

The Poisoned Gift: AIDS and Blood

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DR. LOUISE KEATING BECAME “TRASH CZAR” FOR a few days. Dr. Keating, director of Red Cross Blood Services in Cleveland, found her center almost engulfed by mounds of debris—dressings, needles, plastic tubes—most of it the usual detritus of any organization, but some of it splashed with the blood of donors. Her center was not generating any more trash than usual. But suddenly no one was willing to cart it away. AIDS could be transmitted through blood, we had now learned. Last year’s innocuous garbage had become this year’s plague vector. Or so it seemed to Cleveland’s carters. And the refuse piles grew.

Dr. Keating did solve her problem. Now, all waste that has any blood on it is sterilized in an autoclave until nothing, not even a virus, survives. But AIDS has created many other problems in the nation’s blood supply: for those, like Dr. Keating and her colleagues, who must find donors and ensure that the blood obtained is safe; for those who give blood; and for those who receive it.

We live in a community that has chosen to provide for its members’ needs for whole blood by a system of gifts. Donors receive no monetary compensation for their blood; recipients are charged for the costs of obtaining, testing, storing, and transporting the blood, but not a “supplier’s” fee. In a culture that deems markets the proper means to produce and distribute goods and that celebrates self-interest as the

wellspring of human action, gifts of blood may seem anomalous and mysterious. With the knowledge that the human immunodeficiency virus (HIV) can be transmitted through blood came the realization that such a gift might be poisoned. This article is an attempt to understand the moral significance of that realization and its implications for the donation of blood and for the concepts of community that gifts of blood represent.

While we do not know how many people have been infected with HIV through blood or blood products, we do have reliable estimates of the numbers diagnosed with AIDS. According to the Centers for Disease Control, as of January 1990, a total of 4,346 people with AIDS probably contracted it by receiving blood or blood products (such as the clotting factors needed by people with hemophilia or other clotting disorders). Of these, 2,922 adults and 217 children had been infected with AIDS through whole blood or blood components, while 1,099 adults and 108 children received it through clotting factors derived from blood. This amounts to 4 percent of the total cases of AIDS in the United States (Centers for Disease Control 1990).

With these data in mind, I want to trace some of the impact that AIDS has had on the donation of blood and other gifts of the body. The effects I refer to—some of which are subtle, others perhaps more pervasive and significant—can only be described in terms of the meaning and importance of these anonymous and often life-saving gifts to strangers. To understand the nature of such a system of gifts we must recover a pair of seemingly anachronistic ideas, and the languages that permit their description and justification: the ideas of gift and of community.

Gifts and Community

The contemporary “gift shop” makes the practice of gift exchange easy and routine. A selection of items, usually pleasant or pretty, rarely useful, is displayed so that the buyer can find an appropriate trinket quickly. Efficient and pleasant, the gift shop tries to make the potentially onerous duty of selecting the right gift as painless as possible.

The gift shop facilitates two superficially contradictory facets of our attitude toward gifts: our desire to make the giving of them efficient and easy (so what if items cost more in gift boutiques; our time is

worth something!) and the lingering importance of gifts as a mode of social relations (if gift exchange were insignificant, then we would not feel the need to sustain the rhythm of receiving and giving). But there is no actual contradiction here, merely a failure to understand fully the significance of gift exchange in contemporary life. Because we underestimate the importance of gifts, perhaps we flee too readily to the modern institution that offers to “solve the problem” of gift exchange.

Our currently thin understanding of gifts has deep historical roots. By 1767, the renowned legal commentator William Blackstone (1715–1769) had written that “gifts are always gratuitous” and require “no consideration or equivalent.” Gifts were thus distinguished from other modes of social exchange in which something was indeed expected from the receiving party. This meaning of gift as derived from law is reflected in the definition offered by the *Oxford English Dictionary*: “the transference of property in a thing by one person to another, voluntarily and without any valuable consideration.” Gifts, in this perspective, do not spring from any obligations, nor do they impose any. They are the blithe and free spirits of property transfer.

Not everyone has portrayed gifts in such a benign and trifling manner. To Ralph Waldo Emerson ([1844] 1979), gifts were pernicious. In his essay “Gifts” he wrote: “It is not the office of a man to receive gifts. How dare you give them? We wish to be self-sustained. We do not quite forgive a giver.”

Is it possible to reconcile these two apparently antithetic meanings of gift? I believe it is, through an understanding of the role gifts have played in other cultures and at other times.

