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Greetings MLSPAG Officers,

On behalf of the MLSPAG, I would like to welcome you to the Spring 2016 MLS Newsletter and “Thank you” for reading. My name is LCDR Richard Bashay III and it is an honor and privilege to serve as the 2016 Chair for the MLSPAG. I began actively working with MLSPAG in 2010 and have seen the growth of our PAG over the years. Since joining MLSPAG, I have served as Chair or Co-chairs to the following subcommittees: Recruitment & Retention, Policy & Legislations and the newly formed Mentorship. The enthusiasm shown by fellow MLSPAG officers encouraged me to diligently serve this PAG.

I would like to take this opportunity to tell you a little about myself. I claim the great state of Georgia where I lived until I dropped out of college to enlist in the US Navy at the age of 20. I started out as a Hospital Corpsman and then was trained as a Medical Laboratory Technician. After my five years in the Navy, I went back to school full time and earned a degree in Medical Technology from the University of West Florida. After school was done, I went back to work at the hospital where I did my internship. I tried to get back into the Navy as an officer but they stated it would be a few years before I would get accepted. Part of the process for the commissioning of Navy Officers is to be interviewed by an O-4 or higher in the area that you are trying to get commissioned in. For me, that interview took place at the Naval Hospital Pensacola where I was interviewed by a LCDR Wilkerson who was the Division Officer for the laboratory. That interview changed my life for the better. She asked one question that got me here, “Where do you see yourself in five years?” I said, “Getting my Master’s in Public Health”. She proceeded to say, “Have you heard of the Public Health Service?” I said, “No”. She provided information on PHS which I joined a few months later. I started my career at the Federal Bureau of Prisons as the Night Medical Technologist (2006-2010). From there, I went to the Department of Homeland Security as a Biological Laboratory Officer in Las Vegas, NV (2010-2014). Now, I’m working as an Investigator for the FDA in the Baltimore District, Southeastern Virginia Resident Post.

Our PAG has accomplished great things since its inception and I want us to continue to positively impact the growth and development of not only our PAG but its contributions to the USPHS. One of my goals for 2016 is to have more involvement of officers so that everyone outside our PAG will know that we are way more than “lab rats”. We are clinical... We are administrators... We are in all major HHS agencies and a few agencies outside of it meaning that we can do many things because we are Medical Laboratory Scientists. As the MLSPAG Chair, I will embrace this opportunity to encourage Junior and Senior officers to continue to work with our PAG as it grows into the future. Also, I would like to challenge other Medical Laboratory Scientists to begin participating with us on our bi-monthly conference calls and become involved in one of our subcommittees.

Finally, I cannot express how thankful I am to be part of this wonderful PAG. I am very lucky to work with the finest Medical Laboratory Scientists in the world as fellow PHS officers. I look forward to us accomplishing great things as we move forward this year. I want to thank the members for their support and dedication to the MLSPAG. Feel free to contact me if you have any ideas, concerns, or issues you would like me to address. I am here to serve you.

Sincerely,

LCDR Richard Bashay III

2016 MLSPAG Chair

# **HISTORY OF THE CLINICAL LABORATORY SCIENCE PROFESSION**

**By: LT Danielle Kelly, MLS(ASCP)CM, CSO**

The first examinations of human body fluids date back to the time of the ancient Greek physician Hippocrates around 300 BC [2]. The diagnostic and therapeutic value of laboratory testing was not yet appreciated, and many physicians viewed clinical laboratories simply as an expensive luxury that consumed both valuable space and time [4]. During that time, most “laboratories” consisted of a corner in physicians' homes, offices, or hospital wards, with physicians performing the procedures themselves. However, this would all change with the discovery of the causative agents that cause devastating epidemics such as tuberculosis, diphtheria, and cholera in the 1880s. The development of tests for their detection in the late 1890s prompted a change in attitude, and by the turn of the century, the laboratory occupied a position of much greater importance. It was not until 1896 that the first clinical laboratory was opened. This was a twelve-foot-by-twelve-foot room at Johns Hopkins Hospital equipped at a cost of \$50.00 dollars [3]. Pathologists began to train assistants, primarily young women, to perform some of the simpler laboratory procedures, freeing the pathologists to pursue advanced aspects of their specialty. In 1922, the American Society of Clinical Pathologists (ASCP) was formed to support the emerging clinical specialty of pathology. In 1926, the American College of Surgeons' accreditation standards decreed that all hospitals have a clinical laboratory under the direction of a physician, preferably a pathologist. This decree had the effect of ensuring that laboratories developed mainly in hospitals under the supervision of physicians [5].

