Letter to the Editor-in-Chief

My reminiscence of the early days of the American Red Cross Rare Donor Registry

Only I know how the idea for the Rare Donor Registry germinated. I arrived in Washington, DC, from the Milwaukee Blood Center to assume the Directorship of the American National Red Cross Blood Services on January 1, 1967. General Jimmy Collins, then President of the American Red Cross, closed off the entrance of the E Street Marble Palace making it possible for me to have a laboratory for my research right across from my office. The laboratories of the Research Director and the reference laboratories were in the basement. One of my first actions was to have the liquid oxygen generator in the basement removed. I had expert advice that agreed with my fear that the device was a potential time bomb.

In 1959 I had founded the Rare Donor File of the AABB. It was moved to the Minneapolis War Memorial Blood Center when I left for Washington, DC. (Memory was faulty when the AABB awarded a special plaque to the people in Minneapolis for this achievement). As the National Director of the huge ANRC Blood Services I felt it incumbent to start a similar project for the Red Cross. What to call it? I decided on the American Red Cross Rare Donor Registry. Mrs. Elizabeth Dole, then President of the American Red Cross, honored me for this achievement a few years ago. At that time the registry contained 25,000 rare donors and had been involved in solving many related problems and saving many lives. The AABB Rare Donor File and the Red Cross Rare Donor Registry have now been combined and their great work is continuing.

How did we start? We set up the best AutoAnalyzer available. If you can believe it, the results of whether a red cell sample was agglutinated or not was read out on a filter paper strip. It worked. As I recall, Karen Anderson set up the system and got it to work. Leon La Touche was trained to run the unit. Early on, he identified a few rare donors, one of whom was Colton(a–). Of course that sample had been sent from our St. Paul Center. Leon quickly got the nickname, “Green Thumb” because he ran the machine proficiently, and he was very lucky. I will now reveal a prejudice that did not make me popular with the blood centers of that time. We set up a centralized system because I did not believe that more than a few of our 57 blood centers had the expertise to do a good job and also, if they did find rare donors, whether they would share the information with us. Thus all the work was done by Leon. We assigned geographically selected centers to send us blood samples in ACD tubes that we furnished. That is how we found the Colton(a–) sample, because we knew there was a greater likelihood of finding one among the Scandinavians living in Minnesota. I confess I did not pay much attention to the details of the operation after I had it going. The problems of operating the Blood Services required my full-time attention.

John Peoples relates that when he arrived in 1973 the old AutoAnalyzer had been retired and testing was done in tubes. He developed a microplate technique to conserve reagents. Then, in 1974, we utilized our first computer for the rare donor program. John has related some of the outstanding performances of those days. We made the front page of the Washington Post by releasing for shipment two units of very rare LW-negative units from our donor who lived in the DC area. Our policy was to keep inventories of the rarest units frozen in our laboratory. This was to avoid the problem of coordinating shipments from several locations. Thus, we shipped ten Bombay-negative units to Cook County Hospital in Chicago. They were deglycerolized but the surgeon changed his mind. Unfortunately, they were not recovered for refreezing which is possible by the high glycerol technique devised by Dr. Harold Meryman who was at that time in charge of the cryobiology unit. This was a loss of almost all of the national Bombay negative blood supply. Dr. Bhatia of Bombay kindly sent us a few units to help the situation.

We needed reagents not commercially available. Therefore, we solicited antibody-containing plasmas...
from our centers. Dr. Edwin Steane with the help of Roger Collins started the reagent production program for producing the needed products. We also coordinated our resources with the British program which, in those days, was located at the Lister Institute in London. I do not know where it is now but surely it still exists.

Happily, the AABB and ARC programs have now been merged into the American Rare Donor Program (ARDP) under the able direction of Sandra Nance and Ann Church (215-451-4351 or 4900).

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