This is John Gullam from the Northern California Community Blood Bank with a Community Comment.

I recently attended a presentation by Carter Blood Care, the community blood bank that serves West, Texas the site of a recent factory explosion. Once again I was impressed by, and proud to be a part of, a nationwide network of individuals who care deeply about the donors and patients they serve and do so with passion and professionalism. Like all blood centers, Carter had in place a disaster preparedness plan that was implemented immediately upon staff learning of the explosion. Carter staff identified where needs would be and began getting blood products to those areas before they were even contacted by hospitals. When access was impeded by the hundreds of emergency vehicles responding to the area, alternate routes were utilized. Some blood components were received from adjacent service areas and patient needs were *immediately* met. Had additional components been needed, Carter would have communicated that information to America's Blood Centers staff in Washington DC who would have activated our Hub and Spoke system to move components from a single regional location to the affected area. Under this system 7 America's Blood Centers members act as central locations to manage and direct blood product contributions from outside of

as central locations to manage and direct blood product contributions from outside of the geographic area of a disaster. Had the need been great enough blood components from this area would have been sent to BloodSource in Sacramento for distribution to Texas. By using this system, the blood center in the area of the disaster has a single point of contact rather than dozens of centers from around the county calling to see what they can do to help. This system has served the needs of patients many times in recent years including during the Boston Bombing, the Haiti Earthquake and Hurricane Katrina.

This system exists to meet an overwhelming NEED for blood in time of disaster. However a significant issue that must be managed is the possibility of an overwhelming SUPPLY of blood.

As I'm sure this community has heard NCCBB staff say, we need blood donations every day, every week and every month. The reality is that the majority of blood components used by victims of the West disaster were on the shelf before the explosions ever took place. While it is vital to replace the inventory used in a disaster *after* the fact, meeting the immediate need is impossible without a consistent existing inventory in place *before* there is a need.

Please remember, tomorrows need will be met with today's donation.

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