

August 31, 2006

To Whom It May Concern:

I am writing in response to the August 2006 article "Gambling With Your Life" concerning errors in medical laboratory testing. Of all the information shared in the article, the most critical point was made in the last paragraph. The quote from Dr. John O'Leary, President of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), emphasized that it is a "no-brainer": to keep errors from reaching patients you must make sure you have enough personnel. A significant part of the solution is not just finding enough personnel but also hiring the "right" personnel. That is, hiring those educated and qualified to do the job. As the President of the American Society for Clinical Laboratory Science, the nation's largest non-physician professional society of clinical laboratory personnel, I predict that the errors reported in this article are nothing compared to what awaits the American public if the growing critical shortage of educated clinical laboratory professionals is not recognized and addressed.

In recent years, the number of associate and baccalaureate degree laboratory technician and scientist programs in this country has declined dramatically, while the mean age of laboratorians performing these millions of diagnostic tests is now forty-seven. In 2004, the Bureau of Labor Statistics predicted that 15,000 new clinical laboratory personnel/year are needed but only 5,000/year are being trained in these degree programs.

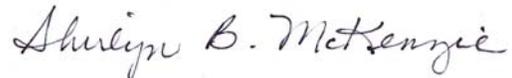
Coupled with the need to address the shortage is the necessity that those employed in our nation's laboratories are appropriately educated and trained. Data provided by the Division of Laboratory Services of the Centers for Medicare and Medicaid Services (CMS), indicate that most serious problems in laboratory testing are related to a lack of education of those performing the testing. Yet, in all but 12 states in this country (California, Florida, Georgia, Hawaii, Louisiana, Montana, Nevada, New York, North Dakota, Rhode Island, Tennessee, West Virginia), there are no requirements for hospitals, physician offices laboratory or commercial laboratories to employ educated personnel except the minimal qualifications of the federal law, called CLIA '88. It is amazing to me that the person who cuts your hair or does your massage is required by law to have a license but not the person who performs your blood tests and provides up to 70% of the information your physician needs to make a diagnosis.

Occupational licensing is a common American way of protecting the health and safety of the public. It should be unthinkable to place your diabetes, cancer, heart attack, hepatitis, or osteoporosis diagnosis in the hands of someone who has never studied the correlations between laboratory testing and disease, or who does not understand the effect of pre-analytical variables (things that happen to laboratory specimens prior to getting to the laboratory) and the many causes of false positive/negative test results. Assuming that your personal physician is trained in these correlations (and will, therefore catch the errors) is unrealistic. There is no training in medical, nursing or pharmacy schools on the

design, performance or quality control of laboratory testing. Only graduates of associate and baccalaureate clinical laboratory training programs have the full body of knowledge.

As a health care consumer, myself, I am very concerned about the quality of laboratory testing done for my own family. The American public must be awakened to this reality and insist that only trained, licensed laboratory professionals be allowed to perform laboratory testing. Their lives will, without question, be at stake.

Sincerely,

A handwritten signature in cursive script that reads "Shirlyn B. McKenzie". The signature is written in black ink and is positioned below the word "Sincerely,".

Shirlyn B. McKenzie, Ph.D., CLS(NCA)  
President, American Society for Clinical Laboratory Sciences