World War I brought about a critical shortage of qualified laboratory assistants to staff the laboratories, prompting the creation of a wide variety of training programs to meet the growing need. In an effort to bring about a degree of standardization to the education of laboratory personnel, ASCP created the Board of Registry (BOR) in 1928 to certify individual laboratory technicians and later the Board of Schools (BOS) for the accreditation of educational programs. Individuals graduating from approved schools and passing the BOR's registry exam were thereafter referred to as “medical technologists,” identified by the acronym “MT (ASCP).” The parenthetical suffix was added to differentiate these individuals from MTs trained by non-ASCP approved commercial schools. Thus, although created primarily for the physician pathologist, ASCP played a pivotal role in the development of the clinical laboratory science field by establishing standards for both education and competency [6].

However, as the number of medical technologists swelled, they began to desire a greater degree of autonomy and control over the direction of their own profession than was available to them under the rule of ASCP. In 1933, a new organization was formed, the American Society of Clinical Laboratory Technicians (ASCLT), later renamed the American Society of Medical Technologists (ASMT). Although ASMT and ASCP worked closely together for many years, they disagreed over several critical issues, especially the accreditation of schools and certification of technologists, both of which ASCP still controlled. In 1973, as a result of pressure from the U.S. Office of Education and the National Commission on Accrediting, ASCP agreed to disband the BOS and turn over its functions to an independently operated and governed board, the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) [7]. The issue of independent certification [7] continued to be a source of discord until finally, in 1977,

the ASMT withdrew its representatives from the BOR and established the autonomous certification agency, the National Certification Agency for Medical Laboratory Personnel (NCA) [8]. Having achieved independent oversight of both entry into the profession and certification of its member practitioners, clinical laboratory science was at last on its way to achieving the status of an independent profession.

In today's era of rapidly evolving medical research and technology, one can hardly imagine a health care system without the contributions of clinical laboratory scientists. The laboratory analysis of blood and other body fluids plays an essential role in the diagnosis and treatment of disease, as well as in routine preventative medicine. In addition to performing an ever-expanding variety of laboratory analyses, clinical laboratory scientists are active in selecting test methodology and instrumentation, establishing and implementing quality assurance programs, and troubleshooting technological and instrument malfunctions. They hold upper-level management positions in clinical laboratories with responsibility for creating budgets, short- and long-term planning, and supervising laboratory personnel. In teaching institutions, clinical laboratory scientists (CLSs) at the master's and doctoral levels hold faculty positions in NAACLS-approved educational programs.

The educational requirements for clinical laboratory science have evolved in tandem with the development and expansion of the scope of the field. In 1930 when the ASCP issued the first certificates of registration, the requirements consisted of graduation from high school, completion of one year of didactic work, and completion of six months of experience in a recognized laboratory [9]. As the body of knowledge increased in volume and complexity, the educational requirements gradually increased. By 1952, most approved schools required three years of college work, and, ten years later, the BOR formally increased the college prerequisite to three years [10]. During the 1960s, new categories of laboratory workers were created to help cope with the increased workload: the certified laboratory assistant (CLA) with one year of training and the medical laboratory technician (MLT) with two years of training. Simultaneously, specialist categories in chemistry, microbiology, hematology, and blood banking were created. These were followed by the development of master's and doctoral programs to train CLSs for faculty positions at accredited schools. Numerous states currently require licensure of laboratory personnel, with others considering it, thus further ensuring the integrity of the profession.

Owing to the origin of the field in hospital clinical laboratories, the majority of CLSs are still employed in this setting. In rural areas and small community hospitals, they are most likely to be generalists, but, in larger institutions with their wider scope of testing, many CLSs specialize in a specific departments. In recent years, nonhospital opportunities have proliferated in areas such as public health agencies, reference laboratories, forensics, blood and tissue banking, medical research, pharmaceutical companies, veterinary laboratories, industry, sales, marketing, consulting, and software development. However, just as the profession is nearing maturity, a combination of factors is threatening to produce a large-scale shortage of qualified laboratory personnel. In addition to the wide range of opportunities luring CLSs away from the clinical laboratory, additional factors contributing to the shortage include attrition due to persistently low salaries and lack of self-actualization, aging workforce, changing U.S. demographics, and increase in government regulation of clinical laboratories through the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) [11]. Ironically, the shortage is so critical that “desperation has led some laboratories to consider hiring individuals without formal laboratory education and providing them with on the job training” [12].

