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Dear Emergency Management Agency:

On behalf of the Department of Health and Human Services (HHS), I appreciate your ongoing commitment to protecting and preparing the public from disaster. I am writing to bring your attention to an important aspect of emergency public health preparedness that needs attention at the State, territorial, and local level. Ensuring patient access to needed blood products is a critical element of this effort and your assistance is needed to ensure that blood support to patients in disasters is appropriately prioritized in State, territorial, tribal, and local emergency planning.

Blood is an essential treatment in trauma and is also needed to meet the chronic needs of over 5,000 U.S. patients a day. In the U.S., blood is typically collected, processed, and stored at regional non-profit blood centers and is distributed to hospitals on a daily or weekly basis. In some cases, the blood center may be located several hours away from the hospitals it supplies, thus creating a set of logistical challenges during a disaster that impacts the local infrastructure (e.g., road damage, power outage, water). Our attention must be to maintain an adequate blood supply that can be delivered to patients in all affected disaster areas.

Blood is recognized as one of the HHS identified safety and security components within Emergency Support Function (ESF) #8 of the National Response Plan. Under ESF#8, HHS monitors and coordinates the need for blood and related medical supplies, in coordination with the AABB (formerly the American Association of Blood Banks) Interorganizational Task Force on Domestic Disasters and Acts of Terrorism (AABB Task Force). The AABB Task Force represents AABB membership as well as America's Blood Centers and the American Red Cross. The local community blood center is usually affiliated with one of these organizations.

During previous exercises and real disasters, including hurricane Katrina and other hurricanes over the past few years, 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.

I respectfully request your assistance in working with the community blood centers in your region to ensure that blood is available where and when it is needed in a disaster. This can be accomplished by integrating the community blood centers responsible for the collection and distribution of blood into your emergency management planning efforts, including the addition of blood-related scenarios in your drill and exercise programs.

The AABB Task Force has encouraged all community blood centers to contact their local, State, or territorial emergency management agencies to participate in the emergency management planning process and to educate emergency management personnel on the unique needs of collecting and distributing blood to victims of a disaster while maintaining routine support for ongoing patient care.

HHS asks that your office consider developing an operating plan to ensure that Food and Drug Administration licensed or registered blood centers are appropriately prioritized for access to fuel, emergency communications equipment and frequencies, and transportation during disasters. As you revise and exercise your ESF#8 plans, the role of blood collection facilities and the AABB Task Force should be seen as assets and considered an essential partner in preparedness planning.

I extend my sincere appreciation for your consideration of this important issue and thank you for your commitment to the achieving a nation prepared.

Sincerely yours,



RADM William C. Vanderwagen, M.D.  
Deputy Assistant Secretary for Preparedness and  
Response and Chief Preparedness Officer

cc: Regional Health Administrator  
Regional Emergency Coordinator