



INSIDE THIS ISSUE

Letter from the Chair	1
Commissioned Corps Recognized in HHS 2019 State of the Department	2
Medical Laboratory Professionals Week	3
Lab Games	4-5
History of the MLS Profession	6
MLSPAG Case Studies	7
MLS Focus	8 - 11
USPHS MEDICAL LABORATORY CACHE DEPLOYMENT	12
Spotlighting the Accomplishments of Two Stellar Officers	18
Tips for Keeping Fit	19 - 23
Good Reads	24
2018 COA Symposium	25
Keys to Puzzles	26 - 27



Greetings MLSPAG Officers,

Welcome to the 2019 MLSPAG Spring Newsletter and Happy Medical Laboratory Professionals Week (MLPW)!! Beginning in 2005, the emphasis for MLPW shifted from the profession to the person whose expertise is needed in the performance of laboratory testing. I would like to take this opportunity to show my appreciation for each of you and the work you do. Keeping with tradition for the MLSPAG’s spring newsletter where the PAG Chair introduces him/herself to the

PAG, I would like to share a little bit about

myself. My name is CDR Lisa Flores and my home state is Colorado. I started my career by getting accepted into a Physical Therapy Program. The program lost its accreditation and I was left wondering what to do. Luckily my college advisor was a laboratorian and pointed me to the laboratory profession. I spent ten years at a local hospital lab before transitioning to a government employee working for the bureau of Prisons. During my first year working at the prison, I found out about the US Public Health Service (PHS). My career as a PHS officer has been rewarding and life changing. I have had the privileges of holding many positions with the Bureau of Prisons and now with the Food and Drug Administration.

Having been in PHS for 15 years, I’ve experienced firsthand changes in leadership and organizational re-structuring within PHS. 2019 is no different! We have been tasked with making a leaner, more deployable Corps. I view these changes as an opportunity for us to examine the processes of the MLSPAG and establish how they should be developed and implemented. I know that as PHS laboratory officers we will adapt to changing situations and circumstances with minimal difficulties. After all: Lab Professionals Get Results!

I have been an active member of the MLSPAG for six years now and I can say our PAG is composed of extraordinary officers who excel in helping promote MLS officers, our PAG, the Health Services Professional Advisory Committee and the USPHS. That being said, I encourage you to be engaged with our PAG, talk to other MLSPAG members and don’t be shy in submitting your ideas/input to your PAG Subgroup Chairs or me (I have an open-door policy for discussions).

In closing, I want to say that it is my honor to serve as your PAG Chair and I look forward to working with all of you as we make 2019 unforgettable!

Regards,

CDR Lisa Flores

Chair, 2019 MLSPAG

Commissioned Corps Recognized in HHS 2019 State of the Department Address

by CDR Toni Bledsoe

Alex M. Azar II, Secretary for the Department of Health and Human Services delivered his 2019 State of the Department address on February 22, 2019. In his address, Secretary Azar restated HHS's four priorities for 2018: lowering prescription drug prices, combating the opioid crisis, reforming the individual insurance market, and transforming our healthcare system. He then went on to highlight some of the department's accomplishments in focusing on strategic goals set for 2018 to address these four priorities.

The Commissioned Corps contribution in protecting the health of Americans was specifically recognized by Secretary Azar when he stated, "In 2018, the U.S. Public Health Service Commissioned Corps deployed more than 1,000 officers, alongside personnel from the National Disaster Medical System and across HHS, to respond to hurricanes, wildfires, typhoons—even a volcanic eruption!" He also congratulated, some of these same Commissioned Corps officers and staff from the Assistant Secretary for Preparedness and Response who this past fall, received a historic honor for their response to 2017's large hurricanes: the Department of Defense's Humanitarian Service Medal, the first time HHS personnel have ever received this award for a large-scale deployment. We are proud of our fellow officers!



**Medical Laboratory Professionals Week
April 21-27, 2019**

Happy Medical Laboratory Professionals Week!

April 21 – 27, 2019, is the 44th annual celebration of [National Medical Laboratory Professionals Week \(MLPW\)](#). This celebration and recognition of lab professions occurs the last full week in April. MLPW is coordinated by a committee with representatives from 17 national clinical lab organizations and provides the profession with a unique opportunity to increase recognition of clinical lab science among the healthcare community and general public. This is a week when we, the laboratory community, show our pride in our chosen profession and illustrate how our commitment to provide quality lab results can lead to healthier lives for both our individual patients and the general public. Congratulations to MLS Officers and all medical laboratory professionals to your continued service and for a job well done. After all, we Get Results!

Additional Resources to celebrate Medical Lab Professionals Week:

<https://community.max.gov/display/HHS/MLSPAG+Resources>
www.ascls.org/participate/lab-week-mlpw
www.ascp.org/labweek



LAB GAMES
WORD SEARCH
(key on p. 26)

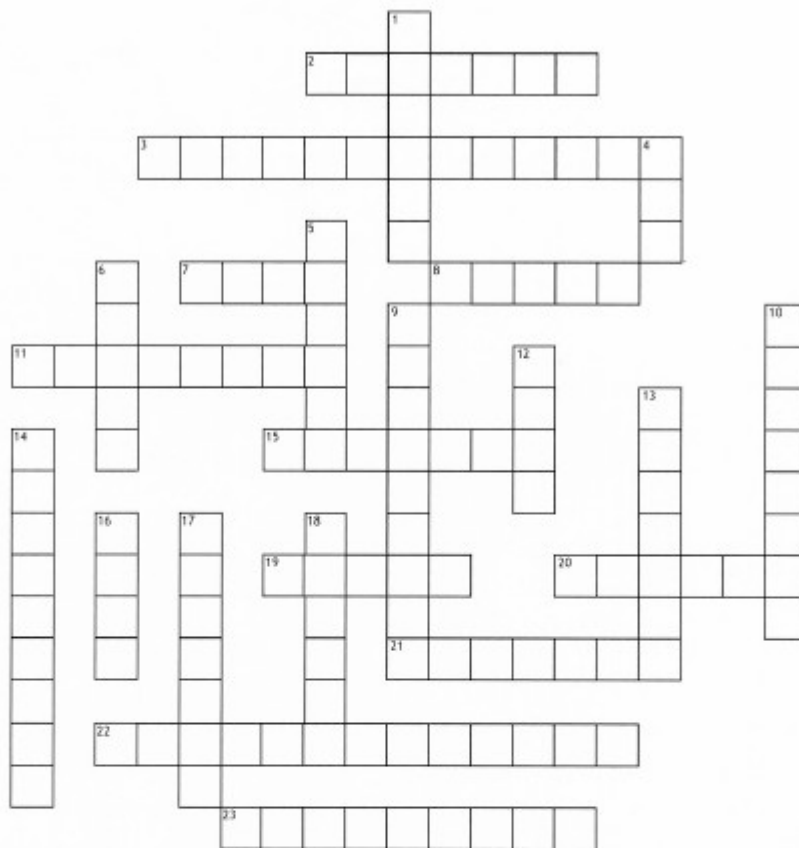
Lab Words

M I O E C M L S S D E A H E I M Y O O U A L V M
Q I A I O H X Z T O I C N E E D L E P R G C O Z
A I P O H O E C N S Q E Y B T S L S O I F E I H
U G H A I R Y M N J O A K R N W E R N N T N E E
T P L O H N B E I V B C I E E P Y Y R A G T O N
U M E G R B Y C N S H Y H I O N U G R L Y R R U
B B B S N E B T L I T M L M G A C O M Y N I N N
E E O E T S T C O Y R R O S G I R L I S H F B M
S A T Y T M Y Z E G S O Y N L O L O C I U U B W
Y I O A B L O O D B A N K N N A I T R S J G E L
E M M Q B O Y N N R A A U O A A E A O B N E E Z
I O I A B C M O N Q H R G S H S O M B O T L E R
N A S G T T O H Q B G R O E U E L E I C A R R O
O O T X N E T T E C H N I C I A N H O C T I E F
U O E E M U N L G L Y H Q E B H N T L G B U Z G
G I G U N Q N U B E Y G O L O R E S O N G T I I
I V O H U I O N R M U S D E O S Y K G P O U T T
T N T T T N D P Y L D L M P F N E V Y I O Y A H
E C O Z H R E G Y C R T I C K I S E R E I N N N
T E R U Q U N F I H U H Y Y A T I B S N L N A E
O I N I B O L G O M E H K E I I N N A E M C S H
J N D D N T R K U C U L R Z O O N A P H O Y N N
O T P B T G A U Z E H O E I P O G E S H I O I N
C F A T O T Y E T O L L I S H I E N Q E O N M L

serology	microbiology	hematology	blood bank
gauze	tubes	chemistry	hemoglobin
sanitizer	urinalysis	centrifuge	tourniquet
needle	technician	phlebotomist	

