

# **BLOOD OF THE PROFESSIONALS**

A REPORT ON THE EXPLOITATION  
OF  
PROFESSIONAL BLOOD DONORS BY THE  
BLOOD BANKING SYSTEM IN INDIA

RELEASED ON THE OCCASION OF THE  
50TH ANNIVERSARY (1941-91) OF PROFESSIONAL  
BLOOD DONATING AND BLOOD BANKING IN INDIA

*Report Prepared by:*

Four Months ago, Jagdish Bhardwajee,  
a Professional Blood Donor, joined

**AIDS BHEDBHAV VIRODHI ANDOLAN  
(AIDS ANTI-DISCRIMINATION MOVEMENT)**

It is through his eyes that this report is written in collaboration  
with the members of AIDS BHEDBHAV VIRODHI ANDOLAN

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\*\* D E D I C A T I O N \*\*

I DEDICATE THIS HUMBLE ENDEAVOUR to my "BLOOD BROTHERS" who were the foremost to practice Professional Blood Donating in India, succumbing to the morality, ethics and allurements of Medical Science.

In silent suffering these donors have helped Medical Science to achieve its goal and accomplishments. In return they have received petty amount of money but lots of social ostracism.

I salute ALL, by they living or consumed by death on the 50TH ANNIVERSARY OF BLOOD BANKING SYSTEM and Professional Blood Donating in India i.e., during the "GOLDEN JUBILEE YEAR".

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2. INTRODUCTION :

The Blood Banking which came to India fifty years ago in 1941 was a war necessity of the British Colonial Rulers. It was an "amenity" that got extended to the Indian Society under the banner of modern Medical Science. Even though the Blood Banking and Transfusion System had been identified as a necessity much earlier and had been organised in Britain as a voluntary organization, it came to India much later.

In India the Blood Banking was introduced in Civil and the Military set-up equally at the same time. To establish the system it was held out as a campaign, which the British war mechanism propagated with the top priority it deserved. The role of the Blood Bank from its inception in India was coupled to Social organisations to manipulate the Socio - Economic realities of the masses for medical requirements, the side effects of which were not given much consideration. Even to-day the course of motivating a person has remained to be the same as practised by the social organisations at that time.

With the passage of time what really has changed is that the Blood Banking is no more a Government oriented work of hospitals but has been privatized also. In this change of course the private sector has come to dominate the supply requirement. They have also given rise to very great number of ardent paid donors, known as the "professionals".

HOW I BECAME A PROFESSIONAL :

In 1981, I had my first encounter with the life on the pavement after my scientific instrument business flopped in an attempt to diversify. Just as poverty knocked at the door, love flew out of the window, as my marriage went to rocks with a legal divorce. I was too moved with the subsequent turns in my life. I left home to move away from my surroundings to gain mental solace, but as luck would have it, just before I could leave Delhi, my home town, I had an attack of typhoid and hit the pavement. This life was much in contrast to my 'jet-set' upbringing.

It is here that I learnt to laugh even in pain. This society with its undercurrents had many painful miseries that people accepted and lived contendedly with, compromising with their fate. In pursuit of their existence, people practise many horrifying acts. The Professional Blood Donating is just one of them. In compromising, I had also taken to this profession as I had a prior experience of having donated a unit of blood to the Indian Red Cross Society in a voluntary camp.

#### MEDICAL THEORIES DIVORCED FROM REALITIES :

After getting myself exposed to the said profession, I became very engrossed in it, to learn more about it due to my scientific background. (At every step I found the medical people to be deifying the medical theories; and intellect in this field to be intriguing.) My personal experience which I have gathered in this field may not have been possible from the world outside the community of professional blood donors. I strongly feel that the knowledge I have so far attained in science, humanity and about the compulsions of poverty creating a professional blood donor, has left no room for any sorrow of my past loss. I feel it to be all in the course of being blessed with such knowledge in this competitive world. I have travelled as a professional practically all over the country; donated blood in different banks, met hundreds and thousands of donors, lived with them, and helped quite a few to come out of this profession to join the mainstream. With what I have gathered in a decade of my observations (1982 - 1991), I am putting it briefly, as I feel that the myths about professional blood donors be cleared, and the continued treachery meted out to them in the name of scientific reasoning be exposed. This would be a compliment to this Golden Jubilee Year.

#### ORIGIN OF THE DANGEROUS DOCTRINE

Professional Blood Donating is as old as the Blood Banking concept in India. In 1942, the year when "QUIT INDIA MOVEMENT" started and the Japanese occupation of Burma took place, for the Britishers the Japanese invasion of India became obvious. In spite of all the movement that was being carried out against the British Rule, they kept to their methodical means to keep India under their own control. An urgent preparation was thus carried out to meet the Japanese challenge.

Learning from the experience of the fall of Burma, the Britishers had comprehended that blood was essential for the wounded not only in the armed services but for the civilians also. Therefore, arrangements for blood transfusion and Blood Banking became an urgent necessity to be done in a proper organised way.

The necessity for organised Blood Banking had come to be recognised even earlier. The same had been discussed in a meeting in Simla as early as June 1941. Now the urgency of the matter got things rolling. It was in January 1942 that the Governor General of India gave out a directive to the Provincial Governors to establish Blood Banks with utmost haste taking the issue as top priority at their end. The Director General of Indian Medical Service (DGIMS) was directed to take all effective steps to press itself in action for arrangements of required equipment and to get necessary staff to operate the Blood Banks.

To take care of the organised Blood Operation effectively, the Government of India deputed a special officer, Dr.S.P. Pandit. It was called upon him to tour the provinces to ensure that steps were taken to implement the directive of the Governor General. The Office of the special officer came to be utilised not only to coordinate between the Government and the Banks, but also to shape the propaganda to motivate blood donors for giving blood voluntarily. Perhaps the best outcome of the organised blood banking was the Calcutta Blood Bank which was established in January '42 by the Government of India with the collaboration of Indian Research Fund Association and the Bengal Branch of Indian Red Cross Society with its head quarters at All India Institute of Hygiene and Public Health. It came to be considered as the only Blood Bank of any real size in India at that time. It was equipped with travelling units which visited tea gardens, coal fields and other industrial organisations, throughout the Province for collecting blood from the working class people. Dr.J.B. Grant who was the Director of the All India Institute of Hygiene and Public Health supervised the function, that led to the production of plasma by February 1942. the publicity and propaganda were carried out by a body of voluntary workers.

After the Bank went into production it was provided with 64,842 voluntary blood donors of whom 61,542 were bled. Many of them offered

themselves at regular intervals for repeated donations. This made available a total of 31,000 pints of blood. In the Army, orders were passed in 1940 for getting blood grouping of all the Army personnel. The Army had also tried out Blood transfusion Service, but due to unsuitability of equipment and lack of trained staff it resulted in disappointment. It was, therefore, decided that the Army Blood Transfusion Services be started immediately under the control of the Pathology Department of the Medical Directorate. A detailed order regarding the constitution and development of an Army Transfusion Service for India was issued to all head-quarters in February, 1942. The first Indian base transfusion unit was raised in March '42 and was earmarked for service in Iraq where it arrived on 29th April, 1942. - (SOURCE: Official History of the Indian Armed Forces In the Second World War - 1939 - 1945, Medicdal Service Combined Inter-Services Historical Section, India and Pakistan 1955).