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# **Lab Week, How Do You Celebrate?**

**By: LCDR Vicki Ezzell MT(ASCP)**

It's that time of year again where labs nationwide celebrate what it means to be a Medical Laboratory Professional. It's our time to showcase the important services we provide and give some insight to our "non-laboratory" friends. Having been a part of a lab team for many years I have experienced a large variety of celebratory styles. While some keep it small and in the department, others have celebrated the week in grand fashion.

So it was at the first place I worked, a cozy little department with about 20 employees, where I got my biggest taste of what celebrating Lab Week could be like. Here in this small town hospital they celebrated Lab Week with an enthusiasm akin to Mardi Gras. Being the newest employee, I was enlisted to assist with coordinating the event with one of the department heads. We began our preparations about two months before Lab Week was to arrive. During our preparations we collected donations, selected gifts, made food selections, created puzzles and games, and made flyers.

When the celebration of Lab Week began, it was obvious that the puzzles and games were a big hit. With the help of the internet, we were able to create crossword puzzles and jeopardy-like games that tested everyone's lab knowledge. These games were played several times during the week, resulting in many laughs, shared good times and prizes to the winners. The prizes included lanyards, pens, buttons, notepads, and little trophies for best played games.

During the middle of the week we hosted tours of the department. We set up a table at the front door decorated in all the Lab Week finery available and provided door prizes to lure people in. We handed out our flyers explaining what each department's contributions were to the hospital and fielded an abundance of questions we were happy to answer. My favorite answer was: "No, you will not catch anything by touring the laboratory but you may learn something fun." I was amazed at how little people really understood about the testing of their blood and the information we provided their doctors. It was an educational day for everyone.

The food, as with most celebrations, was abundant, brought in everyday and shared across all three shifts. Some was of it was delivered by the favorite local restaurants; some was made by the "Lab Week Hosts"; and the final day was a pot-luck extravaganza with contributions made by everyone. On this final day of food and fun, the last of the Lab Week gifts were given to commemorate to occasion.

I didn't stay at this facility very long because life has a way of moving us along, but the memory of this Lab Week celebration has stayed with me through the years. It was, by far, the most inclusive one I have ever participated in. While the rest of my experiences were less grand, they were no less appreciated by me and the people we shared it with. I am grateful for these moments and look forward to the next celebration of Lab Week from April 24-30, 2016.

## **Meet Our New Officer**

**By: LT Angela Hatzenbuhler**

I have been a Medical Laboratory Scientist for 12 years and became a commissioned officer just last fall. I have specialized experience in Microbiology and I really love that part of my profession. I currently work for the BOP at United States Medical Center for Federal Prisoners (USMCFP) Springfield.

Aside from learning all of the ins and outs of being a new Public Health Service officer, and that certainly keeps me busy, I have a few other collateral duties. I am a Crisis Support Team member at USMCFP. The Crisis Support team takes care of our staff members and their families when they are in need or in a time of crisis and we are specially trained in emergency response.

I am also a staff mentor for our Service Dog training program. The Service Dog training program, in association with Canine Assistance Rehabilitation Education Services (CARES), pairs inmates with dogs to train for members of society with disabilities. It is something I am very proud to be a part of when I see a dog paired with a person, child or adult, knowing that it is going to change their lives for the better and I was able to be a part of what made that happen.

Aside from all the career and work details, I have two young daughters that round out who I am and keep me on my toes.

I look forward to working towards becoming a successful new officer and contributing to the Public Health Service.



**LT Hatzenbuhler and Service Dog Trainee Hutch**

# **MLS Officers: Looking for Clinical Hours?**

**By CDR Nathan Town**

One of the basic readiness requirements for Commissioned Corps officers states that if your professional credentials allow you to operate in a clinical setting and you select a clinical deployment role, you must maintain clinical proficiency by accruing minimum of 80 clinical hours each year. This is not a problem for those working in a clinical lab. But, what this means to a MLS officer working in a non-clinical role, is that you'll need to find someplace to do 80 hours of clinical work, in order to meet deployment eligibility standards set by RedDOG.