LAB GAMES CROSSWORD PUZZLE

(key on p. 26)



Across

- 2. The thinnest area of a blood smear, where the testing is actually done
- 3. 12 hour fast is required for testing this
- 7. The use of gloves during phlebotomy is mandated by
- 8. Color tube that contains heparin
- 11. Color tube used for CBC's
- 15. Reference values are higher for this test in capillary specimens
- 19. Is acceptable to drink when fasting for labwork
- 20. The specimen from an unclotted tube after being spun in the centrifuge. (Contains and anticoagulant)
- 21. medical term for fainting
- 22. Complication of a heel puncture that is too deep
- 23. Pink top tubes are primarily used for

Down

- 1. Sharp pointed device use for finger and heel sticks
- 4. Tube used for most serum specimens
- 5. Part of the syringe that shows measurements in cc or ml
- 6. The slanted tip of the needle
- 9. Medical term for heel bone
- 10. The composition of capillary blood more closely resembles _____ blood
- 12. Color tube used for glucose tests
- 13. To examine by touch or feel is to
- 14. The stopper color for the tube used in coagulation studies.
- 16. The anticoagulant in a lavender top tube
- 17. This substance is an anticoagulant
- 18. the blood automatically fills the tubes because of a pre-measured

History of the Medical Laboratory Scientist Profession

by CDR Toni Bledsoe

From tasting urine to mapping the human genome, the evolution of diagnostic techniques moving from the research lab to the clinical lab has advanced and continues to change medical practice. The first medical diagnoses were based on what ancient physicians could observe with their senses, and sometimes included the examination of human specimens. The ancient Greeks attributed all disease to disorders of bodily fluids called humors. Physicians during the late medieval period routinely performed uroscopy. Development of sophisticated diagnostic tools and techniques between the 17th and 19th century 1st be used to support clinicians' diagnoses of patients. An increasing number of useful laboratory tests were discovered in the second half the 1800s, and by the turn of the century, specific chemical and bacteriological tests for disease emerged rapidly. Advances in the analysis of urine and blood gave physicians additional diagnostic tools.

By 1890, most laboratory procedures in the U.S. were performed by the physician with a microscope in his home or office. In 1898, Sir William Osler, a Canadian physician and a well-known author in the clinical laboratory literature, established ward laboratories at Johns Hopkins Hospital, Baltimore, MD, where routine tests were carried out by attending physicians, and more complex procedures were referred to the hospital's pathology laboratory. The clinical laboratory became a standard fixture of medicine at the beginning of the 20th century, but the laboratories needed to be staffed. The allied health professional began to emerge in the first 30 years of the century. By 1928, when the ASCP established its Board of Registry (BOR), 80% of the initial group of 350 applicants for ASCP medical technologist (MT) certification were women. While our educational requirements have changed over time, the professions' code of ethics remained unchanged in that these professionals work under a physician's supervision, refrain from making written or oral diagnoses, and refrain from advising physicians on treatment options without the supervision of a physician or pathologist.

Today, medical laboratory scientists find a broad range of employment opportunities in clinical, commercial, forensic, reference, research and Public Health laboratories and outside of the lab environs in the pharmaceutical, biotechnology, cosmetics and food industries, veterinary clinics and at research and teaching institutions. The broad scope of opportunity is also reflected within the USPHS. MLS Officers are primarily found in clinical labs where we support clinical care for the IHS, BOP, and USCG, by performing analyses of clinical specimens and as laboratory managers. Due to our training to be precise, accurate and detail-oriented, we also fill roles outside of the clinical lab in multiple agencies such as CDC, FDA, USDA, CMS, ICE and NIH. Our assignments include biological safety manager, clinical lab research specialist, administrator for institutional animal care and use program, consumer safety officer, research officer, senior regulatory management officer, consumer safety officer, assistant health services administrator, regional laboratory consultant, health informatics specialist, biosafety and occupational health officer and senior ancillary services laboratory officer.

As MLS Officers continue to pursue additional trainings, certifications, and graduate degrees to broaden their horizons, other opportunities await these independent, detail-oriented, trouble-shooting medical laboratory scientists.

MLSPAG Case Studies

MLSPAG Case Study #1 (Blood Bank)
MLSPAG Case Study #2 (Chemistry)
MLSPAG Case Study #3 (Microbiology)
MLSPAG Case Study #4 (Chemistry)
MLSPAG Case Study #5 (Hematology)
MLSPAG Case Study #6 (Blood Bank)

All Case Studies are located at: Max.gov

<https://community.max.gov/display/HHS/MLSPAG+Training%2C+Education%2C+and+Mentorship>

Reminder: Each course is worth 1 CE credit: You must achieve an **80% or better** on the quiz and submit answers to the MLSPAG TEM's email address: MLSPAGTEaM@gmail.com to get Certificate of Participation

QUESTIONS: Please contact **LCDR Lundy Patrick** (Lundy.Patrick@fda.hhs.gov) or

CDR Julie Holifield (Julie.Holifield@ihs.gov)

MLS Focus:

LCDR Renae Hill MLT, BS,

Education: Degrees, Universities, Dates:

Medical Laboratory Technician A.S. Degree in
2000

Bachelors in Biology, 2004

Master's in Emergency Services Management
2018



Background: Hometown, Family, Hobbies:

I grew up in a little farming community in central Minnesota called Bertha (population 472) until I was 14. I went to a school that had K-12 with about 40 kids in each grade. I moved to the “big city” of Alexandria (population 13,500) when I entered the 9th grade. I skipped my senior year of high school to attend college early in a Post-Secondary Enrollment Option. It allowed me to get my entire freshman year paid for. I am married to a fellow Medical Technologist, Patrick (not PHS) and together we have three children. Jacob is a 17, Isaac is 13, and Olivia is 11. When I’m not working, I am hanging out with my minions. They are very active in sports and my oldest is in the Navy JROTC program at his high school. I coach my daughter’s softball team and enjoy watching my sons play football, baseball and wrestle. We are a very close family that still plays board games and truly enjoys just hanging out. One of our favorite Friday night activities is singing terrible karaoke (We have our own machine). Living in Alaska exposed us to the love of hiking. Living in the Pacific Northwest offers trails in some of the most beautiful places. Every year, since moving from Alaska in 2014 we make our annual road trip home to Minnesota. We all cram in one vehicle (including our 150 lbs. Mastiff) and make the 24-hour drive for our 2-week family vacation.

Current Agency:

Centers for Medicare and Medicaid-CMS

Current Assignment and what you like most about it:

Division of Survey and Certification, Certification and Enforcement Branch, Seattle Washington.

What I most like about this assignment is the work-life balance it allows me. I work from home 2 days a week which cuts out the 25 minutes commute to and from the office. My office is located in downtown Seattle in the Columbia Tower, a 73-story building with over 30 food venues, a drycleaner and anything else I may need while at work. I have my uniform cleaned right here and I never have to carry it on the bus on my commute home.

