

LGBTQ+ COMMUNITY ATTITUDES TOWARDS CURRENT AND PROPOSED FDA BLOOD DONATION GUIDELINES

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EXECUTIVE SUMMARY

On January 27, 2023, the Food and Drug Administration (FDA) **proposed updated blood donation guidelines** that, for the first time in almost 40 years, would drop specific deferral guidelines for gay, bisexual, queer and same-gender loving (GBQ/SGL+) men. Currently, GBQ/SGL+ men are banned from donating blood if they had reported sexual conduct with a man in the prior 90 days; the same requirement is not in place for other men, or any women, regardless of their sexual partner(s).

When first established by the FDA in 1985, the blood donation policy set a lifetime ban on donations by GBQ/SGL+ men who had sex with another man after 1977. This policy and its subsequent iterations are colloquially known as "the blood ban policy." Two revisions to the blood ban policy occurred creating a window in which GBQ/SGL+ men were required to defer sex with other men to be eligible to donate blood. The first revision in 2015 set a one-year deferral window and the second in 2020 shortened the window to three months. These changes effectively maintained a ban on GBQ/SGL+ men donating blood without consideration of the actual likelihood of HIV transmission.

The proposed guidelines move away from a time based deferral on donations from GBQ/ SGL+ men to an individualized behavior assessment for all prospective donors. Under this new approach, people will be screened on their sexual behavior, rather than their sexual orientation. Upon adoption of the new guidelines, GBS/SGL+ men or anyone who reports either a new anal sex partner, or multiple anal sex partners, would need to defer donating blood until 90 days after their last anal sex encounter with a new partner or with multiple partners. While this will be in place for anyone reporting new or multiple anal sex partners—regardless of the potential donor's gender or that of their sexual partner(s)—the proposed policy will still effectively disproportionately exclude GBQ/SGL+ men, who are more likely to engage in anal sex than people of other genders and orientations. In addition, GBQ/SGL+ men would remain disproportionately likely to be banned from donation based on proposed guidance for people taking PrEP (pre-exposure prophylaxis, a medication used to prevent contracting HIV). Under proposed guidance, anyone taking oral PrEP (e.g. pills, largely prescribed to be taken daily) would have to defer donating blood till at least 90 days after their last pill, and those taking injectable PrEP would need to defer donation for 2 years following their most recent injection effectively banning anyone currently on PrEP from donating.

In February 2023, the Human Rights Campaign Foundation, in partnership with Community Marketing Insights (CMI), surveyed almost 2,000 LGBTQ+ adults about their blood donation experiences and their attitudes and opinions towards both current and proposed guidance (more details about the survey methodology can be found in the attached Appendix. Results from the survey revealed the following:

Among those who had never donated, the majority had not done so due to being ineligible



- o Four in ten (44.4%) respondents—and over half (53.5%) of the GBQ/SGL+ men in the sample—had never donated blood because they were ineligible
- o A quarter (25.3%) of all respondents—and a third (33.4%) of the GBQ/SGL+ men—had never donated because they were afraid of being turned away
- o More than one in six (17.6%) respondents—and over a fifth (22.9%) of the GBQ/SGL+ men had never donated because they were opposed to current guidelines
- The current policy is excluding from the blood supply many would-be donors:
 - o A fifth of all respondents (20.2%), as well as a fifth of GBQ/SGL+ men (20.6%), had tried to donate blood, but were turned away. (Respondents could select multiple reasons as to why.)
 - Among all respondents ever turned away from donating blood, about half were turned away due to their sexual partnering history (48.4%).
 - Four in ten (41.7%) were turned away due to their sexual orientation and/or gender identity.
 - o Among GBQ/SGL+ men specifically, almost three-quarters (71.9%) were turned away due to their sexual partnering history—almost ten times that of LGBTQ+ people of other identities/ genders.
 - Two-thirds (64.8%) of GBQ/SGL+ men had been turned away from donating due to their sexual orientation and/or gender identity.
 - o If they were to become eligible, half of LGBTQ+ adults (49.7%), and of GBQ/SGL+ men specifically (54.4%), would be likely, or extremely likely, to donate blood in the next year.
- Three-quarters (72.2%) of respondents believe that current blood donation policies are not at all acceptable.
 - o More than nine in ten agree that the current policy is "homophobic, and/or increases LGBTQ+ stigma and bias" (90.4%), and/or that the current policy is "discriminatory, unfair and/or unreasonable" (90.8%) for some members of the LGBTQ+ community.
 - o Three-quarters (73.9%) agree that "ending the ban on blood donation for some members of the LGBTQ+ community should be a priority for the Biden-Harris administration"
- Despite the majority disapproval of the current policy, community views on the proposed policy shifts remain mixed.
 - o A plurality (57.9%) believe the proposed changes are a step forward.
 - o However, almost three-quarters (72.3%) view the proposed policy as still discriminatory against GBQ/SGL+ men.
- And even with proposed changes, over a quarter (28%) of all respondents—and over a third (37.7%) of the GBQ/SGL+ men in the sample would still be ineligible to donate.
- Following, almost nine in ten (87.8%) respondents wanted to see the federal government invest more in testing technologies and research, to expand the pool of people eligible to donate blood.



