



President's Message

RJ Benson

Here's what I know. It's been a long stretch since I sat down to compose a President's Message. I have been struggling to find a topic or more accurately find one topic. My list of things to write about is all over the map, so let's see if I can connect the dots on this topic potpourri.

JAM 2025 - I joined my fellow Michigan members in Sacramento for continuing education, socialization, and governance updates. Lots of the moving parts of ASCLS are different than the last time I attended a national gathering. Many [declining membership, State Constituent Society challenges, internal operations tweaks] are the same. I will take this moment to thank the members and volunteers in Michigan for their time and contributions. I don't remember the exact context, but a conversation some time ago was among national representatives struggling to address some obstacle and a Michigan member made a comment relative to how we dealt with it. Someone observed, "**Well, we can't all be like Michigan.**" I'm proud for us. I think that phrase could be a nice T-shirt slogan. We are not without the challenges that go with a reduced member base and the overall decline in volunteer availability, but Michigan is downright vital compared to other states. Again, for the folks that made and make this happen, Thank You.

Bringing value to being an ASCLS-MI member - I struggle with this one. The testimonials of people

that benefit from being in a Professional Society are great to read. I want to help our members feel that reward. Beyond our State Annual Meeting and local activities, the tangible tools to foster this are sometimes philosophical.

This is important work - I would occasionally remind my team that there is rarely any glory or cheering for doing good work, but that it is important work. In their role [and your role] the opportunity to promote patient safety, patient care and solid laboratory services [which is critical to shape care plans and health responses, why am I telling you this?] is a dynamic we control. I have supervised inspections of Laboratories, Acute Care Hospitals Rural Health Hospitals, Ambulatory Surgery Centers, ESRD facilities and Hospice programs. Each regulation set is designed to ensure facilities design and implement a System that promotes patient well-being. The emphasis of the CLIA regulations, in a nutshell, reeks of Quality Systems and accurate results. I could tell you some sobering stories of facility failures that immediately impacted patient well-being. I have had the privilege of meeting members of our Society that first and foremost are Patient Advocates. I always have been and always will be grateful for their commitment. I still consider myself a Patient Advocate [even though I have left the front lines]. It's important work.

Do we still have a contribution in an age of AI and automation? - Well, duh. Show me a low failure system that produces accurate, precise, and timely laboratory results without human

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oversight, and I'll show you the latest Sci-Fi fiction series on Netflix.

In a somewhat related observation, educated people are a critical component here. I was remembering doing an inspection of a doctor office laboratory [the setting wasn't the problem, but it was a contributor] where a patient was found to have a hemoglobin of under 7 mg/dl. Intense responses followed. The patient was told to drive herself to the nearby Emergency Room that had been alerted to her arrival [was having her drive the best choice?]. They got her to an open bed, did a medical assessment, drew blood, got the specimen to the lab, and monitored the patient for the suspected blood loss. Lots of resources were needed to ensure her well-being. The hemoglobin result came back normal, normal, normal. The doctor office laboratory did not do an investigation of how this failure took place [the people qualified to do this chalked it up to a bad sample] and as far as I was concerned, it was a failure scenario waiting to reoccur as there was no obvious review of analysis systems and testing personnel competency. My mentioning this is to observe that false positives are a land mine for patient care. I also can't help but think about the land mines that come from false normals.

One more. Earlier this week, I was in the screening area for my blood donation. I had been informed that a new test for hemoglobin would be used, removing the need to the invasive finger stick method. A pulse-ox device was placed on my thumb and after 20+seconds gave a result. I'll share my result, so *Newslinks* won't be accused of a HIPPA violation. It was 12.4 mg/dl. The screener [to her credit] notices that sitting in a big, drafty gymnasium was causing my hands to be a bit on the cool side. She sent me to the restroom to run my hands under warm water [never mind that 3 of the first faucets I tried didn't work]. When I came back and was retested, the result was 13.8 mg/dl. Where in your world would this type of inaccuracy be acceptable? Even though this is a CLIA waived complexity analysis, who oversees this test system? I already know the answer and I understand that it did not contribute to poor patient care, but it underscores the need for educated people committed to patient care in other settings.