Job Title:

Sr. Health Insurance Specialist

What I like most about my job:

While I enjoyed my 17 years in the hospital systems with the Indian Health Service, this is my first job that is not directly related to patient care. I love that I now have the opportunity to see healthcare from the regulatory side. So many times we know the regulations without knowing why they exist. My position in CMS has provided an opportunity to broaden my knowledge base of healthcare regulation. I have the opportunity to work with State Agencies in Alaska, Idaho, Oregon and Washington to ensure the safety and welfare of Medicare and Medicaid beneficiaries. Every day is a unique experience and no two cases are the same.

Duties:

My duties mainly involve Certification and Enforcement of Providers in the Medicare Program. If a facility wishes to see Medicare beneficiaries they enter the program by showing they are able to meet and maintain the Conditions of Participation to be able to bill for services. I review and approve those applications and process any changes to providers already enrolled. The bulk of my responsibilities lies in enforcement. Once a facility is enrolled in the program, they need to maintain the conditions of participation. This is done through periodic surveys. If the survey team discovers conditions that are not met, the case is transferred to my team. I will review the survey documents and determine if a remedy is necessary. Most remedies are in the form of a Civil Money Penalty. If the facility does not come back into compliance, they will be terminated from the program and not be able to submit claims for payment through Medicare. I also manage the CMP Fund program that allows Long Term Care facilities to apply for funds to pay for programs that will enhance the lives of their residents. Last year I processed applications totaling \$671,561.00 to go directly to facilities.

Previous Assignments:

I began working at Red Lake Indian Hospital in December of 2001, shortly after my oldest child was born. I continued to work there as Lead Chemistry Tech until February of 2011 when I convinced my husband it was time to spread our wings. We made the move to Sitka, Alaska, an isolated island in South East Alaska that you must fly or ferry into. I worked there at a tribal facility (IHS) as Lead Tech until June of 2014. From there, I went on to Warm Springs, Oregon (IHS) as Laboratory Supervisor until I decided to dabble in the world of Medical Informatics. I took on a role as a Clinical Applications Coordinator, monitoring the Electronic Health Record at the Hopi Health Care Center in Polacca, Arizona (IHS). While I loved the position, it was very remote and I felt my family needed to be more connected to the rest of the world. I made the move to CMS in Seattle, Washington, in February of 2016.



MLS Focus:
CDR Julie Holifield MLS (ASCP)



The Holifield Clan: The older gentleman directly behind me on my right, is my stepfather, John T. Marley, Ret. Colonel, US Army. The man in the Army uniform is my nephew, Matthew Holifield. His father is my brother Philip Holifield, who is standing to my left in the black jacket and white shirt.

Education: Degrees, Universities, Dates:

Bachelors in Biology, Medical Technology, and Associates in Chemistry. I attended college at Cameron University in Lawton, Oklahoma. Dates are a mystery, for some reason I can't remember them!

Background: Hometown, Family, Hobbies:

My hometown is Pensacola, Florida. I am an Army brat and traveled a lot. My favorite place that we were stationed was Okinawa. I have no children just dogs. 5 beautiful Cane Corso Mastiffs (3 are pups and just turned a year old in February!). I live in the country on 30 acres in Adair, Oklahoma. I love college football and basketball and yes, I filled out a bracket but don't ask how I did! I love to shoot skeet, ride 4-wheelers, jump out of planes, read, and play with my dogs outside after having repaired our garden which they trampled through! The plants do take a beating!

Current Agency: Indian Health Service

Current Assignment and what you like most about it:

Claremore Indian Hospital, Claremore, Oklahoma. I feel that I have a purpose here since I have been at this hospital for 22 years! I enjoy working with our staff and the relationships that I share with them. My boss, Charles Ironside, is pretty cool, too.

Job Title:

Blood Bank, Urinalysis, and Serology Supervisor. Acting Laboratory manager as needed.

What I like most about my job:

I love to help people and would like to think I make a difference by providing the best service possible to our patients, which may sound corny but it's true. Being able to provide blood in stat situations to help save a life and knowing that I'm a part of an emergency to save that life or simply providing a service to a patient in need to improve their wellbeing, in my opinion, is the best feeling that you can find in a job. And that is probably the reason I haven't retired yet. I just enjoy my job too much.

Duties:

I work in the blood bank performing type and screens, cross matching blood and blood components, and work up cord bloods. I write procedures for all 3 areas. I am a generalist and am capable of working in all areas of the laboratory to include microbiology and phlebotomy. I'm asked to be the Acting Laboratory Manager in his absence and at the current time we are preparing for CAP to walk through our doors any day now. It's time for our 2-year Inspection!

Previous Assignments: I have been at the Claremore Indian Hospital since 1997. I became Corps in 1998. I have not left here due to the need of staffing.



L to R: Roman Christian (Father), Jasmine Marcella (daughter), Hannah D'Argento (Mother), Abram Christian (son), and Chartreuse Vittoria (daughter).



USPHS MEDICAL LABORATORY CACHE DEPLOYMENT

Spotlighting the Accomplishments of Two Stellar Officers

By: LCDR Shercoda "Cody" Smaw

It is with great honor and pride that I present this article on behalf of the Medical Laboratory Science Professional Advisory Group (MLSPAG) Technical Readiness Subgroup on the exciting deployment adventures with the lab cache. This article will spotlight the outstanding accomplishments, phenomenal leadership skills, memorable experiences, and incredible journey of two stellar officers, CAPT Todd Alspach and LCDR Renae Hill, and how they excelled during their deployment in using the lab cache and getting their mission accomplished. Please sit back, relax, and enjoy reading about our very own MLSPAG officers and be inspired and extremely proud of how they have positively impacted our profession, the MLSPAG, and the entire United States Public Health Service Commissioned Corps.

Professional Story of a Senior Officer-CAPT Todd Alspach is a certified Medical Technologist with a Master's in Occupational Health and Safety (Photos 1-2). He is currently assigned to the Centers for Medicare and Medicaid Services (CMS) as the Regional Laboratory Consultant in Denver, CO, where his primary duties are to conduct Federal jurisdictional surveys of Federal, state, and local public health laboratories and other facilities where state agencies are not permitted to go in Region VIII. CAPT Alspach provides Federal oversight to the 10 state surveyors and 8,600+ laboratories, as well as administer all budget activities in Region VIII. CAPT Alspach previously served with the Food and Drug Administration, Federal Bureau of Prisons, and Centers for Disease Control and Prevention during his 16-year career with the United States Public Health Service (USPHS). He is an active member of the Health Services Category, where he was appointed to two terms on the Health Services Professional Advisory Committee (HSPAC) as a voting member and served as the 2014 HSPAC Chair. CAPT Alspach currently serves as Deputy Commander of Regional Incident Support Team 8 and is a highly committed mentor to numerous officers (I am one of those officers and I am truly blessed to have CAPT Alspach as a mentor). CAPT Alspach previously served as a voting member for the Medical Laboratory Scientist Professional Advisory Group and was the Category Day Chair for the USPHS Scientific and Training Symposium.

Lab Cache Readiness-CAPT Alspach has been a certified Medical Laboratory Scientist since 1995. The last time he worked in a lab setting was in 2008. Although his billet is regulatory at CMS, it is considered clinical. CAPT Alspach has deployed in a lab capacity for Hurricane Sandy, Edison, NJ (2012), ASPR Logistics Resupply for Hurricane Responses, Sacramento, CA (2017) and the length of the deployments were 2 weeks each. CAPT Alspach felt that prior to working with the cache he had current experience with the equipment and felt with his background and previous experience was well prepared. He oriented himself by reading the manual and consulting with other officers who had deployed previously. CAPT Alspach recommends that officers preparing to work with the lab cache should be familiar with general lab

procedures, ask officers who previously deployed what their experience were, and make certain they read the procedure manuals. CAPT Alspach developed a daily routine so that he was consistent in his approach when using the cache to perform lab analyses. The average daily workload less than 10 samples per day. CAPT Alspach also assisted in other areas, such as Medical Records or Logistics. On deployment the situation is floating and can change at a moment's notice. For any shift changes, CAPT Alspach briefed the incoming officer on what was completed and what needed to be done.

