Cervical Cancer
The Next Frontier

Mobile Force in Global Health Care

John R. Ball
Right Leader at Right Time

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Critical Values
News for the Entire Laboratory Team

Going Global

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International Outreach + Collaboration

Measureable Quality Improvement in Patient Care

When Catherine D. Robinson, MLS(ASCP)SM, was serving in Kenya, she became so close to several Kenyan healthcare professionals that she was adopted in a Kenyan ceremony and named Wambui. Now when she returns to Kenya, Robinson introduces herself with her new name to those she trains in curriculum development. “The in-country trainers I worked with in Kenya are in the same league as the best in the world,” said Robinson, Assistant Professor at Louisiana State University Alexandria. “We became friends through our work together. After we had our photo taken together, one of my friends told me, ‘Cathy, you are too white, and I’m too black. But between...”
Robinson continues to keep in touch with her colleagues, sharing everything from stories about their husbands and families to case studies. “Global education is part of our lives; health care is a global entity,” she said. “We have so many similar concerns as laboratory scientists and healthcare providers.”

Over the past five years, ASCP volunteers have traveled to countries in Africa and Asia training laboratory professionals and providing them with a strategic road map to achieve accreditation for their laboratory services (see Table 1).

Supported by U.S. Centers for Disease Control and Prevention (CDC) grants of up to $5.5 million annually, numerous ASCP members have shared their unique expertise in laboratory science education and laboratory services (see Figure 1).

“ASCP is a patient-centered organization; our help for patients does not stop at our national boundaries,” said E. Blair Holladay, PhD, SCT(ASCP) CM, Executive Vice President of ASCP. “With more than 100,000 members, the Society has the breadth and depth of expertise in pathology and laboratory medicine to direct our resources on multiple fronts at the same time.”

The CDC grants allow ASCP volunteers to work for the President’s Emergency Plan for AIDS Relief II (PEPFAR II). The initiative has an ambitious 10-year goal of treating three million AIDS/HIV patients, preventing 12 million new cases, and providing care for more than 12 million people, including children left orphaned by the disease. To date, a study in the Annals of Internal Medicine has shown a 10.5 percent decline in the number of HIV-related deaths in the sub-Saharan PEPFAR countries compared to non-PEPFAR countries. Additionally, nearly 100,000 babies were born free of HIV in fiscal year 2009 because of PEPFAR programs.

The standardization of principles—accountability, transparency, empowerment, advocacy, and sustainability—makes it easier for ASCP volunteers to teach in-country laboratory professionals how to improve their laboratories faster. For example, in Tanzania, ASCP volunteers assessed the entire medical system and identified the laboratories as its weak link.

“If we can enhance laboratory management, we can help treat infectious diseases more effectively and halt their spread,” Ms. Andiric said.

In the end, it is all about sustainability. ASCP volunteers leave, but the machine keeps running in-country.

“The CDC has repeatedly turned to ASCP as a prime partner that really delivers results to train laboratory professionals and raises the standards of laboratory services in resource-limited countries,” said ASCP Past President Lee H. Hilborne, MD, MPH, FASCP, FCAP, DLM(ASCP)CM, who is the Medical Director, Quest Diagnostics, Southern California, West Hills, Calif., and Professor of...
Pathology and Laboratory Medicine at University of California in Los Angeles. “ASCP has shown leadership in upgrading laboratories that were many years behind to levels that are acceptable in only a few years. “Now these countries’ leaders and caregivers have greater recognition of the value laboratory professionals as partners in the care and treatment of patients. If diseases are diagnosed correctly, doctors can deliver the right treatment for patients.”

**Accelerating Progress**

ASCP volunteers making these journeys, to countries such as Swaziland, Tanzania, and Ethiopia, have found rudimentary laboratory conditions but forward-looking people. “Chronic diseases like HIV can be treated when laboratories function correctly,” said Sheila Van der Smissen, MT(ASCP), an ASCP consultant who recently returned from Ethiopia. “That’s what needs to happen in Africa to stop the downward spiral of chronic disease.”

