

Chapter 8

Bad Blood



Every year around the world, 5 million people need 14 million pints of blood to live. Without blood transfusion and a ready supply of blood they would certainly perish. Every day 38,000 pints of blood are transfused and about 2%-5% of these transfusions will contaminate a recipient with a contagious disease ranging from

Hepatitis to HIV. Now consider that most all blood is donated, yet when needed a patient is charged between \$300 to \$600 per pint. Do the math. The American Red Cross earns more net profits in a year selling blood than General Motors does selling cars. Blood is a multi-billion dollar business and the Red Cross, as a registered charity, pays no taxes. There was once a time in America where if you donated blood you received a donor's card and if and when you needed blood, it would be available to you for free. Not any more.

Not knowing anyone except Luis Guzman, my old friend from basic training and Chief Rick Ceballos who recently retired from the Coast Guard in Miami, I had a lot of time on my hands and no social life to speak of. So I decided to continue my volunteer work with the American Red Cross and visited the local Miami offices. I met with the Director of Volunteer Services who told me that they did not need any more First Aid, CPR, Water Safety, nor Lifesaving instructors (as I was certified to be in Puerto Rico) but that they could use me in the Blood Services department.

They could use an extra pair of hands unloading trucks, and general inventory work. So for two hours every evening I would help with the unloading of trucks, unpacking the blood and stocking it in the refrigerators as we'd take inventory. Although I had donated over ten gallons of my own blood over the years, this was the very first time I worked with donated blood.

This was 1981 and AIDS was still thought to be just a gay man's disease by most Americans. But a fairly good friend of mine had caught the dreaded disease and I knew damn well he wasn't gay and his fiancée told me that their wedding plans were moved ahead because of his illness. Because of his deteriorating condition I became curious about HIV and AIDS and started reading everything I could get my hands including a comprehensive report put out by the Pasteur Institute of France. In Europe the disease had been known for years longer than in the U.S. and had done considerably more research. They knew the deadly disease as HTLV.

As I continued my reading I was noticing quite a few discrepancies between the government information put out by the CDC and that which was distributed in Europe. These discrepancies centered around on how the HIV virus could be transmitted and the CDC was insisting that only sexual contact could spread the disease, whereas

**ABOUT 1 IN 4 NEW
HIV INFECTIONS IS AMONG
YOUTH AGES 13-24**



**MOST OF THEM DO NOT KNOW THEY ARE
INFECTED, ARE NOT GETTING TREATED, AND CAN
UNKNOWINGLY PASS THE VIRUS ON TO OTHERS**

the Pasteur Institute suggested that HIV could be transmitted through just about any body fluid including blood, breast milk, and possibly even saliva. The CDC insisted that the virus could not live outside the human body and the Pasteur Institute was claiming that it could live outside the body

for 24 hours on a dry surface and up to 72 hours on a moist surface and suggested that contaminated needles, dental tools, and surgical tools could spread the disease. According to the CDC this was blasphemy at the time and I can still recall watching a PBS program where Dr. Anthony Fauci of the CDC was vehemently calling all of the European research flawed and unreliable. Today we now know that it was the CDC which was grossly mistaken and they would never have admitted it if Magic Johnson and Arthur Ashe had not gone public with their infections.

This is why I found it odd that the American Red Cross was testing all of its domestic donated blood for HIV but none of the blood they were importing from foreign countries. Indeed, the Red Cross could no longer get enough blood within the U.S. to meet the growing demand for American blood products due to a 300% in elective surgeries from 1960 to 1980. This incredible demand forced the American Red Cross to start buying blood from foreign sources in Mexico, Dominican Republic, Trinidad, and several South American countries. Most of this blood came from Red Cross operations in those countries but about 20% of it was coming from private blood banks as well. Apparently they were buying this foreign blood for about \$10 per pint, which they would then import and resell to local hospitals for about \$200 per pint. A patient who ultimately needed the blood would be charged \$300 or more for it by the hospital. I often wondered what happened to the free blood people used to get in the 60s and 70s, after all it was donated blood. Somehow blood became a big business in the 80s and earned the American Red Cross millions in tax-free profits.