The locus classicus for anthropologic discussions of gifts is Marcel Mauss’s ([1925] 1967) *Essai sur le don, forme archaïque de l’échange*. Mauss analyzed patterns of exchange among peoples in Melanesia, Polynesia, and the Pacific Northwest. Groups within these regions exchanged many objects—sacred objects such as elaborately decorated copper ornaments, shell necklaces, and bracelets, as well as feasts, festivals, entertainments, and other social events. In the rhythm of giving and receiving, Mauss found a powerful glue that held disparate tribes, clans, and phratries together in peace despite the ever-present forces pressing for conflict: fear of that which was different, suspicion, resentment.

The first modern myth dispelled by Mauss was that gifts were, as Blackstone’s description implied, things freely given and imposing no

obligations on the recipient. In reality, gifts are permeated with obligation. While the “opening gift” may be given in comparative freedom, once a gift is given in return the givers/receivers become enmeshed in a never-resting cycle of offering and accepting. In every culture examined, Mauss found that gifts are typically given out of a perceived obligation or necessity, and that they, in return, impose strenuous obligations on recipients.

Another myth is that gifts are always given altruistically and disinterestedly. To the contrary, among the peoples Mauss studied, gifts serve crucial social needs, especially the need to establish bonds among people who might otherwise be in conflict. For the Trobrianders, gifts circulate continuously and in two directions: *mwali*, ceremonial armshells, and *soulava*, necklaces of red spondylus shell. This never-ceasing cycle of gifts is called *kula*, which translates as “ring.” Mauss ([1925] 1967, 20) writes that “it seems as if all these tribes, the sea journeys, the precious objects, the food and feasts, the economic, ritual and sexual services, the men and the women, were caught in a ring around which they kept up a regular movement in time and space.” *Kula* is a ring that unites the Dobu, Kiriwana, Sinaketa, and other tribes—a circle within which peace reigns and commerce is possible.

Gifts serve purposes other than the efficient transfer of useful goods. The early anthropologist Alfred Radcliffe-Brown recognized this in his study of the people of North Andaman:

The exchange of presents did not serve the same purpose as trade or barter in more developed communities. The purpose that it did serve was a moral one. The object of the exchange was to produce a friendly feeling between the two persons concerned, and unless it did this it failed of its purpose (Mauss [1925] 1967, 18).

Mauss ([1925] 1967, 31) describes how the exchange of gifts is much more than the trade of objects because “the objects are never completely separated from the men who exchange them; the communion and alliance they establish are well-nigh indissoluble” and contribute to the way such groups “are constantly embroiled with and feel themselves in debt to each other.”

Gifts are objects or events given not for their own sake, but for the sake of the relations between the tribes, clans, other groups—or individuals. Mauss ([1925] 1967, 11) expresses it with characteristic bluntness:

“To refuse to give, or to fail to invite, is—like refusing to accept—the equivalent of a declaration of war; it is a refusal of friendship and intercourse.” Understanding this concept affords some insight into the confusion—to our minds—between the gift-objects and the people who gave them common among the people Mauss studied. Describing the powerful and elaborate rights and duties that characterize gifts, Mauss ([1925] 1967, 11) claims that “the pattern . . . is not difficult to understand if we realize that it is first and foremost a pattern of spiritual bonds between things which are to some extent parts of persons.” In blood and other modern gifts of the body, the gifts are literally, not merely symbolically, parts of persons.

Gifts have, as Lewis Hyde (1983) puts it, an “erotic” force, erotic in the sense of attraction, union, that which binds together. This force is most evident in our intimate relations with family and friends. We use gifts to sustain relationships and to initiate them. A norm of reciprocity governs gifts, requiring that gifts be exchanged, and that they be of comparable or greater value where the means of the parties are similar. The roughly equal value of goods exchanged may make it appear as if something much like a contract was at work, but this is to misunderstand the fundamental contrast between gift and contract. Contracts facilitate the trading of something—objects, services, promises; the relationship created by the contract is merely a means to that end. Gifts facilitate the creation and sustaining of relationships; the exchange of goods is itself merely the tangible means to that goal, an end not well served in the realm of commerce and contract (Murray 1987).

Understanding the significance of gifts among intimates or among small groups such as the Trobrianders or Kwakiutl may leave us puzzled as to what role gifts may play in contemporary society. Hyde ([1925] 1967, 89) wrote:

Gift exchange is an economy of small groups. . . . It remains an unsolved dilemma of the modern world . . . as to how we are to preserve true community in a mass society, one whose dominant value is exchange value and whose morality has been codified into law.

It would be difficult even to say what “true community” would mean when we are describing not a grouping of a few tribes with a few hundred members each but the multiple, overlapping, and ever-larger and encompassing communities within which we live.