To reach the goal of improving patient care internationally, ASCP’s efforts are focused on two fronts: developing the appropriate curriculum before entering the laboratory in collaboration with universities and launching the laboratory management tool called “Strengthening Laboratory Management Toward Accreditation” (SLMTA).

“I find it rewarding to do these trainings,” said Paul K. Wallace, PhD, Department Director of Image and Flow Cytometry at Roswell Park Cancer Institute. “As part of the Train-the-Trainers program, the in-country instructors present what they have learned back to us. Their amazing enthusiasm helps them learn new concepts and technology quickly.”

For example, in Vietnam during the teach-back, many of the instructors completely reworked some of the modules Dr. Wallace presented, adding their own data and using visually enticing graphics. “It was light years ahead of what I expected,” he said.

As Wendy L. Arneson, MS, MASCP, MLS(ASCP)CM, explains, ASCP does not offer these countries the same curriculum used in the United States. To reach the goal of improving patient care internationally, ASCP’s efforts are focused on two fronts: developing the appropriate curriculum before entering the laboratory in collaboration with universities and launching the laboratory management tool called “Strengthening Laboratory Management Toward Accreditation” (SLMTA).

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Curriculum enhancements start at the ground level by assessing the in-country laboratory professionals’ scope of practice, such as the tests they perform, their instruments, and the conditions of their facilities. For example, in Swaziland, laboratories obtained test results but lost track of patients. Acquiring adequate supplies was another concern; sometimes reagents were missing.

In Tanzania, the turnaround time for test results for malaria was one week. Some patients had traveled 50 miles or more on foot and could not wait for the results. It could be a month or more before they knew the results. When ASCP volunteers shared ideas with the laboratory professionals on ways to speed up the process, the turnaround time was reduced to an hour or two.

Part of what ASCP volunteers do is help laboratory personnel get ready for new technology by teaching them how to use new equipment and adopt better quality assurance procedures. That involves helping them to understand why they do procedures in the laboratory, not just what they do, according to Ms. Van der Smissen.

“Once we assess their work flow in the laboratory and change the placement of materials to be efficient, saving them frustration and shortening turnaround time, they understand,” she said.

For instance, Ms. Van der Smissen developed a process map for a laboratory in Ethiopia. After she defined small steps such as assigning responsibilities to individuals and identifying problem areas, the laboratory began showing significant improvements.

To spur further progress, a pivotal meeting of representatives of several African countries, the World Health Organization (WHO), and collaborating partners, including members of ASCP, was held in July 2009 in Kigali, Rwanda. The SLMTA program that was created there will accelerate the accreditation of national laboratory services in resource-limited countries worldwide.

“The SLMTA model pulls countries together to adopt the same standards and to help each other move forward to control and prevent diseases like HIV/AIDS and cervical cancer through better healthcare delivery,” Dr. Hilborne said.

“Improving clinical and public health laboratories should be one of the main goals of strengthening health systems, rather than a desirable afterthought,” wrote John Nkengasong, PhD, chief of the CDC International Branch, in the September 2010 issue of the American Journal of Clinical Pathology. For more about ASCP’s efforts to standardize processes for SLMTA, see the article on page 16.

**Cultural Collaboration**

By its nature, health care is collaborative and focuses on caring for human beings—wherever they live. If wealthier countries and organizations share their resources—both funding and the expertise of its healthcare providers—successful, measurable, and lasting improvements for patient care worldwide can be achieved. However, the effort requires leveraging each country’s distinct strengths and working collaboratively with the people there.

“ASCP’s international outreach is a partnership endeavor,” Ms. Arneson explained. “In countries like Tanzania and Ethiopia, we have a strong partnership endeavor with organizations such as the CDC, The Clinton Foundation, and countries’ Ministries of Health to improve laboratory services overall and to offer laboratory science students better recognition. Together we’re doing something extraordinary.”
The creation of partnerships means understanding a country’s culture. Sixteen years after genocide tore through Rwanda, Ellen Hope-Kearns, PhD, MASCP, SH(ASCP), found Rwandan laboratory professional students at the Kigali Health Institute optimistic about moving forward but also committed to remembering the atrocities. One student in Rwanda who had lost all his relatives asked Dr. Hope-Kearns to visit the Kigali Genocide Memorial Center. “He told me, ‘It’s important for me to share what we went through, so you understand,’” said Dr. Hope-Kearns, immediate past Co-Chair of the International Certification Committee. “These experiences are hard to describe, and their value goes beyond words.

