... My God, there is too much pain in this world! ...
Dear friends,

The reasons why I wrote the book “A story about the blood group, blood and philanthropy”*, part of which I present to you are two.

The first is the devastating wind of alienation, which inexorably conquers larger and larger areas of our spirit.

The second is my desire to conduct, in order to counteract its effect, an unusual psychological experiment – if you take part in it you will be able to check whether you have been affected by this big disaster of our time.

The essence of the psychological test is after you read “The story of a poster” to answer whether you are convinced in the safety of blood donation and whether you are ready to extend a helping hand to your fellowmen if you are in good health. This is how you can test if you have been affected by alienation.

If your answer is favourable you can contact the nearest blood donation centre whose aim is to help the man (homo sapiens) be awarded the title – humane (homo humanus).

President Petkan Prodanov
http://www.homohumanus.com/*
"Dedicated to my son, Kiril, who, as a toddler, followed me to the waiting ambulance and in his childish naivety asked if he could come and donate some of his blood to help?!“

THE STORY OF A POSTER

Looking through the works of the great Bulgarian writer Yordan Yovkov, I am once again drawn to his short story “Along the wire” (“White Swallow”). Once again my soul is shaken by the unfortunate family, hoping that their child will be healed if she sees the miraculous white swallow. And again I think about “the wire”, which traces the road of hope. There are countless swallows perched on it. The poor sick girl is constantly turned towards it, staring sadly at the swallows. So many, but all of them black! Only the approaching steps of the man from the other village take her eyes off the wire, so that she can utter the heartbreaking question “Will I see it, uncle?”

E. Bosyatski (Along the wire)
“You will see it, child! You will see it! I saw it, and you will see it, too!” – the answer of the compassionate peasant sounds as an epitome of human empathy. The echo of his words: “Follow the wire, follow the wire…”, warmed up by his human kindness, echoes back after them as “Follow the hope, follow the hope”… Yes, hope is what provides support in the tragic situation of these unfortunate people, who are powerless and helpless before human fate, but who do not accept it.

And suddenly I realize why this story influences me so much!

I know this girl! She has severe anemia\(^1\) and her life constantly depends on whether there will be a “handful” of blood for her to go on.

I know these girls! The girls, whose eyes stare childishly at my white coat, which represents hope as a white swallow for them, from a very early age.

I also know the boys and the slightly husky voice of one of them, whispering accusingly to life: “You are healthy, help me!” haunts me in my dreams and often wakes me up with cold sweat on my forehead, and makes me think whether I have done everything possible to help them. Whether I have made enough effort to share their pain with the people, so that they can come to the rescue.

Finally I understand that this is the pain that Yovkov has concentrated in his heartbreaking story. And gradually I am taken by the wish to disconcentrate it and somehow send it “along the wire” of philanthropy to everyone. So that they can realize that the “white swallow” does exist for the unfortunate children, but in order for it to fly, they should lend a helping hand. To donate a stream of their own blood and give the children some hope for longer life.

But how do I do this? Maybe with a poster?!

The fantastic illustration of the story which by a few strokes of the pencil depicts the drama in the startling work of fiction and

\(^1\) sickle-cell
makes you feel the creaking of the cart along the endless fields of Dobrudzha is not good for this purpose.

The white bird of hope should have a central place and should show the road to the life-saving blood drops with its determined flight. The road to people’s hearts, so that it can provoke their love of mankind!

The idea somehow emerges on its own, but how do I find a picture of a flying swallow? I seek advice from a friend of mine – a photographer. It is not impossible, but it is hard and requires time! I head out to the Institute for Ornithology at the Bulgarian Academy of Sciences. The Director is compassionate to the idea and leads me to their library. Out of the shelves start pouring books that have sheltered between their pages all kinds of swallows. Dozens of varieties. Perched on wires, in nests, flying off, flying around. I thank him for the understanding, promise to send them a poster and leave the academy with a bunch of copies under my arm. Among them is also my prima donna. The beauty, heading out determined into the skies!