An opportunity exists with the several Indian Health Service clinics in the Portland area to fulfill the clinical requirements. The Yakama Indian Health Center in Toppenish, Washington, and the Warm Springs Health and Wellness Center in Warm Springs, Oregon often need help to cover vacations or during times of staff shortages. Both facilities are ambulatory clinics that operate Monday through Friday. Each has a clinical laboratory with 3 to 4 full time techs plus support staff.

I tried this arrangement with much success about 10 years at Yakama, when we had an FDA MLS officer TDY'd to our lab for two weeks. Since the need didn't arise again, I didn't pursue trying it again. But recently, based on the success of that arrangement and the need, I asked IHS labs in the Portland area if they might be interested in trying such an arrangement. Both Warm Springs and Yakama have worked with their administrations and are willing accept officers needing clinical hours. If you are interested, please contact LCDR Angel Daniels-Rodriguez ([angel.danielsrodriguez@ihs.gov](mailto:angel.danielsrodriguez@ihs.gov)) at Yakama, or CDR Carol Cummins, at Warm Springs, 541-553-1196

# Advancing the Public Health and Safety of our Nation: Exposing USPHS Through Career Fairs

By: LCDR Charles Boison

“To protect, promote, and advance the public health and safety of our nation” is a larger mission than just a combination of verbs for a national cause. For years, the United States Public Health Service has stood far and beyond what its mission and vision represents or has been credited for. Until I was commissioned as a USPHS officer, the Commissioned Corps was the best kept secret of uniformed officers. It is not uncommon to hear that many a people have no clue who USPHS officers are and what they do. I believe there are only a handful of officers, if any, who have not heard or been approached with the question: “Are you in the Navy... what branch of service are you?” I recall attending a Veterans’ Day Service at one of the Elementary Schools in Richmond, VA, and the lack of most of the students’ knowledge about ever hearing of PHS, ignited a passion for me to embark on some career fairs that would orient students and some teachers about these “medical veterans” in uniform.

On March 23, 2016, I was privileged to be among the 20 businesses/organizations who were invited to participate as presenters at a career fair at Holman Middle School in Richmond, Virginia. Prior to the fair, I had been scratching the few hairs left on my head as to what exactly I was going to present. I knew what I wanted to do, but putting the PowerPoint presentation together was becoming arduous. A couple of days prior to the presentation, our MLSPAG Chair, LCDR Richard Bashay forwarded an email that contained an attachment with enough information to get me fully prepared for my presentation. I instantly emailed LCDR Bashay to let him know how useful that material was, and how it could be used by any officer for such a purpose.



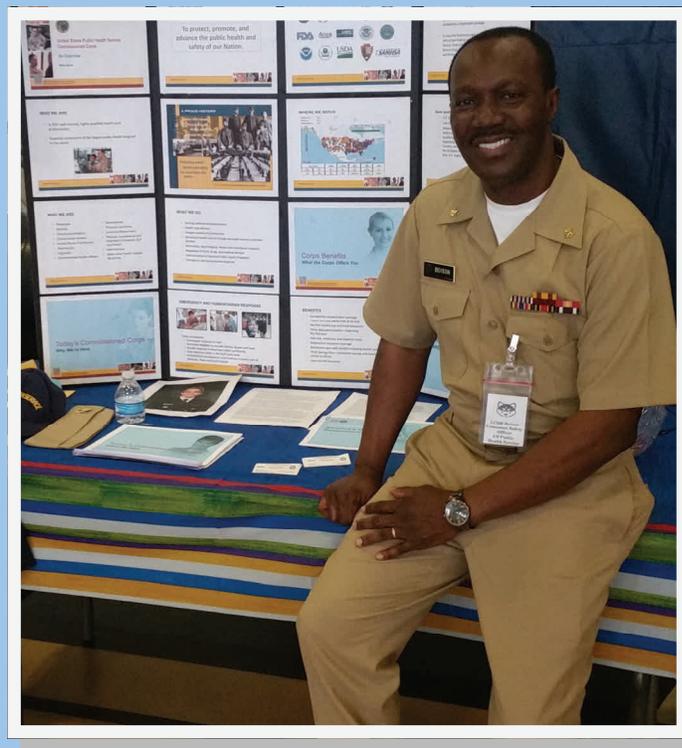
LCDR Boison sets up his booth for commencement of the Career Fair.

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That was the key for my career fair presentation. It made it so easy to explain whatever questions the students and teachers posed regarding the USPHS or my current work position.

