



America's Blood Centers[®]
It's About *Life.*

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**Statement of America's Blood Centers
Hearing on "Preparedness, Response, and Rebuilding: Lessons from the 2017 Disasters"
U.S. House of Representatives Homeland Security Committee
March 14, 2018**

America's Blood Centers (ABC) is North America's largest network of non-profit community blood centers, who collectively provide over half of the blood supply in the United States, operate more than 600 blood donation sites, produce over 12 million units of whole blood and blood components, and support over 3,500 hospitals and health care facilities. We appreciate the Committee examining the response to the 2017 hurricane season and the need to continually evaluate our nation's preparedness and response activities. Through extensive planning and collaboration, the blood community responded swiftly and effectively to Hurricanes Harvey, Irma, and Maria. Additional action is needed however to prioritize and coordinate the need for blood products in federal, state, and local emergency planning efforts.

ABC is an active member of a national-level disaster response group for the blood community, the AABB Interorganizational Task Force on Disasters and Acts Terrorism (Task Force). The Task Force is recognized as a partner to the U.S. Department of Health and Human Services in Emergency Support Function 8 (ESF8) with respect to blood and blood products for transfusion. The Task Force convenes anytime ESF8 is activated and communicates following all events regardless of ESF8 status to determine if any action is required.

During previous exercises and real disasters, including hurricane Katrina and other hurricanes in the past, some blood centers have encountered difficulties obtaining needed fuel for generators to collect and maintain blood supplies, emergency vehicles to distribute blood with a limited shelf-life, or reliable access to emergency communications and frequencies. These represent a significant vulnerability in our healthcare readiness, as well as to victims of disaster who may need blood for traumatic injuries and for patients with the ongoing need for transfusion-related therapies. While we have made significant strides in mitigating some of these challenges, others remain.

In 2017, the Task Force was mobilized in response to multiple natural disasters and mass casualty events, including Hurricanes Harvey, Irma and Maria as well as the tragic shooting in Las Vegas. While the blood industry, and specifically our member blood centers along the Gulf Coast and eastern seaboard, have extensive experience in dealing with hurricanes and consistently rise to the occasion, 2017 identified new challenges.

Hurricane Harvey challenged the blood distribution system unlike other storms before it. Blood resupply to the greater region was possible with logistical support from HHS, but distribution within the flooded areas proved difficult (i.e. a "last mile" problem). While elective surgeries can



be postponed until after storms, many patients still need platelets with their short shelf life (five days) on an on-going basis. Getting platelets from regional depots to the hospital was challenging. The experience drove home the importance of blood center coordination with their local Emergency Management Authorities (EMA) to enable local assistance during an event.

Hurricane Irma proved challenging because of its prolonged approach and path, hitting both sides of the Florida peninsula. When a large hurricane such as Irma approaches, blood centers must suspend collections to give their staff time to shelter and/or evacuate. It is easy to understand the impact such storms have on critical platelet and blood supplies. Relief supplies of platelets were required for Florida immediately prior to and after the hurricane and transportation and communications were lynchpins during Irma response.

Hurricane Maria challenged the blood industry in two ways. ABC members responded immediately with blood products to supplement Puerto Rico until they could get blood collections reestablished, which took several weeks. A second challenge was the adverse impact Maria had on extensive manufacturing assets that are located on the island. Blood bags and apheresis plastic kits are manufactured in Puerto Rico and the damage to those plants was extensive. Power to the plants was disrupted for an extended period. Employees were dispersed, also without power. Manufacturers maintain a just-in-time inventory with limited stocks on hand to minimize costs. While supplies to the mainland blood community have returned to pre-Maria levels, a shortage of saline bags persists. We continue to communicate with vendors to mitigate future disruptions to the supply chain.

The last major event that impacted our industry was the Las Vegas shooting on October 1, 2017 that resulted in 58 deaths and over 800 injuries. Many of the same emergency planning challenges experienced in a natural disaster unfortunately also exist in a man-made situation. To date, the US blood industry has never been unable to meet the demands of a mass casualty. Fortunately, there is a cadre of dedicated donors who return over and over again to ensure an adequate supply is available before an event occurs. Because collection and processing of blood for transfusion requires two days and longer, it is the units already collected and processed from the donors that saves lives acutely. Conversely, local blood centers across large areas get inundated with donors who want to donate blood for the casualties. This influx of donors overwhelms collection staffs and deluges the inventory. Blood has a short shelf life and must be replaced every five days (platelets) to 35-42 days (red blood cells). The sudden bolus results in an excess volume of blood that risks expiration on the shelf. The challenge is ensuring a single appropriate message to the media, EMA personnel and potential donors that it is the blood on the shelf that saves lives and to schedule an appointment to become a regular blood donor. Maintenance of a robust blood supply is essential to assure continued preparation for future disasters.

The 2017 events described above illustrate the importance of prioritizing blood products for



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patients within State, territorial, tribal, and local emergency planning. HHS has recognized that this can be accomplished by “integrating the community blood centers responsible for the collection and distribution of blood into [FEMA’s] emergency management planning efforts, including the addition of blood-related scenarios in drill and exercise programs.”¹

Furthermore, HHS called on FEMA to develop an operating plan to ensure that Food and Drug Administration licensed or registered blood centers are appropriately prioritized during disasters.

ABC encourages the Committee to recognize the vital role of community blood centers in collecting and distributing blood products and consider them as essential partners in emergency preparedness planning.

¹ Letter from HHS to FEMA, March 1, 2007