Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Mike Schmidt to Carol Rasco re: Odds and Ends [partial] (1 page)	06/14/1996	b(6)
002. list	re: SSNs and DOBs (1 page)	04/15/1996	b(6)
003. note	re: non-selection (1 page)	n.d.	b(6)
004. resume	re: Michael Tapper [partial] (1 page)	05/20/1996	b(6)
005. letter	Constituent to Mike Schmidt re: non-selection (1 page)	05/20/1996	b(6)
006. resume	re: non-selection (13 pages)	05/20/1996	b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Elizabeth Drye
OA/Box Number: 10449

FOLDER TITLE:
CHR [Carol Rasco] Correspondence [1]

2014-0046-S
rc1392

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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THE WHITE HOUSE

WASHINGTON

June 14, 1996

MEMORANDUM FOR CAROL RASCO

FROM: Mike Schmidt

SUBJECT: Odds and Ends

CC: Jeremy Ben-Ami, Elizabeth Drye

As I finish up my tenure here at the DPC, there are a two issues that don't quite fit in either the big transitional memo I am doing for you on Indian Affairs, in the issues that are passing on to existing teams here at the WH (Educational Technology), or in issues being passed to other staffers here on the DPC. I thought it would be useful to highlight these issues in this memo for your information.

Eliz this is very important to POTUS and me. Please monitor

SHEA AND A SPOT ON NACOSH

As you know, I have been working for the past few months to get SHEA to be considered for a slot on the National Advisory Council on Occupational Safety and Health (NACOSH). I have kept you posted via e-mail, so there is no need to go into great detail on my progress in this memo. However, it is important for you to know where things currently stand.

Given the Department of Labor's limitations on the types of slots on NACOSH they have to fill (one designated for Labor, one for Small Business, etc.) I have concentrated on working with HHS to try and get SHEA to fill one of their four more generic "health" slots. I have been working with WH Liaison **Betsy D'Jamoos (690-6625)** who is fully briefed on the history of this issue. Betsy is working hard to make this happen, and she is cautiously optimistic that she can get it done. She is working with Kevin Thurm on this issue, and I brought her up to date on our conversations with Kevin last year on this issue. At her request, I had SHEA send in two nominations for the post, and she has both in her files (the SHEA names are Dr. Michael Tapper, who was at our first meeting, and [redacted] (b)(6) [redacted] [001] who was at our last meeting).

Things seem to be on track on this issue, but you may want to call Kevin to get an update on this over the next few weeks. I will pass on my file on the entire SHEA issue to Elizabeth.

DRAFT EXECUTIVE ORDER ON TRIBAL COLLEGES

This issue is actually in the Indian Affairs transition folder I have prepared for you, but I wanted to raise it to your attention here because there will be some action taken on this over the next two weeks. As the chairman of the DPC Working Group on American Indian and

Eliz - Someone needs to monitor.

Alaskan Native Affairs, Secretary Babbitt is getting ready to transmit a draft Executive Order on Tribal Colleges to you sometime in the next two weeks. You can review the Indian transition folder I have prepared for you to get details on this order, but in short this is an issue that has bipartisan support and should be an easy win for us (it fits in well with our overall education message). I have already alerted Tom Shea in Harold's office (he is working on Indian issues for Harold), and he will get a copy cc'd to him from Babbitt as well. The draft should be sent to Mac Reed in OMB to begin the official WH review process. Mac has already been given a heads up on this, and he should not be surprised to get this draft order. You can also just ask **Tom Shea (6-1687)** to walk it through the process for you -- he stands by ready to help out, and he will be the WH person on this issue in the short term. I have introduced Tom to the Secretary's contact on this issue (Faith Roessel, 208-5904), so he is well prepared.

The draft order has already gone through the agencies at the Working Group level, so there should be little or no hold up in getting this through the formal review process. I just wanted to alert you to the fact that it will be coming over to you from the Secretary in the near future.

- NIOSH CDC/Satcher approves. —
- CMT management folks. —
- Betsy sends it up to Dr. Lee's office. — (No comments)
- Then goes to Betsy — then she makes any changes — sends to keeper. —
- [illegible] —

MEETING WITH MEMBERS OF THE SOCIETY FOR HEALTHCARE EPIDEMIOLOGY (SHEA) AND THE NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (NIOSH)

Friday, April 19, 1996
1:00 - 2:00 p.m.
Carol Rasco's Office, West Wing, White House

FROM: Mike Schmidt

SUBJECT: Discussion Between SHEA and NIOSH on the Issue of Fit Testing of Healthcare Workers Who Use Disposable Respirators

PARTICIPANTS: From SHEA
Dr. Terry Yamauchi, former SHEA board member
Dr. Bryan Simmons, former SHEA President
Dr. William Martone, SHEA President-Elect
Dr. Michael Tapper, Chairman of SHEA Committee on AIDS and TB
Dr. Robert Weinstein, SHEA Vice President
Dr. Victoria Jean Fraser, SHEA member

From NIOSH
Linda Rosenstock, Director, NIOSH

PURPOSE: **Background**. As you know, SHEA had requested that you host a follow-up session to your meeting last July between SHEA and OSHA. We have set that meeting for Friday, April 19, from 1:00 - 2:00 in your office. The meeting format and attendees will be similar to the meeting we had back in July with this group (all of the SHEA attendees except Dr. Fraser attended last July's meeting), with two very important exceptions: First, at SHEA's request (and OSHA's recommendation), we have invited the Director of the National Institute for Occupational Safety and Health (NIOSH) to join this meeting; Second, due to the tragic death of OSHA's Susan Harwood, OSHA will not be attending Friday's meeting. I have talked to SHEA about these changes and they are eager to press ahead with the meeting despite OSHA's absence.