The Special Officer, Dr. S.P. Pandit brought the Indian Red Cross Society to be directly involved in the propaganda and motivation of the Donors in the campaign. It is not exactly known whether other voluntary workers were coordinating with the Indian Red Cross Society or not, but the organisation entrusted with this work had its own plans. The achievements were seen merely as the accomplishments of targets. In this rat-race racket (in which professionally oriented social organisations become trapped), to establish their individual superiority, when and where they started motivating paid donors is not traceable as a documented proof. However, the official History of Indian Armed Forces in the Second World War - 1939 - 1945, records as a matter of practice that the Indian Red Cross Society had motivated 1378 paid donors against 1727 voluntary blood donors in Bombay between 1944 - 45.

It only goes to confirm our belief that professional donors are in existence from the beginning of the Blood Banking System in India. The Indian Red Cross Society cannot be pardoned for propagating this dangerous doctrine of paid donors. This system has come to exploit the poverty right from the beginning. The propaganda was aimed at the labourers of tea gardens, coal mines and other working class people which to date are poverty stricken.

This doctrine of paid donors is legitimized by giving honorarium in cash against the donation. Is it any where near the actual price of the blood, the donor gives? This has come to be the accepted means today by all Commercial Blood Banks to motivate their donors. This mode of motivation has led poverty stricken persons to practise this as a source of getting their bread and butter, thus making it a profession. It has given rise to serious social and health problems.

If one was to peep into this part of the history of 1942, one learns about the dislocation of economic life in the country due to the high expenditure on local war efforts. This set in motion a price rise. Shortages begin to appear and culminated into the Bengal Famine of 1943.

It appears from the reference quoted above that there had been no dearth of voluntary donors who were taken from tea gardens coal mines and industrial organisations. These people are the ones who were the first to be hit by price rise. There was disruption in their economic life. This got exploited by the Indian and Red Cross Society to increase the number of paid donors.

#### 4. THE SYSTEM :

After attaining Independence, the partition of the nation had put the economy to such a squeeze that with the thin outlay of funds for Health Ministry, it could hardly meet the programmes drawn up to fight diseases like tuberculosis and controlling and preventing epidemics which were of prime consideration. So the Blood Banking System never gained to get a proper consideration to be improved. It was left to continue under the same principle of management and working. The Indian Red Cross Society was probably no more motivating Blood Donors as its involvement for war requirement had come to an end. The Blood Banks of the Government Hospitals had not taken it upon themselves to procure donors, to meet their requirement; the practice of getting paid donors was followed. These banks had not appointed voluntary workers to emphasize the propaganda for motivation. Certain Banks had touts who brought the donors to the Blood Banks and took commission out of the honorarium. At one time in the case of Irwin Hospital, Delhi, Rs.9.00 were paid to the donor and Rs.2.00 went to the tout. This system did not work very effectively to meet the ever increasing demands of blood. It was thus

opted by the Government of India to license private Blood Banks, which were to run on "no gain no loss basis" and were commercially licensed by the Drug Controller of India.

With commercialization, the sale of blood was made available off the shelf for delivery against cash payment. This was a remarkable achievement of modern Medical Science. The demand of blood could be met without any restriction by the Commercial "Blood Banks against payment !!

It was called upon these commercial blood banks to make their own efforts to motivate donors to meet the supply. For this reason, the best suitable approach that came to be accepted was the Indian Red Cross Society's system of paid donors.

The Commercial Blood Banks distorted the logic of humanitarian obligation by promoting paid donors. They exploited the situation of the poverty - struck people through their agents. These agents still continue to render their service effectively. It cannot be denied that the "success" of the commercial blood banks can containly be attributed to the agents to a very great extent.

Presently, the Commercial Blood Banks have become institutions to exploit the poor and save the rich. They have thrown all semblance of morality to the winds. The agents of the Commercial Blood Banks who are pillars of this set up are compared by the donors as fabled 'Vampires' from the house of 'Dracula', ever blood thirsty to get a new prey. It should be made known as to who are the people involved and under what circumstances they are compelled to be paid donors. What circumstances lead them to become professional blood donors ?

#### HOW THE POOR ARE TRAPPED ?

Poverty has consumed a large number of people in our country. Hundreds of thousands of young people living in small towns or villages, in an inner revolt to break loose from it, get to the cosmopolitan cities or industrial townships. They come with dreams to achieve their ambitions of life with simple minds and honest outlook. On coming over to these cities or towns it becomes important for them to put up at a place convenient to search for employment. They generally find it congenial and convenient at parks near railway stations or at inter-state bus stands. These places are dotted

with cheap food joints and tea shops that suit their pockets. It is seldom that these people get employment of their choice or suitability. Once their money is exhausted, it becomes difficult for them to persist without food for long. The question of hunger stares them on the face. They regret when reality strikes them. At this stage, neither are they in a position to go back home, nor do they have anything for themselves. Seeking credit at tea shops or food joints marks them to be persons in need. It is the agents who are alert in these areas who get to hook these people by playing on their sentiments. It is suggested to these simple folks by the agents that either a small child or a pregnant woman is on death bed and if he could give as reward. The agents make it convenient to suggest that such a deed may fetch him luck to get him into suitable employment. In the meantime he can come out of the immediate crisis, further argues the tout. They escort such persons at odd times and get them to be bled, when the other donors are preferably not around, the person is bled for two bottles at a time and payment is made for a single unit; or payment is given less than the announced amount. Part of the money is spent on the tout and the staff. Volumes can be written on this 'blood tricking'. The simple folk with fresh brain-wash sets himself at his goal again. Unfortunately, with the cash of Rs.80.00 (which is the prevailing rate) he can barely keep himself afloat for not more than a few days. He is again penniless. Sooner or later he returns to the Blood Bank to try his luck again. It is now that he learns of the timings and of the procedures. If he is lucky to be in time, he is bled or else he has to return back later. For as many as 3-4 times in the beginning he gets qualified continuously after which he is rejected to join the group of chronic professional blood donors.

Thus coming in contact with professional blood donors he is perplexed when he learns that people have been at it for 10-38 years and are living by these means. Some are married and care for their families with this money. The fear of giving blood disappears and he treads slowly into the profession with the absorbed knowledge of self medication and the spirit of excitement.

It may be noted that presently the young people of lower middle class or from working class families have become quite prone to professional blood donating. It is with the experience they gather at the Indian Red Cross Society Blood Donation Camps held in educational institutes, that they learn that donating a bottle of blood is not a difficult task. Many a time the agents of the private blood banks are around to take note of the rare group donors and try to motivate them. The other factor is the economic reason again, so that young people of this group venture into professional blood donating and get stuck.

