

# Anger over HIV questions cancels blood clinic at Ottawa university

Charlotte Gray

## In brief

OTTAWA'S CARLETON UNIVERSITY CANCELLED a February blood-donor clinic after the Red Cross failed to hold sensitivity-training sessions for its volunteers. The sessions were requested after students complained that the organization's screening procedures are insensitive and offend gay students. The Red Cross maintains that rigorous screening, including questions about high-risk sexual behaviour, is essential if the blood supply is to be protected. In March a compromise was announced: the Red Cross will begin sensitivity training for its volunteer workers in April and blood-donor clinics will return to Carleton in the fall.

## En bref

L'UNIVERSITÉ CARLETON, À OTTAWA, A ANNULÉ en février une clinique de collecte de sang parce que la Croix-Rouge n'a pas organisé pour ses bénévoles de séances de sensibilisation. On a demandé la tenue de telles séances après que des étudiants se soient plaints que les procédures de sélection de l'organisation manquent de tact et offensent les étudiants gais. La Croix-Rouge soutient qu'il est essentiel d'utiliser des méthodes de sélection rigoureuses, et notamment de poser des questions sur les comportements sexuels à risque élevé, si l'on veut protéger l'approvisionnement en sang. Une entente a finalement été conclue en mars : la Croix-Rouge donnera en avril des séances de sensibilisation à ses bénévoles, et les cliniques de collecte de sang pourront reprendre à Carleton dès l'automne.

**T**he furore might have slipped past most of us had it not been for a Toronto writer, who wrote a scathing column about Carleton University's decision to bar the Red Cross from holding a blood-donor clinic on campus in February.

The decision by the Ottawa university was prompted by 2 complaints. The first, made vociferously by the university's Gay, Lesbian and Bisexual (GLB) Centre, was that the Red Cross was discriminating against homosexuals by wording its donor questionnaire a certain way. The second, voiced by the university administration, was that workers had treated donors in an "insensitive and discriminatory manner": they were asked details about drug use and their sexual history within earshot of other donors. Rick Van Loon, Carleton's president, told the Red Cross that it would only be welcome to conduct on-campus clinics after its volunteers, who run the clinics, had undergone sensitivity training.

Neither complaint was new. Van Loon had originally requested the training before the October 1996 clinic. The Red Cross said it didn't have time to organize the training before the fall clinic, but the president then made it clear that he expected volunteers to have had sensitivity training before any on-campus donor drives were held in 1997. At the October clinic, the GLB Centre organized a "Gay blood is good blood" demonstration that got so disruptive university security personnel were summoned.

Last January the Red Cross told the university it had been too busy to organize the type of training that Carleton and the GLB Centre had requested. The Red Cross was told it wasn't welcome until it had fulfilled its commitment. By then the students' association, the Women's Centre and the Ontario Public Interest Research Group had lined up alongside the GLB Centre, and the on-campus opposition had



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become a hot local issue. However, with the Krever inquiry into Canada's blood supply already under way, another negative story about the Red Cross was hardly national news.

Most Canadians recognize that the Red Cross, with its hundreds of staff and volunteers across Canada, offers important services such as first-aid and disaster-relief programs. However, most of us also know that its recent history of relations with its blood donors and recipients has been dreadful; many ugly details have emerged during the Krever inquiry. The organization is still fighting tooth-and-nail against accepting any responsibility, let alone liability, for the tainted-blood scandal of the early '80s.

Additional training for its personnel might not be out of line. The organization's slogan for 1996, its centennial year, was "Friends For Life." Given its current situation, learning how to make friends sounds like a pretty good idea for the Red Cross.

Although the Carleton story has received local media coverage since last fall, most of us assumed that there would be a quick compromise: the Red Cross would improve its clinic protocols, the university would lift its ban and on-campus donations would resume.

But then Michael Coren, a *Financial Post* columnist, got hold of the story. Coren, who can never resist an issue that will let him fire right-wing broadsides, relishes any opportunity to howl "Political Correctness!" The Carleton-Red Cross conflict was a perfect target. In a column entitled "Agonizing death vs. social manners", Coren let fly against "tax-funded extremist students and their flaccid teachers." He snorted at criticism of the Red Cross simply because it "dares to ask male donors if they have had sex with other men since 1977.

"If you collapse with an agonizing disease," he wrote, "die with a smile knowing that no homosexual has been asked about his love life." He jeered at the "usual wet snowball of homophobia" that "had been thrown at the Red Cross."

The university's suggestion of training workshops for Red Cross volunteers was met with dripping contempt. "When I was a child a workshop meant learning to saw wood and hammer nails. Now it involves propaganda and rigid control of our opinions by extremist factions made powerful by our apathy and our governments' cowardice."

