODUCED BY: Avanthi Jayaweera, Virginia Commonwealth University School of Medicine; Jean Lee, University of Illinois College of Medicine; Braveen Raganathan, Virginia Commonwealth University School of Medicine; Danny Lee, Virginia Commonwealth University School of Medicine; Kelly Thibert, DO, MPH, National President, Nova Southeastern University College of Osteopathic Medicine; Shima Ge, George Washington University

SCHOOL: Virginia Commonwealth University School of Medicine; AIDS Advocacy Network

SUBJECT: Principles Regarding the FDA's Prohibition on Men Who Have Sex With Men From Donating Blood and Sperm Products

TYPE: Resolution of Principles

1 WHEREAS AMSA has previously recognized that the FDA regulation of an *indefinite*
2 ban of donated blood products from men who have sex with men is an instance of
3 institutionalized discrimination.

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5 WHEREAS the FDA has updated its donor deferral policy from a lifetime ban to a one-
6 year deferral from the most recent sexual contact from men who have sex with men or
7 celibacy. (**Section III B.10 of the FDA Guidance for Industry: Donor Deferral**). This
8 change in policy continues to be an example of institutionalized discrimination against
9 monogamous MSM couples.

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11 WHEREAS FDA's revised policy does not differentiate between risky sex and
12 homosexual sex. It unnecessarily bans MSM populations in monogamous relationships
13 who test negative for HIV. Currently, a man who has heterosexual intercourse with a
14 prostitute is only deferred for twelve months, while MSM who engage in healthy,
15 monogamous sex is essentially banned for life (**Columbia Medical Review: Ban the
16 ban: A scientific and cultural analysis of the FDA's ban on blood donations from
17 men who have sex with men, 2015**).

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19 WHEREAS a double standard exists when MSM who practice safe sex in consensual and
20 monogamous relationships are considered as high risk for HIV transmission as
21 intravenous drug users, while heterosexual donors who engage in unprotected sex with
22 multiple partners are not (**Columbia Medical Review: Ban the ban: A scientific and
23 cultural analysis of the FDA's ban on blood donations from men who have sex with
24 men, 2015**).

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26 **THEREFORE BE IT RESOLVED** that the Principles on FDA’s Prohibition on Men
27 Who Have Sex With Men From Donating Blood and Sperm Products (p. 138) be
28 AMENDED BY ADDITION to state:

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30 4. RECOGNIZES that the current policies, regulations and guidelines against blood,
31 sperm and bone marrow donation by men who have sex with men is an instance of
32 institutionalized discrimination and is contrary to public health standards.

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34 a) RECOGNIZES that FDA’s revised Donor Deferral policy is discriminatory against
35 men who have sex with men (MSM) who have tested HIV negative; risky behaviors
36 should be used as a primary determinant of donor eligibility instead of sexual identity or
37 preference.

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40 FISCAL NOTE: None

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43 **REPORT OF REFERENCE COMMITTEE A**

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46 BOT: Adopt as amended by unanimous consent
47 a) RECOGNIZES that FDA’s revised Donor Deferral policy of 2015 is discriminatory
48 against men who have sex with men (MSM) who have tested HIV negative.
49 RECOGNIZES level of behavioral risk, ~~Risky behaviors should be used as a primary~~
50 ~~determinant of donor eligibility instead,~~ regardless of sexual identity or preference.
51 orientation, should be used as a primary determinant of donor eligibility.

52 BRD: N/A
53 PRD: Recommend to adopt as written
54 IRD: recommends to adopt as written
55 ACTE: amend as follows
56 a. Recognizes that the FDA revised donor deferral policy of 2015 is discriminatory
57 against men who have sex with men who have tested HIV negative.
58 b. High risk behavior should be used as a primary determinant of donor eligibility
59 instead of sexual identity

60 Premedical Caucus: N/A
61 Other Groups: NE Ohio:
62 **NE Ohio:** Adopt as written

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65 **SUMMARY OF DISCUSSION:**
66 **PROS:** The resolution is necessary addition to the PPP; recognizing current issues.
67 **CONS:** Further clarification is necessary in regards to the wording; as specified by the
68 BOT and ACTE.

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72 **REFERENCE COMMITTEE COMMENTS:**

73 The majority of the members with BOT, additionally some of the members believe that
74 the language should reflect the importance of
75 For 5b, both BOT and ACTE recommended that the wording of high risk behavior be
76 altered in the resolution because negative high risk behavior should be used as a primary
77 determinant of donor eligibility instead of sexual identity

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80 **REFERENCE COMMITTEE RECOMMENDATION:**

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82 Adopt as amended

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84 • a) RECOGNIZES that FDA's revised Donor Deferral policy of 2015 is
85 discriminatory against men who have sex with men (MSM) who have tested HIV
86 negative.

87 • b) RECOGNIZES level of behavioral risk, ~~Risky behaviors should be used as a~~
88 ~~primary determinant of donor eligibility instead,~~ regardless of sexual identity or
89 ~~preference.~~ orientation, should be used as a primary determinant of donor
90 eligibility.

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