“By traveling to these countries, we are exchanging methods and processes to those who are starving for help to improve their laboratories and produce the best tests and diagnoses for the healthcare team. Training laboratory professionals in resource-limited countries will benefit millions of patients.”

**Full Speed Ahead**

As the realization of the connection of healthcare concerns spreads throughout the world, ASCP members are on the front lines, sharing their expertise in resource-limited countries. The building of personal relationships and the collaboration with other organizations are making significant progress possible in the quality of patient care.

“ASCP has a level of experience and expertise in laboratory medicine that’s unique,” said Ian Lemieux, RN, MPH, BSN, MLS(ASCP)CM, an ASCP consultant who recently became a nurse after his experience teaching laboratory professionals in Swaziland. “The Society has cultivated relationships with clinicians all over the world. It’s amazing what laboratory professionals in these countries learn in a short time and how this learning significantly improves their delivery of health care.”

**Get Involved**

“ASCP’s global outreach is one of the hidden gems of the Society,” Mr. Lemieux said. “Going on trips to Tanzania and Swaziland is the greatest adventure I’ve ever known. I encourage ASCP members to get involved. It’s a great opportunity for personal and professional growth, and for making connections with people in other parts of the world.”

Across the world, ASCP volunteers are training laboratory professionals, improving more laboratories, and, ultimately, saving more lives. If you are interested in joining the corps of ASCP dedicated volunteers for overseas assignments, go www.ascp.org/outreach/volunteer. ASCP is particularly seeking members who are fluent in French, Portuguese, Vietnamese, and Russian.

**References**


Ms. Patterson is Communications Writer for ASCP.

ASCP BOC
Pipeline Speeds International Certification

During the past five years, international certification from the ASCP Board of Certification (BOC) has sped across countries’ borders like wildfire. Laboratory professionals who pass the ASCP certification examination raise their skills, make decisions autonomously, and document their competence. In many cases, ASCP-certified professionals can find better jobs at prestigious hospitals.

Even more important, their competency leads to high-quality test results and, ultimately, improves the health care of patients all over the world. Spurred by this demand, 2,884 applicants from 54 countries have applied to take the ASCP international certification examination, and 1,517 examinees from 33 nations have become ASCP-certified (as of Oct. 4, 2010).

“We’re the Mayo Clinic brand for certification,” said E. Blair Holladay, PhD, SCT(ASCP)CM, Executive Vice President of ASCP. “Many countries do not have a standard for laboratory professionals. By adopting the ASCP certification for laboratory professionals, countries can reach the high-quality standards needed for laboratory and hospital accreditations faster.”

Strategic Choices for Continents and Countries

Stretching from countries in Asia to the east to those in Central and South America to the west, the ASCP BOC has established a certification pipeline through in-country visits by members and staff. To augment these efforts, the BOC has hired three in-country, multilingual administrators to establish satellite offices in strategic locations: Alexandra Dölleman in Panama, Alokananda Chatterjee in India, and Fany Fan in China. Building on the foundations created by ASCP members, these individuals establish the permanent presence often necessary to cultivate local support for the BOC international certification.

The longest serving of these administrators—since January 2009—Ms. Dölleman has been a major player in persuading the Inter-institutional Council in Panama to designate the ASCP BOC international certification for medical technologists countrywide. She hopes to parlay that success beyond Panama’s borders to other countries in the region. (See sidebar on page 23.)