The commercial blood banks today control more than 80% of the blood and blood product requirements of the country. The blood is sold by them as essential life saving drug and therefore its price has not been allowed to be controlled. The other reason for the exemption from Drug Price Control Orders is that this raw material (blood) comes from within the human body and is seen as a donation. All drugs for human consumption are meant to save life itself and blood for transfusion that comes from the human source cannot arbitrarily get a price fixed to it. The complexity and ambiguity of this situation is converted to practical economic gain by the commercial blood banks. The cost of one unit of positive group blood works out to be Rs.152.00 approximately. The break up of which is as follows :

<u>Raw Blood</u>	Rs.80.00	per bottle/blood bag
Blood Bag/Bottle with ACD Solution ..	Rs.17.00	
I.V. set for Bleeding..	Rs.15.00	
Scheduled Batch Testing	Rs.35.00	
Over-head expenses	Rs. 5.00	
TOTAL	<u>Rs.152.00</u>	

Whereas the Blood Banks are selling a Unit for Rs.190.00. So the difference between the cost price and the selling price is Rs.35.00 per bottle/bag.

The average demand in the Blood Bank for tapping donors can be taken as 50 persons daily, which is certainly in proportion to their sale. So, the profit computes to approximately Rs.36 x 50 - Rs.1900 per day or Rs.57,000 per month. Whereas if a strict scrutiny is carried out of all accountable expenses incurred, profits are likely to be more. Under such circumstances it can be mentioned that their princi-

ple of -- "No Gain No Loss - is more of gimmick. All sorts of manipulations of account books are resorted to by Commercial Blood Banks as is done in other business/commercial houses.

THE COMMUNE OF THE PROFESSIONALS :

The social taboos attached to blood donating in India have turned the professional blood donors to remain in choking silence about their existence.

ARE DONORS THE WRETCHED LOT ?

The act of professional donating is equated with prostitution openly by the establishment. the fact that their blood has been responsible for bringing smiles into many homes where darkness had loomed large, does not help them to gain any respectable acceptance. In an interview with the 'NEWSTRACK' (April '91) the former Director of National Institute of Virology, Pune, Dr. M.PL. Gupta states :

"THE PROFESSIONAL BLOOD DONORS ARE A WRETCHED LOT \_  
WRETCHED OF THE SOCIETY. THE PROSTITUTE SELLS HER  
BODY, THESE DONORS THEIR BLOOD."

Again Dr. Gupta, the Director of the Red Cross Blood Bank, Delhi says:

"THE PROFESSIONAL BLOOD DONORS ARE THE VERY DREGS OF SOCIETY."

'H.T.' - Sunday Magazine, 24.2.'85)

It may be noted that complex surgeries have been possible due to the donors' blood, or else many of the surgeons' knives would have rusted with disuse. Yet they do not accept the professional blood donors even with the slightest understanding. There is only contempt for the professional blood donors. Isn't it time that the rich, educated, VIPs, politicians and bureaucrats be encouraged to donate blood for their kith and kin?

As a matter of human instinct to interact and communicate, the professional blood donors have come to live under the pattern of COMMUNE to share their miseries and painful conditions; to share experiences

of their trade and knowledge of medicine to live within their profession. It is here in the Commune that they find a place to shed their tears or share personal losses or to celebrate their happiness, as human beings. so far no distinctive name has come to the Commune, except being recognised as "Blood Donors". Majority of donors are males;

in a few places, like Calcutta, females too are found in small numbers. As the philosophy of Blood Donors makes no moral pronouncements, therefore, it is here in this Commune that the Grandeur of unification of all religions, caste, community, region or birth is made. It is so unique that the pain and apathy of being a blood donor gets dissolved in the Commune, which results in a closer affinity for each other and a typical form of love to understand each other.

Basically, Blood Donors are sincere people and abide by moral virtues, otherwise they could have taken to crime rather than selling blood. This does not mean they are cowards. There is considerable amount of mental agony, the donors bear with their degraded physical condition and reflexes. But the spontaneity with which they donate blood for the society at any emergent time at least gives them the instinct of being courageous.

The Blood Banks have strongly hammered into them the art of lying and cheating, e.g. the professional blood donors are told to change the names of their fathers and also their own names while registering at the Blood Banks so that their identity is concealed and no action can ever be taken against the commercial blood banks. If the professional blood donors could tell their tale of woe, even a stone would turn to cry. They brave their misfortune stoically, till death comes to them to get them away from this world. The nobility of their act of donating blood may be judged by God alone.

The following is my account of certain aspects of life in the Commune which appeared in the H.T. of 24.2.1985:

"You are never alone once you are a part of the brother-hood. If you are in a new place all you have to do is to go to the Blood Bank. You are sure to find a "regular" there and all your problems are looked after. And if you are moving on, they will also tell you whom to contact in the next place if you are sick or need help. We also carry messages and things for each other. If one donor needs money, another will send him some. But usually they send things such as locketts, ear-rings and black strings which they can re-sell and make money..

There is tremendous trust and honesty amongst us. And if someone steals another's blanket, the network is so strong that within a few hours everyone else comes to know about it. Even when you reach the

stage when you can't give any longer you are still a part of the Brotherhood. In fact you are constantly sought after by the others for advice on such matters as what to do to raise a Haemoglobin count or better the colour. The Dalals help you from time to time to get your work done, that is, getting tapped for another bottle." Many of us are in the profession for years - "the longest living person has been at it for 38 years. Some have donated blood 2000 to 2,500 times over a period of 10 to 20 years. Personally, I have donated 5,000 times. Some donate once a week, twice a day or even more often, with which they sap their system in order to fill their stomachs and perhaps rent a "razai" for a night. some of us are luckier than the others because their blood group is RH - Ve (rare and hence much sought after) ; it fetch them more money. Many feel ashamed of going back to their families back in the villages; the families are not told that they live by selling blood.

We do frequent visit to various Gurudwaras where we get free "LANGAR" (Community meals) twice a day. Sewadars do pass sarcastic comments on us that we don't do any "sewa" (Service) and just eat free meals. But they don't realize that we can't lift a sack full of vegetables/ flour, as we are always fatigued. Many of us sleep at night shelters or railway stations or even inter-state bus terminals or pavements, where a regular space is kept reserved for us. One of us reaches back to this place early in the evening and sees to it that no outsider occupies our usual space on the corridor/payment. Jokes are cracked there at night. Deaths are mourned. Happy events are celebrated.

Other aspects of Commune Life are :

\* We have to contend ourselves with the bare minimum of worldly n possessions. This is confined to a carry bag. The contents may vary but usually we have one set of clothes, a newspaper which serves as a bed-sheet, a cloth piece which serves as a towel, a a notebook and may be a transistor. It may be interesting to know that even the totally illiterate keep note of their incidents or information in their note book either through someone's help or by drawing figures depicting the incidents. They are keenly conscious of what is happening in the world and pool in money for buying a newspaper and either reading through it or getting it read by a literate donor brother. They do not consider politics to be their cup of tea and get to sports and other features. Those with transistors are fond of hearing popular melodies and are punctual

to get to it. those who are literate become chronic users of public libraries - - which become their meeting points or 'addas'. In the Commune the donors are not just recognised by their names, but by their blood grouping as well, e.g. Ram Kumar is nicked name Rame O +". There is of course a distinction of class in the donor world too. This is based on the RH - positivity and negativity factor. It is mainly in the Metros that Rh - donors are considered to be the superior because of higher honorarium doled out to them. Elsewhere they get to be clubbed with the positive donors due to lack of demand of negative donors. Interestingly blood group as a title is used in addressing letters to donors. There is a strongly knit communication network from one corner of the country to another.