BLOOD DONATION HISTORY

While LGBTQ+ adults in the United States have a successful track record of donating blood in their lifetimes, survey respondents were mixed on their desire to continue doing so under the current guidelines. However, a plurality of LGBTQ+ adults surveyed WANT to donate blood, but cannot — particularly BIPOC LGBTQ+ adults, and GBQ/SGL+ men.

Ever Donated Blood in Lifetime

- Over half (59%) of the LGBTQ+ adults surveyed had ever donated blood, including roughly equal proportions of adults from all racial/ethnic backgrounds (Appendix Table A1a).
- GBQ/SGL+ men—defined as respondents who identified their gender as men/ male (cisgender or transgender) and who identified as any sexual identity other than heterosexual/straight — were significantly less likely than LGBTQ+ people of other identities/genders to have ever donated blood (55.7%, vs. 63.2%, respectively; Appendix Table A2b).

Likelihood of donating blood in the upcoming year (among prior donors)

- Half (51.9%) of all respondents who had ever donated, or who had not yet donated but said they want to at some point, were unlikely or extremely unlikely to donate again in the upcoming 12 months.
 - o Only a quarter (25.3%) were likely or extremely likely to donate again in the upcoming year.
- Less than one-fifth (19.3%) of GBQ/SGL+ men who had ever donated in the past were likely or extremely likely to donate blood in the upcoming year.
 - o This is almost half that of LGBTQ+ people of other identities /genders (31.8%).

Desire to donate blood if eligible

- Half (49.7%) of LGBTQ+ adults who had never donated due to being ineligible, opposed
 to current guidelines, and/or afraid of being turned away would be likely/extremely likely
 to donate blood in the next year if they were eligible (Appendix Table A1a):
- More than half each of Black (58.1%) and Latinx (55.9%) LGBTQ+ respondents would be likely or extremely likely to donate blood if eligible, significantly more than white LGBTQ+ adults (43.7%)..
- In a reverse of the trend seen among GBQ/SGL+ men who had ever donated, over half (54.5%) GBQ/SGL+ men who have been unable to donate would be likely or extremely likely to donate blood if eligible, compared with four in ten (40.7%) LGBTQ+ people of other identities/genders (Appendix Table A1b)..



REASONS FOR NOT DONATING

Those who had never donated blood (41%) were asked to select their reasons why from a list of provided options; respondents could select multiple options, as well as write in their own.

(In)Eligibility

Results reveal that LGBTQ+ people — and GBQ/SGL+ men in particular — are not donating because they are, or perceive themselves to be, ineligible.

- Among those who had never donated blood, over four in ten (44.4%) LGBTQ+
 respondents had not donated due to being ineligible under current guidance, as a result
 of their sexual orientation, sexual partnering history, or health history (e.g., having anemia,
 cancer, HIV, or other exclusionary health conditions; Table 1a).
- GBQ/SGL+ men were substantially and significantly more likely than LGBTQ+ people of other identities /genders to have never donated blood due to being ineligible – reported by over half (53.5%) of GBQ/SGL+ men, vs. three in ten (30.6%) LGBTQ+ respondents of other identities/genders (Table 1b).
- A quarter (25.3%) of respondents, including a third (33.4%) of GBQ/SGL+ men, had not
 donated because they were afraid of being turned away due to their sexual orientation,
 gender identity, or sexual partnering history.

