

## Military OneSource Podcast — Armed Services Blood Program

### **Episode transcript**

#### **Intro voiceover:**

Welcome to the Military OneSource podcast. Military OneSource is an official program of the Defense Department, with tools, information and resources to help families navigate all aspects of military life. For more information, visit [militaryonesource.mil](https://militaryonesource.mil).

#### **Bruce Moody:**

Welcome to the podcast. I'm Bruce Moody.

Today, we're going to talk about blood donations. When you give blood, others live; it's really that simple. There's no substitute for blood. It's essential for those who need it.

We're going to have a conversation about the Armed Services Blood Program, and I'm bringing on two guests today. First, we have Navy Capt. Leslie Riggs, who is the division chief of the Armed Services Blood Program. Later in this episode we're going to bring in Army Master Sgt. Keiden Jones, who is the NCOIC of Sullivan Memorial Blood Center. Welcome to the both of you.

#### **Keiden Jones:**

Thanks for having me.

#### **Leslie Riggs:**

Thank you, Bruce.

#### **Bruce:**

Capt. Riggs, let's start with you. Just very simply, what is the Armed Services Blood Program?

#### **Leslie:**

The Armed Services Blood Program was established in 1952 by presidential order of President Truman. It took about a decade, and around 1962, it was fully stood up, and was very active in saving lives during the Vietnam War. The Vietnam War really was the first war that fully required the military blood program to be on the forward front lines of providing blood to what we call, the point of injury, on the battlefield.

**Bruce:**

When we talk about blood donations, I think that a lot of people would understandably think of the American Red Cross. What would be the difference between the American Red Cross and the Armed Services Blood Program?

**Leslie:**

Bruce, the Armed Services Blood Program really is the official blood program of the United States military. Blood products that are received on the battlefield or sent overseas in support of military operations, they really come from our organization, the ASBP.

Some of the differences that you'll see between civilian blood agencies and the Armed Services Blood Program, is that we not only collect, process, store and transport, we also distribute the blood products all over the world. You can really say that the Armed Services Blood Program does it all. What we really do, we work with the civilian blood programs in times of national emergency and disasters, and things of that nature. The Armed Services Blood Program is really the sole supplier to the United States military.

**Bruce:**

Within the Armed Services Blood Program, the phrase is "Supporting our own." As we understand that, is that to say that it goes 100% downrange to those who are deployed? Or are there others within the military community who receive these donations?

**Leslie:**

That's correct, Bruce. The phrase "Taking care of our own, supporting our own," it depends upon what service you go by. But it's not just the downrange war fighter, it's also that family of that war fighter that's downrange. It's all of that. Not only the beneficiaries, or the families of the war fighters, there's also our retired military that the blood goes in support of, as well. Several VA hospitals receive our product to support things such as surgeries and things of that nature for our veterans.

**Bruce:**

Amazing. Now I understand the need for blood is constant, but even now there's an even greater need for donations. What would be the reason? What do you attribute the need being greater than years past?

**Leslie:**

I think one of the key contributing factors to the increase in blood need is a better understanding of the importance of having blood at exercises and things like that. One of the other reasons is, it's just many different things happening in the world. Some missions are pushed further forward requiring blood products and blood support. This is all kind of happening at a time where recruitment is low. Some of the training schools that supply most of our military donor centers do not have the numbers that we've

typically seen in the past. And because of that, that's presented some of the challenges that we're seeing today.

**Bruce:**

Naturally, the blood levels were down during the years of the pandemic. If somebody has had COVID, are they ineligible to donate blood?

**Leslie:**

No. They are eligible to donate as long as they're not showing any signs or symptoms. During COVID, it was those donors that had previously had an infection with COVID that we targeted to produce a product called COVID-convalescent plasma. That convalescent plasma was used to treat other COVID victims who had the active form of the virus.

**Bruce:**

When it comes to donating blood, it's a special, meaningful, intimate act and you really are in the middle of that. What is that like for you? What is it that you see as far as the impact of blood donations on the community around you?

**Leslie:**

I can say that having worked in the transfusion service, the previous job, I was at Camp Lejeune, there I saw the real impact. Having the proper or the right blood products at the right time to support that patient that showed up in an emergency room, or in a trauma case coming into our hospital. Having that blood available was critical. Not always were we able to return the family member to their family but, in several instances, we were very successful. A large contributing factor to that was having the blood products really that we needed on the shelf.

**Bruce:**

That's amazing. I want to bring in at this point Army Master Sgt. Keiden Jones. Welcome to the program, master sergeant.