The Holman School career fair featured a wide range of professions and careers for the students to glean knowledge from. These ranged from Orthodontists, Pharmacists, Patrol Officers, and Hair Stylist, to name a few. The students were given a check-off sheet to for signatures after visiting each career booth. I had enough candies displayed on my table, and these made my booth quite attractive. It was thrilling to watch and hear these students ask questions that could prepare them for their future. Questions like: “What do I need to do to be in such a career; are there any challenges to your job; what do you consider the most dangerous aspect of your job?” The information in the Power Point allowed me to answer almost any question. My educational background and experience as a Navy veteran, medical technologist, and FDA Investigator gave me enough insight to educate the students. I felt very fulfilled “selling” the USPHS and all the career opportunities it provides to the students. Although this fair lasted only about three hours, the students had a lot of career information to take home and think about. My presentation went so well, the school’s career fair organizer, Ms. Melissa Morton asked that I come back next year!

Careers fairs are one of many ways that we as officers can use to educate the public about the mission and vision of our Commissioned Corps. By virtue of our professions, we are in a position to enlighten and educate the public about what we do and how they can join us when opportunities avail unto them. This is a campaign that all of us can embark on for a better awareness about the Corps.



LCDR Charles Boison prepares to “educate” Holman School Students and Staff on the mission and vision of the Commissioned Corps

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# NEW TO NEWSLETTER!!!

## Health Tips...

### Warming up and cooling down: A reminder

By: CDR Toni Bledsoe

We have all been told that warming up and cooling down with a stretching routine before a workout is important to decrease muscle pain, prevent stiffness, and increases our flexibility when done properly. Stretching helps prevent exercise-related injuries. I hate performing a warm-up and cool-down routine! I feel like I can't waste the time I have carved out of my busy schedule to devote to a mere 10 minutes before I begin and end my cardio-exercise.

**What's the big deal?** Here's a reminder from a recent article posted on the American Heart Association (AHA) Website:

“A good warm-up dilates your blood vessels, ensuring that your muscles are well supplied with oxygen. It also raises your muscles' temperature for optimal flexibility and efficiency. By slowly raising your heart rate, the warm-up also helps minimize stress on your heart. Stretching allows for greater range of motion and eases the stress on the joints and tendons, which could potentially prevent injury. Warming up, such as low-heart rate cardio, prepares the circulatory and respiratory system for the upcoming 'age- and type-appropriate target heart rate' exercising, whether it's endurance or sprint type of activities. The cool-down is just as critical. It keeps the blood flowing throughout the body. Stopping suddenly can cause light-headedness because your heart rate and blood pressure drop rapidly. Do your body a favor. Take time to gradually progress into your workout and cool down when you're done being physically active.

AHA Warm up and Cool down Routines and Tips:

#### **The Warm up:**

Before you exercise, think about warming up your muscles like you would warm up your car. It increases the temperature and flexibility of your muscles, and helps you be more efficient and safer during your workout. A warm-up before moderate or vigorous aerobic activity allows a gradual increase in heart rate and breathing at the start of the activity.

#### **Tips:**

- Warm up for 5 to 10 minutes. The more intense the activity, the longer the warm-up.
- Do whatever activity you plan on doing (running, walking, cycling, etc.) at a slower pace (jog, walk slowly).
- Use your entire body. For many people, walking on a treadmill and doing some modified bent-knee push-ups will suffice.

## **The Cool down:**

Cooling down after a workout is as important as warming up. After physical activity, your heart is still beating faster than normal, your body temperature is higher and your blood vessels are dilated. This means if you stop too fast, you could pass out or feel sick. A cool-down after physical activity allows a gradual decrease at the end of the episode.

It's good to stretch when you're cooling down because your limbs, muscles and joints are still warm. Stretching can help reduce the buildup of lactic acid, which can lead to muscles cramping and stiffness.

### **Tips:**

- Walk for about 5 minutes, or until your heart rate gets below 120 beats per minute.
- Stretching:
  - Hold each stretch 10 to 30 seconds. If you feel you need more, stretch the other side and return for another set of stretching.
  - The stretch should be strong, but not painful.
  - Do not bounce.
  - Breathe while you're stretching. Exhale as you stretch, inhale while holding the stretch.

