

Hurricane Harvey Emergency Relief Fund Established to Support Affected Colleagues

Global Blood Fund (GBF) has launched a Hurricane Harvey Emergency Relief (HHER) Text-to-Give campaign in collaboration with Blood Centers of America (BCA) collectors. This Text-to-Give campaign was created to lend financial support to our colleagues who work at blood centers in Houston and Beaumont and have been adversely affected by catastrophic flooding.


To make a donation to the HHER Fund, simply text "BLOOD" to 91011 from now until October 15 for direct distribution.

The contributor will receive a return text with a link. The user will be prompted to click the link and follow the instructions and can make a donation by using PayPal, a credit card or a debit card after deciding upon the amount to give. When asking blood donors to contribute, a \$10 donation can also be texted using the word "BLOOD" to 52000.

In all, more than 115 employees at blood centers in the region hit by Hurricane Harvey have been personally affected by Harvey. One Houston-area phlebotomist described the terrifying night when floodwaters destroyed her home. She said her daughter woke up in the middle of the night to find herself in ankle-deep water. Scared, cold, and crying, they rushed from the house, where the water was rising quickly.

"We had to pack only what we could. All my stuff was ruined. I thought first to grab a uniform and my stethoscope because I knew we would have to be out there as soon as we could to save lives. I have cried, I have thanked God for our lives, and with so much I have already seen with us all pulling together, I know it will be tough, but we will rebuild. The storm has brought us all together. We are Houston Strong!" she said.

"BCA will create a steering committee for Hurricane Harvey Emergency Relief which will work with the leadership of the affected centers to fairly and effectively distribute 100 percent of the net donations," said Bill Block, president and CEO of BCA. "Billy Weales, CEO of The Blood Center in New Orleans, has agreed to chair the HHER committee and will be able to bring his Hurricane Katrina recovery experiences to bear in the group's deliberations and actions."

If you have any questions or concerns about the HHER campaign, please contact [Marie DeQuattro](#). 



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OUR SPACE

ABC Director of Regulatory Services Ruth Sylvester

Don't Wait, Plan Ahead For Disasters

September is National Preparedness Month and this year's theme is "Disasters Don't Plan Ahead, You Can." Before I had even sat down to write this "Our Space," we were slapped in the face by Hurricane Harvey and following closely is Hurricane Irma. Neither were your typical run of the mill hurricanes. While Harvey wasn't the biggest hurricane in history, the fact that it sat right over Houston and dumped trillions of gallons of water in the same area made it unprecedented. Irma is huge and powerful from the get go, a "monster storm."

The reason our industry successfully survives such massive storms is that they plan ahead and they come together and support one another when they are faced with situations that can't be planned for. Many of you have heard me say repeatedly, "It's not the plan, but the act of planning that is so important in responding to emergencies and disasters." No plan can anticipate every potential scenario, such as 50 inches of rain over a weekend, but when you practice planning you learn how to adapt and respond to whatever you face. It is also very comforting to know that when the challenges you face are unprecedented, your friends, your colleagues, and the American public will come to your rescue as it has repeatedly.

Another key component to preparedness is personal preparedness. It is imperative that each and every person be prepared for emergencies. I am always somewhat surprised to see the shelves empty ahead of storms. If you wait until the last minute to prepare, you run the potential to find yourself without... without food and water, without batteries, and without first aid supplies. The web is filled with excellent advice and planning resources to help you, the individual, plan for emergencies. A good place to start is www.ready.gov. I encourage you all to plan, be prepared and be ready to face the next disaster awaiting you around the corner. You can also rest assured that your colleagues and friends in the blood industry have your back when you face the next unprecedented event.

rsylvester@americasblood.org 

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ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

America's Blood Centers

President: Martin Grable

ABC Publications Editor: Lisa Spinelli

Subscriptions Manager: Trudy Thompson

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Send subscription queries to Trudy Thompson

TThompson@americasblood.org.

America's Blood Centers

725 15th St. NW, Suite 700, Washington, DC 20005

Phone: (202) 393-5725

Send news tips to newsletter@americasblood.org.



Perspective from a Chief Medical Officer: Rita Reik, MD, FCAP

ABC is comprised of more than 60 member blood centers who operate more than 600 blood donor centers in 45 states across the U.S. and Canada. That's a lot of voices to be heard. In an effort to tune into our membership and their voices, we have turned to the Chief Medical Officers and asked them a number of hot topic questions regarding the blood industry and transfusion medicine. We will run the series every month for the next year to hear the different perspectives and voices from across our organization.



Our first Q&A was with Rita Reik, MD, FCAP, chief medical officer of OneBlood. Please see her biography at the end of this article.

1) What is the number one issue keeping chief medical officers at blood centers up at night?

Currently, many of us seem to be preoccupied with the challenge of maintaining an adequate blood supply in the face of increasing concerns around donor safety, particularly in teens. As we learn more about donor ferritin levels and non-anemic iron deficiency, it becomes apparent that the blood community may be at risk for losing a significant percentage of donors in the interest of protecting them.

Although studies have shown that simple over-the-counter iron supplementation may effectively mitigate donation-associated iron deficiency, in some states (such as Florida where OneBlood primarily resides), testing for and treating iron deficiency with supplements is considered practice of medicine and outside the scope of a blood center's license. Therefore, Florida blood centers and some other centers throughout the U.S. have very few mitigation options other than lengthy deferrals for treating and preventing iron deficiency in donors. In addition, it is particularly distressing to lose the teenagers who donate, because many of us have high hopes that this group will become the next generation of dedicated blood donors.

