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ESSAY

Blood Banks Face a Generation Gap in Giving

At a time of declining supplies and rising need, groups are pushing to develop new methods for persuading young people to donate



Socially distanced donors at a blood drive at the Delaware County Fairgrounds on April 3.

PHOTO: REUTERS

By [Amy Dockser Marcus](#)

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The U.S. blood supply has dropped to critically low levels during the pandemic. Since March, when businesses and schools closed due to the Covid-19 outbreak, tens of thousands of blood drives have been canceled, and American Red Cross officials don't expect a return to normal for a year or more. Even after the U.S. Surgeon General made a

rare national plea for donations in March, many parts of the country have repeatedly operated on less than a day's supply of Type O blood units.

Worse, the Covid-19 crisis arrived at a moment when blood banks were already grappling with a seismic demographic shift: America's donor population is aging, and young donors are not replacing older ones. Since 2011, the share of donations by those 65 and over has nearly doubled, according to data published in the journal *Transfusion*. The average age of donors to Vitalant, the nation's second-largest collector, has risen by four years over a similar span.

"This is a transitional moment," says Kate Fry, chief executive officer of America's Blood Centers, an industry group. "It may be the entire way we approach our nation's blood supply has to change." In June, in a letter to the U.S. Department of Health and Human Services, the group warned, "Blood donation is no longer a part of the public consciousness as it once was."

To rebuild supplies, blood banks need crowds, but donations have declined during the pandemic because many institutions that host drives are shuttered and most people are avoiding unnecessary public contact. Blood banks have instituted social distancing and masks for safety, but they don't test for the virus.

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A particular concern today is the supply of blood platelets, which prevent bleeding and are increasingly used in diseases associated with aging such as cancer. In contrast to whole blood, however, platelets take hours instead of minutes to draw, and they can't be given by many older donors because of underlying conditions.

Michael Walker, 69, has seen the falling interest in blood donation firsthand. He organized regular blood drives for decades at his church in Mount Vernon, Va., where he was nicknamed "Dr. Dracula" by fellow congregants. "They would put up their hands when they saw me coming and say, I donated already," he recalls.

Mr. Walker had various ways to entice donors. Each December, amid annual holiday-season blood shortages, he would make a waffle and maple syrup breakfast at the church. In the early days, 50 to 70 people would turn out, but in the last two years, he says, "we

couldn't get 30 people." And after he had given platelets more than 300 times himself, his count dropped too low for him to donate those anymore. Mr. Walker's waffle breakfasts ended when the blood bank told him it was no longer worth sending staff on a weekend.

Blood centers have tried creative tactics to get new, younger donors in the door and to start shaping their habits. Centers have handed out T-shirts, coffee mugs and swag from local sports teams; they have run pizza parties and given away \$25 gift cards, movie passes and tickets to amusement parks. Such incentives increase donations, a growing body of research has found, but mostly from those who have donated before. Younger donors also are hard to turn into repeat givers: Vitalant found that only 34% of those aged 20-39 return within a year, as opposed to 62% of those over 55.



A lab technician freeze-packs plasma donated by recovered Covid-19 patients for shipping to local hospitals, at Inova Blood Services in Dulles, Va. on April 22.

PHOTO: ALEX EDELMAN/AGENCE FRANCE-PRESSE/GETTY IMAGES

Late last year, some in the blood donation community suggested breaking a longstanding taboo by considering a return to paying donors—a practice widely rejected since the 1970s, when outbreaks of transfusion-related hepatitis caused worries that paying donors risked the safety of the blood supply. In 1971, the social policy researcher Richard Titmuss argued that paying for blood attracted higher-risk donors and risked the exploitation of economically vulnerable people. He also linked donation with ethical motivation: Offering people anything other than gratitude discouraged the altruistic from giving blood, he suggested, ultimately hurting supplies.

Hospitals largely abandoned paying after a 1978 decision by the Food and Drug Administration required them to label blood as coming from either “paid” or “volunteer”

donors. The HIV crisis in the 1980s heightened the concerns.

“Paid blood was considered bad blood,” says James Stubbs, chair of the division of transfusion medicine at the Mayo Clinic in Rochester, Minn., which developed the first U.S. blood bank. He caused an outcry at the October conference of AABB, the transfusion community’s national group, when he revealed that Mayo was “pondering” whether to pay donors for platelets. Then in November, the AABB’s president co-wrote a commentary with a similar suggestion.

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Covid-19 has now led to a reckoning within the transfusion community. Some have argued that increased testing and new technology to reduce pathogens in blood products could open up ways to pay donors and ensure blood safety. Demographic data on donations collected by a major blood center in Texas after the Surgeon General’s plea in March suggest that such emergency appeals don’t close the age gap. Instead, some say what’s needed is a new narrative surrounding blood donation.

A review of the last 10 years of research on donor motivation indicates that it’s complex, and what predicted behavior in the past may no longer be relevant, says Roberta Bruhn, an epidemiologist at the Vitalant Research Institute in San Francisco. Mr. Walker, the veteran of 300 platelet donations, for example, started donating after his child was in the hospital; over the years, he also enjoyed being recognized at an annual donor banquet. “I was hoping to get to 500,” he says.

Some new ideas are emerging. In an unusual move, some nonprofit and for-profit collectors of another blood product, plasma, worked together on a recent campaign to encourage a specific kind of donation: antibody-rich plasma from recovered Covid patients, which can be used for transfusions and to develop treatments. The for-profits, which pay because they use plasma to make products, offered to give to charities if donors

prefer. Economists from Boston College, Harvard and MIT—who also have worked on incentives for organ donors—have proposed a novel plan that would give Covid-19 patients who donate plasma a priority voucher, transferrable to a family member, for access to such plasma products.

Christopher France of Ohio University, who recently published a study of donor motivations, said that digging into the data indicates that viewing donors as either altruistic or mercenary is too narrow. Blood is a public good and a commodity, a way of contributing to society and an act that offers personal gratification. What’s needed, he says, is recognition that “It is possible to hold two notions at the same time.”

SHARE YOUR THOUGHTS

How can people be encouraged to give blood? Should there be financial incentives? Join the conversation below.

Consider Courtney Coxwell, 24. She was working 12-hour shifts in a hospital in Columbia, S.C., serving meals to patients and documenting their charts, when she tested positive for Covid-19 in April. After recovering from pneumonia, she decided to donate plasma. A for-profit collector trying to develop Covid medicine was the first to call her in.

She earns \$100 for each donation and has done it five times so far, using the money to help pay rent. “I wanted to do something to give back,” she said. “The cash was an extra benefit.”

Blood banks now have the chance to try to turn young people like Ms. Coxwell into lifetime donors. Ms. Coxwell says that she likes knowing she is helping people and doesn’t feel less altruistic for taking money. “Why can’t I do both?” she says.

Write to Amy Dockser Marcus at amy.marcus@wsj.com