Opposition to Current Guidelines

Other LGBTQ+ people have refused to donate due to their opposition to current FDA blood donation guidelines.

- Over one in six (17.4%) LGBTQ+ respondents have refused to donate blood due to their opposition to current guidelines.
- Opposition was even higher among GBQ/SGL+ men, almost a quarter (22.9%) of whom had never donated blood due to their opposition—compared with less than one in ten (9.1%) LGBTQ+ respondents of other identities /genders.
 - o White GBQ/SGL+ men (27.1%) were slightly more likely than Black (22.3%) or Latinx (20.3%) GBQ/SGL+ men, to have not donated blood due to their opposition to current guidelines (Appendix Table A2).



Table 1a. Reasons for not donating blood in the past, among those who have never donated: LGBTQ+ respondents overall and by race/ethnicity

	All LGBTQ+	AANHPI LGBTQ+	Black LGBTQ+	Latinx/ Hispanic LGBTQ+	Multiracial/ ethnic LGBTQ+	Other- Race LGBTQ+	White LGBTQ+
	%	%	%	%	%	%	%
	(N)	(N)	(N)	(N)	(N)	(N)	(N)
TOTAL NEVER DONATED	41.7%	43.1%	42.4%	44.6%	38.2%	42.2%	39.6%
	(773)	(56)	(187)	(189)	(112)	(19)	(397)
Not eligible under current guidelines	44.4%	48.2%	44.1%	46.0%	43.8%	45.7%	44.3%
	(344)	(27)	(83)	(87)	(49)	(21)	(176)
Afraid of being turned away for SOGI/sex history	25.3%	30.4%	21.8%	29.6%	30.4%	21.7%	25.9%
	(196)	(17)	(41)	(56)	(34)	(10)	(103)
Against/opposed to current donation policies	17.4% (135)	28.6% (16)	15.4% (29)	18.0% (34)	23.2% (26)	6.5% (3)	20.2% (80)
I want to but haven't gotten around to it	12.8% (99)	12.5% (7)	16.0% (30)	11.1% (21)	14.3% (16)	17.4% (8)	12.6% (50)
Not interested in donating blood	14.5%	14.3%	16.0%	12.7%	13.4%	8.7%	14.9%
	(112)	(8)	(30)	(24)	(15)	(4)	(59)
Afraid of needles	4.1%	5.4%	1.6%	3.7%	4.5%	4.3%	5.5%
	(32)	(3)	(3)	(7)	(5)	(2)	(22)
Other reason (not specified)	2.1%	1.8%	1.6%	1.1%	2.7%	4.3%	2.8%
	(16)	(1)	(3)	(2)	(3)	(2)	(11)

Table 1b. Reasons for not donating blood in the past, among those who have never donated: GBQ/SGL+ men vs. LGBTQ+ respondents of other identities/genders

	GBQ/SGL+ men	All other LGBTQ+
	% (N)	% (N)
TOTAL NEVED DONATED	44.4%	36.8%
TOTAL NEVER DONATED	(467)	(306)
Not aligible under autrent guidelines	53.5%	30.6%
Not eligible under current guidelines	% (N) 44.4% (467) 53.5% (250)	(94)
Afraid of hains turned away for SOGI/say history	33.4%	13.0%
Afraid of being turned away for SOGI/sex history	(156)	(40)
Against (appased to surrent densition policies	22.9%	9.1%
Against/opposed to current donation policies	(107)	(28)
Lucant to but beyon't gotton around to it	7.9%	20.2%
I want to but haven't gotten around to it	(37)	(62)
Not interested in densiting blood	12.6%	17.3%
Not interested in donating blood	44.4% (467) 53.5% (250) story (156) 22.9% (107) 7.9% (37) 12.6% (59) 2.4% (11) 0.9%	(53)
Afraid of monding	2.4%	6.9%
Afraid of needles	(11)	(21)
Other recent (not energified)	0.9%	3.9%
Other reason (not specified)	(4)	(12)



REASONS FOR BEING TURNED AWAY

One in five LGBTQ+ people (20.5%, n=156) have tried to donate blood in the past, but were turned away.

GBQ/SGL men (20.6%), and LGBTQ+ people of other identities/genders (19.5%), were
roughly equally likely to have ever been turned away from donating.

Respondents who had been turned away were asked why, and could report multiple reasons.