CAPT Alspach said the situation is very similar to what would occur in a non-disaster setting. In addition, CAPT Alspach has deployed in other roles such as Logistic for Hurricane Katrina (2006), and Liaison during the H1N1 Outbreak (2009-2010) and Haiti Earthquake (2010). After deploying with the lab cache, CAPT Alspach had the opportunity of working with LCDR Chris Le and CAPT Dan Hesselgesser in teaching the Lab Cache class at the NDMS Summit last year. CAPT Alspach also routinely visits many lab facilities and deals with the CLIA regulations on a daily basis, which keeps him well connected to what is happening in the field.

Officer Advice on Lab Cache Deployments- CAPT Alspach gave four things that officers "to be":

- ◆ **Dependable-** Be consistent in your performance and if you commit to doing something, then follow through with it.
- ◆ **Versatile-** Be Flexible, it's better to be molded than to be broken. Be able to fill many roles for the good of the team. Have the adaptability to handle multiple assignments and being open-minded to handle or adapt to different situations on a moment's notice.
- ◆ **Upbeat-** Negative energy can suck the life out of you and the group. The power of positive thinking cannot be overstated. Consistently viewing things through a positive lens makes for a much more positive and productive group dynamic.
- ◆ **Prepared-** Stay ready so you won't have to get ready. It starts pre-deployment and is an ongoing thing. Have contingencies in place...or at least a plan. Success comes from preparation. With this being said, trust your preparation. Know that because of your preparation, you have the skills to compete and win. Another thing: Understand what you are preparing for. What am I trying to accomplish? Once you know that, preparation becomes easier. On the flip side, being unprepared means you probably won't be able to work as efficiently as you are capable of. You'll feel like you are always playing catch up.

How Did You Grow as an Officer in Roles You Served on Deployment-CAPT Alspach currently serves as the Deputy Commander of RIST 8. He previously served as Laboratory Supervisor of RDF 3. Being the Deputy Commander of RIST 8 has helped CAPT Alspach in four areas:

- ◆ **Communication-** Deployments can be highly stressful and realizing that people may perceive things in different ways. Good communication creates a more cohesive and effective environment which will boost morale. I guess to sum this up: be clear, set expectations from the get go, choose a good medium with which to communicate, keep everyone in the loop, and listen well.
- ◆ **Resourcefulness-** On deployment you probably will not have access to everything you need or want. You must do what you can with what you have on hand. What you do with the time and resources that are given is up to you. Part of this is being prepared and doing your homework ahead if time. Knowing where and sometimes who to go to is a component here as well.
- ◆ **Leadership-** Be willing to work as hard as others expect you to and be what you profess to be. I try to treat everyone the same, but my approach/how I deliver the message may vary as people learn/receive feedback differently. In addition, I tend to tell folks what I want to accomplish and not how I wanted it done. It provides an environment for people to be creative and innovative, rather than restrictive. Micromanager and my name will never be used in the same sentence. Also, I think a key is to never stop learning. There is always something new you can take away from a given situation that may be able to be applied down the road.

- ◆ **Relationships-** The work stays behind, but the people you meet and relationships you forge will be what you will remember and take with you. Recognizing the value of people as your most valuable resource. This is the thing I valued the most. The people I served alongside of, and our subsequent interactions, meant more than the physical tools we needed/used to accomplish our mission.



**CAPT Todd Alspach during deployment
(front in center) and driving.**



LCDR Renae Hill during deployment.

Professional Story of a Junior Officer-LCDR Renae Hill is a certified Medical Technologist with a Master's Degree in Emergency Services Management (See MLS Focus article, p. 4). She is currently assigned to the Centers for Medicare and Medicaid Services (CMS) as a Senior Health Insurance Specialist in Seattle, Washington, where her primary duties are Senior Certification and Enforcement Analyst providing direction and technical assistance interpreting and applying federal Long-term and non-Long-term care standards to four State agencies (Washington, Alaska, Idaho and Oregon) with a combined total of 125 State employees. LCDR Hill also certifies providers coming into the Medicare program and enforces remedies on those who are not meeting the conditions of participation. LCDR Hill previously served with the Indian Health Services in several states during her 12- year career with the United States Public Health Service (USPHS). She is an active member of the Health Services Category, serving as the Awards Subcommittee Secretary. She has been an active member of the MLSPAG since 2010, serving as a voting member and Chair of the Professional Development Subcommittee. LCDR Hill is currently serving on the MLSPAG Data and Evaluation Subcommittee. She has been a member of the Rapid Deployment Force-5 since 2009. She served as a member of the Laboratory team for 4 years before becoming the Lead Supply Officer in Logistics.

Lab Cache Readiness- LCDR Hill has been a certified Medical Laboratory Scientist since 2000 and left working in the lab setting after serving as Lab Supervisor in 2014. Her billet at CMS is non-clinical. LCDR Hill deployed in a lab capacity for responses in College Station, Texas (2008), New Orleans, LA (2012), and Sacramento, CA (2017). The length of her deployments were first 4 days as Tier 3 prior to joining the RDF-5 Team. The second was 16 days and the third deployment was 9 days. LCDR Hill felt that prior to working with the cache she used most of the instruments. Yet, other than being employed in the lab since 1998, there was no PHS related training at the time. She felt prepared but noticed that there were officers assigned to the lab on deployments that were from the Science category, not MLS. Some have not worked the bench for years and they struggled and were not prepared to serve in the lab. At one point, LCDR Hill was the only officer who still did phlebotomy and others could not draw patients. LCDR Hill felt privileged to become oriented with the lab cache through CDR Cara Nichols who gave an excellent orientation of the lab cache before she went home. LCDR Hill also used the manuals and job aids such as training videos. LCDR Hill recommends that officers preparing to work with the lab cache know ahead of time what instruments are currently in the lab cache. If officers can make a site visit to a nearby lab for some hands-on training, that would be best. LCDR Hill recommends that the training videos help along with reading the manual and network with other officers. LCDR Hill also developed a daily routine so that she was consistent, and the rest of the team knew what to expect. The daily lab cache workload was around 10-15 patients to draw and her team also utilized a local hospital to run tests that were not provided in the cache. The typical day was like that in any clinical lab beginning with running quality control and then testing patients' samples. After her work in the lab was done, LCDR Hill assisted in discharge planning and in logistics. At the end of the shift she would shut down the lab if there was no other officer working the next shift. If there was an officer coming on shift, she would brief them on any pending draws and any issues with the lab cache.

Officer Advice on Lab Cache Deployments- LCDR Hill gave four things that officers "to be":

- ◆ **Flexibility-** Be flexible, be flexible and be flexible (unless someone is stealing your instruments, then be firm). The biggest thing I can say is to expect the unexpected and go with the flow. While deployed you must be able to analyze the situation and adapt accordingly. No two deployments are the same. The RDF- 5 mascot is Gumby. We take pride in the fact that we may deploy with one role in mind and end up doing something completely different. This is what makes us well rounded officers, our flexibility.
- ◆ **Attitude-** Having a supportive, mission oriented mindset is key to a successful deployment. At times, deployments can be utterly chaotic, unexpected circumstances, changed plans—then changed again, there may be no readily accessible food or coffee (not a need for me but many cannot live without coffee).

Lack of sleep and working 16-hour days can cause fatigue both mentally and physically. Although many

are accustomed to more than the traditional 9-5 daily routine, many are surprised that they are expected to work long hours with few or no breaks. This is the expectation of deployment. This could last for a few days while things get settled or the entire 2+ weeks you are deployed. Regardless, hope for the best and plan for the worst. Some deployments we have had the opportunity to venture out and explore; others you are truly confined to one area and will spend the bulk of your time in the same environment.