Ellen Hope-Kearns, PhD, MASCP, SH(ASCP), immediate past Co-chair
of the International Certification Committee, has worked on the project since its inception and is gratified by the contributions that ASCP® certificants are already making toward enhancing the quality of laboratory services around the world. “Internationally, this is quite an accomplishment in a short time,” she said. While the reasons for increasing acceptance of the certification are many, worldwide laboratory professionals are discovering that it escalates their skills and accelerates their professional advancement. “Earning the ASCP certification has made a big difference in my career,” said Gloriela de Pinzón, MT(ASCP), Chair of the ASCP BOC Panama Advisory Board and former Manager and Chief Technologist of the San Fernando Hospital in Panama. “It gave me the hands-on experience, scientific knowledge, and ability to analyze information and tests for patients that I could not have acquired otherwise.” Katherine Becan-McBride, EdD, MLS(ASCP)CM, has traveled extensively to promote the value of international certification to laboratory professionals. “Preparing for the ASCP international certification examination makes for a broader based education,” said Dr. Becan-McBride, Chief Interna- tional Liaison for the ASCP BOC Ambassador Program and Immediate Past Chair of the ASCP BOC. “Those who earn it have provided evidence of their thorough understanding of laboratory testing. They also learn more about obtaining the right results and how to avoid making patient errors. This raises the level of quality assurance and increases patient safety.”

Challenges to Overcome

Educators and laboratory professionals are the first to recognize the value of the ASCP BOC international certification in achieving the best results and ensuring patient safety. Sometimes though, obstacles get in the way of earning it. In India, for example, even laboratory professionals with doctorates are not well paid, earning 7,000 to 8,000 rupees per month (1 rupee = $0.0227 as of Oct. 16, 2010). For them, the cost of 9,000 rupees, more than a month’s salary, to take the ASCP international certification examination is prohibitive. Their employers are not eager to foot the bill, fearing their competitors will lure away the newly ASCP-certified professionals with higher salaries.

In addition, patient safety is not of paramount concern, according to Ms. Chatterjee. “Most patients in India are not aware of the quality issues for test results and diagnoses in the lab,” said Ms. Chatterjee, ASCP Regional Representative in India. “They want to get tests for less money. Cost is everything.”

How will this conundrum change? A health bill in the Indian Parliament to form a council for medical technology educators would, in turn, promote an international standard for certification of laboratory professionals. Acknowledging the government process works slowly, Ms. Chatterjee expects its passage in one to two years. Once the Indian Government and its Ministry of Health support certification for laboratory professionals, the situation will turn around, according to Ms. Chatterjee.
Other countries in Asia like the Philippines have well-established paths toward earning the ASCP BOC international certification. In 2006, South Korea was the first Asian country in which the ASCP certification was offered. To date, 181 South Korean students have earned a variety of ASCP certifications, including those in medical technology and phlebotomy.

“Almost all medical technologists and educators in South Korea believe the ASCP is an excellent certification,” said Kyung-Jin Cho, PhD, Chair of the ASCP BOC Advisory Board and Professor at the College of Health Sciences, Korea University. “Now chief administrators, laboratory directors, and senior MTs of major hospitals prefer hiring laboratory professionals with the ASCP international certification. That’s a good trend because other hospitals may follow this preference soon.

“ASCP certification gave us an incentive to change our educational curriculum to reflect the rapid transitions in clinical care,” Dr. Cho added. “Over time, the certification will be effective for improving our health system.”

Recently, Singapore became another Asian country embracing the ASCP international certification. Educators initiated the efforts, and the first medical technologists to earn the ASCP will be graduating students in February 2011. (See page 23.)

**Raising Standards Worldwide**

Thus far, Asian countries are most likely to embrace the ASCP BOC international certification. Their standards are high, their educational systems are robust, and their infrastructures support it. In Central and South America, advocates need to explain the value of obtaining the gold standard in certification, according to Jennifer Young, CT(ASCP)CM, Senior Manager, International Certification at the ASCP BOC.
Panama Leads ASCP International Certification in Central and South America

When the academic leaders of an Inter-institutional Council in Panama reviewed various options for the certification of medical technologists, they decided on the ASCP BOC international certification.