Turned away due to sexual partnering history

- Half of respondents (48.4%) indicated being turned away because of their sexual partnering history.
 - o Latinx (50%) and white (52.1%) LGBTQ+ people were substantially more likely than Black LGBTQ+ people (38.5%) to have been turned away due to their sexual partnering history (Appendix Table A3a).
- Over seven in ten (71.9%) GBQ/SGL+ men were turned away due to their sexual partnering history --- almost ten times that of LGBTQ+ people of other identities/genders (8.8%; Table 2).

Turned away due to SOGI

- Over four in ten (41.7%) respondents were turned away because of their sexual orientation and/or gender identity (SOGI).
 - o This was substantially less common among Black LGBTQ+ respondents—a third (35%) of whom had been turned away due to their SOGI—than among LGBTQ+ respondents of other race/ethnicities.
- Two-thirds (64.6%) of GBQ/SGL+ men who had ever been turned away from donating blood, were turned away due to their SOGI –twelve times that of LGBTQ+ people of other identities /genders (5%).
 - o Almost three –quarters (72.7%) of White GBQ/SGL+ men who had been turned away from donating blood were turned away due to their SOGI, substantially more than Latinx (56.7%) or Black (59.1%) GBQ/SGL+ men (Appendix Table A3b).

Turned Away Due to Other Eligibility Criteria

- Half of respondents (48.4%) were turned away due to not meeting other eligibility criteria, such as having tattoos, being underweight, or living with exclusionary health conditions such as HIV, cancer, or hepatitis.
 - o This was substantially less common among GBQ/SGL+ men (26%) than LGBTQ+ people of other identities/genders (86%).



Table 2. Proportion of respondents turned away from donating blood, and reasons for why this occurred: GBQ/SGL+ men vs. LGBTQ+ respondents of other identities/genders

	GBQ/SGL+ men	All other LGBTQ+
Tried to donate, but turned away because	20.6%	19.5%
ineligible	(96)	(60)
Turned away due to sexual partnering	71.9%	8.8%
history	(69)	(5)
Turned accept due to CO/CI	64.6%	5.0%
Turned away due to SO/GI	(62)	(3)
Turned away for not meeting other	26.0%	86.0%
eligibility criteria	(25)	(49)

VIEWS OF CURRENT POLICY

Current blood donation policy was explained to respondents, who then were asked about their opinions on the existing guidelines.

Acceptability of current policy

The vast majority of LGBTQ+ people surveyed—almost three quarters — find current blood donation policies unacceptable.

- Three-quarters (72.2%) of all respondents found the current policy completely unacceptable. (Appendix Table A4a).
- Black LGBTQ+ respondents (69.6%) were slightly less likely, and Latinx respondents (77.6%) were slightly more likely, than all other racial/ethnic groups (72.6% 74.2%) to find the current policy totally unacceptable (Appendix Table A4a).
- GBQ/SGL+ men (74.6%) were also slightly more likely than all other LGBTQ+ respondents (69.1%) to find the current policy totally unacceptable (Appendix Table A4b).

Stigma of current policy

Even higher levels of LGBTQ+ people view current policies as homophobic and/or stigmatizing

- Over nine in ten (90.4%) respondents agree or strongly agree that "the current policy is homophobic, and/or increases stigma and bias against some members of the LGBTQ+ community."
- A similar proportion (90.8%) agree or strongly agree that the current policy "is discriminatory, unfair and/or unreasonable for some members of the LGBTQ+ community."

Importance of changing policy

Likewise the vast majority of LGBTQ+ people think it should be a priority of the current Presidential administration to change current policy.

- Three-quarters (73.9%) of all respondents agree or strongly agree that "ending the ban on blood donation for some members of the LGBTQ+ community should be a priority for the Biden-Harris administration"
- Almost six in ten (59.8%) of all respondents agreed that ending current blood donation ban would be "one of the most significant policy victories for the LGBTQ+ community in recent years."
 - o GBQ/SGL+ men (62.0%) were slightly, but statistically significantly, more likely than LGBTQ+ respondents of other identities/genders (56.8%) to hold this view.