- ◆ **Be prepared-** Be it serving in a role outside your category, environmental challenges or mentality, be prepared. My first deployment I arrived in the middle of the night and was assigned a cot. I woke up surrounded by snoring men who came in off the night shift. I was accidentally assigned to the men's quarters. Could have been a big deal, but it wasn't something I lingered on. I had packed a sleeping bag, but it was so hot in the stadium I wished I'd brought lighter sleepwear. The next deployment (training) I had brought a super light sleeping bag as it was August in Kentucky. We slept in a high school gym and I froze due to the unexpected coolness of the air conditioner. I had to walk 1.5 miles to the nearest Walmart and buy a princess fleece blanket. These are the types of situations I did not prepare for.
- ◆ **Lead by example-** this may be the most important. You never know who is watching you. Leadership is a safe bet but what about that tier 3 officer who was deployed for the first time. How you conduct yourself makes an impression on others. I was blessed to have a wonderful experience my first deployment and I was scared to travel alone, to an unknown place where I didn't know who or what was ahead of me. Since joining an RDF team, I have deployed and trained enough times to know when someone is not conducting themselves appropriately, it reflects on all officers. Negativity, complaining, undermining authority...these are dangerous activities on a deployment. Take the initiative to "rally the troops" so to speak. Be the one to stay on course and remember the mission. It only takes one to drag a group down. Be the one to pick up the slack and keep everyone on course. When you are deployed, those officers with you are your family. Treat them with kindness and respect. Lead by example.

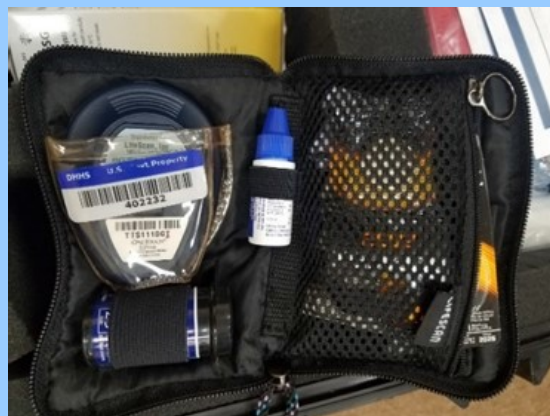
How Did You Grow As an Officer in Roles You Served on Deployment- Currently, LCDR Hill is a member of the RDF-5 Logistics Team. Previously served as Lab member of RDF 5. It has helped her grow in 4 areas:

- ◆ **Resiliency-** Having deployed in chaotic situations with rapidly changing conditions, I've learned the importance of resiliency. It is not enough to be able to perform your assigned task in confined, controlled environment. A good officer needs to be able to excel in unpredictable conditions. Deploying has afforded me the opportunity to develop my resiliency and has made me a better officer at the various duty stations I have served throughout the years.
- ◆ **Communication-** I have learned it's not what you say, but how you say it. This is true for any situation, but especially in high stress environments with varying personality types running on fumes. Before you speak, think about the intended audience and determine the best form of communication. It goes a long way in ensuring a successful interaction. On the flip side, listen. Really listen and listen to understand, not just reply. This has been very valuable to me as I've grown in my career.
- ◆ **Think outside the box-** Sometimes we get so caught up in the policy and procedures of normal operations that we are not able to adapt and creatively think. Critical thinking skills are extremely important when deployed. You will be faced with innumerable obstacles. To be successful, you must be able to access the situation and look for resolutions. This applies in any category of an officer.
- ◆ **Building bonds-** On deployments you quite possible could spend 24/7 with a person you are not normally accustomed to seeing nor working with. Establishing trust and respect for your fellow teammates is critical to a successful mission. I have met people on deployments and made lifelong friends. These are relationships become a network of resources you can then utilize at your duty station. You are exposed to various disciplines are multiple agencies that are now available for consultations and career guidance.

Lab Cache (Basic and Plus)- Both CAPT Alspach and LCDR Hill worked with the Lab Cache Basic and the Lab Cache Plus (photos below) during their deployments (Photos taken during MLSPAG Technical Readiness Subgroup lab cache set-up and training videos in Fort Worth, Texas). The Lab Cache Basic black box contains the Clinitek Status (Urinalysis) Analyzer, i-STAT, OneTouch Ultra Glucometer (LifeScan, Inc.), McKesson Consult Diagnostic HcG Urine Test Cassette and Premium Liquid Controls. The following testing such as Urine Dipstick, Urine Pregnancy, Blood Gases, FS Blood Sugar, HIV ½ Screen, and Cardiac Markers (Troponin I, Myoglobin and CK-MB) are performed. The Lab Cache Basic also includes phlebotomy items such gloves (3 sizes), alcohol prep pads, vacutainer sheaths, tourniquets, cotton balls, lab coats, purple, red, and green top tubes, etc. (as shown in photos). The Lab Cache Plus comes in a huge box that consists of the Lab Cache Basic along with a Piccolo Chemistry Analyzer, Beckman Coulter (Ac Tdiff 2 Model) Hematology Analyzer with printer, Alere Triage Drugs of Abuse Panel Plus TCA, Microscope, Hemocult Slides, tube rotator, goggles, clipboards, etc. (as shown in photos). For those of you that are intrigued and want to learn more, please visit www.max.gov under the MLSPAG Technical Readiness Subgroup located in the “Training” folder for videos on Clinitek Status, i-STAT, cardiac markers and urine pregnancy testing performed by MLSPAG Technical Readiness Subgroup members.



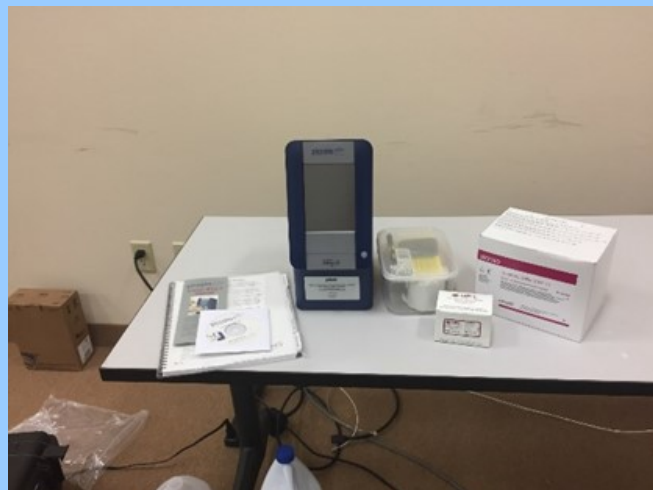
Lab Cache Basic- black box opened and contents displayed on table.



OneTouch Ultra Glucometer (LifeScan, Inc.).



Lab Cache Plus-large box opened, and contents displayed on floor.



Coulter Set-up with Reagents and Printer (LCDR Chris Le setting up Coulter in photo, Fort Worth, Texas) and Piccolo Chemistry Analyzer.

In conclusion, I am truly honored and inspired by CAPT Alspach and LCDR Hill. They are my MLSPAG Lab Heroes. I thank them both for taking time out of their extremely busy schedules to give us a glimpse of their everyday life, how their career was shaped as a medical technologist, advice and recommendations during deployment in working with the lab cache and deployment life lessons. They are two stellar officers that have accomplished a tremendous amount of skill and knowledge in their careers and it is a true privilege that we are able to learn from them. Hope you all enjoyed this USPHS Medical Laboratory Cache Deployment article and that we are better prepared in our readiness skills when we are called to work with the lab cache. Thanks again CAPT Alspach and LCDR Hill for all that you do at protecting, promoting, and advancing the health and safety of our Nation.