2) What ways is your center dealing with the donor iron depletion issues, especially for high school donors?

At OneBlood, we plan to start with a mitigation strategy that will integrate smoothly with any standards or regulations that might later be put into place to address donor iron deficiency. We intend to strengthen our general donor nutritional information to include recommendations for iron supplementation in consultation with a physician. This will be handed out in the form of a rack card to all donors. For teens, in addition to the strengthened nutritional and iron supplementation messaging, we plan to do ferritin testing at each donation (at the additional expense of adding a new test) and customize the deferral intervals for them accordingly. We will also provide specific information about ferritin testing and levels to this vital set of donors. Of course, once we implement this strategy in September, we will collect data to determine the rates of deferral and the effectiveness of our planned approach.

3) Your experience with disaster planning is impressive. Can you give some advice to blood centers when it comes to crisis management?

As luck would have it, as of this writing, OneBlood is in the midst of preparations for Hurricane Irma, which is threatening the east coast of Florida! My experience with crises has made me a big fan of Business Continuity Planning (BCP). This is sort of a "disaster plan on steroids" that takes

(continued on page 4)



Q&A WITH DR. REIK (continued from page 3)

a very deep dive into all enterprise systems, ensuring that no stone is left unturned when preparing for events that might disrupt normal operations. Aside from the usual disasters like hurricanes, mass traumas, etc., BCP looks at mitigation of events like vendor interruption and loss of key personnel. Besides its comprehensive front-end planning, BCP also performs meticulous post-disaster and recovery analyses that optimize preparedness in the future.

4) What is the best structure for the blood industry going forward to keep the blood supply efficient and safe?

I believe blood centers should manage the hospital transfusion services. In my ideal model, the hospital would be billed monthly with a flat fee, and all products and services would be provided within the context of that fee. Think of the waste that would be removed from the system—particularly if the blood center ran multiple or all local transfusion services. When discussing this concept with hospitals, it might be necessary to point out the savings line-by-line. However, any blood banker that reads this can likely envision how efficient such a model could be.

5) What is the number one threat to the safety and efficiency of the blood supply?

In my opinion, there are two: competition and commoditization. Blood collection is volunteer-based, and linked to other vital community services such as medical consultation, therapeutic apheresis and others. Therefore it is not a simple economic equation like pork bellies. Yet our hospital partners continually try to shoehorn us into the commodity category. Ongoing competition between blood centers prevents the blood community from acting in concert to gain efficiency, optimize the blood supply and build vertical and horizontal businesses. Attempting to mitigate competitive forces to gain efficiency is the major driver for the acquisition and merger activity we see now.

6) Speaking of mergers, what are your thoughts on how the industry continues to shrink due to the number of mergers taking place?

Mergers where the merged organizations do not remain stand-alone entities, but adopt the same SOPs and computer system, offer the best opportunity to gain efficiency. Obviously, when blood centers merge, there are fewer choices and with fewer choices the industry becomes concerned about monopolistic practices. Nevertheless, I am not a fan of federal regulations to address concerns around fair and open marketplace practices. If a blood center is considering a merger and its hospitals are worried about prices, merging may be the best way to prove to its customers that the blood center can gain enough efficiency to meet or exceed the hospitals' pricing expectations, while maintaining the same excellent service levels.

7) Are there any technologies/therapeutics that you feel will drastically transform transfusion medicine as we know it today?

I am a believer in cell therapies. They have been around for many years, but have not yet hit their stride for a number of reasons, mainly regulatory and cost-related. Nevertheless, the proof of principle for their effectiveness in certain disease states is out there, so the challenge continues to be to make them affordable and accessible for the general population. The start-up cost for a blood center to be involved in cell therapy manufacturing can be somewhat expensive, and these may be low-volume operations initially. However, cell therapy collections and manufacturing opportunities are a perfect fit for transfusion medicine, and something blood centers should actively pursue.

(continued on page 5)

Q&A WITH DR. REIK (continued from page 4)

Dr. Reik provides strategic leadership to the OneBlood medical staff as well as acts as the liaison between the medical and executive teams. A Board-certified doctor in Anatomic Pathology, Clinical Pathology, Forensic Pathology, and Blood Banking/Transfusion Medicine, Dr. Reik received her medical degree from the University of Miami Miller School of Medicine and received her residency and blood bank training at the University of Miami/Jackson Memorial Hospital. She has over 20 years of experience in blood banking and transfusion medicine and has held positions as Senior Medical Officer at the American Red Cross (ARC) National Headquarters, Chief Medical Officer of the ARC Pacific Northwest Region, and National Director for the American Red Cross Center for Cell Therapy. She is currently a member of AABB, the American Medical Association, and a Fellow of the College of American Pathologists, among others. In the past, she has served on the ARC/FDA Interdisciplinary Task Force for Development of the Uniform Donor History Questionnaire and currently sits on the Florida Department of Health Arbovirus Task Force, the AABB Donor Iron Working Group and the Medical Advisory Committee for Centralized Testing Solutions. She serves as Principal Investigator for OneBlood's participation in the NIH/NHLBI Transfusion-Transmitted Infectious Marker and Zika natural evolution studies. Her special interests include patient blood management, disaster management, cellular therapy and the impact of new emerging diseases on the blood supply. ♦

Learn ♦ Grow ♦ Lead Shed Light on Your Future



This Month's Featured API Resources

1. Jerry Haarmann Leadership Program

Six courses on leading teams

"This course gave me many ideas on how to work with the team in my department as well as working with other teams outside my department."

