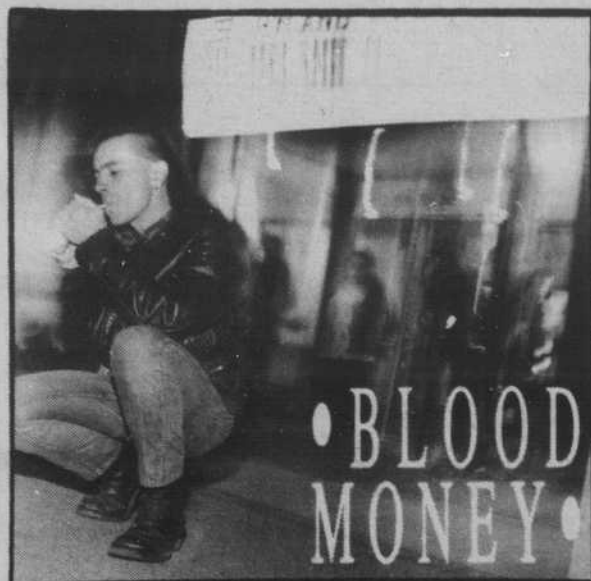




Continued from Page One

Heading the industry are the giant companies like Alpha Therapeutics and Baxter Travenol, which process the collected plasma into a dizzying array of 100 products, including anti-hemophilic concentrates, albumin for shock and burn victims, and gamma globulin for combatting infectious hepatitis.

The rest of the industry ranges from companies that own chains of collection centers to sole proprietors, who own only one specialty center.

Together, they all contribute to a worldwide market of about \$1 billion in sales, says Bob Reilly, director of the American Blood Resources Association. The United States provides two-thirds of the 9 million liters used every year, Reilly estimates.

The impact of the industry, which has been regulated by the Food and Drug Administration since 1972, is indeed great. Depending on whom you talk to, it can sound as if the country would collapse into the ocean and never be seen again if it weren't for the plasma industry.

"If, as of tomorrow, that industry wasn't there, you could just about close down every hospital in the country," says Reilly.

As the industry's "raw materials," donors are paid anywhere from \$10 to \$15 every time they visit plasma centers.

At Hyland, which is owned by Baxter Travenol, a donor nets \$25 a week for donating twice, \$10 each time and a bonus of \$5 for the second time. At Eugene Plasma, the donor makes \$10 a donation and a \$10 bonus every eight visits. A regular donor who donates twice a week can earn a monthly stipend of \$125 from Hyland.

It seems most donors feel they need compensation for two reasons: First, it takes an average of two hours for each donation, and, second, the donor is being relieved of a valuable body fluid.

David Wilson, 37, a regular Eugene Plasma donor since last February, sees the money as compensation for his time and inconvenience. "It's not like I can go in, squirt it out and walk out again," Wilson says. "I figure they're paying me about \$5 an hour for the time it takes."

Wilson says he picked Eugene Plasma over Hyland Plasma despite Hyland's higher fees

"I figure they're paying me about \$5 an hour for the time it takes."

—David Wilson

because he felt Eugene Plasma had a more favorable reputation.

Although both centers are located downtown only a few hundred yards from each other, Hyland's location — closer to the center of the downtown mall — attracts people who congregate on the mall.

"I got the impression Hyland catered to winos and street people more than this other place, which looked like mostly working people," Wilson says. "With all the folks out front of Hyland, it's like the Haight-Ashbury," laughs Wilson, a former hippie from Boston.

On the other hand, Rick, who offers only his first name, frequents Hyland because he believes he was treated rudely once by Eugene Plasma. And John, an unemployed worker "stranded in Eugene," says "If I'm going to get holes poked in myself, I might as well get paid better at Hyland."

Most people agree, though, that there are distinct markets for each center. Eugene Plasma averages about 800-900 donors per month during the year, with a low of 600 in the summer months, manager Kim Bedell says. Hyland assistant manager Lynn Delmore estimates that the center draws up to 1,000 different donors during peak months.

Outside of Eugene, Oregon has only three plasma centers — all in Portland. North American Biologicals, Inc. (Nobby), which owns the new Portland Plasma Corporation, holds 22 centers scattered around the United