## **Our New Voting Members!**

**By LCDR Charles Boison**

In a few months from now, the electorate of this beloved country will be casting their votes to elect a new president and other leaders for the next term of office. The undeniable fact is that no matter what opinions anyone has, the ability to vote is a requirement for having such opinions or views represented through the ballot. Isolating this scenario to our Medical Laboratory Scientists Professional Advisory Group (MLSPAG), being a voting member carries some weight. It is a privilege - not a right for all members of this Professional Advisory Group. This privilege has to be earned through fulfillment of certain requirements by virtue of the By-Laws.

During scheduled MLSPAG meetings, all members are encouraged to contribute their views, suggestions, and ideas for the betterment of the PAG. However, it's only the voting members who can "Vote" on issues at stake, move a motion, or have a say on the approval of previous minutes, and other issues that need a consensus to pass.

Having been a member of the MLSPAG for some time, I decided to rededicate myself and apply for voting membership. I went through the application process, met the requirements, and was approved for such a status. This past quarter, in addition to myself, three other officers were also selected as voting members: LCDR Docia Sampson, LT Emmanuel Ndenga, LCDR Charles Boison, and LCDR Ryan Thrasher. Three of the new voting members are profiled below to introduce them to the members of the PAG. Unfortunately, LCDR Sampson's information was not available for publication.

## **LT Emmanuel Ndenga**

LT Emmanuel Ndenga joined the USPHS in 2008 as a LTJG after serving five years in the United States Navy. Two of those years were spent with the Marine Corps as a Corpsman at Camp Lejeune, in Jacksonville, North Carolina.

Currently, LT Ndenga is serving as the Urinalysis and Coagulation supervisor for the Medical Reference Laboratory at the Federal Medical Center, Butner, North Carolina.

Most of his education was obtained outside the U.S., however, he enrolled at Thomas Nelson Community College, Hampton, VA, in 2003 where he graduated with an associate degree in Medical Laboratory Science. In 2005, he enrolled at Weber State University in Ogden, Utah to pursue a Bachelor of Science in Clinical Laboratory, where he graduated with honors in 2006.

LT Ndenga graduated with honors from Walden University in 2013 with a Master's degree in Public Health.

LT Ndenga's PHS awards include a Commendation Medal, Hazardous Duty Ribbon, Regular Corps Ribbon, PHS Training Ribbon, and a Unit Commendation. He also earned several awards from the US Navy, including the National Defense Service Medal, Good Conduct Service Medal, Global War on Terrorism service Medal, and a Meritorious Unit Commendation Medal.

On the MLSPAG, LT Ndenga serves as the Awards Subcommittee Chairperson. He is an active participant on MLSPAG's By-laws and Policy/Legislation and NC COA Community Outreach Committee. In addition, he is also the new Vice President of the North Carolina Commissioned Officers Association (NC COA).



LT Emmanuel Ndenga

## LCDR Ryan Thrasher

LCDR Ryan Thrasher is a native of Oklahoma and serves as Senior Technologist and Infection Control Officer at the Pawnee Indian Health Center in Pawnee, Oklahoma where he has worked since 2010. He is also the current Laboratory Lead for RDF-3 and President of the local COA. Prior to his service in the Corps, LCDR Thrasher earned a Bachelor's of Science degree in Medical Technology from Northeastern State University and worked as a general technologist for the Choctaw Nation Health Clinic in McAlester, OK.



LCDR Ryan Thrasher

## LCDR Charles Boison

LCDR Charles Boison was commissioned as PHS officer in May 2006. Prior to joining the PHS, he was enlisted with the US Navy as Medical Corpsman. While enlisted in the Navy, Corpsman Boison was stationed in Portsmouth, VA; Milton, FL; and Pensacola, FL; and Bethesda Naval Base (now Walter Reed National Medical Center). He obtained his bachelor's degree in Biological Sciences from the University of Science and Technology, located in Kumasi, Ghana, West Africa. He was part of the 1999 initial class of Navy-Civilian College's fast-paced Navy Medical Laboratory Technology program at Thomas Nelson Community in Hampton, VA. In 2001, LCDR Boison enrolled at Troy State University, FL and earned his master's degree in 2002. LCDR Boison worked at the Bureau of Prisons, Butner from 2006 until 2015, where he was the lead technologist in Blood Bank. He served in that capacity from 2008 until he transferred to the Food and Drug Administration in 2015. LCDR Boison is currently the only PHS Officer at the FDA Residence Post in Richmond, VA. Some of his awards include Navy Good Conduct, Global War on Terrorism, Achievement Medals, Unit Commendation Medals, and several letters of appreciation. He was the Chair/Co-chair for the Butner COA Welcoming Committee from 2009 to 2015. LCDR Boison completed his doctorate in public health, with concentration in epidemiology in January 2016 with *summa cum laude* honors. His hobbies include playing soccer, "recruiting" potential candidates into PHS, and admiring the rising and falling of the sun each day.