By now the national press had begun to follow the issue and the debate had become polarized between die-hard Red Cross supporters on the one hand and gay-rights activists looking for a bit of respect on the other. An exchange of letters in the *Ottawa Citizen* captured these positions nicely. A Carleton history professor fulminated against "full-time lobbyists for sexual nihilism," whose practice of "buggery put AIDS into the human blood pool in the first place." The chair of the AIDS Committee of Ottawa ap-

plauded the Carleton decision and congratulated the GLB Centre for raising doubts about the value of Red Cross information pamphlets and screening procedures. A local doctor was angry that the university president had been manipulated by a special-interest group "to obstruct our blood-supply system for partisan political gain."

It was pretty confusing for those of us who didn't like the Red Cross's attitude toward the Krever commission but were relieved to see the organization attempt to screen out high-risk donors. The problem with the way the story was handled, particularly by Coren, was that 2 separate complaints had been mashed together. The GLB Centre, which comprises 60 registered volunteers on a campus of 18 000 full- and part-time students, focuses its wrath on question 15 of the standard donor questionnaire, which asks whether a potential male donor has had sex even once with another man since 1977. "They don't define what 'sex' is," points out Dmitri Bajorek, a volunteer at the centre. "They just assume that if you've once had sex with a man, you're HIV positive. That's discriminatory, because lots of gays practise safe sex. There are gay men who are HIV negative who could be saving people's lives if they were allowed to give blood."

Bajorek objects to the way the questionnaire targets gay men instead of high-risk behaviours, and would like to see more specific questions. Have you had unprotected anal or vaginal sex? is one example. "That way they would catch women who are high-risk too."

However, Van Loon cancelled the February clinic not because of the questionnaire but because the promised sensitivity training never took place. He also raised concerns about question 15 on behalf of the GLB Centre but accepted that the local branch of the Red Cross had no control over the questionnaire's wording. According to a news release from the university, "the cancellation of the Feb. 12 clinic had nothing to do with the questionnaire itself." (In March a compromise was finally announced: the Red Cross would begin sensitivity training in April, and blood-donor clinics would return to the university in the fall. The announcement came as Ottawa hospitals pleaded for help to overcome a serious blood shortage that had led to the postponement of some operations.)

The university took on the Red Cross because, despite the waves of bad publicity the organization has experienced during the past couple of years, it still seems disinclined to accommodate donor concerns.

Still, a question remains. Should the Red Cross target high-risk groups, or high-risk activities? According to Dr. Antonio Giulivi, acting associate national director of the Red Cross's Medical and Scientific Affairs Division, this shouldn't even be an issue. Gay organizations in both Quebec and British Columbia complained to provincial human-rights tribunals that the questionnaire was discriminatory and in both cases the complaint was dismissed.



The risk is quantifiable. "We know that homosexual activity is responsible for 72% of contaminated blood," Giulivi insists. "And there is no such thing as safe sex — only safer sex. Condoms break." Studies show that 3% to 5% of donors lie about high-risk activities. "We can't bend the rules — this is the only way of identifying the high-risk donors."

Question 15, which was rigorously screened by Health Canada and scientific and medical representatives, is now standard on Red Cross donor questionnaires throughout North America and Europe. The only protests have occurred in Canada. "We're not saying that you're high risk if you're gay," adds Giulivi. "We're saying you're high risk if you have male-to-male sexual contact."

Since the university administration had accepted these arguments, why hadn't the Red Cross accepted the president's request concerning sensitivity training? In a telephone interview, Giulivi sounded exasperated that such an expectation had even been raised. His first response was that "we said we would take the training if we could teach the homosexual and bisexual group about blood safety. They refused." He added that the Red Cross had "other priorities — and anyway, in our Donor First training program we have a lot of training about sensitivity to different cultural groups."

He explained that the Red Cross had "made no promises" that its volunteers would attend a sensitivity-training session. He added that there hadn't been enough time in the 4 months between clinics. Giulivi thinks the problems at Carleton stem from willful ignorance. "Young homosexuals haven't seen their friends die of AIDS. They don't believe it will ever happen to them."

Carleton is not the only university where the Red Cross approach has sparked problems. The *Citizen* says McGill University cancelled a clinic in February after "one of those who opposed the questions threatened to attend the clinic and lie." There have also been complaints at the University of British Columbia, University of Ottawa and universities in Toronto.

Giulivi is concerned about the impact of this opposition. "We like to recruit young people as donors so that they establish early a life-long habit of giving blood. The blood collected on college campuses is almost less important than the donors we recruit."

The Red Cross makes a convincing argument about the need for both a clean blood supply and rigorous screening. It is a pity that its arguments appear out of step with views on a growing number of Canadian university campuses. ?