I reside with my family on a street of approximately thirty houses, in a neighborhood and elementary school district of roughly 6,000 people, in a city of 30,000 on the eastern edge of Cleveland, Ohio. The boundaries of my city are indistinct, so that one political entity blends imperceptibly to the next and so on into the city of Cleveland itself or out to the farm country further east.

Which is *the* community? My neighborhood, city, area, county, state, nation, species? We also make communities in other ways, not just by geography. There are communities of scholars and craftsmen, of people with shared political or artistic or culinary interests. Each of these forms of community must solve a related pair of problems: how to ensure that the inevitable occasions for conflict do not sunder the bonds that hold members together; and how to decide what the scope and limits are of the members' obligations to each other, not merely to avoid harm but to render assistance.

At all levels of community, even in my own neighborhood, most of the people are strangers to each other. In the tradition of Western political thought, we are familiar with the idea that we ought not to harm strangers, and that the state may legitimately intervene when others may be harmed through our actions, negligence, or failure to keep our promises. This affords some control over the otherwise terrible threat of boundless conflict. But it does not build community, not in the sense of bonds felt among persons, of solidarity, of standing together in the face of obstacles, natural or human-made.

Community in this sense is desirable even in mass society. At a minimum, it is necessary to support the social structures that permit decent lives to be imagined and shaped. It is necessary to inspire the trust that if misfortune should strike, individuals will not be abandoned. The dissolution of structures supporting community among the Ik people and the destruction of loyalty and compassion that followed are one illustration of how important community is (Turnbull 1972). Kai Erikson's (1976) study of the loss of community after the Buffalo Creek flood that pushed people back into disorder, fatalism, and dependency is another. People desire community; indeed, they desire it enough to provide for the needs of strangers. Sometimes that provision comes as a result of communal decisions and takes the form of state-enforced provisions—e.g., sustaining welfare by redistributing wealth through taxation. Sometimes, though, we prefer to provide for these needs by a system of gifts: It may be gifts of money to individuals or organiza-

tions. (Indeed, as a political community we encourage such giving through our tax code.) Or, in the case of the most dramatic gifts to strangers, it may be parts of our own bodies: blood, marrow, even organs.

Published nearly twenty years ago, Richard Titmuss's (1971) *The Gift Relationship: From Human Blood to Social Policy* analyzed the blood-donor systems used in several countries in terms of each culture's values and presumptions. Recognizing the complex motives of individuals who supplied blood, Titmuss nonetheless categorized donors along a rough scale from pure self-interest—the “paid donor”—through a middle ground of mixed and ambiguous motives, to his ideal, the “voluntary community donor,” for whom donations are characterized by “the absence of tangible immediate rewards in monetary or non-monetary forms; the absence of penalties, financial or otherwise; and the knowledge among donors that their donations are for unnamed strangers without distinction of age, sex, medical condition, income, class, religion or ethnic group.”

As interesting as his discussion of donors and their motives is Titmuss's (1971, 95) unflattering comparison between the United States, England, and Wales in the mid-1960s. According to his calculations, one-third of all whole blood was purchased outright, more than one-half was tied to replacement or blood insurance schemes, and 5 percent came from a group he dubbed “captive voluntary donors”—prisoners or members of the military. Only 9 percent “approximated to the concept of the voluntary community donor who sees his donation as a free gift to strangers in society.” In contrast, almost all blood in England and Wales came from volunteers.

In Titmuss's view, matters in the United States were not only bad, but getting worse, with increasing commercialization of blood. He claimed that “proportionately more blood is being supplied by the poor, the unskilled, the unemployed, Negroes and other low-income groups” and warned that “a new class is emerging of an exploited human population of high blood yielders. Redistribution . . . from the poor to the rich appears to be one of the dominant effects of the American blood banking systems.” Another effect of the reliance on donors other than true volunteers was a more dangerous blood supply. Evidence suggested that blood from paid donors was much more likely to cause hepatitis, for example.

Titmuss's analysis was powerful, influential, and—in the matter of

the attitude in the United States toward and reliance on paid donors—mistaken. Contrary to Titmuss's baleful prediction, the United States was moving toward a predominantly volunteer system. By 1982, 70 percent of whole blood was supplied by volunteers, one-quarter through quasi-voluntary "blood credit" or "blood insurance" programs and no more than 3 or 4 percent by paid donors. The proportion of paid donors was declining.