Oddly there is no professional rivalry in the donor world. It may be due to the patience they have acquired in life. Even though they may feel bitter due to economic strains they refrain from getting towards violent activities.

Donors have strong faith in God, believing that what God does is for their best interests.

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#### WHETHER VOLUNTEERISM ?

In a short span of time the commercial blood banks were able to provide for the nation's need for blood. They are providing up to 80% of the needed blood. It is this blood which has made possible for medical personnel to perfect many a modern astounding feats of medicine ranging from open heart surgery to thallasemia; even immunology and haematology in India owe their success to a certain extent to the commercial blood banks. The chain of blood-based industries owe all its success to this private sector in procuring their raw material, that is blood from human beings. Around 1975, Bombay was chosen by some multinational companies to set up Blood Fractionation Plants, to process the blood of professional blood donors and export the products. following an uproar in Parliament this was banned.

The Indian Red Cross Society was again pressed into the issue of blood banking in mid 60's. This time IRCS came to initiate only the voluntary Blood Banking with its own Blood Bank. As being an All India body, the Indian Red Cross Society was able to annexe the blood banks of the Government hospitals and later came to "control them. The Blood Bank at the Indian Red Cross Society Headquarters at Delhi is more for the elite citizens than for the commoners.

One of the chief sources of collecting blood is through voluntary donation camps that are sponsored by institutions or political parties or social organisations. The Indian Red Cross Society does not now accept the professional blood donors even branch of the International Red Cross Society, which started and propagated the concept of paid professional blood donation - something which was alien to the Indian culture ? Can it now disown this fact ?

The Indian Red Cross Society's attempt has not been successful as it is not able to regularly meet the demand of blood. It is not able to supply rare blood group requirements for the hospital blood banks for which reason the commercial blood banks are still the only reach-outs in such circumstances. The supply made by the Red Cross to its banks in the hospitals is sporadic, running parallel to its camps held. In no way the situation with voluntary blood banking has changed today as there is a contented feeling that persists with the heads of these institutions; they are not interested to be more overburdened with the work than what they are able to manage with now.

PROFESSIONAL BLOOD DONORS - WHO ENCOURAGES THEM ?

Mrs. Kanta Saroop Krishnan. ISBTI (Indian Society of Blood Transfusion and Immuno Haematology) Secretary General for 1985, squarely blames the medical profession for this state of affairs :

"The Commercial Blood Banks are a big racket and it (racket) exists because the medical profession is totally indifferent about the quality of blood being transfused. Who is patronizing the commercial blood banks ? Doctors are still directing patients to these blood banks. If only doctors could take a stand on this, commercial blood banks would close down."

(India Today, May 31, 1985)

Many State Government Blood Banks in Delhi depend on outside sources (commercial) as their in-house-banks do not collect enough due to non-

insistence on relatives to donate. For example Safdarjung Hospital has a total requirement of 17,500 units per year; replacement donors number 4250; from Indian Red Cross Society 2,250 units are obtained and from Commercial sources 11,000 units are needed every year :

Dr. J.C. Jolly, founder President of the ISBTI laments :

"It is very regrettable that most of the blood required by Army & Railway Hospitals comes from Commercial Donors. These are organised services and can work for voluntary donation, but they don't make the effort."

(India Today May 31, 1985)

The article further states :

"One reason for the popular dependence on blood shops is the readiness of the Railways, Central Government Health Service and Employees State Insurance to reimburse its members the entire cost of blood. This encourages the patient's relatives to buy blood rather than donate it themselves. Behind this attitude lies ignorance and selfishness."

Is it not true that the State is aiding and abetting Professional Blood donation ? Voluntary movement could catch on as it did in Chandigarh which collects all the blood it needs from voluntary blood donations. While the ISBTI was pleading for voluntary donation, Delhi's biggest Commercial Blood Bank carried the battle to Chandigarh by securing permission to open a branch there. Another factor responsible for encouraging commercial blood donors is the mushrooming of private hospitals/nursing homes all over the country. Hospitals like Jaslok and Beach Candy in Bombay depend mostly on blood supplied by Commercial Blood donors.

#### BLOOD - THE LIFE SAVING FLUID

The composition of blood includes Red Blood Corpuscles, White Blood Corpuscles and Blood Platelets. The blood platelets. The blood plasma is a straw coloured fluid in which the blood cells and platelets are suspended. It contains about 90% water and 9% proteins, 0.9% salt, 0.1% sugar, fibrinogen and prothrombin, traces of urea, uric acid, fats, cholesterol and many other substances. The manufacture of this vital fluid goes on constantly in human bodies through bone-marrow, spleen and lymph nodes, and in other tissues as well. The average quantity of blood in an adult is almost 5 litres approximately or 7 to 9% of the body weight of the person. In case of haemorrhage or blood donating, the body mechanism tends to activate rapidly for the full recovery in almost all persons.

The average number of RBCs for a man is stated to be 5,000,000 per cubic millimeter and the WBCs number to be 5 to 10 thousand per cubic millimeter. The estimated life of RBCs is placed to be 120 days. Then the cell is broken and replaced by a new cell from bone marrow - the source of RBCs. It is for this reason that it is held that blood be donated after 90 days so as to avoid the degeneration process of the blood cells inside the body. In order to achieve a balance between the rapid production of blood and to make available iron for haemoglobin - biosynthesis the professional donors regularly consume large doses of iron. The oral intake of iron for haemoglobin biosynthesis has normally 20% absorption of the dose; that is for 2 milligram of absorption it needs a supply of ten milligrams. In the case of the blood donors they consume as high as two thousand milligram of iron along with other vitamins etc. This does bring up the level of haemoglobin % in the blood. Then the side effects of the high dose of iron are very much prevalent like dark pigmentation of face, loose motions, stomach and liver 'pdsranks'.

The fatigued conditions lead to an over all exhaustion of the body; persistently donating blood under such conditions gives physical disability, that becomes permanent. The most common of the problems being the cramps in the arms and legs. The arms become disabled not only due to fatigue but due to repeated punctures in their peripheral veins with blunt 17 number needles, broadly used all over the country. It is only as an exception that disposable IV sets with finer needles are used. As a consequence the eyesight is also affected. The donors' memory gets affected due to which in general they lose account of time and date, creating problems for their own lives. High doses of iron lead to ulceration in their stomachs/intestines that draws them to their end. Heart failure due to low blood pressure is another cause of death.

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#### PITFALLS IN INVESTIGATIONS :

The blood of the professional has somehow or the other come to be branded as dangerous by a section of the medical community. To validate this, from time to time the medical community comes to blame the professional blood donor as a carrier of diseases. Men of medical science (in the absence of correct knowledge of what professional blood donors are) have drawn a picture of them to be a "freaky-virile type of creatures coming from dungeons of hell with all humanly known vices."