From there on it is a matter of technology. We get into the publishing room with the respective expert and the desired vision takes shape onto the screen. But is it enough! Could we leave out the cry that came right from the heart from the peasant?

...MY GOD, THERE IS TOO MUCH PAIN IN THIS WORLD!...

You want to learn something more about it? The pain! Do you want to see with your own eyes how much more pain is there in this God’s world, so that you can be sure? Come along with me! After all, I am your guide and there is no more need for me to change my role any more. Now I am on my own ground. Put on the white coats. Put a face mask in your pockets, just in case. Hurry up! We head out on a visitation along the cry of the sirens.

We step on the gas in order to “stick” to the ambulance that has just set off and use the road that has been freed by its siren. It takes a left turn at full speed, gives a left turn signal and the direction
is clear – the maternity ward. They have been expecting us! Not us, but the priceless blood bag they carry in front of us. The door opens with the touch of the bell. Holding our breath, we creep in. We stop before the glass wall of the maternity ward. Inside the battle continues. Placental abruption! Sixth consecutive blood bag is being used! Under pressure! You stand dumbstruck, don’t you? Hold on, hold on! Wait! I am stopping you because I am sure you will never forget the moment of “resurrection”. When the eyes of the young unfortunate woman, sunk into the nothingness, open once again for life! This is wonderful, isn’t it! Even divine!

Do you want to know who helped rescue her? There are no names on the blood bags. Only a numerical code representing nameless Humans!

We go back. But why does this man walk back and forth so anxiously in front of the door of the micropediatrics ward? Shall we have a look? For your guide, who is responsible for the donation and transfusion of the life-giving liquid, all doors are open. Just take out the masks and put on the gaiters. Through the glass of the department you will see how the blood of a newborn is being replaced. Fortunately, only a little” blood is needed for this heroic for the size of the child’s organism therapy. From just a few donors! But Rh (-). The father outside is eager to be “the savior”, but he is Rh (+) and is not compatible. He’s been tactfully advised to donate blood for someone else, who needs it, while the doctors recover the life of his beloved child. We leave with brightened faces, but let’s not hurry. We still have not looked into the dwellings of the main “consumer” – the surgical ward. We are warmly welcomed. They know why we are here and lead us to the surgery block. Now it is “calm”. They are operating on for a “rebellious” ulcer, which has refused to stop bleeding despite the liters of blood transfused. The affected blood vessel should be surgically “corrected”, of course under the “curtain” of blood transfusion. ...Drip, drip, drip... We cannot hear from behind the glass, but we can see! The “dripping” will continue after the operation to recover the losses.
Wait a second! The mobile phone in my pocket begins to vibrate restlessly. I step aside and answer it. They are calling from the center. A car accident! The ambulances now 'cry' on the way to the traumatology ward. The accompanying colleague gives me a questioning look. If the accident is big, soon the operating rooms here could be “covered” in injured people.

The traumatology ward cares little about us! “Live” scenes from “ER” can be seen! It is a pity that the access of the journalists’ cameras is limited only to the scene of the accident and they do not follow what is happening to the victims. They do not follow the sirens of the ambulances like we do.

The accident has affected “only” two people. Two teams are working at the same time. Universal blood is being transfused until their blood groups and Rhesus factor are determined. Whispering, I explain what very few people know. The hand of the surgeon cannot operate before the anti-shock and replacement effect of the transfused blood begins. Every surgical intervention is related to inevitable new blood losses! In the battle between life and death, the battlefield is, directly and indirectly speaking, “stained with blood”. I draw aside and lead my group that has “become lost for words” into “calmer” waters. On the way out, I open one by one the doors of the hospital rooms for them. Here are the results of the “successful” battles – limbs, stretched into extensions, plastered parts of tortured beings. I am too hard-hearted for a guide, am I not? ! No, I am not! I am just wondering when the driving tests will end with such educational visits!