**Keiden:**

Again, thanks for having me. I'm excited to be here.

**Bruce:**

You are the NCOIC at Sullivan Memorial Blood Center, which is at Fort Benning, but as they say, you're not merely an employee, you're also a customer. What I would really ask is if you could share your story with me. You are actually the recipient of blood. If you could share with us your story.

**Keiden:**

Yes, and I would really like to say that there's only one treatment for a massive blood loss, and that's just to replace the products. It really is vital and can make the difference between life or death, which that's what it did for me. I don't think anybody is geared up to prepare for an emergency. That's why we call them emergencies. They happen

and had blood products not been available, I wouldn't be here speaking with you today. I think I have a little antidote where I tell people I almost died at basic, and then I laugh after and everybody laughs because they don't know if I'm serious or if I'm just really making something bigger than what it is. But no, seriously, I had a medical emergency while I was in basic training and I had to be sent to two echelons of care.

Had I not received units of blood, I believe six in total, I wouldn't be here today. It is vitally important. Even outside of that medical emergency, you have people that need blood products in order to sustain themselves. I have a battle buddy whose little sister has sickle cell anemia. She has to have routine blood transfusions in order to sustain her life and then also deal with her crisis. Whether you want to, looking at it as far as donating, being the humanitarian thing to do, like I said previously, there is only one treatment. And that is not something that we can manufacture. When I need blood, I need blood from someone. It is vital that you donate.

**Bruce:**

That's incredible. What were your initial thoughts when you first realized that you had, had replenishment blood?

**Keiden:**

When I learned about that, I didn't really have, it was like, "OK," as if this is a normal routine thing that, just with supplies in the hospital. If you go to a hospital, you expect them to have the things that they need to sustain your life. There was no thought process for me about if it wouldn't have been available because it was. I've never been in a situation to where it wasn't. I think a lot of that goes into our afterthought of how vital it is for you to donate blood, thinking that it's just ever replenishing, and that it's always going to be there.

It takes people to come and volunteer their services to donate, because this is a 100% volunteer program in order for you to have that supply on the shelves ready. If it's for a retiree or a family member, or a service member deployed or here in the states, we need blood products. I think now that I am in this field and I know the struggle that went through it, I'm actually grateful for every donor that comes through here when they donate. Because even though it's not my life right now at risk, anybody can wake up and have an emergency to where they need blood products. We need to be able to sustain the shelves.

**Bruce:**

That's right. I mean, you really, in this case, are paying it forward in a really special way.

**Keiden:**

Correct.

**Bruce:**

Now, you actually work at the Sullivan Memorial Blood Center, which is at Fort Benning, Georgia. We were talking about this earlier before we started to record. Your job is what, again?

**Keiden:**

I'm a medical laboratory specialist, but at my grade level, I work as the senior enlisted adviser to our director. More so making sure operational wise that we're able to meet mission, and we're doing what we need to do to add value to ASBP program.

**Bruce:**

You actually chose this area as your occupational specialty before you joined the Army, before you were injured. That's pretty wild.

**Keiden:**

Correct. I just think about that as, I don't want to call it manifest destiny, but I think some of things are, my steps were ordained. Being that I had no idea when I researched what a 68 kilo, it showed me the major responsibilities about what a lab tech was. There was a small little blurb about blood, but overall, overwhelmingly, I was attracted to the portion about assisting in autopsies. It's just kind of, I think, serendipitous in the way that I got a chance to assist in an autopsy.

I determined that, that was not the step or the path for me. I didn't enjoy it. One of the reasons why I feel like I was a little bit too sensitive in order to turn those emotions off and deal with that. I found that I add a lot more value being on the side of sustaining life, then on the side of figuring out what went wrong with your death. I think transfusion services, and the clinical side of the house, and the donor center operations, go right up my alley in keeping me happy. And healthy and being a productive member of the Army.

**Bruce:**

Let's talk more about the sustaining of this program. Who would be eligible to donate blood specifically to the Armed Services Blood Program?

**Keiden:**

There are some standard requirements to be eligible overall. We want to make sure that you're healthy, and you're going to not only be able to donate with the most minimal amount of effect on you as a person, but that it's going to be a good product at the end of it. The very basic ones would be 17 years of age or older, must weigh 116 pounds or more. But depending on the donation type, it may be 110 pounds. Like I said, make sure that you're feeling well for at least three days prior to the donation. No major dental work in prior three days. Be well hydrated, I cannot stress that enough, be well hydrated

and eat something prior to you coming down to donate. There are some deferrals, and I'll just talk about just the kind of major ones, tattoos and piercings.