When residents of the United States were asked about blood they overwhelmingly favored a voluntary system and rejected the purchase of blood; when American blood donors were asked why they gave, the typical answer was simply that it was needed. The authors of *The American Blood Supply* summarize their findings thus:

All our own experiences lead us to believe that participation in the whole-blood supply is the natural, unforced response of a great many people once they are exposed to a mild degree of personal solicitation and some convenient donation opportunities (Drake, Finkelstein, and Sapolsky 1982).

Where communities could not meet their own needs for blood, the explanation typically lay in rivalry or incompetence.

If Titmuss misjudged the generosity of the American people, he was only guilty of the same error as those who set up the system. When Titmuss looked, he found a blood-supply system predicated on the belief that Americans would only part with their blood if there was something in it for them, or at least for those close to them such as family members. In fact, much like their English and Welsh counterparts, Americans needed only to be shown that blood was needed to make them feel that they ought to give it. This point is worth stressing because it is central to the argument: People require no further reason and no other motivation to give blood than to be persuaded that blood is, in fact, needed by others.

Titmuss asked a sample of British donors why they gave. Many of them invoked in one way or another the needs of others. One young woman wrote (with original spelling preserved):

You cant get blood from supermarkets and chaine stores. People them selves must come forword, sick people cant get out of bed to ask you for a pint to save thier life so I came forword in hope to help somebody who needs blood.

Others wrote of gratitude or reciprocity: "Because I have enjoyed good health all my life and in a small way it is a way of saying 'Thank you' and a small donation to the less fortunate"; "To try and repay in some small way some unknown person whose blood helped me recover from two operations and enable me to be with my family"; "Some unknown person gave blood to save my wife's life." Some put it in terms of duty, or wanting to assure that blood was available should they or someone they loved need it. One middle-aged man gave a brief but eloquent explanation of why he began to give: "1941. War. Blood needed. I had some. Why not?" Or as one worker who had donated 19 times put it: "No money to spare. Plenty of blood to spare."

The distinguished economist Kenneth Arrow (1972) found all this puzzling. He called it "impersonal altruism" and said it was "as far removed from the feelings of personal interaction as any marketplace." Unable to find in the model of self-interested, rational, satisfaction-maximizing economic man the mundane human motivation that would inspire such apparently nonself-interested behavior, he described British donors as "an aristocracy of saints" and ascribed the phenomenon to the tradition of Fabian socialism. He doubts, not surprisingly, that a system relying on volunteers could work elsewhere. He was wrong.

There is an interpretation that fits the facts much better. The needs of others—even strangers—tug at us. We often do not think of them; we may avoid being made aware of them. But once we perceive those needs, we experience them as having a moral force. Needs *should* be met; somehow we know that. If we do meet them, we feel good; if we are derelict, we may feel a vague unease. We are not, cannot be, obliged to satisfy personally *every* need of all persons. But we sense that as members of a community we have some responsibility for assuring that other members do not suffer or perish because their needs were unmet.

This interpretation does not presume that people are saintly, or that they act out of an unearthly, pure altruism. Indeed, the historian Michael Ignatieff (1984) may be right when he says: "We need justice, we need liberty, and we need as much solidarity as can be reconciled with justice and liberty." Solidarity, the sense of connectedness with the strangers among whom we live, may be as essential to human flourishing as the need for blood is for human life.

The system of gifts of blood—gifts to strangers—meets the needs of

those strangers and in so doing meets the need of all in belonging to, at least, a minimally decent human community, one that expresses concern for the needs of others.

The sense of connectedness is especially strong when the gift is blood. For many cultures blood represents life itself. Blood is also kinship; we have blood relatives; blood is thicker than water. When we wish to affirm a relationship we can share a blood brotherhood. Or if we want to dampen antagonism among families or nations, we can arrange a marriage between members of the two warring parties; the offspring of such unions share blood from both factions. We sometimes describe conflict by saying that bad blood exists between the opponents.

If blood binds and affirms community, then shared blood is a threat when a sense of community is denied. States such as Arkansas and Louisiana have in the past had laws that required labeling blood by "racial" source. In 1967 the South African Institute for Medical Research paid "Bantus, Coloured, and Asians" one rand and "White" suppliers four rands per unit (Titmuss 1971, 191).

The Poisoned Gift

When a gift is given we assume the gift is good. There is no warning comparable to "caveat emptor" in the realm of gifts. In a commercial interaction, we know to be careful because what the other wants is not you or your affection but the thing you are providing: money, an object, a service. We must be vigilant to ensure that what we receive is what we are promised, that it is not shoddy or dangerous. The usual purpose of a gift is to initiate or affirm a relationship, not to transfer property. If we are wary of entering into a relationship with the giver, or suspect that his/her motives may have more to do with manipulation and control than mutuality, we have reason to be apprehensive about the giver's motives, but even then not about the gift itself. Only a very foolish person gives a shabby gift. Only a very wicked person knowingly gives a gift that harms: a poisoned gift.