"ASCP is an organization with experience, currency in the field, and dedication to developing the format and content of an examination based on scientific study and proven to work in the international community," said Professor Nora Ortiz de Moreno of the University of Panama, President of the Inter-institutional Council in Panama.

The Central American country is the first to legally require all medical technologists to pass the ASCP examination to work in hospitals, doctors' offices, or independent laboratories.

This initiative was part of Panama's legal mandate to certify all its medical professionals by Jan. 1, 2011. The Central American country is the first to legally require all medical technologists to pass the ASCP examination to work in hospitals, doctors' offices, or independent laboratories.

"The ASCP international certification helps medical technologists think ahead, and improve their reporting and analysis for diagnosis," said Ms. Pinzón. "Overall, adoption of this respected international certification will improve health care for patients in Panama."

ASCP developed momentum for the selection of its Medical Technologist (MT) international certification through personal visits by E. Blair Holladay, PhD, SCT(ASCP), now Executive Vice President of the Society, by enlisting the support locally of ASCP-certified medical technologists, and by establishing a Central America regional office based in Panama with Ms. Dölleman at the helm. In addition, Ms. Dölleman and Ms. Pinzón delivered presentations about the ASCP certification at many private and public laboratories, universities, and prominent congresses and seminars, and collected contact information from hundreds of individuals interested in sitting for the examination.

Singapore Takes an Important Step Toward ASCP International Certification

The graduating laboratory medicine students in Singapore Polytechnics will take the ASCP international certification examination in the final semester of the academic year 2010–2011. "We hope the Polytechnic students' participation and success will bring the ASCP international certification to the next level," said Ong Siew Kim, MS, MAACB, FAACB, MBA, Chair, Singapore Advisory Board and joint Ngee Ann Polytechnic-National University Hospital Biomedical Laboratory Technology Programme Manager at the National University Hospital.

In February 2011, Ms. Ong expects 20 students to take the ASCP certification examination, shortly after finishing their final exams from the Polytechnics. Three years ago when she formed the Singapore Advisory Board with members from five Polytechnics, the country had no requirements for certification of medical technologists.

"The ASCP examination will force the students to review, consolidate, and broaden their knowledge," Ms. Ong said. "Afterward, they will be more confident in dealing with doctors. They will be more accountable for their test results and diagnoses, the lab will be safer, and patients in Singapore will ultimately benefit."

If this pilot program for the medical technology students at the five Polytechnics in Singapore is successful, she expects it to expand for working medical technologists to earn their ASCP international certification. "Singapore is a small, academic, and health-oriented country," Ms. Ong said. "If this program succeeds, more people will become interested in earning the ASCP certification."
Two organizations are stronger than one. The combination of ASCP and the World Association of Pathology and Laboratory Medicine (WASPaLM) to present the 2011 ASCP Annual Meeting in Las Vegas will invigorate the Meeting’s education, international outreach, and leadership of the profession for an international roster of participants—in person and virtually connected.

“We have developed an excellent partnership with WASPaLM, which will greatly enhance the meeting’s educational content and international scope,” said John E. Tomaszewski, MD, FASCP, President of ASCP and Professor and Interim Chair of the Department of Pathology and Laboratory Medicine at the University of Pennsylvania, Philadelphia.

The two organizations share common interests, such as developing standards for training pathologists and laboratory professionals worldwide, exploring new models for delivering health care logically and in a fiscally sustainable manner, and advocating best practices for the entire laboratory team in caring for patients. These broad issues are central to whether pathologists and laboratory professionals will become integral to the healthcare team over the next 10 years.

“Many personal bridges will be formed through the sharing of knowledge and ideas during this pivotal Annual Meeting,” said Michael Oellerich, MD, FFPath (RCPI), FRCPath, Professor at George-August-University, Chairman of the Department of Clinical Chemistry, University Medical Center Göttingen, Germany, and President of WASPaLM. “This will not only be a national exchange but an international exchange. This is extremely important because the laboratory medicine and pathology professions are in transition. Building these connections between individuals and organizations is crucial to the survival of the profession.”