Tips for Keeping Fit

by LCDR Shercoda “Cody” Smaw



I wanted to inform everyone that the entire month of April is Move More Month! Yes, that means we must move more and make it count. The American Heart Association (AHA) is encouraging everyone throughout the month of April to commit to being physically active. Also, did I mention that the first week in April is National Public Health Week and one of the themes that the Health Service Professional Advisory Committee(HSPAC) is promoting is “Healthy Communities.” Our Surgeon General has addressed the importance of physical activity and all the health benefits that can be drawn from daily exercise. One more important thing to mention is that the first Wednesday in April is National Walk Day. The AHA sponsors this day to remind people about the health benefits of taking a walk. Wear your sneakers (or bring them with you) to work and take a 30-minute walk. Okay, you say you do this already, so I have a challenge for you.

As the Junior Officers Advisory Group (JOAG) Step It Up! Co-chair and the Black Commissioned Officers Advisory Group (BCOAG) Step It Up! Walk Coordinator it is my duty to give you some tips that I use daily to maintain a level of fitness. Now, you may not want to do this every day but for the month of April it would be great to “Move More” and have a blast doing it. The following are two challenges that I know that will get you in shape and it involves walking. You are just stepping it up for your health. So, I have two challenges for you to accomplish for this month if you are up to it. I am thrilled you all said you were up to it. I had two challenges that I did for JOAG and I wanted to pass it on to the best U.S. Public Health Service Professional Advisory Group (No other than the MLSPAG). So here goes, you can do the two challenges together or one at a time.

Let me explain: **Challenge One-Park Your Car Furthest from the Door and Walk**

Let's Have a Super Hero Mentality About This Challenge! Here we have The Incredibles (family of Super Heroes) who just got out of their car and parked and now ready to take on the task at hand. Our task at hand is walking and getting those 10,000+ steps per day for the entire month of April.

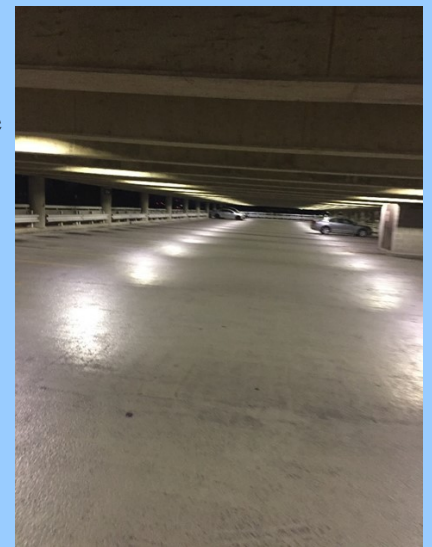




Start your day off right by parking your car further away from the door and walk. The morning time is the best time to start. The following photos is where I park at the Prince George's Metro Station Parking Garage. I park at the very end of the parking garage and walk the long way to the door entrance to the metro trains. I try and arrive by 6AM so I can get my special spot. My vehicle is the Apple Green Honda CR-V on the end. You can see the long distance that I walk each morning and with a backpack, lunch bag, garment bag and laptop, makes the walk a heart pumping workout. It takes about 10 minutes, so I am sweating a lot when I get on the train because I walk fast to get more of a workout, thus the reason why I bring my uniform with me in my garment bag and change when I get to work. At the end of the day this is a test of the mind to get to my vehicle because I am tired from working all day. When I reach my vehicle, I usually already have 10,000 or more steps. My goal is between 14,000 to 20,000 steps per day on average and burning 2,040-2,500 calories.

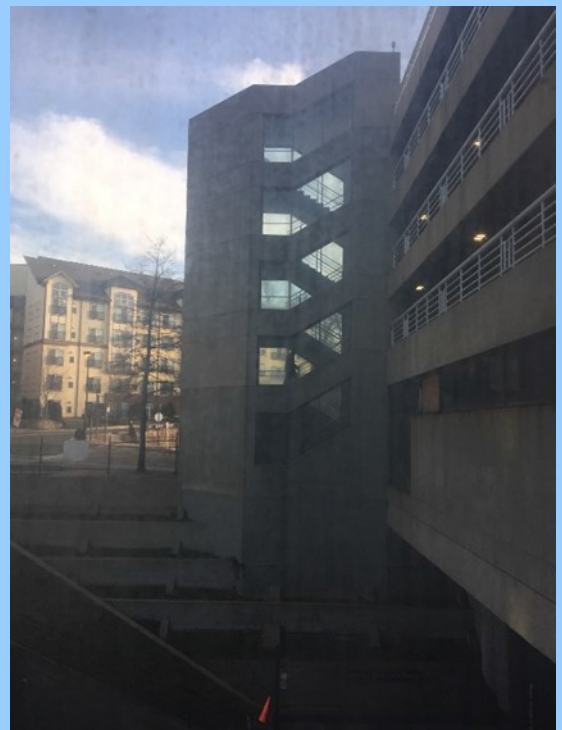
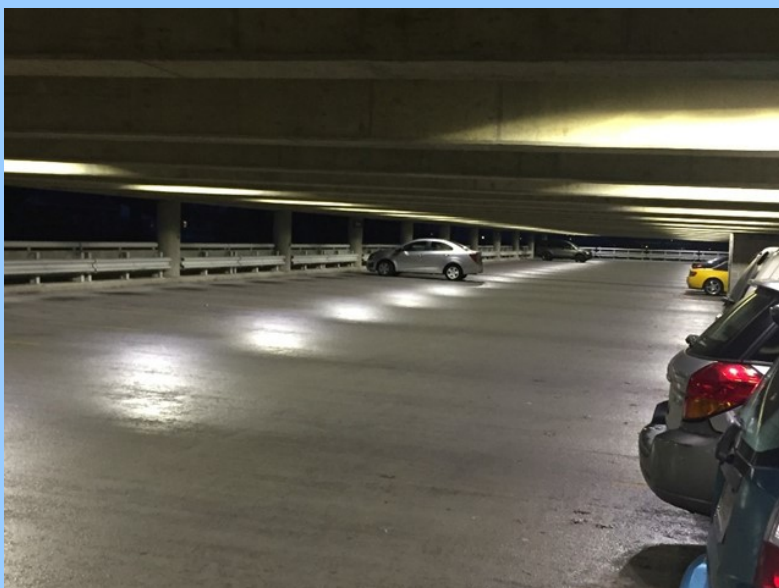
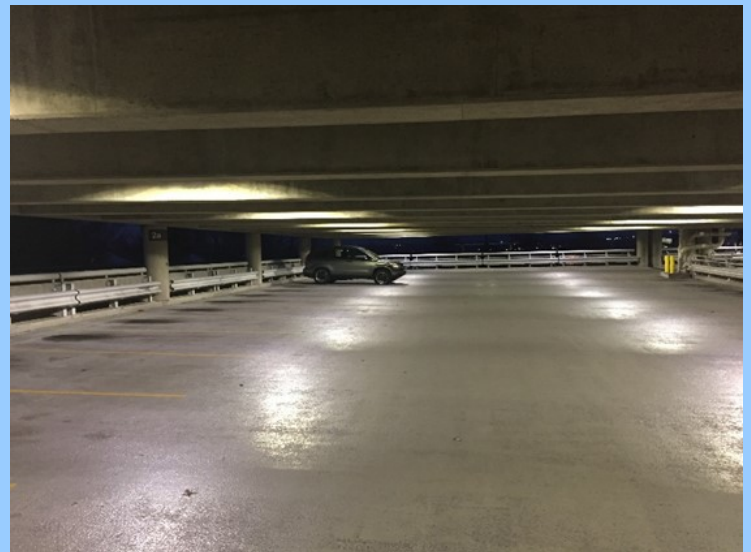


The Benefits of Parking Farther Away: Parking farther away increases your steps and burn more calories during your daily routine. If you drive to the metro station, office or store, then parking at the far end of the lot everyday can really add up the steps. Studies have shown the following: 1) That you can burn an extra 10 calories by parking farther away. May not seem like much but if you do it 5 times a week and twice a day then the number of calories burned is great; 2) A 10 minute walk can increase your energy up to 2 hours (This is why I am so charged when I get to work); 3) The extra walking increases circulation throughout the whole body and brain; and since I just mentioned the brain, the last but not least benefit is 4) Our hippocampus is positively impacted by aerobic movement and walking 120 minutes per week can increase the size of the hippocampus by 2% post one year. **Why do we care about our hippocampus?** The hippocampus is part of the brain that has to do with memory. First signs of dementia are shrinkage of the hippocampus. Therefore, you can start creating a healthier hippocampus by parking further.