But it wasn't the tax free profits that concerned me at the time since a non-profit organization as big as the Red Cross needs plenty of money to operate. Indeed the Red Cross has a right to make money – but not at the expense of human lives. It was the labels and paperwork that arrived with

the imported blood that caught my attention and kept me up at night. As I would unpack the blood I was instructed to put a local American Red Cross label directly over the label that came on the bag and check the boxes indicating it was screened for Hepatitis and HIV. At first I believed that this relabeling was for the benefit of nurses and other staff members who might not be able to read the original Spanish labels that adorned the bags of foreign blood. There were even a few French labels from Haiti. When I discussed it with Diane, one of the blood services staffers she suggested the new labels were a PR gimmick to conceal the fact that the blood was imported. Perhaps the local hospitals might be reluctant to buy the blood if they knew it came from some third world country she suggested. Her explanation was quite plausible and I bought into it – for now at least. I remained an enthusiastic and loyal fan and volunteer of the American Red Cross for about another two weeks.

In the interim, I happened to meet a friendly black woman in her early thirties named Eugenia in the cafeteria on a coffee break. “You must be new?” she asked. “New to Miami but not to the Red Cross.” I replied as I told her about my seven years of Red Cross work in Puerto Rico. “What do you do here?” I asked. “I run the telemarketing center on the second floor”. She replied. I was surprised to learn that the Red Cross even had a telemarketing operation, and had never seen one in my seven years of working for them. She must have sensed my curious interest and invited me upstairs for a quick tour.



I was quite surprised to see about two dozen people on the phones chatting away with their scripts in front of them. It looked like any typical boiler-room operation to me. Eugenia explained that she ran the night shift from 5 to 9:30 pm and that there was a day shift too. “what are they selling?” I asked curiously. “We ain’t selling Tony, we’re begging. There’s a difference you know” she replied with a laugh. She then went on to say that the night shift was calling people to donate blood and that the day shift crew called local companies and individuals for cash donations. “It must be difficult getting enough volunteers to do this huh?” I asked. Eugenia surprised me for the second time by telling me that only half the people were volunteers and that the “regulars” were paid hourly and a \$25 cash bonus for every pint of blood they recruited. I was stunned. Commissions were being paid for blood! But after a few minutes of reflection, I rationalized that a person on an operating table in need of a transfusion would not care at all where the blood came from, and after all it was being donated with the best intentions.

Few blood donors ever learn that their blood is sold for a profit, and it is one of the best kept secrets at the American Red Cross. I remember as kid, that if you gave a pint off blood, you would get a card to carry in your wallet identifying you as a blood donor, and should you ever need blood yourself, it would be provided for free. Those days are long gone. I thanked Eugenia for the tour and went back downstairs to finish up for the night. I was waiting on a truck from Homestead Air Force Base which had a blood drive and the driver apparently stopped to eat dinner somewhere on the 20 mile drive back to Miami. I sat down to read a Newsweek to pass the time. The driver showed up at 11:00pm and woke me up with his knocking at the back door. I had dozed off waiting for him. When I opened the door it was clear that he stopped for more than a bite to eat. The smell of beer was quite overwhelming and his frequent belching confirmed my suspicions. I said nothing as I was just glad that he was here so I could unload and go home already.



We unloaded five Coleman insulated coolers from the van and each contained about a dozen bags of blood but no ice. "What happened to the ice?" I asked. "I was in such a hurry to get back here that I guess I forgot" Mr. Belcher replied. I looked at the paperwork and noticed that the last bag of blood was drawn about 5:30 pm. I felt the bags and they were warm. They had been in a unrefrigerated van for the last six hours in the Miami heat. It turned out that Mr. Belcher was recently convicted of DWI and was sentenced to 200 hours community service here at the Red Cross. Someone in their infinite wisdom probably didn't bother to ask the details of his conviction. I knew I had to notify a supervisor about this but I couldn't find her. Blood products must always be kept refrigerated or they spoil quickly with heat. I ultimately asked one of the technicians working late how to reach her because apparently she had left two hours ago. He said he would page her for me. If I recall correctly her name was Deborah. She called back in about fifteen minutes and I explained the problem to her. "Just throw them in the fridge and we'll deal with it tomorrow" she instructed. But as I started to do so, I realized that she had locked the sliding glass doors when she left, and I did not have a key. I had her paged again and explained the dilemma expecting her to come back in with the keys. After a few choice expletives she told me that she lived twenty five minutes away and was alone with her toddler who she was trying to put to sleep. "So how long will you be?" I asked. "Hell, I ain't come all the way back there, just throw the bags on some ice, and I have the day shift unpack them". I was shocked at her response but followed her instructions just the same. I filled the coolers with ice and repacked the blood. I left about 12:30 am wondering if the blood was still good.



The next night I came in to see if they needed me and was horrified to see the same five Coleman coolers right where I left them the night before. I opened the coolers to find they still had the blood from Homestead Air Force Base in them and all the ice had long ago melted. I then found a small note taped to the side of one of the coolers that read “We have enough work of our own on the day shift to do your work too. Do your own job!” I was furious. I tried to locate Deborah but learned it was her day off. I then found another supervisor who told me to relax and that she would “take care of it”.