- API pilot participant

2. Strategic Leadership Program

Six courses on change management and communication challenges

Effective Leadership: How Do You Rate?

Check your leadership effectiveness by answering yes or no to the following questions:

- Do you know exactly what you want employees to understand, think, and do in response to your communications?
- Are trust and commitment part of your team's DNA?
- Do you know what motivates your employees?



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The programs and services described in the Inside ABC section are available to ABC member blood centers and their staff only, unless otherwise specified.

Submit Your Proxy for the Special Members Meeting Next Week

As we have noted in the past previous two newsletters, a Special ABC Members Meeting has been called in Atlanta, Ga., next week. The meeting will take place at the [Ritz-Carlton, Buckhead](#), 3434 Peachtree Road NE, Atlanta, Ga., on September 13 at 4:30 p.m. ET in the Plaza Ballroom. The members meeting is being held during and in the same hotel as the International Plasma Fractionation Association and Blood Centers of America (BCA) 3rd Global Symposium.

Due to the uncertainty surrounding the path of Hurricane Irma and potential travel disruptions next week, all ABC members are asked to [submit a proxy ballot](#) by Monday, September 11 to ensure your vote is not impacted by any travel delays/cancellations. For members planning to attend in person, please submit a ballot. Should your travel to Atlanta not be affected, you can withdraw your proxy any time prior to the vote. If you have already submitted a proxy ballot, no further action is needed. If needed, we will arrange for a conference call number to assist with member participation.

The meeting is being held for the purpose of conducting a vote on proposed changes to the ABC Bylaws that create a seventh class of ABC membership—Special Members—for group purchasing organizations that serve active ABC members (BCA and HemeXcel) and restructure the ABC Board of Directors to include four representatives from BCA and three from HemeXcel.

Read the proposed bylaws [here](#) or read through the presentation explaining the changes [here](#). A member voting representative (MVR) or alternate must be present at the special members meeting, or complete a proxy ballot form prior to September 11, to vote on the proposed bylaws. ABC bylaws require two-thirds of members to be present at the meeting, and a three-fourths affirmative vote is required to amend the bylaws. If you cannot attend the special members meeting, [download](#) your proxy ballot. To RSVP in the affirmative to the special members meeting, please email [Lori Beaston](#).

Comment to the CMS Proposed Payment Rates

ABC asks our member blood centers to [submit public comments](#) in response to the Centers for Medicare and Medicaid Services (CMS) proposed payment rates for blood and blood products transfused in outpatient hospitals during calendar year 2018. We ask our member to urge CMS to reevaluate proposed reductions to certain blood products and engage stakeholders in the creation of a new payment methodology that reflects the true costs incurred by both blood centers and hospitals. Comments are due by Monday, September 11, 2017.

[Click here](#) to submit a public comment directly to CMS via ABC's new online advocacy website. A pre-written comment is available for members' use, but please edit the letter to include information specific to your blood center. This option takes no more than a few minutes of your time. If you would like to submit a comment on your blood center's letterhead, you can copy and amend the pre-written comment letter on the advocacy site, save to your computer, and upload it to the public docket [here](#).



INSIDE ABC (continued from page 6)

ABC remains concerned that the proposed payment rates rely on faulty hospital claims data, omit the expense of supporting disaster preparedness and surge capacity, fail to reflect the state of current technology for blood products or account in real time for adoption of the Food and Drug Administration's evolving blood safety measures. As such, we are greatly concerned that proposed reductions in reimbursement for certain products would result in payments ranging from \$10.71 to \$99.12, below blood centers' median service fee reported to the ABC Data Warehouse.

To view the proposed rule, click [here](#). To view ABC's comment, [click here](#).

Iron Supplement Lucky Iron Fish Webinar



ABC will present an educational webinar on [Lucky Iron Fish](#), a partial-iron replacement for donors. The webinar is on Thursday, September 14, at 12:00 p.m. EDT. ABC is working with Lucky Iron Fish and Blood Centers of America (BCA) to decide whether there is enough common ground with iron replacement and non-profits to collaborate in a donor iron awareness campaign.

Lucky Iron Fish's flagship product is an iron replacement product shaped to look like an "iron fish" that is dropped into one liter of boiling water or broth. The namesake product releases 7 mg of iron into the liquid. A single fish lasts up to five years and when used regularly provides an appreciable proportion of the daily recommended iron intake.

To be fully engaged in the webinar, members must understand the product, contemplate it, and be ready to discuss your interest. Gavin Armstrong, PhD, founder and CEO of Lucky Iron Fish; Alastair Summerlee, PhD, BSc, director of Research; and Patricia Ford, MD, director of Clinical Research Unit at Pennsylvania Hospital, and director of autologous stem cell transplantation, will present during the webinar. Click [here](#) to view access details. After the webinar we will survey our members' level of interest and suggestions.

Financial Management & IT Workshops Still Taking Place

ABC is pleased to announce the Financial Management & IT Workshops, scheduled for September 27 and 28 will still be occurring at the Hotel Derek in Houston. The hotel is undamaged and the airports are open and back to normal operations. ABC is also waiving the late-registration fees for the Workshops.

We encourage any and all interested individuals to register to attend the Workshops and support Houston in its efforts to recover from the devastating effects of Hurricane Harvey. Register [here](#). 💧

We Welcome Your Letters

The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste. Please send letters to ABC Publications Editor Lisa Spinelli at newsletter@americasblood.org or fax them to (202) 393-1282. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.