Supporting the transfer of information and knowledge from one group to another is why WASPaLM was created in 1947. For the 2011 ASCP Annual Meeting/XXVI WASPaLM World Congress, ASCP is building stronger bridges between national and international societies for all members of the laboratory team. ASCP’s members, who are based primarily in United States, can share their ideas and best practices with WASPaLM members from 45 societies in 34 countries.

“Both the WASPaLM and ASCP can help the profession overcome obstacles by influencing decision makers in the health realm,” said Henry Travers, MD, FASCP, Chairman of the Department of Pathology and Laboratory Medicine at Avera McKennan Hospital, Sioux Falls, S.D.,
Clinical Professor of Pathology at the University of South Dakota, and Immediate Past President of WASPaLM.

"For WASPaLM, that’s through WHO [World Health Organization]. For ASCP, it’s through testimony in Congress and participation in national communities to effect changes in perception about the important contributions of pathologists and laboratory professionals to patients’ health. To some extent, these international and national issues overlap, and all organizations that support the profession have a vested interest in working together."

During the 2011 ASCP Annual Meeting/XXVI WASPaLM World Congress, hot topics will be balanced with sessions focused on core knowledge. Acclaimed pathologist Juan Rosai, MD, MASCP, will lead the roster of international speakers. Born in Italy and educated in Argentina and the United States, Dr. Rosai has mentored generations of U.S. pathologists and contributed seminal research and ideas to advance the profession.

"The topics and speakers at the 2011 Meeting will be phenomenal," said Jagdish Butany, MBBS, MS, FRCPC, Pathology Professor at University of Toronto, Toronto, and Secretary-Treasurer of WASPaLM. "The digital age has come to pathology and laboratory medicine. Our education has to evolve.

"Soon technology will make it possible for a breast biopsy performed in Salina, Kansas, to be analyzed in Toronto. As a result, a patient in a small town will have access to the same high-quality care as a patient in an urban center like Chicago or Toronto. Pathologists and laboratory professionals have to respond to these changes. There are tremendous challenges and tremendous opportunities for the profession."

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"I search for and recognize patterns quickly, and find it intellectually stimulating."

John R. Ball, MD, JD, MASC
JOHN R. BALL:
The Right Leader at a Critical Juncture for ASCP

John R. Ball, MD, JD, MASCP, pays close attention to details in order to discern patterns. His hobby is birding, and he enjoys identifying rare birds. His vocation is leading nonprofit organizations, where his expertise is deciphering a few important patterns. Once Dr. Ball discerns the patterns, he feels comfortable in moving forward to solve problems, launch initiatives, and turn nonprofit associations around.

“I search for and recognize patterns quickly, and find it intellectually stimulating,” said Dr. Ball, who served as ASCP Executive Vice President from May 2002 through June 2010 and retired on Oct. 31, 2010. “My education as a physician and a lawyer has added an extra dimension to my thinking.”

As a physician, he is trained to gather information needed to evaluate diagnoses and determine treatments. As an attorney, he processes that information critically and then makes decisions. Throughout his multi-tiered career, which includes serving as a senior analyst for health policy during President Jimmy Carter’s administration, this dual thinking combined with attention to detail has helped him successfully lead organizations as varied as ASCP, Pennsylvania Hospital, and the American College of Physicians.

“The three organizations where I served as the CEO were solid, excellent, and traditional nonprofits that needed to change in order to survive,” Dr. Ball said. “ASCP was as equally challenging to turn around as Pennsylvania Hospital.”

By Sara S. Patterson, MSJ
Hospital but in different ways. At ASCP, I came in at the risky stage where the organization needed to reinvent itself. Fortunately, I had the opportunity to apply different strategies over time. It was a great learning experience for me.”

His initial priorities were to ensure the ASCP Board would look at the big picture in making key decisions for staff to implement; to balance the budget of an organization that had lost money for five consecutive years and dipped too far into its endowment; and to reorganize the staff and departments.