VIEWS OF PROPOSED POLICY

Proposed updated FDA guidelines were then explained to respondents. Respondent attitudes towards the proposed updated FDA policy change were mixed

Comparison of proposed policy to current policy

- Over half (57.9%) of LGBTQ+ respondents agree or strongly agree that the proposed changes to the blood donation policies are step forward. However, a quarter (25.9%) disagreed (Appendix Table A5a).
 - o One in six (16.1%) were neutral.
- More than six in ten (60.5%) white LGBTQ+ respondents agree or strongly agree the
 proposed changes are a step forward, slightly more than was seen for other racial/ethnic
 groups (Appendix Table A5a).
- Though a slight majority (54.2%) of GBQ/SGL+ men agree or strongly agree the proposed changes are a step forward, they are significantly less likely to feel this way than LGBTQ+ respondents of other identities /genders (62.9% agree or strongly agree; Appendix Table A5b).

Discriminatory nature of proposed policy

- Almost three-quarters (72.3%) of all LGBTQ+ respondents felt the proposed policy was still discriminatory against GBQ/SGL+ men (Appendix Table A6a).
- Over three-quarters (76.5%) of GBQ/SGL+ men felt the proposed policy was still
 discriminatory, significantly more than LGTBQ+ respondents of other identities/genders
 (67% of whom view the policy as discriminatory; Appendix Table A6b).

Impact of proposed policy on desire to donate blood

Increased desire to donate blood

For some LGBTQ+ respondents, if the proposed policy changes were to go into effect, they would be more likely to donate blood.

- A little over one in ten (13.7%) LGBTQ+ people would be **more likely to (want to) donate blood** if the proposed donation policy changes were to go into effect.
 - o Black LGBTQ+ respondents were less likely, and AANHPI respondents were more likely, than LGBTQ+ respondents from other racial/ethnic groups to say the proposed changes would make them more likely to donate blood in the future (Table 3a).
 - o GBQ/SGL+ men (17.1%) were **almost twice as likely** as LGBTQ+ respondents of other identities/genders (9.3%) to say that the proposed changes made them more likely to donate blood in the future (Table 3b).
 - Racial/ethnic trends seen among LGBTQ+ respondents as a whole continued among GBQ/SGL+ men (Table 3c).

No impact on desire to donate blood

For others, **the proposed changes would have no impact** on their opinion. However, this group was largely comprised of people who had donated in the past, and were likely to donate in the future (meaning that, for them, no change indicates a sustained desire to donate blood).

 39.8% LGBTQ+ respondents stated the proposed changes would have no impact on their desire to donate blood.



o Two-thirds of this group (67.7%) had donated blood in the past—and 60% of these prior donors were likely or extremely likely to donate blood in the next year.

Remain ineligible to donate blood

Yet, for many LGBTQ+ respondents—and GBQ/SGL+ men in particular—the proposed policy changes would still leave them ineligible to donate blood.

- Over a quarter (28.0%) of LGBTQ+ respondents would still be ineligible to donate blood under the proposed policy changes. This includes over a quarter each of LGBTQ+ respondents from each racial/ethnic group.
- Over a third (37.7%) GBQ/SGL+ men would be ineligible to donate blood under the proposed policy—twice that of LGBTQ+ respondents of other identities/genders (15.8%).

Table 3a. Impact of proposed blood donation policy change on future desire to donate blood: LGBTQ+ respondents overall, and by race/ethnicity

	All LGBTQ+	AANHPI LGBTQ+	Black LGBTQ+	Latinx/ Hispanic LGBTQ+	Multiracial/ ethnic LGBTQ+	Other- Race LGBTQ+	White LGBTQ+
More likely to (want to) donate	13.7%	17.2%	10.4%	14.4%	12.2%	8.6%	13.7%
	(240)	(21)	(43)	(57)	(34)	(10)	(128)
Less likely to (want to) donate	7.2%	8.2%	9.5%	8.9%	7.9%	7.8%	5.9%
	(126)	(10)	(39)	(35)	(22)	(9)	(55)
No impact on blood donation decisions	39.8%	34.4%	38.8%	36.5%	39.8%	44.8%	42.1%
	(697)	(42)	(160)	(144)	(111)	(52)	(394)
Still will be ineligible to donate blood	28.0%	25.4%	29.6%	29.6%	27.6%	27.6%	27.3%
	(491)	(31)	(122)	(117)	(77)	(32)	(255)
I do not want to give blood	11.3%	14.8%	11.7%	10.6%	12.5%	11.2%	11.0%
	(198)	(18)	(48)	(42)	(35)	(13)	(103)