RESEARCH IN BRIEF


The blood supply is resilient in its current inter-regional state concludes a study from the Food and Drug Administration (FDA). In simulation studies of a flu pandemic and a mass casualty event, toward which ABC contributed data, neither event caused significant shortages of red blood cell units in the inter-regional system as it currently functions. The pandemic mimicked the 2009 H1N1 influenza epidemic and a mass casualty event—an improvised nuclear device, modeled mid-range and high consequence scenarios. The distributions of infections, their time-course, and casualties by injury type and category, an anticipated drop in red blood cell collections, and cancellation of elective surgeries were all factored into the analyses with other variables. While some regions are quicker to recover, the model describes a system able to meet the demands during catastrophic events and the inter-regional modeling could be applied toward other emergency preparedness systems to avoid and mitigate associated adverse health consequences.

Citation: Simonetti A., Ezzeldin H., Walderhaug M., *et al.* An Inter-regional US Blood Supply Simulation Model to Evaluate Blood Availability to Support Planning for Emergency Preparedness and Medical Countermeasures. *Disaster Medicine and Public Health Preparedness*. DOI: 10.1017/dmp.2017.48.

Recombinant human thrombopoietin (rhTPO) could be a safe, effective treatment for pregnant immune thrombocytopenia (ITP) patients who are not responding to first-line treatment. ITP is the most common cause of thrombocytopenia in early pregnancy and those with severe ITP are at risk for spontaneous bleeding, postpartum hemorrhage, and placental abruption. ITP patients are treated with intravenous immunoglobulin (IVIG) and prednisone. In a prospective, multi-center open-label trial, researchers in China investigated the use of a proprietary rhTPO (not available in the U.S.) on pregnant ITP patients. The researchers found it was well tolerated with mild adverse events. Of the 31 mothers receiving 300 U/kg of rhTPO, 23 responded to the treatment and 10 of those achieved a platelet count of $>100,000 \times 10^9/L$ with another 13 peaking between 30,000 and $100,000 \times 10^9/L$. Of the 31 newborns born to the treated women, nine developed thrombocytopenia. Prednisone use on enrollment had no influence on the women's response and no anti-TPO antibodies were detected. Limitations include the small sample size. Further studies on the clinical application for rhTPO are warranted.

Citation: Kong Z., Qin P., Xiao S., *et al.* A novel recombinant human thrombopoietin therapy for the management of immune thrombocytopenia in pregnancy. *Blood*. August 31, 2017. DOI: 10.1182/blood-2017-01-761262.

A new study suggests anti-A/B isoagglutinins and intravenous immunoglobulin (IVIG) dose play the most prominent role in triggering hemolysis in patients treated with IVIG. IVIG is used for immunodeficiency and for a number of immunomodulatory indications. However, there is an association of IVIG and hemolysis in some patients, especially those given high doses. A two-year, prospective, open-label, multicenter, single-arm clinical trial of 57 adult patients with immune thrombocytopenia treated with IVIG (Privigen, CSL Behring) was conducted. After evaluation from an independent adjudication committee, 12 patients were judged to have mild hemolysis—10 of whom had blood group A, two had group type B. All patients who experienced hemolysis received a total IVIG dose of 2 g/kg rather than lower doses. No clinically significant hemolysis was observed, making the relevance of the conclusions for rare cases of severe hemolysis unknown.

Citation: Mielke O., Fontana S., Goranova-Marinova V., *et al.* Hemolysis related to intravenous immunoglobulins is dependent on the presence of anti-blood group A and B antibodies and individual susceptibility. *Transfusion*. August 24, 2017 online. DOI: 10.1111/trf.14289. 



BRIEFLY NOTED

On the heels of Hurricane Harvey, Hurricane Irma terrorizes the Caribbean and causes evacuations in Florida. Entering into the region on Tuesday, September 5, Hurricane Irma leveled the island of Barbuda, which has been called uninhabitable now. The Category 5 hurricane, which at points had recorded winds of up to 185 mph, caused the deaths of [23 people across the Caribbean](#) (to date) and left Puerto Rico with more than 1 million people without power. President Trump declared a state of emergency in Florida, Puerto Rico, and the U.S. Virgin Islands. The hurricane has been downgraded to a Category 4 and is expected to reach Florida early on Sunday, potentially causing catastrophic flooding. The path of Irma is currently (at time of print) moving west and then turning northwest into Florida's peninsula. Mandatory evacuations have been issued for the Keys and low-lying parts of Miami-Dade and Broward counties. OneBlood in Florida was in "full hurricane mode" said Vice President of Marketing and Communications Susan Forbes and were encouraging donors to donate before the storm hit to ensure a full supply for their own blood center needs and Puerto Rico. Hurricane Jose has also formed in the Atlantic and is expected to strengthen. A hurricane watch was in effect for Antigua, Barbuda and Anguilla, St. Martin, and St. Barts—all of whom are still reeling from Hurricane Irma. (Source: [BBC](#), [Hurricane Irma causes devastation in the Caribbean](#), September 7, 2017; [OneBlood press release](#), September 4, 2017)

A new CRISPR journal will launch in 2018 from Mary Ann Liebert, Inc. publishers. The peer-reviewed publication will be the "voice of the ever-growing CRISPR community" and publish research articles, commentaries and "news and views" style essays from researchers. The name of the journal will be The CRISPR Journal and cover such topics as CRISPR biology and technology, Host-pathogen interactions, genetic diseases, gene therapy, DNA-protein complexes, and more. Submissions are now being accepted. [Contact the publishers for details.](#) ♦