In view of all the contempt and sarcasm for the blood donors, the first hit-out at them was that they were suggested to be the cause of spreading tuberculosis. Incidentally at that time the National Programme for Controlling T.B. was in progress and there was need for poor people on whose blood the experiment of testing could be carried out. The fact that nowadays TB investigation of professional blood donors is not done, is proof enough that they were not the cause of spreading TB. Ever since then for many diseases the blame is placed on the donors as if they were spreading all sorts of diseases or epidemics. After TB the next was malaria. It was again on the same pattern, coinciding with the National Malaria Control Programme. Then followed STD (sexually transmitted diseases) and Hepatitis -B (Australia Antigen).

The Commercial Blood Banks found this to be a ready excuse to stigmatize the blood donors. Whichever donor complained against this brutality of the staff of the Blood Banks was punished by being marked as positive for a particular disease. For example, donors committing small mistakes were punished by getting marked as STD positive and bigger mistakes merited Australia-Antigen positivity. In case of S.T.D. positive the donors were asked to get themselves treated and return after three months and for Australia-Antigen, return was allowed after two years. Such a code of practice still exists in all private blood banks all over the country in varying degrees. This was economically ruinous to the donors. How were they to survive?

As per the Health Ministry - appointed Ferguson Report, among the surveyed Blood Banks, even those who perform the tests, unreliable methods are used by many, e.g. 108 of the 215 did grouping by Title method; 49 of the 167 did Hepatitis - B test by Latex method. There is only one ICMR centre in Patna and there also only 3000 (out of 40,000 collections) screened; partly due to non-receipt of samples or receipt of small samples and partly due to man-power problems (Ferguson Report). Over 70% of professional blood is not properly tested; over 85% not tested for HIV. Tests for malaria, STD, Hepatitis - B, HIV - all are scientifically known to give false results in a percentage of cases. Thus imperfectness in medical science is sought to be covered by victimizing healthy, innocent people. Is this fair? Is it ethical?

The latest of all the maladies to hit the professional donors is the HIV/AIDS. In this particular case what the blood donors are subjected to is anybody's guess. Suffice it to say that 70 to 80% of blood collected in India is not tested for HIV. In Delhi, the

the AIDS testing network, though well established, has operational problems such as men-power shortage at Safdarjung Hospital for example, AIDS testing is done by a technician from a Commercial Blood Bank. We come to discuss this issue separately later.

In an interview with the 'NEWSTRACK' (April, 1991) the Secretary, Union Ministry for Health confessed that the professional blood donors are "NOT A HIGH RISK GROUP". This is precisely the stand that we have been taking for years. In fact it is the Blood Banks (using unsterilized needles and IV sets) that spread HIV through the donors.

#### COLLECTIVE ACTION - THE NOBLE STRUGGLE :

After prolonged victimization and suppression, the professional blood donors had fully realized that the commercial blood banks were inflicting diseases to them through improper sterilization practices, for their own economic gains. A few of the things that chided the donors the most were the use of thick 17 number needles and their bluntness. These ruptured their Veins due to the carelessness of the technicians, which resulted in thickening of the veins. Whenever such incidents were taken up with the blood banks they pacified the matter by giving some money to the aggrieved donor and the staff took to vengeance by victimizing him. This was done by means of a code practice that came to be also identified clearly as the underworld law for the blood donors. All this had led to resentment amongst the donors and to seek justice a path of agitation was thought of. They came to openly discuss the exploitation each one experienced daily. Whenever, I was made a part of the discussion, I had suggested to break the silence over the issue so that the rest of the world knew about us. The fear that came to dominate their mind for so long did not give away so easily. For certain, a strong feeling within me had come to persist to make a united bid to free ourselves of the autocracies of the blood banks, to gain a social status and to break out of the fear psychosis. So I kept on motivating the donor brothers whenever it was possible.

#### HOW I WAS DIFFERENT FROM THE REST :

It was possible for me to understand the commercial blood bank functioning due to my earlier scientific instrument business. Being a donor personally, I learnt the functioning of the commercial blood banks. In an attempt to understand what was correct I needed medical

knowledge which at that stage became essential. Thus I took to the study of medical books and journals which I could get at different public libraries. In the quest for acquiring this knowledge I had come to read continuously for ten hours a day and five days a week. This knowledge had equipped me to get an insight into the human Anatomy and Physiology. All this has been possible for me due to the trained mind that my upbringing and education had imparted to me.

THE WINTER OF DISCONTENT :

In 1984 the night shelter at Panchkuin Road, New Delhi, was housed in an unused Blind School Building. Presently, the Palika Hostel is situated there. At that time the shelter consisted of 4 barrack-like, asbestos-roofed structure. Three out of four barracks used to be full with blood donors. This was a place that came to give them a little relief. Finding the place most congenial I pressed to motivate my blood brothers. It was not long before they started to reciprocate with a feeling to have a Union to voice their demands. It was on a biting cold morning at a Blood Bank, after I came out with 14 pricks to bleed a bottle (each time the blood would coagulate in the improvised I.V. set's tube; three sets were changed to get one bottle of blood) that the amount of humiliation I received from the technicians had worn me out and that I was urged by the senior members of the Rh negative group, to form a Union. Whenever I get a chance to remember the occasion, I find no words to express the happiness I had experienced at that particular moment. As the matter had come to rest on me, I had experienced a new spirit that came to drive me with a mobility that my body was incapable of at that time otherwise. Shortly it was realized that a Union could not be technically formed. We took advice on the matter from a few advocates in the Supreme Court who advised us to contact the Indian Social Institute at Lodhi Road, New Delhi.

At the Indian Social Institute we were advised to form a society to seek relief, which we were all looking forward to. So it was decided at a meeting of all the Blood Donors to form 'Blood Donors Welfare Association'. The Memorandum and Articles were drafted and a collective effort was made by pooling in money to get the same typed and present to the Registrar of Societies. The help at the

Indian Social Institute was substantial at this juncture by way of moral support to all the Blood Donors.

For the first time a movement by the blood donors of the capital to demand for a social status and voice other grievances started off. The movement had started gaining tempo as the media came to focus on the issue. The first press interview in this context came to highlight the pitiable conditions of the Blood donors in a full page write-up in the Hindustan Times Magazine Section dated 24.2.1985. Here the collective efforts of the Blood Donors to form the Association was highlighted. This press story came to attract the fancy of late Shri Lalit Maken, Cong.(I) M.P. I was later contacted by a worker of Shri Maken and invited to meet him. At this meeting Shri Maken assured us help after the issue of registration of the Association. the registration was done in February 1985. the spirit of all the Blood Donors was high over it. A general body meeting of the Association was called at Delhi Gate, Delhi, to discuss the various problems, as also the functioning of the Society. In the Meeting it was decided that the monetary issue will not be taken up with the Blood Banks, but initially other problems would be taken up with the Ministry and other Social Welfare Departments to make an immediate bid to improve the welfare of the Blood Brothers. some issues were directly taken up with the Blood Banks such as the use of Blunt needles and the rude behaviour of the staff.

On the first of April every year the Blood Banks used to raise the honorarium of the Blood Donors; but that year they purposely did not do so. A persuasion by a few donors did not have any results. Tempers were rising and taking advantage of the situation, Trade Union leader owing allegiance to Shri Maken instigated a group of Blood Donors to go on strike. Heated exchange followed between the management of the Blood Banks and the Donors, was unanimously opted to finally resort to the path of agitation. It was voiced by all that the Association report to strike. At that moment when we contacted Shri Maken, he tried to be non-committal and later came even to disown any knowledge or involvement about us. this was not unexpected for me but the others thought themselves to have been taken in for a ride. The strike was covered in the local editions of all the leading newspapers and we pitched ourselves opposite to the Blood Bank at Eskay House, Hanuman Road, Connaught Place, New Delhi.

