

Peter Jaworski is a professor of ethics at Georgetown University who shares a highly specific field of interest with the primary immunodeficiency community. Plasma collection. He devotes an enormous amount of his time to spreading awareness about global plasma supply as well as to correcting common misconceptions that stand in the way of creating effective plasma collection systems. This interview was conducted by longtime partner of the Immune Deficiency Foundation Matthew Hombach of Nevins and Associates.

Matthew Hombach: Two part question. Talk about how you got into the arena of plasma and then how that synced up with the PI community. Did that happen simultaneously or you got interested in plasma and then discovered this community just talk about how that evolved.

Peter Jaworski: Okay. So the origin of my work in plasma and with the PI community actually goes through bone marrow. I was teaching MBA students, and one of my students, his name was Doug. He started a company called [], and he was going to pay people to make bone marrow donations. And he came running to me because of the Department of Health and Human Services.

Wanted to change the rules to make his business model illegal. And their complaints were all moral complaints. You know, people should donate altruistically, you know, you shouldn't pay people to donate bone marrow. Well, I didn't agree with that and I put a letter together. I had that letter signed by a lot of very famous people, Al Roth, the Nobel Prize winner signed that letter, Peter Singer, the famous philosopher, he signed on to that letter, so there were a lot of them.

I got a chance to read that letter to the Department of Health and Human Services. I had a chance to present the letter at a Senate Hill briefing just by the way no senator was in attendance. But senatorial staff where that was a very surreal experience. So I presented that letter in both of those occasions and then eventually the Department of Health and Human Services decided not to move forward with the change to the rules and At the time, I felt like the letter played some role in that decision. And it was, at the time, the most meaningful thing I think I've ever done with my academic career.

Now as part of the process of trying to figure out exactly clearly what's going on with this bone marrow process and how it works. The way they collect the bone marrow is through marrow apheresis. And so I was doing research on a for recess and that's how I came across plasmapheresis. And being a Canadian at the time there was a big debate in my home country of Canada over whether or not to allow companies to offer compensation to people to donate plasma. It was very controversial.

And so I got very involved. The first few years was just policy work. It was just writing opinion pieces. And then eventually, very soon thereafter, I finally got a chance to meet patients. And once I met patients in Canada and also in the U.S. In Canada, it was through

the network of rare blood disorder organizations. It used to be the Canadian immune deficiency patient organization, now it's Immunodeficiency Canada, so I got a chance to meet Whitney and a number of others. And I think that was I mean, that's when it became very real for me.

Once you meet people who rely so much on the medicine that's made from plasma, then you really feel like, I mean, I hope people feel a real sense of urgency. Like, you really need to do something. To encourage people to donate plasma and to make sure that not just in the US and not just in Canada and not just in high income countries. But in low and in medium income countries. Like, we just we are not collecting enough plasma around the world.

The mission of the work that I do now is to just kinda communicate. The point of collecting plasma is to meet the needs of patients. Like patients, patient should be at the center of our debates. But if you look around the world, too many countries are talking about donor altruism. They're talking about jobs for phlebotomists.

They're talking about community solidarity. They're talking about a gift. And it's like, you know, the only gift that really matters is the gift of the medicine to the patients. Who need it. Right?

And that's not the point of plasma collection. All of those things are super important, but the central point is and should always be collecting enough plasma to meet the needs of patients. We're not doing that. And my work I mean, the this sort of the path that I'm on is to try to get more and more people to understand that central fact.

Matthew Hombach: So what the policy makers and those in power debating these decisions and and whether it can be compensated or not. What are like a one or two or three things that you don't think they understand about the bottom line of this situation that you wish you could impart to them?

Peter Jaworski: You know, frankly, there's a lot of things, a lot of misunderstandings in this space. Many people that I talk to, they don't even know why people donate plasma or what it's for. People think it's for insulin, some people think it's for makeup, etcetera. So the first thing I do is clear up the misconception about what the point of plasma collection is, like what it's for, what it's intended for, what its primary use is. The other thing, when I talk to legislators, not just in the United States, but in other parts of the world, I wish that they would understand exactly what proportion of the entire world's plasma comes from here in the United States of America.

The United States is five percent of the global population. The United States contributes somewhere between sixty five to sixty eight percent of the entire world's supply of plasma. And so when I talk people talk to people in France or in Spain, they they don't know that their countries don't collect enough plasma to meet the needs of their own domestic

patient communities, and that they rely so much on the United States. They seem to think that there isn't an issue that they don't have plasma collection shortfalls. I don't know where they got that impression.

They do have plasma collection shortfalls. And the US is doing so much and really other countries need to pull up their socks. Roll up their sleeve and donate much more plasma than than they do at present. I wish they understood that.