The idea of a poisoned gift is an old one. The German word "gift," which comes from the same root as our Anglo-Saxon one, means "poison." The theme of the poisoned gift appears in folk tales as a grave evil. Probably the best-known one is the Grimms' tale "Little Snow

White." The Queen, disguised as an old woman, offers Snow White an apple, which she refuses:

"Are you afraid of poison?" said the old woman; "look, I will cut the apple in two pieces; you eat the red cheek, and I will eat the white." The apple was so cunningly made that only the red cheek was poisoned. Snow-white longed for the fine apple, and when she saw that the woman ate part of it she could resist no longer, and stretched out her hand and took the poisonous half. But hardly had she a bit of it in her mouth than she fell down dead (Eliot 1937).

Contriving to use a gift to harm another is especially chilling because gift exchange presumes that one desires—for whatever reason—to please the other. We may be wary of the giver's reasons for pursuing a relationship with us, but, except for gifts from enemies (and the possibility they may be Trojan horses), we are not accustomed to being suspicious of the gift itself.

Recall the horror years ago when it first became known that some people were giving poisoned gifts to masked (not faceless) victims: Halloween trick-or-treaters. The victims were children; the occasion (whatever its origins), now a celebration. Our horror was comprised of indivisible portions: horror at the innocence and youth of the victims; the violation of the occasion; the harm done to neighbors and strangers; and, finally, that the evil was disguised as a gift.

With AIDS came awareness that the gift of blood itself could be poisoned. With that awareness came a double threat to the community's sense of its own wholeness as some groups were seen to be making not merely poisonous gifts, but poisonous gifts of that which historically has been a fluid of social cohesion. Gifts build relationships. Blood affirms relationship. Gifts of blood confirm our relationship with the strangers with whom we live and share blood, metaphorically and, through our donations, literally. Poisoned blood, when the sources can be identified with particular groups, transforms a solidarity-building practice into a sharp instrument of division and difference.

When blood was recognized as a vector for AIDS, and when gay men, IV-drug users, and certain immigrant groups were identified as principal sources of HIV-contaminated blood, the bonds of community were threatened. To many people, men who had sex with other men, people who used drugs, and foreigners—especially dark-skinned

foreigners—were already different. The distance from “different” to “dangerous” is short. It was a distance easily covered once the nature of the danger to the blood supply became known.

To people already suspicious and fearful of gay men and others in “high-risk groups,” the idea that they were now imperiled by infectious blood must have weakened whatever tenuous communal links they felt for those donors. One important means of affirming community with strangers was transformed suddenly into testimony to the alienism and peril posed by certain of those strangers. There were two crises. First, we had to minimize the danger to those who needed blood or blood products. This was accomplished with remarkable speed. The second crisis was more subtle and less tractable.

It was important to protect the imperiled bonds of community with those now perceived as potentially threatening. Those bonds needed protection lest individuals identified with those groups come to be seen ultimately as “others”—not merely strangers but those who no longer belong to my community. This would be disastrous not only for those who would now be placed in a kind of internal ostracism, but also for the larger community and its members. The gay community recognized well what was at stake:

Just as the threat to blood—symbolic of life itself—galvanized communal anxiety, the threat of exclusion from the blood donor pool represented a profound threat to the social standing of those who would be classed as a danger to the public health. . . . The debate over the blood supply thus placed into question the gay struggle for social integration (Bayer 1989, 73).

According to Ronald Bayer’s account of events, leaders in the gay community responded on two fronts. To the rest of the world, including blood bankers and public officials, they presented a list of “do nots”: Do not cast us as the villains who infect others; do not treat us as a homogeneous group; do not make or keep lists of our names; do not ask prospective donors questions about sexual orientation or practices. To the members of the gay community, leaders, especially physicians, counseled restraint.

The first likely cases of AIDS caused by blood or blood products were reported in July 1982. By August a gay physician was warning promiscuous gay men not to give blood until more was known. By De-

ember of that year, transfusions had been tentatively linked to AIDS as well. In that same month, James Curran, chief of the Centers for Disease Control AIDS efforts, urged the gay community to seize the initiative by calling for gays to refrain from giving blood. At the same time that gay activists were comparing calls by nongays not to give blood to racism and the internment of Japanese-Americans during World War II, and warning against the divisiveness of singling out particular groups as sources of infected blood, they were urging self-restraint within the gay community. A statement by over 50 gay organizations put it thus in January 1983: "In giving the 'gift of life' there is the responsibility to give the safest gift possible" (Bayer 1989, 81).