A lot of our population has tattoos and piercings. That is a temporary deferral. It's required a seven-day wait once fully healed in the majority of the U.S. states. There are some states that you have to wait three months, but for most of the states, if you get a tattoo or a piercing, it would be a seven day or until it's fully healed. But then also there was a deferral for travel that really impacted us a lot just, because of the nature of who our service members are and what they do. They travel.

The good news is that VCJD, or mad cow restriction, for divert personnel who spent time in the UK, Ireland and France, has been lifted by the FDA. Meaning, it is no longer a deferral, which opens a lot more potential donors who have been stationed or lived in those areas. We do take a look at some of your medical condition. If you feel like you have a medical condition, a lot of those you would be able to donate, but you won't know unless you come down and have us actually look at those situations specifically for you. But those are just some of the big things that defer people.

**Bruce:**

Very interesting. Capt. Riggs, I'd like to bring you back into the discussion here. When it comes to finding out where somebody can donate, I understand you've got some mobile blood drives and then you've got some stationary. How do people find out where they can donate blood?

**Leslie:**

Our website will list some of the blood drives. A lot of times, our Armed Services Blood Program recruiters will do various flyers. They'll engage with community groups to put the word out. Facebook also is a big area that the word is spread. You can go on the Facebook and look up Armed Services Blood Program, and become a member of that portion on the Facebook page. A lot of times, these people themselves do a lot of the advertising for us as well within their offices and their spaces. Those are just some of the ways that you can get word on where a blood drive is happening.

**Bruce:**

Beyond donating blood, what are some of the things that you can do on a voluntary basis to support the Armed Services Blood Program?

**Leslie:**

Just some of the things that come to mind are just getting out and volunteering, especially for those folks that really want to get out and donate and they can't for whatever reason. They love it when they can volunteer, and volunteering can be coming out and just greeting donors. Handing out cookies, juice, things of that nature.

Spreading the word, putting up signs and flyers, and just getting out and talking with folks and saying, "Hey, come on over if you've got a little bit of time and donate some blood." That's some of the main ways. Occasionally, we'll have folks that are maybe

pursuing a medical background or something, and they want to come over and work in volunteer in our donor recovery area. Just kind of monitoring the donors to make sure that they're OK post donation. Those are just some of the ways.

**Bruce:**

This, to the both of you, has been a really wonderful special, meaningful conversation. Captain, if you could help us start to wrap this conversation up. Just remind everybody what donating blood means to giving to both your community and yourself.

**Leslie:**

Really like, I guess a personal story that I'd like to share is, donating blood really hits close to home. One good example took place down at Camp Lejeune. We had brought on a new blood product called Whole Blood, and one of our very first patients that used Whole Blood, we were able to save him in what the surgeon called an otherwise almost unsavable accident in the resulting trauma. The good part about this is we returned this young Marine to his family. I mean, those donors probably lived right there on that same base to where the product that they donated, that blood unit, really had a big impact on that family. That was a huge impact. We felt that throughout the blood bank, and the sense of accomplishment was overpowering.

**Bruce:**

Master Sgt. Jones, can you help us out with this as well?

**Keiden:**

Yes. When we go into community impact, we've already stated that the need for blood is constant. That is the only treatment that you're going to get with someone who has massive blood loss. A way that family members can be active in making sure that our shelves are replenished and ready for their family members if they need it, would be to reach out to a recruiter. If you have a blood center that is local with you, you can set up a blood drive. Whether it's your FRG group, if you have a group of personnel that want to come together, and you all want to donate. And you want to volunteer to take on putting that project together, working with our recruiter, we'll come out and we'll make it a go. We'll draw you and we will thank you for your service.

**Bruce:**

Well, I thank the both of you for joining us on the podcast to talk about the Armed Services Blood Program.

**Keiden:**

Thanks for having me.

**Leslie:**

Thank you, Bruce.

**Bruce:**

Navy Captain Leslie Riggs is the Division Chief of the Armed Services Blood Program. And Army Master Sgt. Keiden Jones is the NCOIC at the Sullivan Memorial Blood Center at Fort Benning. Thanks to the both of you.

We want to remind everybody that Military OneSource is an official resource of the Defense Department. We are a website, a call center. We're on social media and we are a podcast. Subscribe to us wherever you listen to your podcasts, because we cover a wide range of topics to help military families navigate military life.

I'm Bruce Moody. Thank you so much for listening. Have a great day. Bye-bye.