Challenge Two: Take the steps versus the elevator. Not only do I park my vehicle far away, but I add weights (from all the bags I carry) to my walk and then because I park on a high level, I must take the stairs. I know what you are thinking, REALLY CODY, can't you take the elevator sometimes. Well, the elevator was out of service for about three weeks (YES, folks were furious at metro and some went to other stations during that time) well that made me take the stairs. When the elevators were back up and running, I already had my routine down and instead of waiting for the elevator with the crowd of people I walked and beat the elevator up and down. I should be thanking metro for improving my health (LOL).

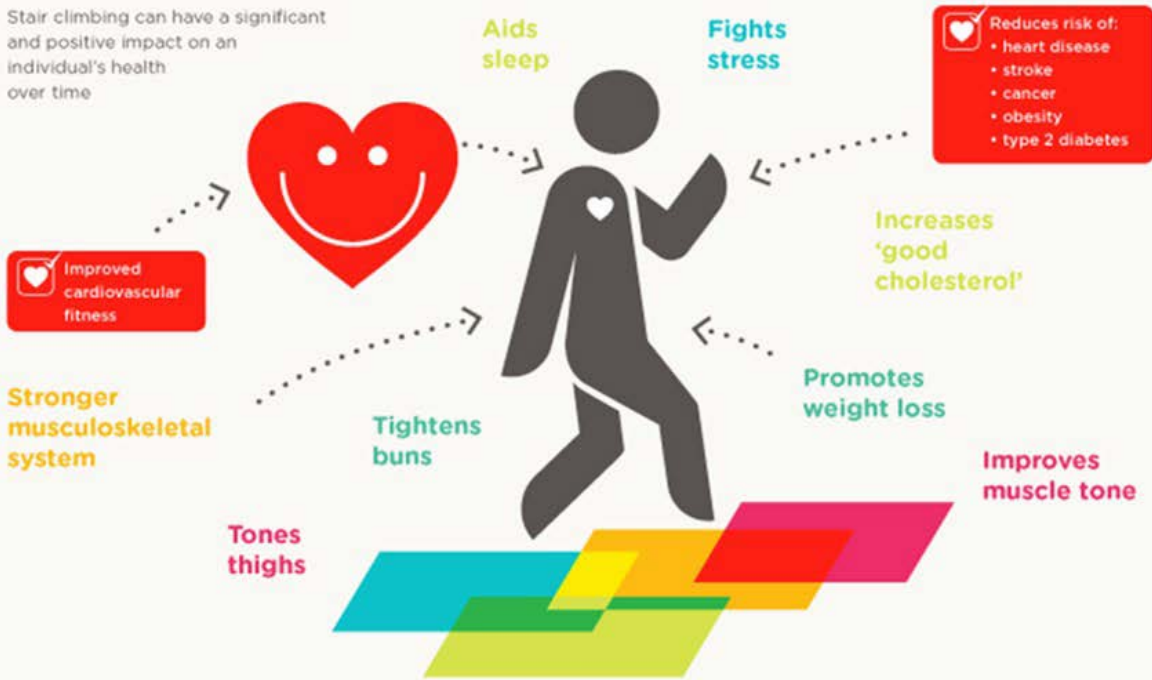
Below are the actual photos of what I carry daily along with views of the stairs on various days. My backpack has a gallon of water, 4 books (work related and yes, I bring work home every day) along with my garment bag, lunch bag (600 mL smoothie, prepared meal, apple, orange, and grapefruit), and my Dell Precision 3510 laptop which weighs 5.7 pounds in addition to the power cord, mouse, and documents for work in the laptop bag too. I have people that occasionally ask me where I am traveling for work (LOL), just my normal daily load. That's my vehicle again, the apple green Honda CR-V (The Green Hornet is his nickname) and these are photos on a different day. You can see the distance that I have before I even get to the stairs. Going down in the morning is so smooth because I am rested, and it is always easier going downhill, but at the end of the day going uphill is a **BEAST**. I would stop someone to take a photo of me, but no one is on the stairs on my side because they are on the elevator. Yet, there are some that walk up like I do, as you can see on the other side (I caught a glimpse of one gentleman as I was walking up. Two different days/times and I believe it is the same man). The photos can give you an idea of all the steps in that staircase. Let me tell you in the evening, I don't like those steps and feel like the man in the cartoon barely making up. BUT, taking the steps does wonders at keeping my thighs and legs toned in addition to keeping up my endurance.



Below are the benefits of taking the stairs and how they can add up over time, even the small number of steps. As a bonus, I have added 8 stair workouts you can do at your leisure. By taking the stairs, look at all the health benefits you gain and those health risks you reduce. Hope this inspires you to take the stairs and park your vehicle furthest from the door. Remember you can do one or the other or both at the same time. Have loads of fun and Happy Move More Month!

StepJockey: the benefits of stair climbing

Stair climbing can have a significant and positive impact on an individual's health over time



StepJockey: how small steps add up over time



Woman
45 years old
75kg
172cms

Climbs up and down stairs in a 5-storey building
2 x a day

Climbs the stairs in the underground station
1 x a day

Extra calories burnt per day→ **76.5**

Extra calories burnt per year→ **17,595***

Which is equivalent to:→ **8.5 days food**
→ **2.3kg (5lbs) fat**

BMI Falls from:→ **25.4 to 24.6**
 (Overweight) (Healthy)

* Assumes 230 working days in a year





STAIR WORKOUT



Benefits

Climbing just eight flights of stairs a day lowers average early mortality risk by 33%.

Climbing stairs for seven minutes a day decreases your risk of having a heart attack by **half** over 10 years.



Long Steps



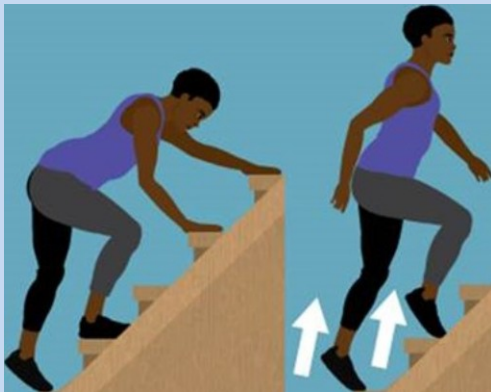
Traverses



Sprint



Jump



Monkey Crawl



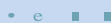
Walk on Toes



Calf Raise



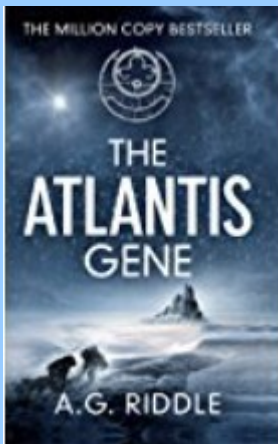
Crouch Walk



GOOD READS by LCDR Leah Ferrier

The ATLANTIS SERIES by A.G. Riddle

We have all heard the myths surrounding the stories of the lost city of Atlantis. What if Atlantis wasn't a myth or a city, but a large alien ship that held the DNA map of the human race and how that DNA had become corrupted? The Atlantean Trilogy is a series of science fiction thriller and mystery that has something for everyone. This drama series will appeal to scientists from many fields of study. The application of genetics mixed with historical anthology of religion and anthropology of the human race, there is tidbits of philosophy, ethics and scientific moral discovery for everyone. This series strives to provide an explanation to one of the most provocative questions that has plagued human existence; Where, How, When, and Why has human life as we know, it come to exist?



