

Phlebotomist

You're a what?



by Matthew Mariani

You're in Washington, DC, and you become ill. You go to a doctor, who orders some tests. Then you seek the services of a phlebotomist, a medical technician who draws blood for analysis.

Waiting in the ambulatory care center at Howard University Hospital, you worry about just how big a needle the phlebotomy technician will stick in your arm. You begin to fidget in your chair.

Gregory Harris enters the waiting area and calls your name. He smiles when you acknowledge him and leads you to a small curtained area.

"Have a seat," he says.

You sit down. Your hands feel clammy. You look around but don't see any needles. Stacked on a small table are several vials used for collecting

blood. The small glass vials have brightly colored stoppers. "Why all the different colors?" you ask, drumming your fingers on the armrest of your chair.

"They've got different additives that mix with the blood sample, depending on the type of test you need," he says. "What's your favorite color?"

You don't answer because you're not listening. You watch him put on a pair of rubber gloves. You're thinking the needle will hurt. "So, how long have you been doing this job?" you ask, trying to sound casual.

"Thirteen years," he says with a smile. "I supervise 7 other phlebotomy technicians—I'm the elder statesman around here. I've been drawing blood since I was 17."

"Huh," you say.

"Nowadays, you've got to be 18," he says as he wraps a rubber tourniquet around the upper part of your arm, tying it snug. "I learned mostly on the job."

"Is that how most phlebotomy technicians learn?"

"Yeah. Most folks get some classroom training and some supervised practice on the job," he says, examining your extended arm. "Four different associations certify phlebotomy technicians, and they're all a little different as far as how much training and experience they require. I'm certified through the National Phlebotomy Association and the American Society of Clinical Pathologists."

He taps two of his fingers on the soft, inside part of your elbow. "You don't have to go to college to do this?" you ask.

"No. Most phlebotomy techs have a high school education," he says and begins gathering several small objects. "I graduated from high school at 16 because I skipped the 9th grade," he adds, "but I've got a bachelor's degree in medical technology from Howard University. I started going to college part time after I was already working as a tech."

While talking, Harris has collected a few items: some vials, an adhesive bandage, a bit of cotton, an individually wrapped alcohol swab, and a plastic sleeve with a capped needle protruding from one end.

"I guess you have to understand all



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about veins and stuff," you say.

"Yeah. Mainly you have to know about the circulatory system and some basic anatomy," he says.

He tears open the foil-lined packet containing the swab and rubs it on a small portion of your arm. The alcohol feels cool as it evaporates. Then you hear two voices, and you look toward the floor-to-ceiling curtain to your left. It's another phlebotomy technician and patient talking on the other side.

"So, is this going to hurt?"

Harris laughs. "You tell me," he says.

You look down, and your jaw drops. The needle is already in your arm. He has inserted a vial into the plastic sleeve, and the vial is filling with dark red blood.

"I thought you were still feeling around for a vein!"

"Hey, I've been doing this for a while," he says.

"Wow. So, you like your job, huh?"

"Sure. I like dealing with all the patients," he says. "I also train the other techs and coordinate our continuing education, which you need to stay certified. I arrange presentations for the staff."

"What about?"

"New techniques and research," he says. "And safety is a big issue."

"What do you mean, 'safety'?"

Holding the plastic sleeve of the needle with one hand, he gently removes the now full vial of blood and sets it down. He picks up a new vial and eases it into the sleeve. Blood begins flowing into the second vial.

"We have to pay attention and be careful," he says. "Accidentally sticking ourselves with a needle we've used on a patient can transmit blood-borne

viruses like hepatitis or HIV, which causes AIDS."

"Oh, right. I see."

He reaches for the rubber tourniquet with his free hand and removes it. The second vial finishes filling. He removes the vial, sets it down, and picks up a small piece of sterile cotton. He places it over the needle entry site, slips the needle out of your arm, and immediately presses down on the cotton.

"Press down on this—it prevents bleeding," he says. "See how I dispose of the needle in this medical waste container without recapping it? Standard safety practice."

You nod, and he reaches for the adhesive bandage to secure the cotton.

"So, you want to be a phlebotomy technician?" he asks.

"How does it pay?"

"Good question," he says. "Average pay was \$9 an hour in 1998—that's what I saw in a survey done through the American Society of Clinical Pathologists. Actually, phlebotomists are the lowest paid of all medical

technicians, because we need less training."

"Are there a lot of jobs, at least?"

"You know, I was asking someone from the Bureau of Labor Statistics about that the other day," he says. "He said there were about 2.4 million health technologists and technicians in the whole country in 1998, but only a tiny percentage of those were phlebotomy technicians."

You get up from your chair. Harris checks the vials containing your two blood samples to make sure they are correctly labeled. He removes his gloves and disposes them. "You're all set," he says. "I'll take these to the lab, and you should have test results tomorrow."

"Well, thanks a lot, Mr. Harris," you say. "I didn't think getting blood drawn could be so painless. I appreciate it."

He grins. "All in a day's work," he says.

Photos of Gregory Harris by Harrison Allen

