

PROTECTED B

6635-2-2 (D Surg Gen)

3 Jan 92

DGPP

MEDICAL IMPLICATIONS OF ADMITTING HOMOSEXUALS INTO THE CF

Refs: A. NDHQ 1745-42-7 (DGPP), 19 Dec 91
B. NDHQ 6635-2-2 (D Surg Gen), 19 Mar 90

1. As requested, ref A has been reviewed. The last comprehensive correspondence on this matter from this office was at ref B.

2. The following are suggested Q and As for your use (these are modifications of those provided in ref A):

a. Q: Do homosexuals present a risk of transmitting certain infectious diseases (eg. HIV, hepatitis B) to heterosexual members of the CF?

A: In the main, the answer is no. As with heterosexuals, those homosexuals who are healthy (ie. uninfected) pose no risk of disease transmission in any circumstance; such uninfected persons would comprise the large majority of homosexual members. The diseases "associated" with male homosexuality are usually transmitted by sexual intercourse and not by casual nonsexual day-to-day contact in the workplace or living spaces. Of course, "safer sex" should be the norm for homosexuals and heterosexuals alike. By and large, female homosexuals are at even lower risk of sexually transmitted disease than heterosexuals;

b. Q: What about the risk of disease transmission from male homosexuals in the health care setting?

A: Certain diseases, while usually acquired through other methods (eg. sexually), can be transmitted through exposure to blood; these diseases include HIV and hepatitis B. Hence, persons with these diseases present some risk

②
DPP
for your action.
7/1
③
DPP 2
Lower.
7/1

RECEIVED

JAN 06 1992
OFFICE OF
DGPP

1/3

PROTECTED B

A0141932_1-002708

PROTECTED B

of transmission to their health care providers, eg. through needlestick injuries. However, the risk is lowered by the use of: appropriate barrier protection ("universal precautions") when exposure to applicable body fluids (principally blood) is likely; and hepatitis B vaccination. The risk to CF health care personnel is/would be no greater than that found in the usual civilian health care setting in Canada;

- c. Q: What about the risk of disease transmission from wounded male homosexuals on the battlefield?
- A: It is acknowledged that a potential exists for transmission of a bloodborne infection when providing first aid to infected wounded persons (regardless of sexual orientation) on the battlefield. Overall, the risk appears small (eg. most reported cases of health care setting HIV transmission have been the result of deep needlesticks or exposure to concentrated virus; not the situation expected in the battlefield) especially when compared to other battlefield risks;
- d. Q: What about the risk of disease transmission from male homosexuals through blood transfusion obtained on the battlefield?
- A: Blood transfusion from a person, regardless of sexual orientation, infected with a bloodborne agent presents a substantial risk of transmitting such agent to the blood recipient. Red Cross blood donation screening procedures minimize this risk. It is CF doctrine to use blood supplied by the Red Cross for battlefield transfusion. Should it be necessary to obtain blood "on the battlefield" (eg. from other members) the risk of transmission would be reduced by using the same donor exclusion criteria as the Red Cross; and
- e. Q: Will the admission of homosexuals to the CF alter the current approach to HIV testing in the CF?

2/3

PROTECTED B

A0141932_2-002709

PROTECTED B

A: Currently HIV testing in the CF is performed after obtaining written informed consent; this is consistent with civilian policy. Admission of homosexuals into the CF may prompt a reassessment of this policy, eg. should recruits be tested? However, it is unclear whether any alteration of the policy would result. It is likely that, if a testing program were instituted, it would not be restricted to acknowledged male homosexuals, ie. it would not be based on sexual orientation.


P.R. Morisset
BGen
D Surg Gen
992-5227

3/3

PROTECTED B

A0141932_3-002710