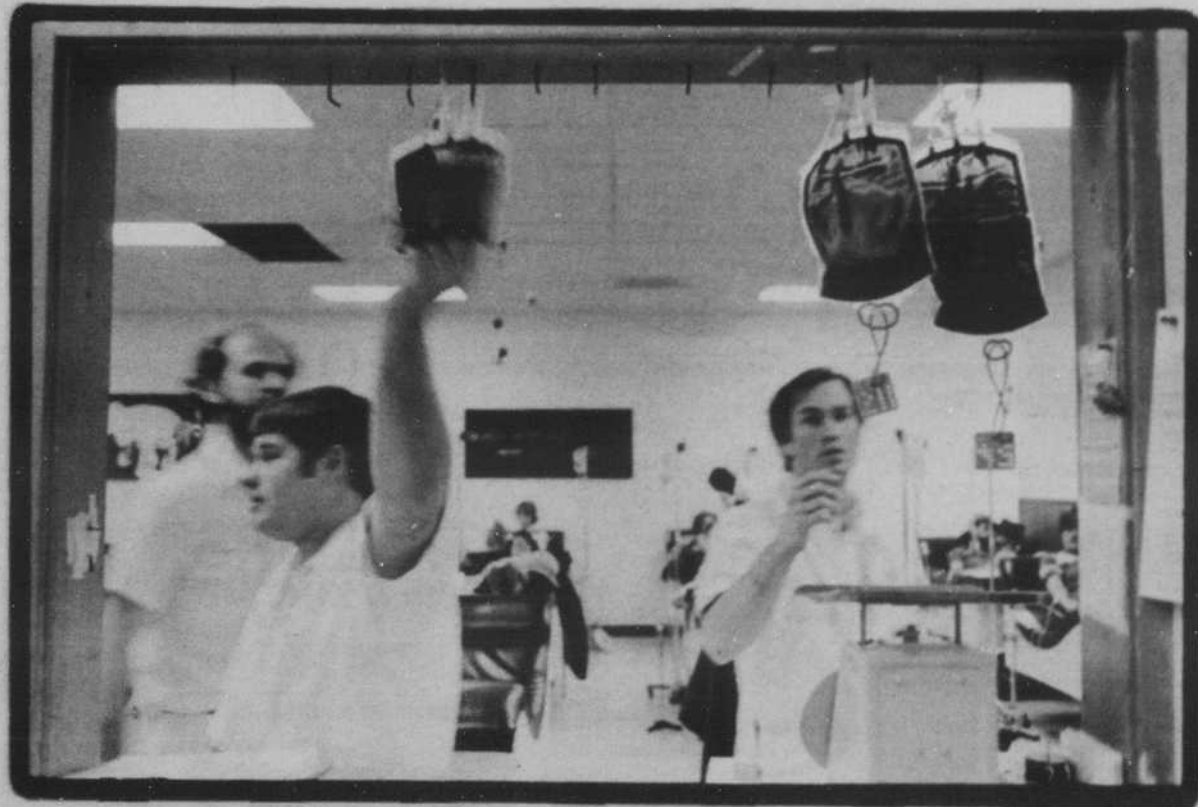
the red cells to the arm.

Before this happens, saline solution is pumped into the arm to keep the blood path open and to replace the volume lost in the plasma. For some, this process is sometimes disconcerting.

Paul Casey, who first came to Hyland when he needed money to pay his wife's hospital bills, says he felt "like unjelled jelly" the first few times.

Because a mix-up of red-cell bags could be fatal, the return of the red cells is done with utmost caution and the active participation of the donor in identifying the bag. Donors are asked to repeat their names and Social Security numbers, and code numbers are compared on the bag with the ones on the tubing connected to the arm.

Once the refrigerated red cells return to the arm, the whole process is repeated to get a total donation of one unit, which is about one pint.



States in places like Seattle, El Paso, Kansas City, Tulsa, and Albuquerque. We're not talking McDonald's yet, but Sue's Country Kitchen it isn't.

"The cities chosen have either large populations of college kids or they're like Detroit with a lot of unemployment and a large population to draw from," says Nobby spokeswoman Roxanne Zahn.

At the Eugene Plasma Corporation, the donor floor is calm. It's 10:45 in the morning and about 40 of the 50 blue contoured cots are occupied by donors. Practically everyone's dressed casually in everyday clothes. No sense getting spiffed up just to bleed.

The "bleeders" lie down with their bodies bent at 45-degree angles. One couple wears Walkmans, some read magazines, and most look very bored. The focus is on their left or right arms, through which needles are held firmly beneath the skin.

Some donors admit to initial queasiness at the sight of needles, but some, like Wilson, even grow to savor the experience. "I'm so used to it, I tell them exactly where to put it in, where it will slip in easiest, and I watch it go in," says Wilson, who adds that it's psychological when people say they get woozy.

After the needle is inserted and blood fills a plastic bag, the blood is centrifuged at 5,000 revolutions per minute to separate red cells from plasma. After about 10 minutes, a phlebotomist trained in drawing blood transfers the plasma into a bottle and returns

Because of the refrigeration, most donors report a cold sensation at this stage — not as cold, though, as their recently departed plasma, which is stored, frozen and sent to a plant where it is made into medical products.

The pharmaceutical industry thus acts as the middleman between the paid donor and product recipients, such as the approximately 20,000 hemophiliacs in the United States.

Mike Charles, a 23-year-old hemophiliac who works as a full-time photographer, says the availability of the clotting aid called Factor VIII concentrate in pharmacies and hemophilia centers since the early 1970s has "allowed us to lead basically normal lives," freed from emergency rooms and the fear of not living to be 40.

Hemophiliacs can now expect to have normal lifespans, if they can afford the Factor VIII treatments, which usually range in price from \$75 to \$150 a shot. With most of them needing at least weekly treatments, the cost can be prohibitive.

Fortunately, Charles says, Oregon and a handful of other states have hemophilia assistance programs that defray cost on a need basis.

"The industry might be doing all they can to keep the cost down, but the cost is above the reach of most hemophiliacs in the country — it can get a little expensive," he says, sometimes costing \$20,000 a year for severe cases.

Tomorrow part two of this two part series looks into the negative aspects and some criticisms of the plasma industry.

Thursday, January 10, 1985

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— Bob Reilly