REGULATORY NEWS

The Food and Drug Administration (FDA) approved Pfizer to market gemtuzumab ozogamicin as Mylotarg for the treatment of acute myeloid leukemia (AML). Mylotarg was approved for AML patients whose tumors express the CD33 antigen and who have experienced a relapse or not yet responded to initial treatment. The drug was previously approved under an accelerated approval process in 2000 for AML patients 60 years old and older or for those who were not considered candidates for chemotherapy. A subsequent phase-three post-market trial produced unfavorable results, including a number of deaths. The study was stopped with the agent pulled from the market in 2010. "We are approving Mylotarg after a careful review of the new dosing regimen, which has shown that the benefits of this treatment outweigh the risk," said Richard Pazdur, MD, director of the FDA's Oncology Center of Excellence and acting director of the Office of Hematology and Oncology Products in the FDA's Center for Drug Evaluation and Research, in a statement. "Mylotarg's history underscores the importance of examining alternative dosing, scheduling, and administration of therapies for patients with cancer, especially in those who may be most vulnerable to the side effects of treatment." The prescribing information for Mylotarg includes a boxed warning that severe or fatal liver damage (hepatotoxicity), including blockage of veins in the liver, occurred in some patients who took Mylotarg. (Source: [FDA press release](#), September 1, 2017) ♦

ABC Calendar of Events

ABC offers a variety of meetings, workshops and virtual opportunities for education and networking as well as participation in ABC business. The [calendar of events](#) includes annual and summer meetings, board meetings, workshops, and webinars, and details will be updated as confirmed. We look forward to your support and participation!



WORD IN WASHINGTON

The House of Representatives passed (316 to 90) a package delivering \$15 billion in disaster-aid funds to Hurricane Harvey victims, while raising the debt ceiling and funding the federal government for three more months. Congressional leaders and the White House had been pushing for the package's passage prior to the September 30 deadline to avert a government shutdown and default on the national debt. The package passed the Senate on Thursday with an 80 to 17 vote. With the short-term extension expiring December 8, the deal sets up a potentially caustic end-of-year fiscal fights. President Trump is expected to sign the bill, which he supported, quickly.

The Office of Management and Budget (OMB) also announced this week that federal agencies must submit their plans to reduce their regulations by Friday, September 18. An executive order from President Trump announced in January said that federal agencies must eliminate two regulations for every one issued. OMB still has not released their regulatory budgets for fiscal year 2018. The Food Drug Administration issued four notices asking the public to identify regulations it could modify, repeal, or replace in response to the Administration's regulation reduction requests. More information will be coming soon to ABC members.

The Senate Appropriations Committee met to consider the Fiscal Year 2018 Labor and Health and Human Services (HHS) spending bill as part of the broader appropriations efforts underway in the House and Senate. The House passed their version of the bill earlier this year. The proposed bill would provide \$164.1 billion in discretionary funding, which is \$3 billion above fiscal year 2017 levels and \$8.1 billion above the House's bill. The legislation would also provide \$79.4 billion for HHS, which is \$1.7 billion above fiscal 2017 and \$2.2 billion more than the House bill. It also would provide \$36.1 billion for the National Institutes of Health, which is a \$2 billion increase over fiscal year 2017 and \$900 million more than the House bill. (Sources: *Bloomberg BNA*, [Congress Returns to Funding Deadline, Joint-Employer Bill](#), September 1, 2017; *Washington Post*, [Trump sides with Democrats on fiscal issues, throwing Republican plans into chaos](#), September 7, 2017) ♦

PEOPLE



After more than three decades in the field of blood banking, Hoxworth Blood Center (Hoxworth) Medical Director, Patricia "Chris" Carey, MD, is calling it a career. Dr. Carey's last day at Hoxworth will be September 30, 2017.

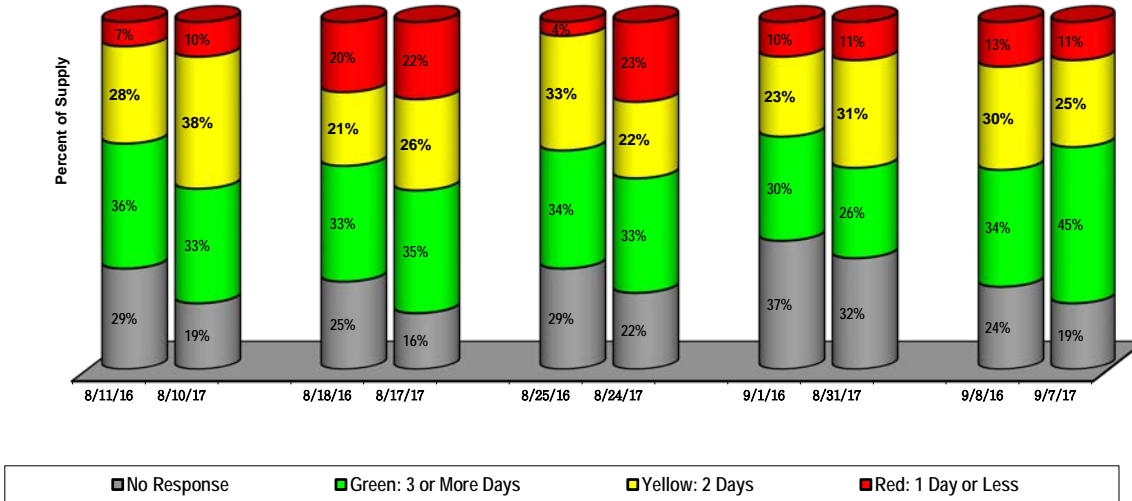
Dr. Carey began her career at Hoxworth in 1983, serving a one-year fellowship in transfusion medicine at the University of Cincinnati College of Medicine. She quickly advanced, serving in roles such as associate medical director from 1984 to 1990, and her current position as medical director, which she assumed in 1997. In addition to her work at Hoxworth, Dr. Carey is also an integral member of the College of Medicine faculty; serves as a professor in the Department of Pathology and Laboratory Medicine at the College of Medicine; and as program director of Fellowship in Transfusion/Blood Banking; as well as transfusion service director at University of Cincinnati Medical Center.