POLICE HARASSMENT :

The police from the beginning sided with the management of Blood Banks because of their political influence and all measures were taken to evict us from there. Finally, the dharna had to be shifted to Boat Club Lawns - the Hyde Park of India.

ROLE OF MEDIA :

The International Media namely, Reuter, Associated Press, Associated French Press and many more News Agencies and papers had become an inspiration for the Indian press to give an honest and true depiction of the state of affairs the Blood Donors were in. During the course of April to June 1985, there were hardly any magazines or newspapers that did not cover the agitation. The Foreign T.V. Networks such as BBC, took interviews and relayed them. If all these references were to be brought together and documented, the same will run into a voluminous report. We thank the Media for their duty to humanity which they demonstrated by extending help to the Blood Donors then. After two months of stiff persistence the Blood Brothers could no longer resist to hold on as no break through was visible due to the rock-like stubbornness the Blood Bank Management had shown. The strike had to be called off. But the issue got managed to be highlighted and consciousness of a section of society got raised.

SMEAR CAMPAIGN BY THE STATE :

Even the act of our forming the Association was not taken kindly to by Dr. Arvind Lal, the owner of the well-known Blood Bank at Hanuman Road. He had said : "If the Professional Blood Donors succeeded in forming a Union, they would only hold the public to ransom by demanding higher rates." (H.T. dt.24.2.'85). Dr. Lal is oblivious of the fact that the Indian Constitution confers the right to all citizens to form Association or Unions to fight for their rights. The Government's attitude towards the donors came to reflect sharply in the reason for the strike's failure. During that period, Dr. (Mrs.) S.K. Sandhu, the then Director of Health Services, Delhi Administration, stated: "It is the degraded morality of the donors and the people running the Blood Banks. We cannot do anything about this moral crisis." (India Today May 31, '85). She admitted that she could not carry out satisfactory checks with the 19 member staff, the Drug Controller of India had.

Immediately after the strike was called off a new blood bank -

Bajaj's Blood Bank - at Rohtak Road, near Sarai Rohila was opened and licensed by the Drug Controller's Office. This was a direct proof of the Government's collusion with the commercial blood banks. In the interview referred to above, Dr. Sandhu stated : "There are NO rules to prevent or promote profesional donors." So, what was being done by the Government and the Commercial Blood Banks was to capitalize on the ambiguity of the legal situation regarding Commercial banking.

VICTIMIZING THE DONORS: - FOR RESTORING TO AGITATION :

The Blood Donors who were the chief participants in the strike and particularly the office bearers of the Association were forced to give in writing that they had committed a mistake by forming an Association and taking part in the strike and that they should be pardoned for the same, to be only allowed again to be bled !! Then the donors remember this moment they curse it still for the humiliation that was meted out to them, then.

ROLE OF UNION HEALTH MINISTER:

The Health Ministry was equally evasive on the issue then; in an interview with India Today (May 31, 1985) the Joint Secretary, Mr. P.R. Das Gupta, could only think of a blanket ban on professional blood donors and Government's inability to do so. A proposal to start a Naional Blood Transfusion Services with the help of Planning Commission's approval was dished out to fool the media. It was apparantly clear in the same report of 'India Today' that the Commercial Blood Banks had been virtually dictating to the Government on the issue, as a statement by Dr. Lal indicated : "If the Government were in a position to supply blood we would not be her." so nothing could change the state of affairs till the Commercial Blood Banks agreed. The Blood Banks had the Ministry by the collar, the Administration by the arm and the poor donors by the neck so as to be at liberty to do anything and everything. and they have been doing precisely this !

MEDICAL BANDITRY :

The Professional Donors are no more the exclusive targets of the Commercial Blood Banks but have come to be hunted in other medical spheres. The requirement ranges from bone marrow, kidney, eyes, sperm, skin or hair that can be extracted out of them against emotional stir-up and some cash to justify the act. The consequences the

donors have to bear are considerable for no after-care is offered to them. Presently, the course of action being taken against the professional blood donors for AIDS/HIV, require to be seriously viewed before the white-aproned persons masquerading as members of the noble profession can come to inflict another deep wound on the blood donors.

#### WHAT IS AIDS ?

To be precise, AIDS is not a single disease but rather a complex of symptoms caused by infection and/or cancer, the disruptions caused primarily of the immune system of the body by an underlying viral infection. AIDS is thought to be caused by a virus called HIV (Human Immune-Deficiency Virus) which infects certain types of white blood cells which have important function in the system.

#### HIV TESTING :

The test for HIV are of two types - the primary test being ELISA (Enzyme Linked Immune Sorbant Assay) and the secondary or confirmatory test being WESTERN BLOT. The two different kinds of tests are part of the three step testing protocol. Primarily two ELISA tests followed by a Western Blot Assay are required to confirm HIV positivity.

The ELISA test indicates presence of anti-bodies to the virus and NOT the virus itself. The methodology applied to this test is on electro-phoresis basis. The most commonly used reagent for this purpose is WEIJ, COZYME - HIV RECOBINANT. The manufacturer of this reagent, a British-based company, states in its multi-language catalog : "The presence of HIV is not a diagnosis of AIDS. The principle use of this test is to screen blood and plasma donation so that the unit containing antibody to HIV-1 can be identified and eliminated or restricted for further use in manufacturing non-injectable products." (p.30, THE PRINCIPAL USE OF THIS TEST). It clearly indicated the purpose of the test when carried out at the Blood Bank. It also stated that: "Individual blood and plasma donors who were repeatedly reactive for HIV - 1 antibody, should be referred for medical evaluation which may include additional testing such as antibody detection by the Western Blot Technique." Moreover, the Western Blot Test mentions categorically about evaluation of the donor before the same.

It appears that the company has armed itself with scientific knowledge about the blood donors' haemodynamics, but it has abstained from disclosing it in this catalog. It has come to mention that "severely haemolysed and/or turbid sample may give erroneous results." (p.30). Therefore, before turning the person for Western Blot Test, medical evaluation has been recommended to ascertain what really could be the reason for false positivity.

Whereas, what has come to be practised is strikingly in contrast to this. HIV test on the Blood Donors have in fact been carried out to sensationalise the effect, as in the case of a blood donor of Calcutta who was suspected to be HIV positive; he was arrested just on the basis of ELISA Test alone. This fellow was arrested after a public hunt and put in solitary confinement in jail, even after he was repeatedly tested to be negative but he was not released. In the meantime this donor's picture and identity were printed in local newspapers resulting in harrasment of his family. The family was asked to leave the area they had been residing in for a long time.

