



THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 10 2004

MEMORANDUM FOR SECRETARIES OF MILITARY DEPARTMENTS CHAIRMAN OF THE JOINT CHIEFS OF STAFF

SUBJECT: Revised Policy Regarding Civilian Blood Collections on Military Installations, Leased Facilities and Aboard Ships

Reference: Assistant Secretary of Defense (Health Affairs) Policy Memorandum of May 1, 1996

Effective September 1, 2004, the above reference is canceled and replaced by the following revised policy:

Department of Defense (DoD) blood donors are vital to the peacetime and contingency operation of the Military Health System (MHS). In view of the conflicting demands made for DoD donors, the following priorities for donor availability are established: 1) support of the MHS contingency and wartime operations through local/regional Armed Services blood donor center(s); 2) support of MHS daily peacetime operations through local or regional Armed Services blood donor center(s); and, 3) support of local civilian community-based blood collection agency(s) with reciprocal agreements.

To ensure that civilian blood collections from the DoD donor pool do not reduce the MHS capability, Commanders and Commanding Officers will, through appointed Command Blood Program Coordinators, oversee all civilian blood collections on their installations/activities/leased facilities/ships. In order to assist them in managing this critical part of Force Health Protection and Readiness, Memoranda of Agreement(s) (MOA) must be developed with any civilian blood collection agency(s) that the Commander or Commanding Officer allows to collect within their area of responsibility. The local or regional Armed Services blood donor center or clinical laboratory must be an active participant in developing the contents and terms of the MOA. To ensure overall Service compliance, the respective Service Blood Program Officer must review and approve all MOAs prior to obtaining final signatures. The local/regional Armed Services blood donor center(s) can develop an MOA for a single installation/activity/leased facility/ship or for an entire geographic region, provided each Commander or Commanding Officer affected agrees to the content and terms of the MOA.

In any case, all MOAs must include a provision to grant credits or provide an agreed upon number of blood products and/or services at no cost in exchange for access to donors. The credits are to be used to obtain blood and blood products and/or blood bank-related services. Blood products or services obtained through an MOA may be used within the MHS, provided to the Department of Veterans Affairs, or otherwise used as the Service's Blood Program Officers may determine. Credits will not be used to support contingencies or wartime operations. Due to local and regional economic differences in establishing a pricing structure for blood and blood products, the reciprocal structure can be established locally, regionally, or by the Service's Blood Program Office.

HA POLICY: 04-019

Commanders and Commanding Officers will inform local civilian blood collection agency(s) that:

1. Blood collected on military installations/activities/leased facilities/ships is not permitted without prior approval of, and scheduling with, the Command's Blood Program Coordinator and the local/regional Armed Services blood donor center.

2. Civilian blood agencies must be licensed by the Food and Drug Administration and follow American Association of Blood Banks standards. MOAs must address this point to include donor notification of abnormal infectious disease testing results.

3. The total number of units of blood drawn each day of collection must be promptly reported (broken down by active duty and civilian) to the Command's Blood Program Coordinator and the local/regional Armed Services blood donor center.

4. Permission to come on base may be suspended at any time for failure to comply with the requirements described above or with the contents and terms of their current MOA. Suspension may also apply for military contingencies or wartime requirements, or if it is determined that the overall or local/regional peacetime Armed Services Blood Program blood quotas for medical readiness requirements are not being met due to competition by the civilian agency(s).

5. Since blood is a community and national medical resource, Commanders and Commanding Officers must ensure that all civilian blood collection agencies not be allowed to compete with the local/regional Armed Services blood donor center(s) to the detriment of the Armed Services Blood Program.

It is essential that military departments disseminate these requirements through both installation and medical channels. Steps must be taken to notify all appropriate commands of these guidelines and to incorporate them into respective military departments and, where necessary, unified command blood program regulations. This policy applies to all DoD activities, both within the continental United States and outside the continental United States.

My point of contact for this matter is Lt Col Ruth Sylvester, USAF, BSC, Director, Armed Services Blood Program Office, at DSN 761-8024 or (703) 681-8024.


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