Most HIV infections occurred in the interval between when the virus first appeared in this country and the adoption of measures to reduce the chance of using infected blood. In March 1983 the U.S. Public Health Service (1983) recommended that members of groups at increased risk for AIDS should refrain from donating blood. The major agencies concerned with the blood supply followed within days with a promise to comply with these recommendations, adopt uniform procedures, and seek the cooperation of the groups at risk. In March 1985, a screening test (the now familiar enzyme-linked immunosorbent assay [ELISA]) was licensed for screening blood donors for antibodies to the virus. It is estimated today that the risk of HIV infection through blood or blood products is between 1 in 100,000 and 200,000. New cases of blood-related AIDS will continue to occur, however, in the pool of already-infected persons who have not yet shown symptoms of AIDS. But the number of new transfusion-related AIDS cases will decline, as will the proportion of AIDS cases caused by transfusions of blood or blood products. Even the sources of clotting factors have changed, moving away from preparation methods that pooled thousands or even tens of thousands of donors to methods that involve a few. We now have the prospect of producing them with cloned genes inserted into microbes, avoiding any possibility of viral contamination.

Ironically, one result of AIDS may be fewer deaths and injuries caused by tainted blood. Transfusion has never been a perfectly safe procedure. In addition to the reactions caused by immune incompatibilities, blood can carry a variety of infectious organisms—most notably, those that cause hepatitis. Prior to AIDS, many patients *and* physicians had too casual an attitude toward blood. Homologous trans-

fusions were used more often than necessary. As well as putting an end to the casual use of transfusions, AIDS also led to the wider use of other existing techniques for replacing or recovering blood lost during surgery. Blood bankers had long encouraged people whose need for blood is predictable—true for much elective surgery—to have blood taken and stored in advance for reinfusion in surgery: autologous (“self”) transfusion. Autologous transfusions eliminate the possibility of receiving incompatible blood or blood carrying new infectious agents. Similarly, techniques are available to recover and reinfuse the patient’s own blood during surgery (called “intra-operative salvage”).

In addition to the awareness of the risks of homologous blood transfusion, increased screening and testing have made the blood used in necessary transfusions much safer. Donors are screened more carefully, and more are “deferred”—a blood bank euphemism for rejection. Blood is now tested routinely for: ABO and Rh type; red-cell-related antibodies (from previous transfusion or pregnancy); syphilis; HIV antibodies; HTLV-I antibodies; Hepatitis B; and a marker for Hepatitis C. A test for antibodies to Hepatitis C will soon be added. The environment in which decisions to adopt new tests are made seems to have changed as a consequence of AIDS, now inclining toward using any test that *might* be beneficial, even though many may have doubts about whether a particular test is worthwhile. An example of that is the new test for HTLV-I, a rare virus that causes cancer in some people. One blood-bank official estimates that it will add \$2.80 to the direct cost of each unit of blood, with additional monies spent on confirmatory tests, counseling, and tracing (Barnes 1988).

The experience of donating blood has changed as well. In 1979 you would have taken five minutes to give a health history. The most sensitive question asked on it was whether or not you had ever injected drugs. You were asked if you had ever had or been exposed to hepatitis, or if you had ever turned yellow (hepatitis again), or had a recent cold or flu. If the interview stations had to be crammed together, threatening privacy, no one cared. A finger stick was made for a blood count, and you were ready to donate. The whole process took less than an hour. Deferral rates were about 8 to 9 percent. The reasons people were deferred carried no menacing social baggage—a recent cold, a low red-cell count.

Today, when you arrive to give blood at a Red Cross station, you are first handed a pamphlet: *What You Must Know before Giving Blood.*