"Dr. Carey has served as a valuable resource to the blood banking and medical community for many years. Her departure marks an end to an era," says Ronald Sacher, MD, Hoxworth's director. "She will be greatly missed; however, we wish her the very best as she embarks on a new chapter of her life."

Dr. Carey has served as a contributing member of the College of American Pathologists, American Society for Clinical Pathology, AABB, Ohio Association of Blood Banks and the American Society for Apheresis. She has published 30 peer-reviewed articles, 14 peer-reviewed published articles serving as collaborator, and 51 published abstracts. ♦



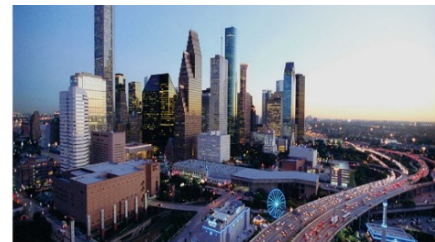
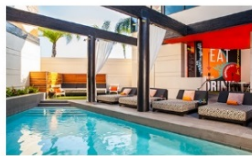
STOPLIGHT®: Status of the ABC Blood Supply, 2016 vs. 2017



The order of the bars is (from top to bottom), red, yellow, green, and no response



AMERICA'S BLOOD CENTERS
**FINANCIAL
 MANAGEMENT
 & IT WORKSHOPS**
 Houston, Texas
 September 27-28, 2017



Registration Information
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Hotel Information:
 Hotel Derek
 Hotel room rate: \$169/night + tax
http://bit.ly/abc17_derek

*Book room(s) by September 1st for discounted rate

Gulf Coast Regional Blood Center is pleased to host these workshops in Houston. Attendees will benefit from the shared knowledge of fellow finance and IT professionals with lively discussions on cyber security, financial and operational metrics, and the blood banking industry. This will be an excellent opportunity to network with your peers and share your expertise on good financial and data management practices and similar topics. We look forward to seeing you!

- Brian G. Gannon, President & CEO
 Gulf Coast Regional Blood Center



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MEMBER NEWS



Black Hawk helicopter being loaded with Indiana Blood Center products to be delivered to Texas.

During and after Hurricane Harvey, all ABC member blood centers banded together to help supply the affected areas and centers with blood and support (see our top story from [Newsletter #31](#)). One of the stories to come out after Harvey finally left the area came from Versiti. The University of Texas Medical Branch (UTMB), located in Galveston, was in need of blood. Due to the logistical difficulties of navigating through Galveston, Versiti affiliate Indiana Blood Center chartered a plane, then a Black Hawk helicopter was tasked by the 108th Assault Helicopter Battalion from Austin and operated by the 108th U.S. Army National Guard to get the blood where it needed to be. Here is the story from UTMB Transfusion Medicine Medical Director Barbara Bryant.

“It was a real challenge getting this blood. We were well-stocked with blood prior to the hurricane, but we have a lot of very ill patients using lots of blood. Since Friday, August 25, getting blood into Galveston had been virtually impossible due to the roads being flooded. I thought getting a private chartered plane was the most creative idea to get blood delivered, and Versiti helped to coordinate the effort. However, we had to broaden our creativity. When all else fails, have your blood delivered by a Blackhawk.” ♦

COMPANY NEWS

French pharmaceutical company Sanofi Pasteur announced last week it has halted work on the Zika vaccine being developed with the Walter Reed Army Institute of Research. Funding for the development of the vaccine was coming from the Biomedical Advanced Research and Development Authority (a part of the Department of Health and Human Services), which told the company in August that financial assistance for the project would be cut. While a number of candidate vaccines began human clinical trials before the end of 2016, Sanofi’s vaccine was the only one in development from a major pharmaceutical company and likely the only one that could develop the vaccine within the targeted two-year time-frame. (Source: *STAT News*, [Sanofi quietly pulls the plug on its Zika vaccine project](#), September 2, 2017) ♦

CALENDAR

2017

Sept. 8. **Public Workshop, Pediatric Trial Design and Modeling: Moving into the Next Decade, Silver Spring, Md.** For more information, click [here](#).

Sept. 8-9. **American Society of Hematology Meeting on Hematologic Malignancies, Chicago, Ill.** Register [here](#).

Sept. 11-12. **IPFA/BCA 3rd Global Symposium on The Future for Blood and Plasma Donations, Atlanta, Ga.** [Registration is open.](#)

Sept. 18-19. **Public Workshop, Advancing the Development of Pediatric Therapeutics (ADEPT): Application of “Big Data” to Pediatric Safety Studies, Silver Spring, Md.** For more information, click [here](#).