Well, that was a full-blown meander. In summary,

**Thank You for commitment to the Profession.
This is important work.**



**American
Society for
Clinical
Laboratory
Science
Michigan**

ASCLS-Michigan *Newslinks*

A quarterly publication of the American Society for Clinical Laboratory Science-Michigan. This newsletter is available on our [website](#), distributed via email link to members and posted on the ASCLS-Michigan Facebook page.

Intended Content

Member submissions:

Articles focusing on the medical laboratory profession are encouraged, including case studies, workplace activities, district events, committee reports, technology developments, awards and any other relevant and necessary information.

Non-member submissions:

Educational Institutions and Commercial Organizations: [Sponsors of Annual Meeting](#) will be recognized and may submit materials for approval by ASCLS-Michigan leadership.

Deadlines for articles are the 30th of the months of April, July, October & January. Articles must have name of author. Anonymous letters will not be published. The editor reserves the right to edit all materials submitted for publication. Articles appearing in *Newslinks* represent the opinion of the author and may not represent the opinion of the society.

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Membership: Join ASCLS-Michigan by visiting the ASCLS web site:
[Join ASCLS. - ASCLS](#)
(<https://ascls.org/join/>)

ASCLS-MI Leadership: Visit our web site at
www.ascls-michigan.org

for a complete listing and contact information for all ASCLS-MI board members and a wealth of other information on the Society.

Clinical Laboratory Science

A focus on what is happening in our profession

Featuring articles from Scientific Assembly Chairs or Board Members.

Materials from all members are also welcomed. Submit to editor. See page 2 for details.

Honoring the Legacy of Carole S. Hutchinson

Text from Kathy Doig and Carole's family edited by Paul Guthrie with photographs provided by Bob English.

Carole S. Hutchinson passed away on October 2, 2025, at the age of 89 years. She was a valued mentor and tremendously positive influence for clinical laboratorians at national, state, and local levels. Her laboratory career began at Bronson Methodist Hospital in Kalamazoo in 1966, where she soon took on technical responsibilities in the serology department. In 1973 she became Education Coordinator for the Bronson School of Medical Technology, a position she cherished for over 20 years.

Carole was a creative and pragmatic instructional designer. To avoid the boredom associated with a topic like laboratory safety, she created a scavenger hunt-type game. Or to take advan-