It was a Friday night now and I assumed that the blood would be disposed of as per Red Cross written policy that was clearly posted on a poster on the wall. She told me that they were not expecting any trucks that night and told me I could go home. They did ask me to drop off some blood at Baptist Hospital in Kendall which was on my way home. This blood was properly iced and packed and I completed my chore without incident. I remember that night before leaving the Red Cross, I had looked into the blood refrigerator and seeing about 15-20 bags of blood and commenting “I hope this is a peaceful weekend” because I had never seen the reefers so low on blood.

It was pouring rain on Monday, and since I did not enjoy riding my motorcycle in the rain, called in to say I would not be coming in Monday night unless they really needed me. If they were desperate, I’d call a cab and take the bus home. But Diane said that the day shift did most of the work and only one truck was due after 6:00pm and that she would

handle it for me. I thanked her profusely and enjoyed my night off watching the tube and reading my favorite magazine Popular Science.



Tuesday night, I went in after work and was surprised to see the fridge almost full with about 300 pints of blood. *They must have had a real busy weekend!* I thought to myself. I picked up the clipboard to see how much work I'd have for the night and two trucks from blood drives were due in. As I sat and waited for the truck to arrive, a Cuban staffer that I had not met before was grumbling under his breath in Spanish. He clearly was upset. "Que Pasa Amigo?" (What's happening friend?) I asked him. Apparently wanting to impress me with his English, he replied "This place is fucked up!". "How so" I asked. "This foreign blood shouldn't be here." "Why not?" "Can't you read?" was all he said as he stormed off down the hall.

With my curiosity at a peak I started digging through the fridge to find a bag of imported blood that hadn't been relabeled yet. I couldn't find one but what I did find really ticked me off. I found about forty of the sixty pints of blood that had come in from the Homestead Air Force Base Blood drive fiasco I knew by blue marker that was used on them which I spotted when they first came in. All the other bags had black writing on them. I double checked the numbers on the bags with the inventory sheets and sure enough it was the same unrefrigerated blood. I pulled one of the back out and held it under a desk lamp. It looked as good as any other bag, but I knew it didn't

belong there. So I then went through the entire inventory and pulled 38 bags of the Homestead AFB blood aside, put them in a separate box and taped a note "DO NOT USE". I now wondered what happened to the other 22 pints. They must have been used I thought.

The next day I called the blood services director, identified myself and told him about the blood I had segregated in the reefer and why. He assured me that blood was still good or it would have been disposed of. I asked him if it was tested but all he said was "Thank you for your concern, I'll investigate this matter and have a talk with the appropriate people to ensure that it doesn't happen again". The following night I found that five pints of the Homestead blood was still in the inventory, and this time, I personally removed them, walked outside and threw them in the dumpster. I was beside myself in awe of the nonchalant attitude displayed by everyone over this blood.

By this time I had only been working about a month at the Miami ARC branch. During this time I would witness yet another such incident involving blood that was left unrefrigerated in a truck overnight, and wrote a memo to the blood services director about it. He never acknowledged my two-page handwritten memo.

Shortly thereafter, I was relabeling some imported blood from El Salvador when it suddenly dawned on me why that Cuban technician had been so angry about two weeks ago. As I read all the paperwork that came with the blood and the label itself, I discovered that the blood had only been screened for Hepatitis, the most common blood-borne disease, but not HIV. So I asked Diane "Where do they do the HIV lab work on this foreign stuff?" She looked at me like I came from another planet and then admitted that she had no idea. So I asked around and none of the

technicians seemed to know except the same Cuban fellow who was bitching about the blood two weeks back. “That blood goes out just as it came in. Nobody here screens it a



second time”. he claimed. “That can’t be.” And insisted that would be tantamount to playing Russian Roulette. He agreed with me. I took the matter up with Deborah my supervisor and she assured me that the blood was indeed being tested for HIV in El Salvador and that someone merely failed to make the proper annotations on the label and paperwork. I took her at her word, but later after she left, for the evening, I started doing random checks on the imported blood and discovered that none of some two dozen that I checked were ever screened for HIV. Fortunately the imported blood was a fraction of the overall inventory and all the domestic blood was screened for HIV and other major contagious blood diseases. But still, one out of five pints of blood *could* be contaminated.