Sept. 27-28. **Financial Management & IT Workshops, America’s Blood Centers, Houston, Texas.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 27. **7th Annual Symposium Red Cell Genotyping 2017: Patient Safety, Bethesda, Md.** The Department of Transfusion Medicine, NIH Clinical Center, National Institutes of Health, and the BloodCenter of Wisconsin are co-hosting this symposium on the NIH campus. For information, registration fee and advance registration contact [Phyllis Kirchner](#).

Sept. 28. **36th Annual Immunohematology and Blood Transfusion Symposium, Bethesda, Md.** No registration fee. Advance registration is encouraged. Contact [Karen Byrne](#) or visit the [website](#).

Oct. 7-10. **AABB Annual Conference, San Diego, Calif.** More information and registration [here](#).

Oct. 19-20. **Austrian Red Cross Content Marketing Workshop, Vienna, Austria.** [Email](#) for more information.

Oct. 25-28. **National Sickle Cell Disease Association Convention, Atlanta, Ga.** Register [here](#).

Oct. 25-26. **MedTech Coverage, Coding, & Reimbursement Workshop, San Diego, Calif.** Find out more [here](#).

Nov. 2. **AdvaMed Cybersecurity Summit, Washington, D.C.** For more information and to register, click [here](#).

Nov. 8-10. **10th World Federation of Hemophilia Global Forum, Montreal, Canada.** For more information and to register, click [here](#).

Dec. 9-12. **American Society of Hematology Annual Meeting & Expo., Atlanta, Ga.** Register [here](#). ♦

Please note: Transfusion Safety Officer & Patient Blood Management Seminars, in Jacksonville, Fla., have been cancelled for November.

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: \$139 per placement for ABC Newsletter subscribers and \$279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, contact Lisa Spinelli at the ABC office. Phone: (202) 654-2982; fax: (202) 393-1282; e-mail: lspinelli@americasblood.org.



POSITIONS

Positions also available on our [website](#)

Assistant Shift Coordinator. Gulf Coast Regional Blood Center in Houston, Texas is seeking an Assistant Shift Coordinator in Component Production. This position assists in the supervision of production of various blood product types; provides staff training; assists with competency assessments; and acts as coach and mentor to staff to maximize staff's professional development. The ideal candidate would be familiar with blood manufacturing, has experience in a lead/supervisory position or training role, is computer literate (must be comfortable running reports) and can delegate, make decisions and problem solve. Click [here](#) to apply.

Administrator. The Northern California Community Blood Bank in Eureka, Calif., is a successful not-for-profit blood center located on the far north coast of California. Our Administrator will be retiring in 2018 and the Board of Directors has begun the search for his replacement. The blood bank serves five hospitals in the two county service area and has a robust resource sharing program. The Administrator provides overall leadership, direction and general management to the operations and reports directly to the Board of Directors. The primary responsibility/mission is to provide a safe and adequate blood supply in a fiscally sound manner. Requirements for the position are 8 to 10 years senior management experience in health care with blood banking experience preferred. Four-year college degree required and master's degree in business, health care management or related field preferred. Equivalent experience will be considered. Leadership skills, knowledge of quality assurance, knowledge of scope and requirements of blood banking industry, effective communicator internally and externally, knowledge of FDA/AABB regulations and standards are required. If interested, please send resume or CV to: Terry Raymer, MD, Board Chairman. Northern California Community Blood Bank. 2524 Harrison Avenue, Eureka, California 95501.

Assistant Director of Donor Recruitment & Marketing. The Central California Blood Center (CCBC) seeks qualified candidates for the position of assistant director of Donor Recruitment and Marketing. Reporting to the director of Donor Recruitment and Marketing. This position will be responsible to champion the CCBC strategic and marketing plans to achieve annual blood collection goals in both fixed site/automated collection locations as well as mobile/field drives. Requires an effective leader with the ability to adapt to change. Accomplished in sales/territory management, staff development, and team building, with excellent verbal and written communication and public speaking skills and computer literacy

required. In addition to the oversight of all mobile/fixed site marketing and recruitment, the scope of responsibilities will require a best fit candidate to possess the ability to assist the director to oversee the implementation of a branding campaign, and work with media and other community stakeholders to advance the reputation of CCBC in the community. Advancement opportunity. Bachelor's degree or higher in communications, marketing, public relations, business administration, health care administration, political science, marketing, or related field and 10 years progressive management experience in blood banking or a health-related field is preferred. Competitive salary and benefit package offered. EOE/M/F/Vet/Disability. Apply online [here](#).

Manager Quality Control Laboratory. The San Diego Blood Bank (SDBB) is looking for a Manager of their QC laboratory who will manage and coordinate functions and activities in the laboratory as well as participate on the Lab Management Team and support SDBB safety, good manufacturing practice, and quality plan. Essential duties include: maintaining department records, reports and statistical data as required; developing laboratory goals and objectives in conjunction with the director; assisting with the development and management of the department budget; establishing and maintaining laboratory policies and procedures; participating in laboratory quality and variance programs and process improvement programs; facilitating department staff meetings and attends other meetings as assigned; enhancing professional growth and development for self and staff; and performing other duties as assigned or requested. The right applicant will have a bachelor's degree, have an advanced understanding of immunohematology and blood banking concepts with five or more years in the blood banking or a related field (with laboratory, supervisory and regulatory experience). Candidates should also have an advanced knowledge of application of AABB Standards, Food and Drug Administration, Clinical Laboratory Improvement Amendments, and other regulations that apply to blood banking and cell engineering. Must be a detailed-oriented, well organized, self-motivated employee capable of working independently. California Clinical Laboratory Scientist License is required. To apply, click [here](#).