“John Ball was always a catalyst for change” said Irina Lutinger, MPH, MASC, HIASCPIDLM, FACHE, a member of the Board of Directors and Senior Administrative Director of Clinical Labs at New York University Langone Medical Center. “With a vision from the start, he positioned ASCP for success by attracting and bringing on board a lot of new, diverse talent. He truly realized that the only constant is change.”

All the Right Moves

One of Dr. Ball’s strategies was to carry an index card in his suit jacket pocket, where he frequently jotted down ideas for his tasks and for those of staff. Especially during the first years of his tenure, he wrote in tiny handwriting on a fresh card many times each day.

“As a leader, I had to set priorities because I could not do everything,” Dr. Ball said. “Likewise, ASCP has limited resources—both financial and human—and has to prioritize its choices to make the best decisions.”

He viewed his job as a steward for the Board and members, and as a coach for staff. Dr. Ball had to manage up as well as delegating and supervising down.

“John was the right person for ASCP at the right time,” said LoAnn Peterson, MD, MASC, 2004–2005 ASCP President, and Paul Steiner Professor of Pathology and Director, Hematopathology Section, Northwestern University Feinberg School of Medicine, Chicago. “With his leadership, ASCP was able to focus on its mission and strengthen its course. He taught the Board effective governance, and, in the process, ASCP became more inclusive and representative of its members.”

During his tenure, he served eight ASCP Presidents, each of whom was “a vivid individual with real interests he or she was passionate about within and outside the profession.” For example, in her fascinating presentations, 2008–2009 ASCP President Barbara McKenna, MD, FASCP, drew analogies between her love of gardening and her training in pathology.

Dr. Ball recalls the strong loyalty of 2005–2006 ASCP President Fred H. Rodriguez Jr., MD, FASCP, to the New Orleans Saints football team. A season ticket holder for 40 years, Dr. Rodriguez reported that he had missed only seven home games, and those absences were due to ASCP events. “I was lucky that the ASCP Presidents and Boards behaved as stewards, who wanted the organization to be better after their tenure,” Dr. Ball said.

A Stimulating Journey

Outside of work, Dr. Ball wholeheartedly embraces hiking and bird-watching. He has walked the entire Appalachian Trail, climbed Mt. Kilimanjaro, and run five marathons while scrutinizing the terrain to identify different birds. During 30 years, Dr. Ball has tallied more than 700 species of birds in North America.

“John is very precise and detail-oriented, and that’s an asset in birding,” said Powers McLeod, Dr. Ball’s best friend since college, who also is a birder and lives in Pensacola, Fla. Since the late 1990s, Dr. Ball, Mr. McLeod and his wife, and another couple go on the “Great January Birding Adventure” for several days at various locations throughout the United States. At the end of each day, the group assembles for Tally/Toddy time to recall what birds they saw.

“It’s a great time of camaraderie,” Mr. McLeod said. “John is a meticulous record keeper, and that has helped make him as successful as he is professionally and politically.”

Not surprisingly, Dr. Ball is more modest, insisting patterns are what interest him and describing his joy in solving crossword and mathematical puzzles. He does concede, however, that he succeeded as a leader at three nonprofit organizations where his immediate predecessors had left under difficult circumstances.

“It’s tough to come into these situations. As a steward, my goal was to leave an organization stronger than I found it,” Dr. Ball said. “During the current change in leadership, I wanted the transition to be different for my successor, the staff, and the Society leadership.”

For ASCP, no one—not even his critics, if he has any—doubts that the Society is leap years ahead of where it was in 2002. Over these eight years, Dr. Ball has positioned the Society for accelerated growth and collaboration nationally and internationally. As a result, an ASCP Task Force and then a Search Committee were able to decide on the qualifications, education, and professional characteristics necessary for the next Executive Vice President to move initiatives forward.

“I strongly agree with ASCP leaders that Dr. Blair Holladay is highly qualified for the position of ASCP Executive Vice President,” Dr. Ball said. “He has the right background as a scientist and entrepreneur, as well as an outstanding track record of leadership at ASCP and in previous positions.”

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