I decided to have coffee with the Cuban technician whose name I think was Raul. I mentioned this foreign blood to him and I could see his face tense up as he grew angry. “It’s all about money!” he said. He saw that I remained puzzled with his reply and went on to explain. “They don’t want to spend the extra \$12 it would take them to rescreen for HIV and repackage the blood here so they let it go out to the hospitals as is.” “Are you sure?” I asked as I found his words incredulous and alarming. “Yeah, another technician made a stink about it a few months ago and had his hours cut down to five hours a week. I was going to complain to but I have

a wife and three kids to feed amigo". He then went on to explain to me that the situation was more dangerous than it appeared on the surface because up to eight people would get infected with AIDS from just one bad pint of blood. When I asked him how, he explained that a bag of donor blood could be broken down into four major components of plasma, red blood cells, platelets, and and that four different people could get each component. "So how does that add up to eight?" I asked. "Don't you think that each of those four people will have sex with someone at least once in their life?" was his reply. Now I was growing angry and I was a volunteer without a wife and three kids to support. I assured my new friend that I would put a stop to this. "No you won't" he insisted.

The next very next day, I took my lunch hour an hour late so I could call the Blood Services director to "inquire" about HIV screening of imported donor blood. I could tell that I hit a sore spot with him because he really cut me short and said "look, you're not the first and only one who worried about this, but we do hundreds of random checks every week, and the chances of contamination are minimal" He then told me he had another call waiting and hung up. I could not believe my ears, and now I knew it was time to start writing some letters. I chose to do so anonymously at first and sent three page letters to both the local Regional Director and the National Director and simply signed them "A Concerned Volunteer". Over the next two weeks, absolutely no changes were made at all and the imported blood continued to roll in. But three weeks to the day that I wrote the letters, I was informed by Deborah that I was no longer needed by Blood Services and she thanked me for the six weeks of work I did there.

As luck would have it however, I ran into Eugenia on the way out in the parking lot and she had locked her keys in her car. I offered to help her with a coat hanger but she told me that she had someone on the way with an

extra set of keys. I then told her that today had been my last day in blood services and she seized upon the opportunity to recruit me to work with her on the phones, and she even offered to make me one of the paid regulars if I could work four hours every night. I told her that I would volunteer two hours three night a week, and she accepted. I was not going to give up so easily on the imported blood, and I wanted to continue to have access to the building in case I had to photograph the blood bag labels or copy any of the paperwork. I was determined to force the Red Cross to screen that blood for HIV. I just had to figure out a way to do it.

I worked for Eugenia only two weeks on the phone before I had to quit or raise hell with her too. I chose to resign quietly. Like everyone else there she had given me a script to read to the people I called and she gave me a computer print-out of all the people who had donated blood in the last three years. These were known donors, the most likely to give again. I had a list of some 200 people every night to call since over a two hour period, more than half of the calls would be answered by an answering machine, be disconnected, or busy. All the people listed on my three or four pages would have the same blood type, and herein lay the problem.

The script went something like this "Hello Mr. Smith, this is Bruce Gorcyca calling from the American Red Cross in Miami. How are you tonight sir? That's good. The reason I'm calling you Mr. Smith is because we have an emergency situation here and we desperately need your help. You see a little seven year old girl in Coral Gables is having a defective heart valve replaced and will need a blood transfusion during the surgery. Her blood type is B+ and we do not have any of her blood type available right now. Without this blood Mr. Smith the doctors will have to postpone the surgery and there is a good chance that little Suzie could die. So we are frantically calling donors we know have B+ blood like yourself to help. Could you

possibly come down tomorrow and donate a pint of your blood for this little girl Mr. Smith? Few if any people ever said “no” to such a plea.

But when I was asked to read the same script three nights in a row and heard the others around me reading the same script, I realized it had to be a bogus sob story. I confirmed my suspicions one night when I got up from my little cubicle and walked around the room looking at the blood types on the lists provided to the other telemarketers. They ran the full gamut from A to O and every possible combination. *How could one girl have six blood types!?!* I posed the very same question to Eugenia who really didn't know how to respond. The little ruse was extremely effective in recruiting blood donors, and I could only guess that nobody else protested because of the bonus moneys they were raking in. Some of these telemarketers were taking home \$600 to \$1,000 checks for twenty hours of work. Although I left without making a scene, I made sure to tell Eugenia that one day she'd be accountable to God for her little scheme. She didn't seem too concerned. My volunteer work at the Miami ARC lasted all of two months and I vowed that they would never get another minute of my time nor a drop of my blood again. They lost one of their most loyal fans in me.