It is time to give my “tourists” a little break, but we cannot easily skip the oncology clinic nearby. I solemnly swear that there will be no more operating rooms. We are heading towards the internal medical ward. Along the corridors we meet weak elderly figures with pale faces and headscarves. Here, after the end of a surgical treatment, they are further treated with chemotherapy or only with it should the cancer be inaccessible. The doctor in charge greets us with a smile and to lighten up the tense atmosphere overloads us with optimistical results of the treatment carried out.
The difficulty comes from the fact that the medicines, which destroy the “aggressive young cancer cells”, also affect, however to a lesser degree, the patient’s blood. Several liters of blood and at least 10 doses platelets are needed for the treatment of one patient only. The problem is where do we get them from?! Sometimes these are lonely elderly people! Should we leave them to the mercy of faith without lending out a helping hand? Isn’t this the same as if they are buried alive? And the results from the treatment, as we have already heard, recover lost health, if not completely, then to a sufficient degree. Without realizing it, we begin thinking about our own “hedgehogs”, which nature has given us in excess!

We say thank you and we “slip” outside. We are welcomed by a lovely spring sun. Life is good!

We do not want more ambulances and head out to the base on foot.

The shady boulevard takes us to the city center, far from the noisy transport artery. At the even shadier square, mothers are slowly pushing strollers and are taking their children for a walk. Some of them are trying to walk!

Under the hospitable crowns of the plane-trees many café tables allure our eyes. We cheerfully cross the kingdom of calm and set off, not too excited, but firmly resolved to follow the planned scenario until the end. Even though now it seems to be “the harrowing of hell”.

“When Thunder Strikes, How the Echo Dies Away”

It is quiet at the reception of the blood donation ward, but there is a sense of tension. The looks! We are met by a flock of worried looks. The news of a beloved one or a common acquaintance, who has suffered a misfortune, has struck these people as thunder from a clear sky.
The door opens. A woman with a desperate look comes out. Not fit for a blood donor! What now? She does not lose time. She rushes outside to search for friends and relatives.

The door opens again. It is followed by tense, inquisitive looks as if this is a competition. But a completion, in which life has to win! He is fit, but is not the same blood group! The “white coat” reassures him that since they are many, he will be able to make a trade and takes him to the “donation room”. His pace is hesitant, but his feelings win over and he enters together with the nurse.

They find time to invite us as well into the waiting room for those people who have already donated blood. Their sleeves are still rolled over the arms, temporarily tightened by a bandage. They are offered a refreshing snack. They do not feel like it. The worry and tension about the fate of the beloved ones do not leave their faces. They are in a hurry to know! They are delicately held in the room. After all, this is the first time they are donating blood. The reflex replacement of the donated blood by the reserve blood requires a little peace and monitoring. They stay distrustful because they do not feel anything, but the “white coats” don’t want even the slightest percentage of some temporary indisposition to cast a shadow over the hundred-year reputation of blood donation as a harmless act. The minutes have passed and the impatient ones leave, seen off with gratitude by the accompanying staff. The tension stubbornly persists. The door opens and new “rolled up” sleeves go in.

My “tourists”, shocked by the final of today’s “walk”, want to take part in the blood donation. Surprisingly I refuse with the argument that they are not completely ready yet. This course is aimed higher. Blood donation due to “specific feelings” and for “a specific case” is not the highest form of humanism. Sometimes it is even dangerous for the injured person. In their strong desire, in order for them not to be rejected, close friends and relatives sometimes conceal illnesses and circumstances, which can cause harm, instead of providing help...

My explanations cease because of an approaching cry from a siren which stops in front of the building. I lead them to the
expedition. We go in together with the greenish bundle, containing the next **written demand “for life”**. It is the insatiable operating rooms again. The door of the chamber opens for the umpteenth time...