SMEAR CAMPAIGN BY THE NOBLE PROFESSION:

ICMR has come to project the blood donors as a high risk group. In support of this, in their publication "CARC CALLING" (Sept. - Oct.1989) in the article entitled "The Clinical Management of AIDS", Dr.A.N.Malviya, K.Choudhary, Y.N.Singh, S.Tripathi and A.Kumar state: As a result of poverty their general health is poor. Smoking and drinking are quite common amongst them. Many of them also frequent prostitutes." This gives the feeling that something vicious is being spun for the blood donors this time. Such statements are quite baseless. Another disinformation campaign projects professional blood donors as IV Drug Users. However, neither they can afford to go in for IV addiction due to economic reasons, nor will they otherwise intend to do so. Blood donating is an addiction by itself. A Blood Donor experiences similar changes in consciousness as in the case of using Marijuana or its product, as both seem to have parallel effects over the body.

Promiscuity as described is not possible by a professional blood donors as his physical condition does not allow him to be that active to change partners frequently. Can Professor Malviya and company please reveal the source of the study, which shows that professional donors visit prostitutes more often than any other section of society, say Medical Doctors?

As far as the technicality of high group is concerned, from a medical point of view there is no known bio-medical or physiological factor that proves professional blood donors to be a high risk group.

THE AIDS BILL:

The AIDS Prevention Bill (1989) was secretly introduced in the Rajaya Sabha and presently lies before a joint Committee of Parliament for review. The Bill only talks of forcible testing, isolation, quarantine; it is silent on the rehabilitation of persons with HIV+/aids patients. The Bill does not show any care or concern for the professional Blood Donors.

Last year a workshop was conducted at Delhi and sponsored by W.H.O. on, "Clinical Management of AIDS" in which it was discussed that HIV was to hit Delhi in an epidemic form by 1992. What may or may not happen, but the Blood Banks of Delhi are working hard to make it statistically an epidemic year with false positivity for HIV being declared just on the basis of ELISA test. Besides, there is duplication in the results shown, since professional donors are forced to change their names and identity while visiting the same or different blood bank; one HIV+ person assuming ten different names inflates the incidence of HIV+ accordingly.

The Blood Banks again, have started marking blood donors to be positive and are throwing them out without even going through the protocol of proper testing. What can best be said is that this time the blood banks are out to create a sea of HIV+ persons to aid the "micobe-hunters" to work on them in the name of scientific advancement.

The Blood Donors declared positive can be subjected to guinea pig treatment for trying out some vaccine with unknown results for the sake of scientific ambitions of a particular "Head of a Medical Institution." What lies in store this time for the blood donors is completely beyond the human imagination. May

be, calculating on computer oriented pattern, Medical Scientists of India are going to outwit the old fascism with concentration camps full of HIV and AIDS persons.

#### ARE PROFESSIONAL DONORS TO BE BLAMED?

The prejudice that is so commonly spread about the Professional Blood Donors that they intentionally (through their blood) spread disease, is wrong. If the Professional Blood Donor does, however, unwittingly donate blood for sheer survival, what prevents the medical establishment from doing its task for example, screening of all donated blood. According to the Ferguson Report, 70 to 80% of the donated blood is tested for HIV the question of any donor (Professional or Voluntary) spreading HIV does not arise.

#### ROLE OF BLOOD BANKS

HIV/AIDS is a serious global problem and the blood donors do understand the same. But the approach to them in this matter is wrong. The blood banks will never care to educate the professional donors in a way they need to, as it will come to clash with their commercial interests. Even now, the display matter exhibited in a few blood banks for the donors is used to induce fear in their minds. Wrong notions are propagated to strengthen the myths about HIV/AIDS to hide their own misdoings. The April 1991 issue of NEWSTRACK highlights the problem of blood donors and projects them as people below poverty line, with no place to stay, no proper food to eat and nothing proper or good about them. They get typed as the "devil incarnate itself".

#### THE FERGUSON REPORT

Instead of coming to practise banditry against the Professional Blood Donors, a positive view need to be taken to work out something worthwhile and of lasting value. During 1990 a private organisation, A.F.Ferguson and Co., was conducting a survey of the Professional Blood Donors and the blood banks, those professional social workers in their "jean-culture", had

been out to question the professional donors for the data. The questions that had been bombarded on them were so stereotyped that the donors complied to answer them in similar terms. The Private Blood Banks are smart organizations in the commercial world, and can surely not be expected to come out with honest answers as this will adversely affect their vested interests. So whatever the purpose of the survey may have been, it will never get to be within the proximity of any accurate data. For such a survey the Ministry is paying through its nose. What results can be expected out of this study? Besides, the complied data of the survey may simply gather dust on some shelf.

GROWTH OF BLOOD BANKS AS AN INDUSTRY:

Starting since 1941 the number of blood banks has risen considerably. A list of 15 Blood Banks that were established from February '42 is listed here below. It may be helpful, as many may not be knowledgeable about the historical background of the blood banks in their hospital or institution.

LIST OF BLOOD BANKS: 1941

(As per details on p.435,

OFFICIAL HISTORY OF THE INDIAN ARMED FORCES SECOND WORLD WAR  
1939 - 1945 - 'ADMINISTRATION')

<u>S.No.</u>	<u>State</u>	<u>Name of the Institute</u>	<u>Estab.In</u>
1.	Bengal	All India Inst. of Public Health, Cal.	February '42
2.	Bombay	Haffkin Institute, Bombay	April '42
3.	Bihar	Prince of Wales Medical College, Patna	May '42
4.	Delhi	Irwin Hospital, New Delhi	May '42
5.	Madras	King Institute, Madras	May '42
6.	Madras	Frskin Hospital, Madurai Pasteur Institute, Conoor King George Hospital, Viz.	May '42
7.	Orissa	Provincial Public health & Pathology Lab., Cuttack	July '42
8.	Rajputana	Windham Hospital, Jodhpur	Aug. '42
9.	Assam	Pasteur Institute, Shillong.	sept. '42

<u>S.No.</u>	<u>State</u>	<u>Name of the Institute</u>	<u>Estd. in</u>
10.	Uttar Pradesh	Blood Bank, Lucknow	Sept.'42
11.	Mysore	Bowring Hospital, Bangalore	Sept.'42
12.	Hyderabad	K.E.M.Hospital, Secunderabad	Sept.'42
13.	N.W.F.P.	Lady Reading Hospital, Peshwar	April'42
14.	Punjab	Lady Willingdon Hospital, Lahore	May'42
15.	Sind	Blood Bank - Karachi	Aug.'42

Presently in India there are 1020 Blood Banks which cater to about 2 million units of blood per annum approximately. Nearly half the total number of blood banks are government run and are vitually out of bounds of the Drug Controllers, as they are not licensed.

AS PER FERGUSON, REPORT 528 OF THE TOTAL 596 GOVERNMENT BLOOD BANKS ARE UNLICENSED. LICENSED GOVERNMENT BLOOD BANKS EXIST MAINLY IN KERALA, MAHARASHTRA AND DELHI. THE REASON FOR NOT LICENSING ARE - NOT ENOUGH EFFORTS BEING MADE IN MANY STATES AT EVEN INITIATING LICENSING PROCEDURES; INADEQUATE SPACE/ROOMS.

