

Peter Sprigg, FRC Senior Fellow for Family Policy Studies, made the following comments to the Blood Products Advisory Committee of the U.S. Food and Drug Administration meeting in Silver Spring, Maryland.

“I urge you to oppose any change in the current lifetime deferral as blood donors of men who have had sex with men, unless it can be scientifically proven that a revised policy would result in *no* increase in risk to the blood supply. Even a small increase in risk is unacceptable.

“Let us not forget the dramatic magnitude of the increased HIV risk in this population. The Centers for Disease Control (CDC) [reported](#) in May,

Gay, bisexual, and other men who have sex with men (MSM)* represent approximately 2% of the United States population, yet . . . [i]n 2010, gay and bisexual men accounted for 63% of estimated new HIV infections in the United States and 78% of infections among all newly infected men.

“As the [FDA website](#) says, a revised policy would have to identify a subset of this group ‘who do not still have a substantially increased rate of HIV infection compared to the general population or currently accepted blood donors.’

“The very small size of this population means that any potential benefit to the quantity of blood supplies would be marginal. Claims, like that of [one group](#), that such a policy change ‘could be used to help save the lives of more than 1.8 million people’ give the impression that currently 1.8 million Americans per year die due to the current policy. This is completely false.

“Political and social considerations should play no role in your advice or decision-making on this issue. It should instead be based first, last, and only upon your obligation to maximize the protection of public health,” Sprigg concluded.