On the faces of my “tourists” I see shadows of overexertion. I realize that the encounter with human misfortune that slightly opened the curtain to our daily lives could turn out to be too dramatic even for “thrill seekers”. I invite them for a cup of tea a little further from the “conveyor”, in the staff “recreation” room, which for some reason is empty. We help ourselves and “park” chaotically around the block table with colorful tablecloths. The sips of refreshing fluids and the “calm” atmosphere gradually decrease the tension and encourage me to continue the story of the endless series of suffering, which fate can put on everyone’s course of life.

I remind them that today’s “harrowing of hell” is in fact within the boundaries of the most ordinary blood donation and blood transfusion ward\(^2\) in a district hospital. But it is the “forefront” of the battle for saving the lives of hundreds and thousands of people, who are suddenly in need of help. Here and now. In the closest operating room. To the closest “pharmacy of philanthropy”, from which one can get the life-saving fluid, provided someone has stretched out a helping hand to donate it.

Deep in the “rear” are the large centers with considerably bigger possibilities and technology. They are designed to answer the needs of specialized medical institutes in the country. The needs which are also large-scale. For a single cardiac surgery, besides the blood, the cardiac operating room also requires 6 “doses” of platelets. In burns cases, besides big quantities of plasma, the staff needs 20 more units of them. In organ transplantations their quantity increases to 30 and for bone marrow transplantations it reaches 120. Yes! 120!!!

\(^2\) Transfusion Hematology Department at Multiprofile Hospital for Active Treatment
Once again the tension and bewilderment shows on their faces! They bombard me with questions. I need to untimely start a new chapter on the subject of philanthropy. To reveal the secrets of “saving” in blood transfusion. To remind that the catchphrase “Even alone, a warrior is a warrior!” is also valid in the medical practice. In the so called “component therapy” because the different patients need different blood compounds. Even “overloading” them with the rest of the components could do harm. In some cases, the “war is waged” only through the multimillion army of the red blood cells “concentrates”, in others through plasma transfusion, and in third cases through the specialized quick reaction forces of the wellknown blood platelets. What follows is the imminent question – could we also “isolate” the required quantity of them on the spot? Yes, we can, but at the rate of a tablespoonfull from one sack of donated blood, and for the preparation of a single active “dose” we need at least 6 such “tablespoonfulls”. On their faces I see how their personal “computers” begin to work: One dose platelets is derived from 6 sacks of donated blood! The 120 doses (times 6) required for a single bone marrow transplantation – from 720 blood donors! Oh, my God! Oh, my!

However, the balance ends with: a life free of leukemia! And what if in this “case” it concerns your own life or the life of your child?!

I have to reassure them once again, but it is obvious that the “excursion” has to continue at the “upper floors” of philanthropy. Together with my memories, I have to transfer them as in a “magic carpet ride” to the blood donation center in Baltimore, which provides blood and blood compounds for Washington and the Institutes of the U.S. Academy of Science in Bethesda that are situated some 60 km away. Together with a colleague of mine, I am invited by the U.S. Red Cross to discuss the problems of the bone marrow transplantations. Right now I am heading out to the ward³ where, with the help of special equipment, doses of platelets are being donated. It uses the simple principle that each blood compound is of different weight. The machines are “smart” centrifuges, in which a