Matthew Hombach: And the one kind of just oddball thing to me is that these countries will not allow paid plasma in their countries, but they will allow patients in those countries to be treated with products derived from plasma, from donors who were compensated. Do they even think about that conundrum? Does it register? Like, any comment on that?

Peter Jaworski: I think for at least some countries that have this policy, like, they have this rule, this law, it feels a lot like hypocrisy. Like, here, it's like, don't don't look over there. It's like, I like to tell people from other countries when they talked me about this. And they say, well, you know, in France, you know, or in Belgium, or in Denmark, why we don't have to pay people. They donate plasma out of the kindness of their heart, not out of a disregard for the thickness of their wallets.

And then I I tell them, actually, you do pay for plasma. It's just that your country has decided that you prefer to pay donors in the United States for the plasma that they donate rather than people in your own country. Right? And and these countries, I mean, who are we kidding? They they are.

What do they think they're doing when they purchase medicine from CSL, from Grifols, from Takeda, etcetera, when they purchase, what do you think those companies do with the money that they get for the medicines that they that they sell? They use a large chunk of it to compensate donors in the United States. So, yeah, these countries are paying for plasma. Let's not let's not beat around the bush. It's just that they don't for some reason, they don't wanna pay their own citizens.

Okay.

Matthew Hombach: So what I mean, I think the global and domestic supply of plasma is something that's collectively in the back of the mind of this community at all times. And, you know, I think I saw a webinar from you, like, in the early spring of winter where you characterized levels And generally speaking, we always need more plasma. But what how would you state what the current state of affairs is in terms of plasma supply.

Peter Jaworski: In the United States, it's good. In terms of the global perspective, it's very bad. Estimates that I've seen suggest that we are collecting globally about twenty percent of the plasma that we need to meet the needs of patients. In wealthy countries, it's okay because they can purchase the medicine that is made from plasma donated in the United

States. But another like whole continents.

The whole continent of, like, South America, I think, globally, they use about five percent of the medicine made from plasma. If you look at the continent of Africa, it's less than that, it's unbelievable. Now, there are some good stories. Northern Africa, like Egypt, in particular, they're improving the situation. Some of the wealthy countries in Europe are, you know, they are trying to collect more plasma, although demand for immunoglobulin continues to outstrip increases in plasma collection.

So I'd say twenty to thirty percent is the amount of plasma that we are collecting. We are missing so much. And I don't think the US can do it alone, and it would be good if some countries were to step up as well?

Matthew Hombach: So then for somebody who's really not tuned into the global perspective on this, where are the battlegrounds? Where there is areas that some progress can be made or things are starting. The discussions are being had or policies are being considered that we can make some headway.

Peter Jaworski: Okay. So globally, a couple of, I think, optimistic composite of things have happened. So the European Union just passed their substances of human origin.

Legislation, and there was a controversy over whether or not to make compensation for plasma donation illegal across the board, which would have upended things in Germany, Austria, Hungary, and the Czech Republic. But instead of doing that, the the substances of human origin legislation leave it up to the member states to decide whether or not they want to compensate donors.

That's that's an open avenue now. It's clear. There's a path for many of these countries. Some of them like Greece are considering it out loud. There's a couple of other countries in Europe that I'm aware of that are thinking about public private partnerships with with companies like CSL, Takeda, etcetera.

So there's movement in Europe there. I will say that like Denmark has done a lot to increase plasma collection without compensation. So on the non non compensated model, and they've improved their collections, a lot. They're not self sufficient, and I don't think they will be anytime soon, but they're making some progress. Globally, Egypt has created a public private partnership with Grifols, and so they're significant progress in plasma collection there.

Canada has created also a public private partnership, also with Grifols. And so now there are seventeen plasma collection centers where they compensate donors. And I think it's eleven plus four in Quebec. There's four in eleven that Canadian blood services run, so that's fifteen plus seventeen plasma collection centers in Canada. Canada is very far from being self sufficient, but they're making significant progress.

If I remember off the top of my head, they went from seventeen percent self sufficient to I

think it was twenty seven percent self sufficiency in the first year first full year of the partnership. Now this year, they'll announce that they're thirty four percent self sufficient. And that's a significant uptick when over the past decade. It's just been declining. All we've seen is decreases in self sufficiency in Canada and now finally, it's going up. Let's see here. In other parts of the world, I mean, you have to be hopeful about regions like Southeast Asia. I think I think there's good things that might be happening there. Yeah.

Matthew Hombach: Cool. Now for the what would be your message to the PI community? Because this community does deeply care about plasma. What sort of things would you say they could do on their own, whether it's sharing on social media? Or what sort of things should they be paying attention to?

Like, whether you I mean, I think following you on LinkedIn isn't too self serving, but it's you're a conduit to information and news, but what would your message be to a community that cares about plasma and what they can do kind of locally and globally to stimulate more donation.