The only other words on the cover (except for the organization's name) say plainly: "If you are a man who has had sex with another man since 1977, you must not give blood or plasma." Inside the leaflet, along with a brief description of what to expect as a donor, is a section titled "Patient Safety." It warns in bold type "Do not give blood if you are at risk for getting and spreading the AIDS virus," and then lists in detail factors placing you at risk. When your health history is taken, you will be asked about injecting drugs (as in 1979) but there are new questions—about AIDS antibody tests; exposure to AIDS; travel to Haiti or Africa since 1977. You are asked to affirm that you read the pamphlet and that if you are at risk, you will not donate. Now, people are more sensitive to confidentiality and are less willing to give their health history if others might overhear. In addition, you will be given a card that repeats the list of risk factors, and instructed to read it and select one of the two peel-and-stick bar codes (that cannot be read by anyone at the collection site): "Transfuse" or "Do Not Transfuse." If your health history and brief examination confirm your fitness to donate, you will go to the donor room where, except for a more thorough confirmation of your identity (name, address, birth date, Social Security number) and the sometimes conspicuous wearing of gloves, your experience will not be different from donors of ten years ago. The process now takes an hour and one-quarter—all of the added time in screening prior to donation. Because of additional precautions, more donors are deferred (10 to 11 percent in the Cleveland area). Deferral has come to have a different meaning. Individuals who are deferred are likely to feel hurt, rejected—or fearful that they may have AIDS. If you have come with a group to donate, the others may attach onerous significance to your being deferred.

The donation experience has also changed for the professionals and volunteers who staff the stations. The story of the gloves is as good a way to describe this as any. On the day before Thanksgiving 1987, a new rule ordered everyone who came in contact with blood to wear gloves. At a typical blood-collection station this included the interviewers (who did finger sticks), the volunteers who carried the filled bags of blood, the phlebotomists—just about everyone. With the job getting more complicated and with fears about possible risks of infection, fewer volunteers came forward. (One effect of this is that blood centers have had to hire more paid staff, further raising the cost of blood.) Some donors were insulted that everyone was wearing gloves, as

if they—the donors—were untouchables. In June 1988 the rule was relaxed. Gloves must now be worn only in a few circumstances, although one may choose to wear them at other times.

AIDS has provoked many changes in the collection and transfusion of blood. Some of the changes are clearly for the better: more cautious use of blood; more use of alternative ways of meeting an individual's need for blood; improvements in screening donors and testing blood. Some changes, though, have a mixed benefit because we choose to err on the side of not allowing possibly infected blood to be transfused. Thus, while more intensive screening of donors has probably prevented some transmission of blood-borne diseases, it has also resulted in the acceptance of many "false positives"—test results suggesting the presence of virus when the blood is actually safe, thereby irritating, frightening, and possibly stigmatizing, many healthy, uninfected donors. And some changes are undesirable: large numbers of persons find that their blood is unwanted, including gay men and immigrants from Haiti and Africa. Others fear possible rejection and do not volunteer to donate at all.

A study by Edward H. Kaplan and Alvin Novick estimates that self-deferral between April 1983 and April 1985 prevented between 44 and 52 percent of the possible transfusion-related transmissions of HIV. They estimate the number of averted infections conservatively at between 2,260 and 2,700.

Public health officials and blood bankers were moving at a roughly similar pace. In January 1983 the three main blood-banking organizations called for education and voluntary self-deferral, and rejected questions about sexual orientation or practices. As evidence of infection in gay men and transmission through blood grew, explicit warnings were introduced.

The impact of the loss of gay men as potential donors on the blood supply has been difficult to judge. Among blood bankers, gay men were thought to be people who were very willing to donate. Evidence from San Francisco and New York City, though, finds no evidence that gay men were more likely to be donors than other people prior to 1983. AIDS did have a dramatic impact on the blood supply in some locales. Between December 1982 and December 1983, blood donations in San Francisco dropped 20 percent. (Blood use also dropped 20 percent, so a shortage was averted.) Dr. Herbert Perkins (personal communication), director of the Irwin Memorial Blood Centers there,

attributes the drop both to the loss of gay males as potential donors and to the widespread misconception that one can get AIDS by donating blood.

At the San Francisco blood bank, autologous donations, which once constituted less than 1 percent of all donated blood, now comprise 5 to 7 percent. Directed donations (i.e., blood donation by an individual for another identified individual), which that bank agreed to do in June 1984, account for roughly the same percentage. Directed donation, touted by proponents as safe, had been resisted by blood banks for several reasons, among them the claim that blood from identified donors might be less safe than blood from anonymous donors. Irwin Memorial's experience is that the risk of HIV infection from directed donations is the same as that from anonymous donors—in both cases extremely small. Directed donors are, however, more likely to have positive tests for hepatitis.

For a time and in some locales, gay women were also rejected as donors (see, e.g., Downton 1986). This is now seen as utterly silly, since gay women have the lowest prevalence of HIV infection of any sexually active group. Blood-bank directors in both New York and San Francisco report that gay women have emerged as organized donor groups. Gay men support these efforts with their time and effort, though not their blood.

