

MARTY DAVIS



Bruner would like to breathe new life into an organization associated with this vintage image.

policy was put in place in the '80s by the FDA in response to HIV/AIDS. [Bruner reads the controversial screening question that, if men answer in the affirmative, bans them from giving blood] "From 1977 to the present, have you had sexual contact with another male, even once?"

I think it's rubbish. Does that policy embarrass me? Yes. Do I think it has any basis in science and medicine? No. Do I think it should change? Yes. The blood industry is highly regulated, and the Red Cross or any other blood banks cannot opt not to follow the policy.

The back story is the blood banking industry was slow to respond to HIV/AIDS in the early '80s. They resisted universal testing of the blood supply. They were slow to recognize that HIV was blood-borne. And they waited too long before stepping up. As a result of that, hyper-restrictive policies were put into place, and the pendulum swung into the extreme. Fast-forward 30 years, and this policy clearly needs to be struck down. All blood is tested for HIV, of course. But the FDA has declined to change the policy repeatedly.

JRC: How did the realization that you'd have to enforce a discriminatory policy play into your decision of whether to accept this job?

TB: It was a point of discussion with the search committee of the board of directors. I said to them: "This is a big issue for me. I have to be able to say I think it's a bad policy, so take that into account in determining whether I'm a good fit or not. I'm going to speak against the policy and encourage the national Red Cross to push the FDA to change it." And they said, "We agree with you."

JRC: How do you plan to change the policy?


TB: There are two sources of leverage. I was in the HIV/AIDS world for 20 years, and I watched

the HIV/AIDS community nationally get all kinds of policies changed at the FDA, at the Centers for Disease Control and at the National Institutes of Health. Grassroots constituents weighing in, writing letters, making phone calls and testifying can result in policy change at the federal level. The other level is for people like me to continue to encourage our national organization to lean heavily and publicly on the FDA about this issue. I think it's just a matter of time before this policy is reversed. The policy is indefensible. FDA officials come and go. People in power come and go.

Can I talk to [Oregon's U.S. Sens.] Gordon Smith and Ron Wyden and all members of the Oregon congressional delegation? You bet. I haven't had the chance to, but I absolutely will. Part of that is getting them to raise the issue, getting them to bring their pressure.

JRC: What else do you want *Just Out* readers to know?

TB: I want *Just Out* readers to know that even though our hands are tied by this outdated FDA policy, Red Cross blood is saving GLBT people's lives in this state every day. They get that blood. If my partner had acute appendicitis, it would be Red Cross blood that would save his life.

The people we're training on first aid, lots of them are GLBT folks. The lives they will save as a result of that training include GLBT lives. The American Red Cross—this 125-year-old institution—went and hired me to be their CEO, an openly gay Buddhist. Obviously, this place practices what it preaches about inclusion, dignity and compassion. We look forward to the day when we can [accept blood from gay men], but in the meantime we're still saving GLBT lives every day. And lesbians can give blood, so they can give twice as often to make up for their gay boyfriends who can't. 



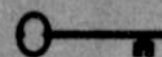
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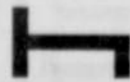
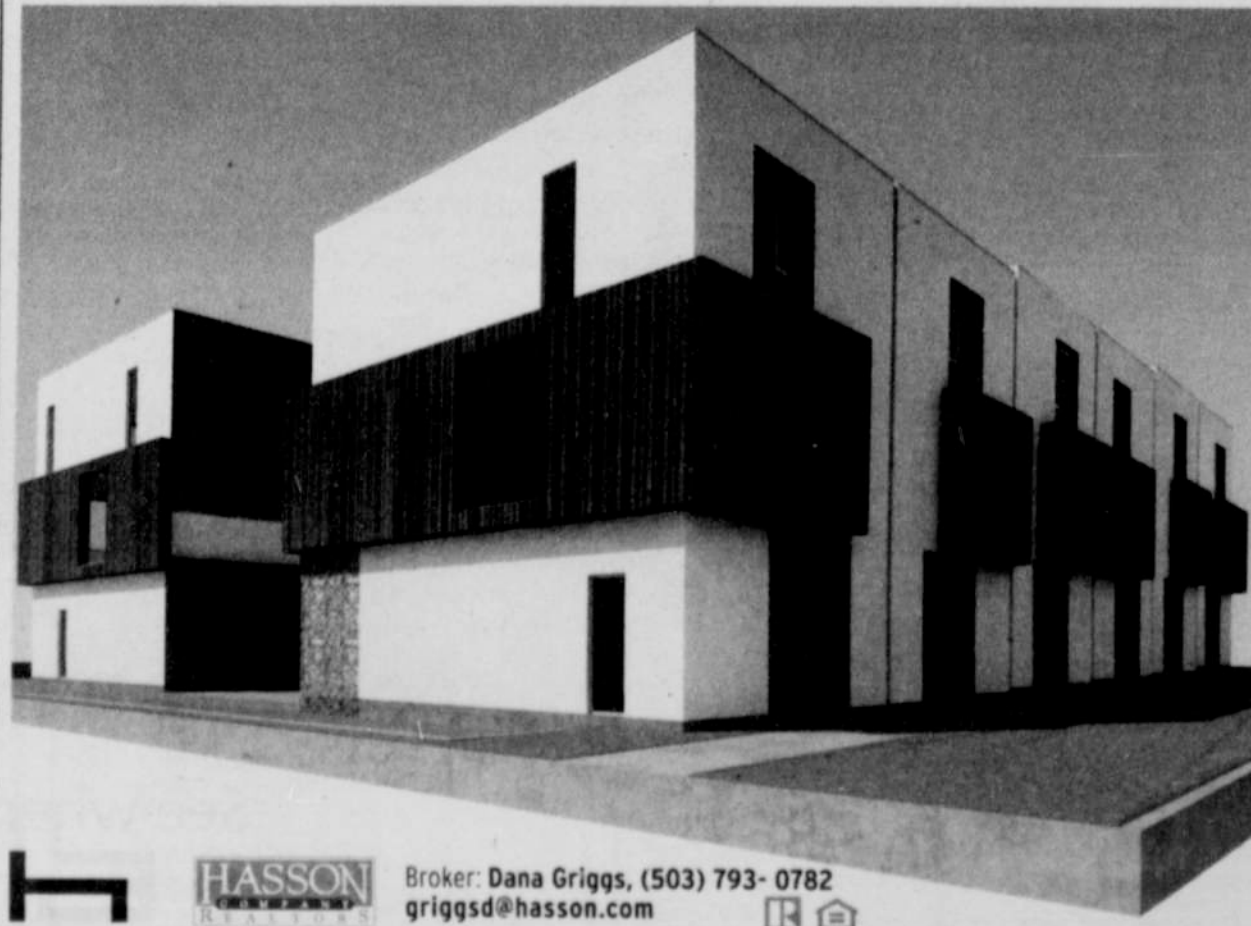
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