³ For apheresis
stream of blood from the donor enters through an inlet. Its compounds are divided. The desired part is drawn out and the rest is returned back to his/her organism. Through the swing door we enter into a spacious room. It is furnished with 12 ergonomic lounge chairs, on which the donors are sitting comfortably. Next to each of them, as a “bedside table”, is the respective machine to which they are connected. In front of them is a television with a DVD on. Some of them are watching a movie; others are speaking with one another. The accompanying colleague satisfies my curiosity and asks one obviously bored donor how he feels. He looks at him with amazement and wonders how he knew he had troubles on the stock market; maybe he has some problems of his own? With shared smiles we clarify the misunderstanding. I realize it is best to answer the questions myself. My next question is whether I could also donate “a portion” of platelets for those in need. We have to contact the “head” of the department. Oh, yes! But right now it is not possible. The lounge chairs are reserved for two weeks ahead. When she learns that I come from distant Europe, which she has a great desire to visit, she makes additional checks. With a victorious smile she informs me that I am lucky. Someone had asked for his appointment to be moved at a later date. They ask me if I have donated blood before. I explain that I am a regular donor and calculate that I have already “shed” over 30 liters. And again I get the friendly smiles. I am one of them! I anticipate the next question and add that I have not taken aspirin. They accompany me to the laboratory and get the sample to an autoanalyzer. We do not waste time waiting and continue the walk, which takes us to the next ward for donating blood plasma. And it is again a spacious room with more than 12 lounge chairs. Here the “crowd” is even bigger! The reason, however paradoxical it might sound, is that the needs for plasma are considerably bigger that the ones for erythrocyte concentrates. Not only because plasma has a wider application, but because it is also a “raw material” and vital agents for the medical practice are made out of it. Here the medical “economy” is involved again. If we get plasma from blood that has been donated directly, after we separate and gather the necessary quantities, there can still be an excess of erythrocyte concentrates.
With the development of technology and the opening of plasma donation, the desired balance is achieved. Moreover, while blood donation is made after a two month pause, liters of plasma can be donated every month. After all, 90% of it is water and the proteins and minerals contained in it are naturally restored with food. In fact, besides the talk about these problems, there is nothing new to be seen. Next to the lounge chairs there are the same “smart” centrifuges, which are switched to separate the plasma and to return the other blood compounds to the donor. I am being informed that most of the plasmapheresis sectors belong to the respective pharmaceutical companies.

We have some more time and head off to the blood donation center. Again, smiles are everywhere. The atmosphere is cheerful. Not a single worried look. No tension. No one worries about anyone. Even though I can guess what the answer will be, I ask a smiling man of my age, who is looking at me, who he is donating blood for. Who for? How should he know? Isn’t that the job of the doctors? They know whom to give his blood to. I can also see bewilderment on the face of the colleague who accompanies me. I am trying to explain our practice of donation by close friends and relatives when blood is needed. He cannot understand at all how I am going to “rush” into donating blood for someone when I learn this person has got injured! And how will it help him/her when at that very moment it has to be tested, processed and ready to be injected in his/her vein?! This is a preparation that requires a day, sometimes even more! Obviously even the most ordinary American knows the fate of the blood he donates. Its erythrocytes “head out” to replace a blood loss. The separated plasma, if not directed to the veins of a burns victim, is poured into the common “pot”, where, when it has reached a certain tonnage, it turns into numerous irreplaceable medicines. In fact, everyone stretching out a helping hand is donating life-giving fluid which is divided into streams, which participate in the restoration of the life of not one, but often of several people in need. That is why they do not ask where the blood will be used but instead are left with a sense of fulfilled duty to humankind.
We are told that the results from my test are good and the lounge chair is free. Please, take a seat!
I make myself comfortable and extend my hand. I observe the manipulation carefully. I am amazed. Obviously the staff working at blood donation centers around the world are equally good! I felt only the puncture of the needle and no pain. Of course, the wonderful materials, from which the modern blood-letting systems are made, contribute to this. Not to mention they are sterile and disposable, which rules out the possibility for transfer of any infections. I am told that the “vessel” in which the material will go is also individual.
I feel all right. The difference from the regular blood donation is that the automatic collection of the 6 “tablespoonfulls” of platelets takes more time. Enough for me to watch a movie. They offer me all possible genres. Starting with the traditional action movies and getting to the romantic stories and music mixes. Smiling “in sync” I politely decline. Here everyone is smiling! Smiling is contagious. As if I am not at a blood donation center, but in the kingdom of smiles, politeness and cordial manners. I said 'no' to the movie because it was clear that the colleague “attached” to me has no intention of abandoning me into the hands of the “fairies” who monitor the donation process. The professional talks are yet to begin.
With the typical American love of shocking numbers, he pours at me statistical data. Blood transfusion is needed every 4 seconds in America. Four doses or about two liters of blood are needed on average to restore the health of a patient. The growing need surpasses the 13 million doses of blood donated annually. These figures do not include the need for platelet concentrates at the cardiac operating room for transplantations and for cancer treatment. They do not include the vital plasma agents. It was calculated that 85% of the people will need a blood transfusion within 75 years.
The “cannonade” quiets down for a moment. It is obvious that it is spread through all information sources on one occasion or another. Yes, it is true! – modestly confirms the colleague. Otherwise, how would we be able to depend on people’s sympathy?
During the pause I find the courage to inquire about the issue of paid blood. He looks at me with astonishment and replies abruptly: “There is no doctor in the U.S., who will agree to make a transfusion with such blood!”