Peter Jaworski: I think there's one very important message that patients and the community can send. And that's to encourage their friends and neighbors to donate plasma and to inform people about what plasma is used for. It's unbelievable how few I'll share one story. I was in Spain. I was teaching Georgetown students at **ESADE** in **Sant Cugat** in Spain.

And I took my students to the to the Grifols Museum. I took them to the fractionation facility, but I also took them to the Banc de Sang i Teixits, which is the public blood and plasma collector in Spain. And while I was there, I had a conversation with the person who is running their plasma collection system. And she did not know that Spain did not collect enough plasma. And when I talk to so many different people, including donors, they don't know what the end result of that plasma is when I'm on when I'm on Twitter or X or when I'm on social media, there are so many people who are under the impression that like plasma is used for facials.

Because Kim Kardashian got a vampire facial, and so now There's all these people that think that the plasma, that people donate, that it's not used in a hospital, that it's not used to treat patients, that it's used for research, for insulin, for these vampire facials, etcetera. It would be really good if we could more firmly and better communicate the message that the plasma that people donate is used to manufacture medicines for people like the patients that we meet here at the IDF. I also think I will say this too. It's Every time I see somebody say on Twitter or something like that, they say, you know, oh, I donated plasma or something like that. Or they'll say, you know, I needed money and so I donated plasma. I always say, you know, Thank you. I'll post like thank you. I hope you feel good about what you've done because I do think there's an unfortunate stigma surrounding plasma

donation. And I think that's something that this community is in a really good position to help do battle against. And I think the donors of plasma deserve to feel proud of what they're doing, and so I do my part.

I hope more people do that part too. People think that the companies are selling a bottle of plasma for two thousand three thousand dollars. That is completely untrue. The average price of a liter of plasma, you can look it up on the US export website. It fluctuates, it changes.

I think last month, it was like a hundred and eighty four dollars per kilogram. And a liter of plasma is like one point zero two five kilograms because it's denser than water. But it's about like a hundred and seventy, a hundred and ninety dollars per bottle, a full liter. Right? Now the average donation size has ticked up, but it's still under a liter.

And the donor gets about fifty to seventy dollars out of like a hundred and ninety dollars. And once you look at the expenses associated with collecting plasma, which are not small, they're very large. You've got to test it. That's fifteen dollars Every single time you use a needle, you need to use a fresh needle. So all the soft goods, all those little elements, that's another, like, ten bucks per each donation.

Then there's the cost of labor, the phlebotomist, the nurses, the medical staff, the like everybody else, that's another large chunk. And then once you that you've gotta pay rent on the building, the freezers are not cheap. And, oh, by the way, the electric cost of running those freezers is not cheap either. At the end of all of that, the companies walk away with, like, fifteen to twenty dollars in profit. And the donors receive fifty to seventy dollars as their donation.

When you look at that waterfall, it's really hard to see how that's anything other than fair. In fact, I kind of think it's a good deal. Now, you might think that they make more from the medicine and that's absolutely true. Like after fractionation, that's the biggest value add in the process. It's not the plasma itself.

It's like the fractionation process that results in these medicines. But even if you look in the aggregate and you look at the, like, total profit that these companies and they're big, multibillion dollar companies. People often say, like, they make billions and I get fifty bucks as a donation. But that's not a fair comparison in two directions. Like, you can you can do a fair comparison by doing individual donor and then the individual leader of plasma.

I just walked through the waterfall chart on that. The other way is the aggregate of all donors in the US and compare that aggregate to the bottom line profits of the companies that they make from American plasma, also in the aggregate. And when you aggregate it for twenty twenty five my calculations, the American donors received four point seven billion dollars in donor compensation billion with a b, four point seven billion. The company's walked away with an EBIT, so earnings before interest and taxes of three point two to something like six point two billion dollars. So that's four point seven compared to that

amount.

Even at the high end, like, six point two billion, I still think that's that's almost fifty fifty, like, one for you, one for me. And that strikes me as pretty fair. So that's And then, of course, the thing to say because a lot of people always say, like, shouldn't people donate out of altruistic motives? The point of plasma collection is not to give you or me an opportunity to express our altruism. The point of plasma donation is to make sure that we collect enough plasma to meet the needs of patients.

Right? So if any and that's the moral point. Right? Like we have fire departments to put out fires, but people are so busy talking about the ladders. Like, oh, look at it.

Our ladder is fancier than the other one. What are you kidding me? That's not the point of a fire department. I need to know if the fire department is putting out fires. If it is, it's a good fire department.

If it isn't, then I don't care about the ladder. And the same is true for our systems of plasma collection. Are they putting out the fires? Are they collecting enough plasma to meet the needs of patients? If so great, that's a good plasma collection system.

But if not, then that's a bad plasma collection system. And I don't care about their ladders. I don't care about all the other things that they're very proud of. If they're not meeting their primary goal, they're failing.

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