The risk of exclusion, of being perceived as dangerous and cast out, greatly concerned leaders in the gay community. But there was a parallel threat, the mirror image of the broader community's perceptions and actions. Those whose blood was now unacceptable were given the message: "If my gift is to be rejected as dangerous, then I am unworthy to be a giver." Gay men and others with risk factors are thus asked not to participate in this community-affirming practice. Does this mean that they are to be excluded from community in other ways? There are, in fact, many people who are considered unsuitable to give blood. Many of the reasons donors are deferred are temporary: an acute infection, a cold, recent dental work, pregnancy. Other reasons may be cause for permanent deferment: chronic infections such as hepatitis, certain medications that must be taken indefinitely, a history of cancer. People with risk factors for HIV infection are not alone in being advised not to donate blood.

There are other ways to build and affirm community, ways that may lack the symbolic richness of blood but that minister to the needs of

strangers. Those at risk of AIDS have a wide range of contributions still open to them. There are still urgent needs for time, effort, and money. Volunteer work, fund raising for community projects that respond to needs otherwise unfulfilled, these and other ways of ministering to the community are all available to gay men as much as to others. Blood remains a powerful way of affirming community, and of contributing to the needs of strangers, but it is not the only way.

AIDS threatens not merely the safety of those who need blood. It also endangers our sometimes fragile bonds of community, those ties that link us to the strangers with whom we live in a mass society. When a particular group of strangers, a group already regarded with some suspicion, comes to be seen as posing a threat to all through their poisonous gifts of blood, we face, I believe, a genuine crisis, one that could weaken further or even sever the bond between that group and the larger community. A number of leaders in the gay community, even as they voiced concerns over possible discrimination, insisted on the need to act responsibly to protect the health of others. And public health leaders, attentive to the history of discrimination and the ripeness of the situation for worsening discrimination, have acted in a measured but firm manner to minimize the danger to health.

Some voices have called for the recommodification of blood. Harvey M. Sapolsky (1989, 146) recently suggested that the safety of transfusions be enhanced by means that "require the breaking of this bond of community, improving chances for some recipients while perhaps harming those of others." He names three strategies: directed donation, obtaining blood from regions with a low incidence of HIV infection, and paying donors from presumably low-risk groups. Sapolsky (1989, 158) appears to be no admirer of not-for-profit blood banks: "Protecting organizations that hold small empires and convenient ideologies does not reduce the risk of transfusion or build community." One need not believe that blood banks are perfectly virtuous to find Sapolsky's attack overwrought and his solution misguided.


The most thorough estimate of the current risk of HIV in the blood supply (Cumming et al. 1989) indicates that the risk, while present, is small and declining: the number of undetected HIV-positive units in 1987 is 131—one unit in every 153,123. The rate of infected blood has been dropping by 30 percent a year. A preliminary analysis of the data for 1988 shows a further drop of 34 percent to 87 units. The improve-

ment is likely due to a combination of factors: better education and self-deferral, more donors who are repeatedly HIV negative.

It is not clear that the measures Sapolsky proposes would be an improvement over what blood banks have been doing. Ironically, Sapolsky's call for more directed donations could result in more HIV-infected blood. Directed donors are likely to be new donors, and new donors are two to three times more likely to be HIV positive than repeat donors. The case for "breaking . . . this bond of community" in order to improve transfusion safety is weak at best. Directed donations are as likely to add HIV-positive units to the blood supply as they are to subtract from them. Paying donors to encourage "safer" populations, such as women or middle-aged people, is unnecessary. Blood banks have recently directed their efforts toward safer donor populations with considerable success. Sapolsky's other suggestion—obtaining more blood from communities with a low incidence of HIV infection—does not necessarily break any bonds of community. It could just as well be seen as a way of expanding the scope of community.

Those who understood the moral issues at stake, articulated them, and insisted public policy be based on them, helped avert what could have been a lasting blow to the effort to enlarge our collective sense of community. Blood banking has changed significantly. Health professionals and the public now understand better that for all its life-giving properties, blood can also be harmful. But people still donate by the million. And countless lives are saved by donated blood. AIDS does not appear to have altered in any fundamental way the meaning of gifts of blood for giver or recipient.

Human need continues to take many forms. The recent earthquake in the Bay area reminds us of that. On the day after the quake, 649 people stood in line for as much as four hours to give blood at the San Francisco blood bank. This was ten times the normal number for a weekday. Dr. Herbert Perkins (personal communication) says that they came for two reasons: because victims of the quake were in need, and the donors wanted to do something to help; and because they wanted company in this chaotic time. That is, they responded to need in the community at the same time as they demonstrated their own need for community. As long as we need solidarity, and members of our community have needs, there will be a place for gifts, such as blood, that affirm community by ministering to need.



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