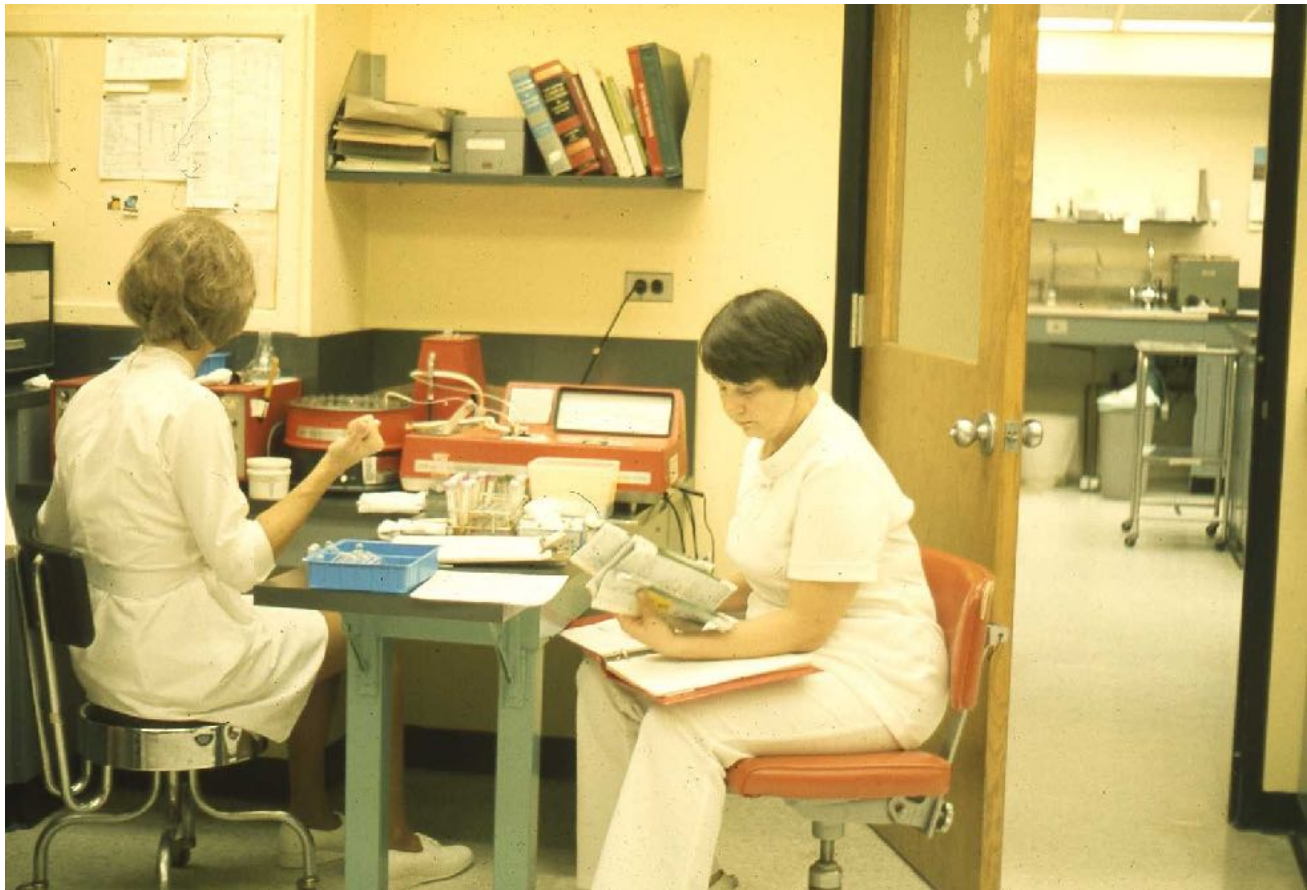


Carole volunteering to have blood drawn



Carole "Hutch" in the classroom

tage of a knowledgeable lecturer with weak speaking skills, she would have the students interview the presenter which of course, engaged the students better too. Recognizing the importance of repetition to learning, Carole persuaded the clinical instructors at Bronson laboratory that each student should rotate through each department twice. Thus, reinforcing what they learned the first time and were able to add more the second time. The culmination of implementation of Carole's instructional expertise led to Bronson laboratory science students being regularly among the highest scoring students in the country on the national certifying examination.



Carole, (right) at Bronson Laboratory in the 70's. Carole witnessed and facilitated many improvements over the decades.

What is implicit to the success of the Bronson laboratory science educational program was Carole's skill as a manager. She worked effectively from a position outside the leadership hierarchy; that is, she persuaded people to do things using soft leadership skills. She was a careful listener, astute critical thinker, careful and deliberate decision maker, superb problem solver, and great communicator.

Carole participated in numerous activities through the years that were aimed at increasing the supply of laboratory professionals in Michigan. These included a program through Bronson Hospital's Organizational Development and Training department to introduce high school students to a variety of medical careers with hands-on experiences. She consulted with workforce agencies through the State of Michigan. For many years in the 1980s, Carole would lead the Michigan Association of Laboratory Science Educators (MALSE) in a workforce survey to assess the supply of new students graduating from accredited programs and the demand among major employers in the state. That data was critical to both the educational programs and employers in workforce planning.

Carole's reputation as an educator expanded in the late 1980s as she presented at national conferences on topics of instructional design. With friend and colleague Kathy Doig, Carole enjoyed the opportunity to travel around the country, including Hawaii, while sharing her expertise on how to improve student learning. Carole taught part-time at both Western Michigan University and Michigan State University.