Book One: The Atlantis Gene

In this book, we are first introduced to the main characters of the series and each of their unique skills and specialties. Here the forces of good and evil are presented and soon the reader is captivated to continue reading, as the hero and heroine are challenged with physical, mental and philosophical ethical attacks, while struggling to sort out who can be trusted and who cannot.



Book Two: The Atlantis Plague

This book will grip its readers in suspense and intrigue, as the race to find a cure for a world plague that is taking the lives of half the human race ensues. The CDC and WHO operatives are introduced into the chorus of those who may or may not be supporting the search for a cure, but instead are actively seeking the means to support the transformation of the human genome.



Book Three: The Atlantis World.

This final epoch takes us beyond mere survival, and looks at the possibilities for humanity to overcome the stigma and segregation of those who have genetically altered DNA, and those who do not. As we enter the age of CRISPr and other gene altering therapies we currently are facing today, is the world fully prepared for the ethical question of where do we draw the line? Will humanity survive? Read on.



USPHS

SCIENTIFIC & TRAINING SYMPOSIUM

USPHS Scientific and Training Symposium

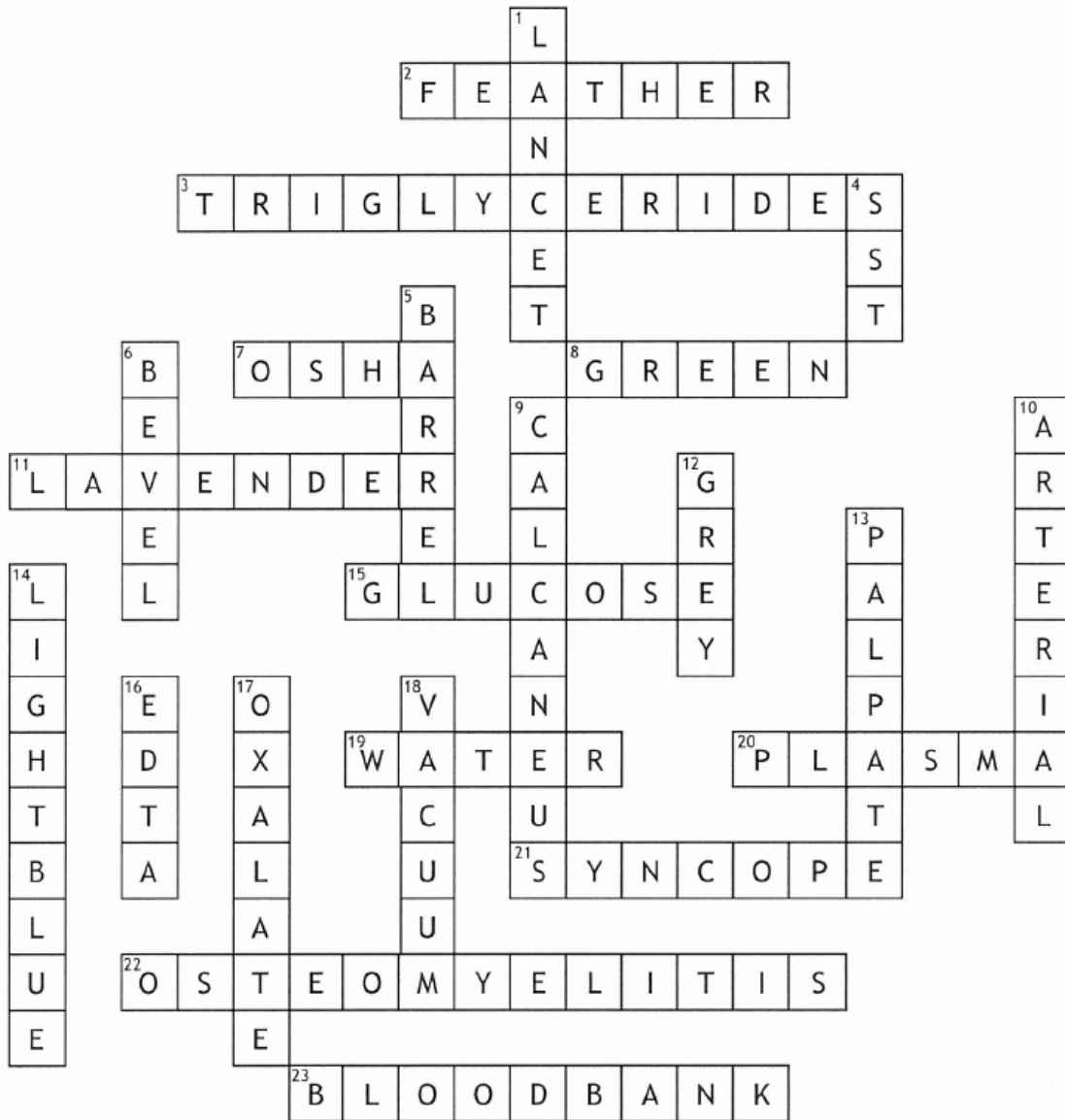
"Better Health Through Better Partnerships"

May 6-9, 2019

Minneapolis Convention Center and Hyatt

For more information: <https://www.phscof.org/symposium.html>

M I O E C M L S S D E A H E I M Y O O U A L V M
Q I A I O H X Z T O I C N E E D L E P R G C O Z
A I P O H O E C N S Q E Y B T S L S O I F E I H
U G H A I R Y M N J O A K R N W E R N N T N E E
T P L O H N B E I V B C I E E P Y Y R A G T O N
U M E G R B Y C N S H Y H I O N U G R L Y R R U
B B B S N E B T L I T M L M G A C O M Y N I N N
E E O E T S T C O Y R R O S G I R L I S H F B M
S A T Y T M Y Z E G S O Y N L O L O C I U U B W
Y I O A B L O O D B A N K N N A I T R S J G E L
E M M Q B O Y N N R A A U O A A E A O B N E E Z
I O I A B C M O N Q H R G S H S O M B O T L E R
N A S G T T O H Q B G R O E U E L E I C A R R O
O O T X N E T T E C H N I C I A N H O C T I E F
U O E E M U N L G L Y H Q E B H N T L G B U Z G
G I G U N Q N U B E Y G O L O R E S O N G T I I
I V O H U I O N R M U S D E O S Y K G P O U T T
T N T T T N D P Y L D L M P F N E V Y I O Y A H
E C O Z H R E G Y C R T I C K I S E R E I N N N
T E R U Q U N F I H U H Y Y A T I B S N L N A E
O I N I B O L G O M E H K E I I N N A E M C S H
J N D D N T R K U C U L R Z O O N A P H O Y N N
O T P B T G A U Z E H O E I P O G E S H I O I N
C F A T O T Y E T O L L I S H I E N Q E O N M L



JOIN THE MLSPAG

MEETINGS

*Join us via
teleconference*

*every second Monday of
every other*

month @ 1400 EST

1-866-882-1054

Passcode: 2066464



To submit an article for the MLSPAG

CDR Toni Bledsoe

tbledsoe@cdc.gov

Editors: CAPT Todd Alspach, CDR Cara Nichols,
LCDR Charles Boison, LCDR Leah Ferrier, LT Angela Hatzenbuhler,
and LT David Hamilton

Medical Laboratory Scientist Professional Advisory Group Coin
Order Form

[http://usphs-hso.org/sites/default/files/hso_docs/
pags/mlspag/mlspag_coin_order_form.pdf](http://usphs-hso.org/sites/default/files/hso_docs/pags/mlspag/mlspag_coin_order_form.pdf)