Immunohematology Reference Laboratory (IRL) Medical Technologists. The San Diego Blood Bank (SDBB) is looking for IRL medical technologists for

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POSITIONS (continued from page 14)

the evening and night shifts. The IRL performs essential job duties while providing guidance and expertise for the laboratory to meet the needs of SDBB customers, in accordance with accepted standards and regulations. Essential duties include: participates in the Reference Lab on call rotation; performs red cell blood grouping and antibody identification on donor and referred patient blood samples; determines suitability for transfusion of donor units with discrepant ABO or Rh groups and unexpected red cell antibodies; performs molecular procedures and platelet compatibility work; provides verbal and written reports, technical assistance and consultation to customers; assist in maintaining rare donor files; investigate and review non-conformances through quality incident reporting; perform supervisory reviews and tasks as needed; perform validations and new process development; perform controlled document writing and revisions; assists with staff training and competency when applicable. The applicant must have a California Clinical Laboratory Scientist License (CLS) or Calif. Clinical Immunohematologist Scientist License (CIS); specialist in Blood Banking (SBB) or equivalent education/experience. The evening shift is from 2:30 p.m. to 11:00 p.m. (hours may vary). EOE/Minority/Female/Disability/Vets. To apply, click [here](#).

VP, Medical Affairs/Medical Director. Mississippi Blood Services (MBS) has a career opportunity for a board certified/board eligible physician with 3 to 5 years of experience, preferably in transfusion medicine, hematology, cellular therapy, clinical pathology or related fields. The successful candidate will direct and control personnel and relevant procedures related donor eligibility determination; and all processes related to collection of blood and blood components, including investigations/reporting of donor-related reactions and events, post donation reports, and associated product disposition decisions. Candidate will also assist with the medical and technical review of SOP's, validations and variances as needed. In addition to technical knowledge, the successful candidate needs to be comfortable communicating with others so as to building appropriate relationships with donors, MBS associates, the Mississippi medical community and blood center Medical Directors across the country. We offer a competitive salary and benefit plan. If you are interested in discussing the opportunity further, please send your resume or CV and cover letter to klee@msblood.com, or visit <https://msblood.applicantpro.com/jobs/>. EOE

Director of Quality Assurance. LifeSouth Community Blood Centers is currently seeking an individual for the director of Quality Assurance position in

Gainesville, Fla. This position is responsible for ensuring organizational compliance with applicable regulatory requirements, accreditation standards (AABB Standards, Food and Drug Administration, Clinical Laboratory Improvement Amendments, and other, state and international regulations), and industry practice. Bachelor's degree in medical technology, management or science related field required. Valid driver's license required. Must also meet and maintain LifeSouth driver's eligibility requirements. Must be willing and able to travel. The ideal candidate will possess a Medical Technologist (MT) license, ASQ certifications and experience in the quality operations of a blood bank, plasma center or biotechnology related organization. This is a full-time position. Starting salary range is \$90,000 to \$99,000 annually. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. Follow [this link](#) to apply.

Director, Donor Recruitment. LifeStream (San Bernardino, Calif.) located 60 miles east of Los Angeles and 50 miles west of Palm Springs, seeks qualified applicants for its Director, Donor Recruitment position. This position is responsible for developing and directing the blood center's donor recruitment department/plans to achieve collection goals. Scope of responsibilities includes oversight of all mobile and fixed site recruitment. Requires the ability to oversee the daily operations, as well as strategically work toward the long term goals. Must be able to facilitate all operational activities related to recruitment of donors and management of recruitment staff within the expected budget guidelines. Must be an effective leader and have the ability to adapt to change. Excellent salary (with bonus program) and benefits including relocation package. Bachelor's degree required. Demonstrated experience in sales/territory management skills, strong leadership and team building skills, excellent verbal and written communication and public speaking skills and computer literacy. Prior blood center experience preferred. Minimum three years management experience. Successful candidate must demonstrate ability to work closely with Marketing and Collections Managers/Directors to facilitate efficient and effective blood drives. This position reports to the vice president of Operations. LifeStream is an Equal Opportunity Employer, M/F/D/V. Apply online at <https://www.lstream.org/open-positions/>.

Donor Services Operations Director (Ardmore, Okla.). The Oklahoma Blood Institute seeks a Donor Services Operations Director who will provide leadership and direction over all aspects of the Donor Services collection team for both mobile and fixed site operations. The position is responsible for assessing,

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POSITIONS (continued from page 15)

developing, and implementing strategic plans to achieve donor services objectives and goals; creating a friendly competitive environment to motivate staff to achieve high system wide standings on all key performance metrics (loss rates, errors, double red blood cell conversion, Global Blood Fund, etc.); conducting routine meetings to communicate organizational vision, updates, and changes and recognize outstanding staff performance keeping morale high; maintaining adequate staffing levels; making frequent visits to both fixed and mobile collection sites; actively participating in internal and external assessments/inspections

including corrective action plans and effectiveness checks as needed; track and monitor inventory and collection goals, which include whole blood, automation rates, and whole blood conversion data; analyze data and make adjustments to increase productivity—this includes working closely with recruitment to ensure projections are met; and prepare and manage department annual budgets. The candidate must have a bachelor's degree in management or medical field with a minimum of five years' leadership/management experience, and a valid driver's license. Competitive salary and excellent benefits package are offered. To apply, click [here](#). ♦