Carole served as president of the Michigan chapter of the American Society for Medical Technology (now American Society for Clinical Laboratory Science-Michigan) in 1989-90. The theme of her presidency was hospitality, making new members feel welcome within the organization to facilitate their assimilation and willingness to participate actively. During her presidency, ASCLS-MI finalized plans to undertake a licensing effort for medical laboratory professionals in

Michigan. Carole was a tireless enthusiast for that project. Indirectly she facilitated the legislative activity by implementing strategies within the organization's conference planning process that led to profits that were essential to funding a lobbyist for the bill. She was known to say that "everything is negotiable" with the conference site. More importantly, she took an educator's approach to handing down knowledge from one set of planners to the next so that over a period of just a few years, conference success tripled the organization's profits while providing high quality, engaging conferences.

Carole was devoted to and loved by her students, as teacher, advocate, mentor and counselor. She focused on student group bonding through hospitality. She hosted Medical Laboratory Quiz Bowl preparation parties at her home. Some students became like family members, accompanying Carole and kids on camping and canoe trips, and sharing in pizza parties, card games or baking projects at her home. The Bronson and ASCLS communities are ever grateful to the lasting legacy Carole provided to us.



Carole (at left) at a dinner with students in the 1980's



A more recent photo of Carole

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Labvocate 2025 – Reflections

Amy Morris



First-time attendee

In recent years, my professional role as a Medical Laboratory Scientist shifted gears from the benches of Clinical Chemistry and Hematology to the department of Lab Education. As a former MLT Program Director, I welcomed the opportunity to collaborate with MLT and MLS program directors across our state who do the very noble work of preparing our next generation of medical laboratorians. I saw this to be the work of advocacy and continue to believe so. I now see the value in another sort of advocacy, that of legislative advocacy. My eyes are now open to the impact of healthcare legislation on our field, laws that can support and grow the quality of our work and laws that can have devastating effects on our clinical labs. I committed to getting more involved in this labvocate. I started by emailing my elected officials when advocacy groups pressed us to do so. This year, I wanted to do more. I registered to be a virtual attendee for this year's Labvocate. Unsure of what could be done during the government shutdown, which as of the first days of November seems to have no definable end, I was pleasantly surprised by the level of activity that was accomplished.

Key take-aways

The educational content that was presented to us on Day 1 (Monday, October 20) of the Labvocate Symposium proved to be quite beneficial as I have just begun my journey into government affairs. Along with prerecorded videos that broke down the basics of government and advocacy from Patrick Cooney, President of The Federal Group, Inc., the agenda for the day included the following:

- Clinical Laboratory Fee Schedule Reform Update
- Washington Update
- Workforce Update
- Hospital Viewpoint
- Lobby Day Logistics
- Final session with Rep. Deborah Ross (D-NC)
- ◆ She and Rep. Jennifer Kiggans (R-VA) cosponsored a bill H.R.5444, The Medical Laboratory Personnel Shortage Relief Act to address persistent shortages and training constraints for MLS/MLTs

Laboratory Workforce

Medical Laboratory Personnel Shortage Relief Act (Ross NC-2nd)

- Establish a grant program to assist schools of allied health in supporting medical laboratory personnel programs.
- The bill would also provide loan repayment for clinical laboratory professionals in exchange for service in medically underserved communities.

Labvocate

The content in these presentations prepared us to 'go to the Hill' with concise and well-informed asks of from legislators. While I was not physically going to the Hill as a virtual attendee, I was encouraged to reach out to my elected officials to set up appointments to discuss two bills that if passed, will have positive effects on our laboratories and ultimately the patients whom we serve.

Action-taking

Prior to Labvocate, I followed up on a call to action from the CAP (College of American Pathologists) this past August to invite your Congress representative to tour your lab. On September 12, we hosted U.S. Representative Bill Huizenga to tour the Lab Testing Facility of Bronson Healthcare in Kalamazoo, MI. I was grateful for the opportunity to have meaningful conversations with him and his staff on the legislation that will benefit labs, especially the RESULTS act and the Medical Laboratory Personnel Shortage Relief act. I have since followed up with his office to provide updates to our advocacy asks and to have him sign onto these bills.