LCDR Charles Boison

## **2016 USPHS Scientific and Training Symposium**

The 2016 Symposium will be held in Oklahoma City May 16-19, 2016. The theme for the conference will be

**“Gimme Five: Building a Better Tomorrow through Prevention Today”.**

**For agenda and frequently asked questions:**

<http://symposium.phscof.org/about>

**For resource guide:**

[http://symposium.phscof.org/docs/2016Symposium/OKC\\_ResourceGuide.pdf](http://symposium.phscof.org/docs/2016Symposium/OKC_ResourceGuide.pdf)

**See page 17 for Information on USPHS Joint Combined Social!**

# ★ WANTED ★



## **USPHS Joint Combined Social Officers and Friends at Wormy Dog Saloon**

**May 18, 2016 Wednesday 1930-2330**



**311 E Sheridan Ave, Oklahoma City, OK 73104**



Admission: Free for USPHS Officers, Guests \$5  
Dress Code: Civilian Attire

## MLS FOCUS

**LT Ashley S. Frost (MLS) ASCP**  
**Laboratory Administrative Director and Manager Norton Sound Regional Hospital**  
**Nome, AK**

### **Education: Degrees, Universities, Dates:**

University of North Dakota MLS Certificate Program May 2009

University of South Dakota Bachelors of Science in Medical Technology 2009

### **Background: Hometown, Family, Hobbies:**

I was born, raised, graduated high school in Watertown, South Dakota. I have 1 sister who lives in Vermillion, SD and her husband is attending Medical School at the University of South Dakota. My husband is from Carrington, North Dakota and has 2 brothers, 1 of which lives in Nome, Alaska. My husband Garrett graduated from the University of North Dakota with a degree in Criminal Justice. He works as an Alaska State Trooper in Nome, Alaska. We have 2 sons: Easton John and Logan Patrick. Easton is 5 years old and is in Preschool, Logan will be 2 in June, and they keep us busy! We have a West Highland Terrier named Kodiak, she's 10 years old, and tolerates the crazy house fairly well. We currently live in Nome, Alaska, where my husband and I moved from Fairbanks in 2009. We moved shortly after we were married and I graduated from my MLS program. I started working at Norton Sound Regional Hospital in 2009 as a lab generalist and Microbiology Lead civil service. Before Marvin Yeoman, the gentleman (who I was replacing), moved, he had convinced me that a career with the U.S. Public Health Service was the way to go. I applied to the USPHS and was accepted June 2010. My husband and I are both avid hunters and outdoorsmen/women. I have successfully harvested 2 grizzly bears, 2 caribou, and 1 moose since living in Alaska.



LT Frost and her family with grizzly bear she harvested

**Hobbies cont.**

I have years of ballet/dance experience and was a college cheerleader for UND and I love volunteering time with the local dance classes and cheer team. Another hobby that I enjoy is baking and decorating cakes; think cake boss. When I can fit it in, I love keeping busy with triathlon training. I have yet to formally compete in a triathlon, only 5 and 10k races so far. I was a runner up after I competed in the Mrs. Alaska Pageant in 2015 with a platform supporting Vaccines. I love to travel. I hope to continue to visit new and exciting countries and places. I'm also very involved with the Alaska (CLSA) and Region IV American Society of Clinical Laboratory Science group. I have had the opportunity to be the Interim Alaska Western Region Liaison for the CLSA group and will be traveling to Washington DC for the ASCLS Legislative Symposium.

**Current Agency:**

I am currently and still working for Indian Health Service at Norton Sound Health Corporation; part of the Alaska Native Tribal Health Consortium.

**Current Assignment and what you like most about it:**

I promoted internally from a generalist, to a lead, and now to the Laboratory Administrative Director and Manager. What I love most about my job is that I've been involved in all aspects of the laboratory. I started on the bottom and have been a part of this hospital's major projects and transitions.

**Job Title:**

Laboratory Administrative Director and Manager

**What I like most about my job:**

My ability to make controlled and positive change is by far what I love most about my position.

