SECOND REGULAR SESSION

House Concurrent Resolution No. 32

97TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES WALTON GRAY (Sponsor), MIMS, PACE, MORGAN, PIERSON, ELLINGTON, SMITH AND NORR (Co-sponsors).

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WHEREAS, two million African-Americans, or 1 in 12, have the sickle cell trait and
more than 90,000 people in the United States, 98% of whom are African-American, are affected
by sickle cell disease; and

WHEREAS, some, but not all, people who have sickle cell anemia need blood transfusions to prevent life-threatening problems such as stroke, spleen problems, or acute chest syndrome or to treat a sudden worsening of anemia due to an infection or enlarged spleen; and

WHEREAS, blood transfusions are sometimes the best way to treat and prevent some of the complications of sickle cell anemia and blood transfusions are commonly used to treat worsening anemia and sickle cell complications; and

 WHEREAS, the human leukocyte antigen (HLA) system in humans distinguishes from an immunological standpoint, foreign pathogens and tissues from the human body, and therefore in this capacity, plays a major role in the immunologic regulations of bone marrow transplantation. A key factor to the success of allogeneic bone marrow transplant is the ability to closely match the patient and donor for a group of proteins found on the surface of most of the cells of the human body; and

WHEREAS, African-American patients who need a bone marrow transplant have an especially hard time finding an unrelated bone marrow donor because African-Americans make up only 12% of the United States population and, thus, fewer potential donors are available, variations in HLA-types among people with African ancestry than in any other ethnicity are numerous, and some individuals with both African and European or other ancestry may have novel combinations of HLA-types that are not found in either parental population; and

WHEREAS, it is critical to match blood types for African-Americans with other African-Americans because there are differences in the frequency of certain HLA-types among ethnic groups, and therefore patients are more likely to find a good match among donors from their own ethnic group; and

WHEREAS, the American Red Cross is working to partner with the African-American and Hispanic-American community in our region to close the gap on minority blood donations and the need for education about the safety of the blood supply and of the blood donation process

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is pivotal to the survival of the community. The American Red Cross is participating in health fairs, conducting educational sessions, and seeking to dispel long-standing cultural myths. The organization is working to hire and retain a more diverse workforce that can represent the communities we work in and ultimately assist us in overcoming many of the language and cultural barriers of these individuals' participation in blood donation:

NOW, THEREFORE, BE IT RESOLVED that the members of the House of Representatives of the Ninety-seventh General Assembly, Second Regular Session, the Senate concurring therein, hereby designates May 15, 2014, as "American Red Cross Minority Blood Drive Day" in Missouri in honor of Dr. Charges Richard Drew, an African-American physician and research pioneer in the field of blood transfusions; and

BE IT FURTHER RESOLVED that the General Assembly encourages and urges all citizens of the State of Missouri to participate in appropriate activities on "American Red Cross Minority Blood Drive Day" to honor the medical revolution Dr. Drew made within the medical profession by storing blood plasma, establishing the American Red Cross blood bank, and organizing the world's first blood bank drive.

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