Table 3b. Impact of proposed blood donation policy change on future desire to donate blood: GBQ/SGL+ men vs. LGBTQ+ respondents of other identities/genders

	GBQ/SGL+ men	All other LGBTQ+	
Mara likaly to (want to) danata	17.1%	9.3%	
More likely to (want to) donate	(168)	(72)	
Langlikaluta (want ta) danata	6.1%	8.5%	
Less likely to (want to) donate	(60)	(66)	
No import on blood denotion designs	28.0%	54.8%	
No impact on blood donation decisions	(274)	(423)	
Still will be inclinible to denote blood	37.7%	15.8%	
Still will be ineligible to donate blood	(369)	(122)	
I do not want to give blood	11.1%	11.5%	
I do not want to give blood	(109)	(89)	



Table 3c. Impact of proposed blood donation policy change on future desire to donate blood among GBQ/SGL+ men: overall, and by race/ethnicity

	All GBQ/ SGL+ men	AANHPI GBQ/ SGL+ men	Black GBQ/ SGL+ men	Latinx/ Hispanic GBQ/ SGL+ men	Multiracial/ ethnic GBQ/SGL+ men	Other- Race GBQ/ SGL+ men	White GBQ/ SGL+ men
More likely to (want to) donate	17.1%	23.7%	12.9%	19.4%	16.8%	11.7%	16.7%
	(168)	(14)	(29)	(47)	(23)	(7)	(86)
Less likely to (want to) donate	6.1%	10.2%	6.3%	8.3%	6.6%	5.0%	5.0%
	(60)	(6)	(14)	(20)	(9)	(3)	(26)
No impact on blood donation decisions	28.0%	13.6%	29.5%	26.9%	25.5%	35.0%	30.1%
	(274)	(8)	(66)	(65)	(35)	(21)	(155)
Still will be ineligible to donate blood	37.7%	39.0%	40.6%	35.1%	37.2%	35.0%	37.1%
	(369)	(23)	(91)	(85)	(51)	(21)	(191)
I do not want to give blood	11.1%	13.6%	10.7%	10.3%	13.9%	13.3%	11.1%
	(109)	(8)	(24)	(25)	(19)	(8)	(57)

FEELINGS IF TURNED AWAY FROM DONATING

Respondents noted that, if they were to be turned away from donating blood "because I am on PrEP, or had anal sex in the last three months with new or multiple partners" they would largely feel stigmatized, frustrated, and /or confused. Many would also feel angry or ashamed.

- Over half (56.7%) of all LGBTQ+ respondents, reported that being turned away for this reason would make them feel stigmatized or unfairly targeted for being LGBTQ+ (Table 4a).
 - o GBQ/SGL+ men were slightly more likely to report this than LGBTQ+ respondents of other identities/genders (60.4% vs. 52.1%, respectively; Table 4b).
- More than four in ten LGBTQ+ respondents (42.7%) would be confused to be turned away, as they "do not understand why this (being on PrEP and/or reporting new/multiple anal sex partners) should impact the safety of the blood supply."
 - Black LGBTQ+ respondents were less likely to feel this way than all other respondents, whereas AANHPI LGBTQ+ respondents were more likely to feel this way.
- A plurality of respondents **were frustrated by the new policy,** largely for its ban on donations from people on PrEP, than for its focus on anal sex.
 - o 43.2% LGBTQ+ respondents were frustrated by the focus on PrEP, compared with 31.3% who were frustrated about focus on anal sex
 - o For GBQ/SGL+ men, the gap was even wider, with almost half (46.6%) frustrated that the donation ban would include those on PrEP, compared to a third (32%) who were frustrated about a ban on those with multiple/new anal sex partners.