**Duties:**

We have not only moved from the old hospital site to a brand new hospital, but we have also implemented an electronic health record over the past 6 years. I have been able to play a key part in all of these transitions and implementations, and am always eager to continue building and improving. The best part of my position is that I have the ability to continue to grow my department within our corporation and Laboratory field. Overall we have implemented, validated, and interfaced 13 laboratory instruments and 102 point of care instruments. Most recently, under my recommendation and approval by the Board, my laboratory has implemented 2 new PCR instruments and a new Quality Control program. I have been able to modify and reestablish a functioning staffing scheme and eliminate temporary employees who were replaced with long-term full time employees. Because we have such a small facility I have the ability and inherent responsibility to work with the Medical Staff and Board of Directors to continue to improve patient safety, improve quality of laboratory testing, and stay on the cutting edge of laboratory medicine. Just because we are remote, rural, on the edge of the country, just below the Arctic Circle, and on one of the closest tips to Russia, does not mean that we have to be a follower in Laboratory Medicine.

## Duties cont.

We have implemented a Point of Care program that rivals some of the best in the country. We are tied to 15 villages that cover a region larger than the state of New York. We have true time reporting of laboratory results from these remote villages into a record viewable by specialty providers in Anchorage. We have closed a gap to give our patients the best service and quality of care as though they were sitting in a provider's office. I am responsible for the Quality Program within the laboratory, part of the NSHC Infection Control program, the Diabetes Management program, NSHC Change and Risk management program, as well as all Laboratory Personnel responsibilities. I manage the Norton Sound Competency program for lab testing. This year I was awarded the 2015 Norton Sound Health Corporation Values Award for Integrity. I am very proud of the growth that I've accomplished within the laboratory, as a medical laboratory scientist, and as an Officer. I joined the Rapid Deployment Force team 5 and haven't been deployed yet, but am anxiously awaiting the opportunity. I think my biggest drawback is promoting positions early in my career may have the potential to harm my growth trajectory, however, it's never too late to learn new things, and that's what I plan to do!

## Previous Assignments:

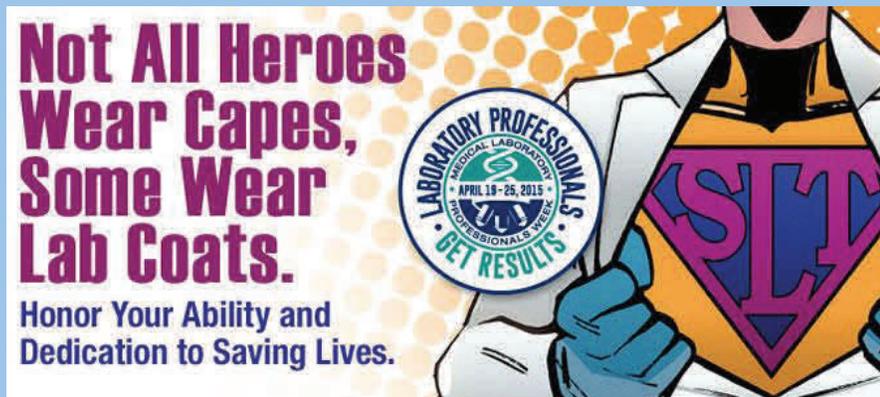
No previous Assignments.



LT Ashley Frost

## April 24-30, 2016 National Laboratory Professionals Week

Medical Laboratory Professionals Week is an annual celebration of the laboratory professionals and pathologists who play a vital role in every aspect of health care. Since they often work behind the scenes, few people know about the critical testing laboratory professionals perform every day. Lab Week is a time to celebrate their professionalism and honor the more than 300,000 medical laboratory professionals around the country who perform and interpret more than 10 billion laboratory tests in the US every year. The Public Health Service is lucky to have about 120 Medical Laboratory Scientists (MLSs) serving in the Corps. These MLSs are a skilled and talented group whose dedication and passion are deserving of recognition for their efforts. Not only do MLSs work in the laboratories but some have branched over to many other job fields to help the mission of the Public Health Service.



Picture courtesy of ASCP One Lab

## Promotion Tip

Keep your CV current. Consider keeping a list of your accomplishments throughout the year.



**Next  
Readiness  
check is  
April 15,  
2016!!**

*JOIN THE MLSPAG*

*MEETINGS*

*Join us via  
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*month @ 1400 EST*

*1-866-882-1054*

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To submit an article for the MLSPAG

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