

Two steps to eliminate the chronic US blood donor shortage: 1. Add serum transferrin saturation to the routine blood screen on first doctor visit; 2. Give high iron blood to those who need blood. V. Herbert. *Mount Sinai and Bronx VA Medical Centers, NYC, NY.*

-12% of Americans (~30% of Afro-Americans) have heterozygous hemochromatosis (H-H) and ~1 in 200 (~1 in 100 Afro-Americans) have homozygous hemochromatosis (H-H). H need ~4 therapeutic phlebotomies/yr and H-H need from 10 to 100 per year. Most are not diagnosed until organ damage (pancreas, liver, gonads, heart, joints, etc.) appears, and, even then, are often untreated until death. FDA regulations require such phlebotomies be labeled "therapeutic phlebotomy - patient has iron overload." In 1996, to destigmatize H and H-H blood, we petitioned the FDA to change that regulation to read "all therapeutic phlebotomies, *except those from iron overload patients*, should be labeled 'therapeutic phlebotomy.'" On June 19, 1997, FDA Assoc. Comm. Chesemore rejected our petition on the specious ground that there was not enough evidence to support it. In fact, the *ABC Newsletter* (11/8/96, p10), says the FDA agreed with the American Association of Blood Banks to reject our petition. We wrote Mr. Chesemore on August 14, 1997, that "donor blood from persons with H or H-H is the best donor blood for two reasons: 1) Unlike other donors, H and H-H donors almost never receive transfusions and thus almost never receive blood contaminated with AIDS or hepatitis virus. 2) Most who need blood are iron-deficient. H and H-H blood is high in iron." Implementation of the above actions is overdue, as we noted (*Stem Cells* 1997; 15: 291-296). This paper is our new assay for mean number of iron atoms per molecule of ferritin protein (low in deficiency, normal in inflammation, grossly elevated in iron overload). Serum assay for the H gene is of less value because in ~15% with the disease, the gene is not found and in ~15% with the gene, the disease is not found.