They are not obliged to carry out the tests prescribed, before issuing the blood for transfusion. The prescribed tests being: Rh tests, tests for Malaria, VDRL and Australia Antigen; HIV test being the latest to be added. In such cases even what is passed on to the sick patients from voluntary source of the patient is also of questionable value. It is not always that the Professional donor's blood is contaminated (as it has been propagated), but if all the tests are to be conducted on all voluntary donors there are reasons to believe that the incidence of above mentioned diseases can be high even in the voluntary group. Apart from the blood banks there is a great number of pathological laboratories that cater to private nursing homes through chemists or directly, in small towns all over states like Punjab and U.P. Such blood stores do exist in many other Northern States. These blood stores are more unscrupulous joints; after taking the blood, payments are made in

parts so as to keep a tab on the donor for further exploitation. Let us see the state of affairs in the 4 metros of India that is Delhi, Bombay, Calcutta and Madras, as revealed in the Ferguson Report.

According to the Ferguson Report there are 20 licensed commercial blood banks with concentration in UP(26), Bihar (14), MP (12), Bombay (14), Calcutta (13) and A.P. (33). Totally they collect about 4.7 lakh units. Of this, the 19 large ones located at Delhi (6), Calcutta (4), U.P. (3), Bihar (4) and Hyderabad (2), collect about 2 lakh units. These commercial Blood Banks collect only from Professional Donors who are bled at very frequent intervals (once a month to several times a day), are very lax in interesting standarda; many do not do any tests and issue blood soon after bleeding; are located in very unhygienic environment and bleed/store blood in very dirty conditions; through licensed, not all of them will qualify. DELHI: Has 6 commercial blood banks of which four are supposed to be giants. These blood banks are supported by 2000 Professional Donors. About 500 Migratory Donors keep frequenting the blood banks. Dr.Arvind Lal, owner of a Blood Bank in Delhi feels that there are 1 lakh Professional Donors in Delhi. His bank has 15-16 thousand donors on its registers. According to me there are 5000 professional donors in Delhi and about 2000 floating donors who migrate to the Capital in winter from neighbouring states.)

There has been a ban on the Professional Blood Donors from being tapped at Government Hospitals. The Army Base Transfusion Centre still continues to tap the Professional Blood Donors. Presently, the rate at a commercial blood bank is Rs.80/- per bottle of positive group. And in the Army it is Rs.40/-. The Professional Donors are estimated to donate nearly 1 lakh units per annum in this city.

AT BOMBAY: there are 14 commercial blood banks. These blood banks are supported by 1500 local blood donors and 2000 floating donors. Payment is Rs.64/- for positive group. Higher amounts are available i.e., upto Rs.250/- with Nursing Homes and a few hospitals. The Professional blood donors are estimated to donate nearly 1 lakh

units per annum in this city.

AT CALCUTTA: there are a total of 28 blood banks. Professional Blood Donors are tapped in Government Hospitals' Banks also. The city blood requirement is supported by nearly 4000 professional Blood Donors of which about 1/3rd are migratory. Payment is Rs.25/- to Rs.35/- in Government and Commercial Blood Banks respectively. The estimated donation per annum is 1.25 lakhs of units.

AT MADRAS: there are 19 blood banks in all. But there being a bank on Professional Blood Donors in government hospitals, they are bled by the commercial blood banks. The city has 1500 permanent professionals and 1000/500 flotating donors. Payment rate is Rs.35-45, but at Apollo Hospital or Cancer Institute it is above Rs.200/-

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CERTAIN CONCRETE SUGGESTIONS:

At this stage what is necessary is a Central Legislation to control the operational means of the blood banks as well as to take care of the welfare of the professional donors. This legislation should take into account the following suggestions:

There should be a CODE OF CONDUCT for the blood banks which should be strictly enforced as in developed democracies like the USA.

What the Commercial Blood Banks should standardize the quantity of blood to be taken as a one unit donation, applicable all over the country.

Total ban on TAPPING PROFESSIONAL BLOOD DONORS in all government hospitals.

A complete BAN on the use of MODIFIED I.V. SETS: disposable ones with thin needles should be used.

THE PROFESSIONAL DONORS' BLOOD sold by the bank should be MARKED with a guarantee for all specified tests. All donated blood should be tested for all specified diseases and be marked on the bottle/bag.

THE SELLING PRICE OF THE BLOOD should be fixed under the Drug Price Control Order and not more than a fixed percentage of profit be left open to the Banks.

NO PERSON LESS THAN 18 YEARS OF AGE should be tapped by the commercial banks.

What a minimum of Rs.200/- per unit should be given to the blood donor irrespective of his/her Rh factor. This should be linked to the price index.

That no professional donor should be tapped without health insurance cover. The insurance is to be provided by the State at its expense for period of ten years, renewable every year. It should cover compensation in lieu of any disease getting transmitted to the donor. The Insurance number of the donor to be marked on the individual's donation as identification of the donor and the present practice of false names should be done away with.

A Professional Blood Donor who has been insured and has donated for ten years be pensioned off and be given some work and place to live by the administration.

Any Professional Donor who becomes physically or mentally disabled be placed in the disabled category and provided with adequate help to rehabilitate him/her.

That a Professional Donor when found to be positive at the Commercial Blood Bank for any disease must be informed in writing, and recommended for further medical check-up and treatment at a government hospital. The Government Hospitals must treat such cases on a priority basis and give preference to them by making it possible to provide necessary medicines if not available at the hospital through local purchase.

All touts or agents promoting Professional Blood Donation in any form should be banned. Deduction of any money from the donor's payment for any reason by the blood bank or by any other person should be strictly prohibited.

The facility of free travel be extended to them in Government owned city buses/railways. Donors are always on the move from one part of the country to another.

Strict enforcement measures in blood banks be instituted. NO unlicensed blood bank should be allowed to operate.

Action should be taken against the media persons indulging in smear campaign against professional blood donors.

The Railways, Army and ESI should stop the scheme of reimbursement of payments in lieu of purchased blood.

The Bureaucrats and Technocrats should desist from indulging in a smear campaign against the Professional Blood Donors, who should be treated as equals.

It should be considered an ethical malpractice for doctors to suggest to patients' relatives to buy blood from commercial blood banks. The Indian Red Cross Society should overhaul its entire actique system (of blood collection, testing, storage and distribution) that evolved in the 1940s.

These are only a few suggestions. Concerned bodies will have other additions to made. But it is certainly a fact that needs emphasis that the professional blood donors be given an immediate thought; to rescue or rehabilitate those who are in a pitable state or disability has afflicted them.

Ironically, the Union Health Secretary (in an interview with NEWSTRACK, in April'91), queried: "WHAT POLICY CAN THE GOVERNMENT HAVE FOR PROFESSIONAL BLOOD DONORS? PAYING ATTENTION IN THE FORM OF GIVING (IRON) PILLS TO INCREASE THEIR Hb?" It is sad that the senior most bureaucrat in the Union Health Ministry has such a vision on the issue of rehabilitation of professional blood donors. Is it not tragic indeed?

Nevertheless, all my blood brothers who bear upon themselves the pain, agony and treachery will not go unrewarded as they shall certainly remain in history as "SOLIDERS OF TRUE HUMANITY". Their dedication to mankind will be acknowledged. Also, we professional donors are optimistic that the sun will shine on us soon, Hopefully.