He asks me even more astonished if I am familiar with the statistics that testify of 50% more complications and transfer of unwanted infections and diseases upon transfusion of paid blood?!

I know this, of course. But what and how am I supposed to explain to him about the blood trade in our country! I feel that I am “blushing”! I hope this does not show on my face. After all, right now my blood circulation is under control?! I get out of the awkward situation by changing the subject to the blood tests before transfusion. It is my turn to be amazed! They are exactly twice as much and much more reliable than the ones we make, despite their blood donation being a 100% gratuitous! I am at a loss for words!

My colleague is curious to learn something more about blood donation in our country. Our talk continues under the noise of the periodical clicking of the equipment controlled by the member of staff on duty who unplugs me from the system after its final signal. I feel perfectly well, but they are not in a hurry to “kick me out” of the lounge chair. They give me a thank you document about the donation and another one for excusing my hours of absence from work. On the way out they give me a book of tickets for the subway and attach to my sleeve a round “sticker” with a readable, creative inscription “TODAY I DONATED PLATELETS FOR THE FIGHT WITH CANCER!”

Before we realize it, the work day is over. We meet again with my female colleague, whose interests are slightly different, and we head out to the subway. It is the rush hour. All the seats on the train are occupied, so we hold on to the closest hanging “hand-straps”. After a few seconds some of the people sitting around suddenly get up and offer their seats. Not to my lady colleague, but to me! It is embarrassing and I wonder how to get out of this awkward situation?! And suddenly I “snap”! They have seen from the sticker that I had given platelets for the fight with cancer. Oh, my God! The Americans stand up to give me, the unknown citizen coming from who knows where, their seat!
My “tourists” are holding their breath! And suddenly they also stand up! I also rise to my feet, in order to join this symbolic homage to humanity!
They thank me with warm handshakes and I let them go. On the way out, they are seen off by the row of posters with the white swallow of hope and the cry common to all mankind “My god, there is too much pain in this world!”
As always we remain at our post, where the lines between day and night are so “washed away” that in time you get used to it and stop paying any attention. Even though the difference is huge, for you it becomes “all the same” – whether you are at work for some “from – to” hours or whether you are awakened by the alarming ring of the telephone. Even when you splash your face with cold water to wipe away the pitiful remains of the sleep, you are worried not so much about the “stress” you have just experienced, but about the things that wait in front of you. Under the silent light signals of the ambulance car, you once again realize that in order to save a life in danger you don’t have to count on your own hand, like a surgeon, but on the philanthropy of others.
The author of this book, Professor Petkan Prodanov M.D. is Doctor of Medical Sciences. He received the title Doctor honoris causa for the discovery of new blood group variant whilst working in Czechoslovakia.

Apart from his scientific work, as head of the Centre for Transfusion Hematology, Chair of the Expert Council on Transfusion Hematology under the Ministry of Health and Honorary Blood Donor of the Republic of Bulgaria, he has dedicated his practical work to the highly humane movement for voluntary gratuitous blood donation and to the fight against the anti-humane blood trade.

With remarkable style the author re-create the human pain from the story “White swallow “and transfers the swallow image to the poster to make it symbolically touch the human heart with the call to help.
An enigma, called Philanthropy!