Table 4a. Anticipated feelings if turned away from donating blood under proposed FDA policy: LGBTQ+ respondents overall, and by race/ethnicity

	All GBQ/ LGBTQ+	AANHPI LGBTQ+	Black LGBTQ+	Latinx/ Hispanic LGBTQ+	Multiracial/ ethnic LGBTQ+	Other- Race LGBTQ+	White LGBTQ+
Stigmatized / unfairly targeted for LGBTQ+	56.7% (1070)	60.8% (79)	53.7% (237)	62.8% (267)	64.5% (189)	56.7% (72)	56.6% (567)
Confused, since don't understand why this impacts safety	42.7% (806)	56.2% (73)	37.4% (165)	44.9% (191)	46.4% (136)	39.4% (50)	44.5% (446)
Frustrated since PrEP to protect health	43.2% (814)	53.8% (70)	42.2% (186)	43.5% (185)	46.8% (137)	39.4% (50)	44.4% (445)
Frustrated by focus on multiple anal sex partners	31.3% (591)	38.5% (50)	30.6% (135)	30.1% (128)	35.5% (104)	30.7% (39)	32.2% (323)
Angry, Upset, Embarrassed, or Ashamed	31.4% (592)	33.8% (44)	29.7% (131)	33.4% (142)	36.2% (106)	32.3% (41)	32.5% (326)
Okay, because understand need for policy	14.6% (276)	16.9% (22)	16.6% (73)	12.5% (53)	15.7% (46)	22.8% (29)	13.6% (136)
Other feeling	1.8% (34)	1.5% (2)	1.6% (7)	1.9% (8)	3.4% (10)	2.4%	2.3% (23)

Table 4b. Anticipated feelings if turned away from donating blood under proposed FDA policy: GBQ/SGL+ men vs. LGBTQ+ respondents of other identities/genders

	GBQ/SGL+ men	All other LGBTQ+
Ctions attend (confeight to see that CDTO)	60.4%	52.1%
Stigmatized /unfairly targeted for LGBTQ+	(636)	(434)
Confused, since don't understand why this	43.0%	42.4%
impacts safety	(453)	(353)
	46.6%	38.8%
Frustrated since PrEP to protect health	(491)	(323)
Frustrated by focus on multiple anal sex	32.0%	30.5%
partners	(337)	(254)
A	32.8%	29.7%
Angry, Upset, Embarrassed, or Ashamed	(345)	(247)
01	13.9%	15.6%
Okay, because understand need for policy	(146)	(130)
Oth f lin	2.0%	1.6%
Other feeling	(21)	(13)



HOPE FOR FUTURE FEDERAL INVESTMENT

Given the ongoing need to maintain federal blood supply, LGBTQ+ respondents firmly believed the federal government needs to "prioritize investing in more testing technologies and research to allow more people to donate blood."

- Over eight in ten (87.8%) LGBTQ+ adults want to see the federal government prioritize investing in these technologies and research, as do similar proportions of LGBTQ+ adults from all racial /ethnic groups (Appendix Table A9a)
- Similarly, over eight in ten (88.2%) GBQ/SGL+ men, including over nine in ten (90.7%) Latinx GBQ/SGL+ men, want to see more investment from the federal government into technology and research (Appendix Table A9c).

CONCLUSION

For decades, gay, bisexual and other same-gender loving (GBQ/SGL+) men were barred from donating blood due to outdated, discriminatory guidelines that are not based on the best scientific evidence. Data show that these guidelines not only deterred and prevented GBQ/SGL+ men from donating because of eligibility fears and concerns, but they also impacted the willingness of others in the LGBTQ+ community to donate blood because of negative attitudes towards the policy.

LGBTQ+ people traditionally show up in full force during critical moments for our communities. Many have attempted to donate blood in response to calls to action and major events (such as the Pulse Nightclub and ClubQ shootings), only to be turned away. While the FDA's proposal is a forward step in extending eligibility in the nation's guidelines for blood donation, it still prejudicially shuts out would-be donors, such as individuals on PrEP and those with multiple sexual partners.

The United States is still in the midst of a year-plus-long critical blood shortage. An overwhelming majority of LGBTQ+ adults want to see the government prioritize research that could open the possibility of blood donation to more individuals and help save more lives. If the safety of the blood supply can be maintained, and its capacity potentially strengthened, with changes that expand who is eligible to donate, those changes must be pursued.

Every 2 seconds someone in the U.S. needs blood and or platelets. As our research shows, LGBTQ+ Americans are willing to roll-up their sleeves and donate to help save lives. Science supports dismantling barriers to gay, bisexual and other same-gender loving (GBQ/SGL+) men, and it supports going beyond the FDA's recent proposal. Please take the opportunity to share your views with the FDA by submitting comments at https://action.hrc.org/ehF4xQC by March 31, 2023. Lives really do depend on it.