I was also able to meet with the Legislative Aide of U.S. Senator Elissa Slotkin on Day 2 of the Labvocate Symposium. In this meeting, I shared the pertinent information on the two bills. I also shared my story of our lab—the services we provide, the clinical rotations we host, and the community partnerships we have forged. I spoke passionately about the quality we strive for and the community-based work we do—all of which could be fostered by the passing of these bills.

I have been in communication with the staff of our U.S. Senator Gary Peters. We are looking at possible dates to meet and discuss legislative topics and will also be inviting him to visit our lab. The connection made by an in-person meeting along with the opportunity to shed light on the amazing work done in our lab can have a lasting impact.



US Rep Huizenga touring Bronson Laboratory in Kalamazoo

Hope for the Future of Clinical Laboratories

Attending the symposium with our colleagues across the nation, along with real interactions with lawmakers gave me great hope that collectively, we can make a difference. I remain inspired by the level of quality and passion we in the medical laboratory community have for our profession and for patients. I see the power we have when we unite and advocate for our profession. I encourage all who have not yet stepped into this realm of advocacy to take the first steps—email your congressional leaders, post on your social media platforms, invite your representatives to visit your labs, and get involved for the sake and health of our valuable profession.

**Take
Action
Visit**

**[https://
stoplab-
cuts.org/](https://stoplabcuts.org/)**

RESULTS Act Congressional Champions

The RESULTS Act was introduced by lead sponsors:

Senator Thom Tillis (R-NC)

Senator Reverend Raphael Warnock (D-GA)




Representative Richard Hudson (R-NC)

Representative Gus Bilirakis (R-FL)

Representative Brian Fitzpatrick (R-PA)

Representative Raja Krishnamoorthi (D-IL)

Representative Scott Peters (D-CA)







Leaders within the committees of jurisdiction –
Senate Finance, Energy & Commerce, Ways & Means

27 bipartisan, bicameral co-sponsors have signed on to H.R. 5269 / S. 2761 showing their commitment to protecting patient access to clinical laboratory testing and keeping our clinical lab infrastructure healthy.

STOP LAB CUTS



Nominations 2025-26

Kyle McCafferty, Nominations Chair



It's never too early to plan your future contribution to the profession through ASCLS-Michigan. Taking on a volunteer role can help you advance your career, and the profession as a whole!

Anyone in a current or past leadership role will share that they've made missteps, mistakes, or experienced hard life lessons with any new role.

The great news is that we have an amazing group of society volunteers ready in the wings to help you along. If you have ever considered becoming part of the ASCLS-MI Board of Directors (BOD), now is the time to start asking questions about the role or perhaps shadow a current BOD member. Refer to the [ASCLS-Michigan Handbook](#) as you consider the possibilities. The Handbook contains all our position descriptions and more.

Elected Roles that you may want to consider include:

- President-Elect
- Secretary
- Treasurer
- Developing Professional Director
- Ascending Professional Director
- District Director
- Government Affairs Chair-Elect
- Nominations Chair-Elect & Member
- Delegate to ASCLS Joint Annual Meeting
- Sponsored Attendee to Labvocate

If you have any questions, or are interested in discussing any of these roles, feel free to reach out by clicking [here](#).

If you'd like to nominate yourself for a position, please use this online form

[ASCLS-Michigan Nomination Form](#)



At Bronson's Laboratory in Kalamazoo, the creative & talented gang submitted a winning entry to the Pediatric Unit's Pumpkin themed contest with their "Stitch" comic theme. And for Halloween costumes, the Bronson Lab Nerds used the Periodic Table to spell out their identity with "The Elements"

FALL FUN in the LABORATORY!

Share your lab's activities or achievements any time by sending to the editor as noted on page 2 and we can feature you in a future edition of *Newslinks*!



American Society for
Clinical Laboratory Science



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