After a few days reflecting upon what I witnessed at the Miami ARC, I decide to call a the Miami Herald thinking that they would jump on such a story and expose the problems I encountered. Not quite. I was shuffled around on the phone and finally ended up with some woman manning the local news desk. For the life of me I can't remember her name. I spent about an hour on the phone with her relaying both of the blood incidents to her as well as the telemarketing fraud and she grew somewhat excited about a potential expose story and asked if I'd be willing to reveal my name. “Sure, why not.” I said. I gave her my name

and phone number and she said she was going to speak with her editor and get a photographer to come out and take my picture. But when no photographer came nor called and I heard nothing from her in three days, I grew curious and called her back for an update. “I ran into a slight problem” she explained. “What’s that?” I asked. “Well it seems that our Executive Editor sits on the board of directors of the Miami Red Cross and won’t approve of the story”. She seemed genuinely dejected and frustrated so I just thanked her for her efforts and hung up the phone. But I was not anywhere close to throwing in the towel just yet – especially when people’s lives could be at stake. I could live with the telemarketing scam but not the imported blood situation.

I kicked all sorts of ideas around in my head before confiding in a nurse who worked out at the same Scandinavian Health Spa that I did and asked her to put herself in my shoes. “What would you do?” I asked her. In less than a minute she had the answer. “I’d tell all the doctors in Miami.” She was brilliant in her diagnosis. After all, it would be the doctors and their hospitals who’d be sued if someone got some bad blood in the course of one of their operations. Although their lives wouldn’t be at risk, their wallets sure would be. Now I had to find a way to find and then notify all the doctors in Miami. The reference desk of Florida International University library solved the first problem as I collected about a thousand names and addresses of local Miami physicians and surgeons.

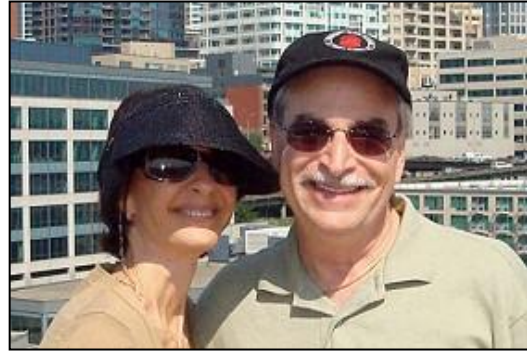
My next step was to draft a letter to them advising them of the undisclosed dangers of imported blood. At first I fully-intended to sign

my name to this letter, but second thoughts nagged me about this since the Red Cross just might try to deny it and turn their lawyers loose on me with a law suit. I didn't have much to lose, but still, I was not in a position where I could afford to lose anything. I opted instead to merely sign the letter with my initials – in reverse. After two or three drafts I narrowed it down to the one page that you see on the next page, with a few contact addresses printed on the reverse for Congressman Dante Fascell and others to complain to.

I then took the letter and ran off a bunch of copies, folded them and stuffed them in envelopes. It took me three nights to address them all after work, and about \$250 in postage stamps. I launched the missiles with the hope that the doctors of Miami would find the imported blood scenario just as scary as I did and make their protests known to the hospitals that buy the Red Cross blood. For good measure I also sent copies to the administrators of Baptist, South Miami, Parkway, Palmetto General, and Mount Sinai Hospitals in Miami as well. I then drafted a second similar letter entitled "PUBLIC WARNING" and left a handful of copies in the lobbies and on the main bulletin boards of each of the above hospitals. I also dropped one in the mail to "The Producers" at CBS – 60 Minutes, and to the FDA's Executive Director in Washington.

Whether the letters would be effective or not, I felt satisfied in my own mind and with my conscience that I did all that I possibly could do to right a dangerous wrong in my community. I could now sleep peacefully at night knowing that I tried my best. Certainly someone out there would feel the same anger and betrayal of trust that we all placed in the Red Cross without a second thought. In all honesty, I expected a handful of doctors might respond with angry telephone calls, which might be just enough for the Red Cross to pay more attention to imported donor blood requirements. I

underestimated the Miami medical community. Suddenly Dr. Lenes seen here, had a lot of explaining to do.



Within weeks 60 Minute news investigators were visiting Red Cross blood banks across the East Coast and Dr. David Kessler's FDA inspectors were doing the same on a nation-wide base. The FDA quickly shut down a handful of blood banks and brought a multi-million dollar law suit against the American Red Cross in 1992. The story aired on 60 minutes on (insert date) . America was horrified and rightfully so. Although blood donations immediately dropped by 30%, badly needed blood banking reforms were implemented and a redundant quality control inspection police was mandated by the FDA. As a result, America now has one of the safest blood banking programs in the world today. Not since the Dow Chemical victory did I feel so gratified.

Possible causes of death