Issues to Be Discussed. In terms of the issues SHEA wants to discuss, the major issue is one that was discussed at the last meeting -- OSHA's rules on fit-testing. OSHA's has set rules on fit testing that require healthcare workers who work with certain infectious diseases (mostly TB) to use disposable respirators constructed of filter material which must be molded by hand to fit the face with each wearing. SHEA believes that the scientific research that stands behind the formulation of these rules is not valid. SHEA is urging OSHA to either modify their position on the issue or develop a scientific paper supporting their position for publication in a healthcare journal. Currently, SHEA members are skeptical of the scientific validity of OSHA's position on

this issue, and would rather spend the significant resources necessary to meet the fit testing requirements on other more urgent priorities. NIOSH can potentially plan an important role in resolving this dispute -- they provide the scientific data and research that OSHA uses to formulate policy.

Goal of the Meeting. The goal of this meeting is to facilitate a discussion between SHEA and NIOSH on the fit testing issue. At this point, OSHA and SHEA have met on this issue a number of times without resolution. Both agree that facilitating a dialogue between NIOSH and SHEA is the next logical step in this process (NIOSH is the "neutral" scientific body who's recommendations on issues are given serious weight by OSHA and members of the Health Safety and Medical community).

AGENDA: Sequence of Events

1:00 - 1:05	YOU greet and welcome NIOSH and SHEA Representatives
1:05 - 1:15	SHEA Representatives Summarize The Issues They Want to Discuss
1:15 - 2:00	YOU Facilitate an Open Discussion Between SHEA and NIOSH

Your Role

Much like our last meeting with SHEA, your role will be one of a facilitator of the discussion between NIOSH and SHEA.

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SHEA

Faxing Request

Trans Date: 4/15/96 Client Code: 000

The following document is being sent TO:

NAME: Michael Schmidt

RE: _____

This document is being sent FROM:

Tobie Banscher
The Society for Healthcare Epidemiology of America
875 Kings Highway, Suite 200
Woodbury, NJ 08096-3172
(609) 845-1636 Phone
(609) 853-0411 Fax

Number of Pages Transmitted (Including Transmittal Sheet): 2

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IN THE EVENT ALL PAGES ARE NOT RECEIVED, PLEASE CONTACT THE ABOVE PROMPTLY.

Per Dr. Semmons request attached is list of SHEA attendees to White House Meeting on Fri, April 19th

Fax Number: 202-456-7028

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October 12, 1995

Carol H. Rasco
Assistant to the President
for Domestic Policy
The White House
1600 Pennsylvania Ave.
Washington, DC 20500

Dear Ms. Rasco:

Thank you for your letter dated September 5, 1995, offering to host 2-3 more meetings between SHEA and OSHA. I have been in contact with Mike Schmidt about setting a meeting date. The SHEA members prefer to meet in early January 1996, if this is OK with you. We hope that you can host the meeting, if your schedule allows.

In the meantime, SHEA will remain in contact with OSHA and try to resolve as many issues as possible before the January meeting. We will attend the OSHA stakeholders meeting in late October - - SHEA is sending two representatives. We have also been in contact with NIOSH to explore possible solutions to SHEA's concerns. It appears that NIOSH can play an important role because NIOSH provides the science that OSHA uses to formulate policy. SHEA's concerns with OSHA relate to the science that supports fit testing.

When we first met in July you asked SHEA to recommend who should attend the meeting. We did not recommend NIOSH at that time, but I do believe that a NIOSH representative at our next meeting would be helpful. Of course, this is up to you.

Since we last met, SHEA, the Association of Practitioners of Infection Control and Epidemiology (APIC), and the Infectious Diseases Society of America (IDSA) have all approved the enclosed position statement about fit testing. These groups represent those who are most active in protecting healthcare workers from infection hazards. There is widespread skepticism about OSHA's mandates for fit testing. Thus, I urge OSHA personnel to either modify their position or develop a scientific paper supporting their position for publication in a healthcare journal. SHEA will gladly publish such a paper in our journal. I believe that an open scientific discussion is the only

way to convince healthcare scientists that OSHA has solid data to support its position. Currently SHEA members would rather use the enormous resources needed for a fit testing program to address more urgent problems.

Thanks you again for your help. I feel that we have made progress. I hope to make even more progress between now and our next meeting. There is something about an impending White House meeting that causes all parties to negotiate seriously and diligently. I certainly promise that SHEA will do this.

Sincerely,

Bryan Simmons

Bryan Simmons, M.D.
President, SHEA

BS/pc
Enclosure

5/29/95

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May 11, 1995

OSHA DOCKET 95-0074

The Honorable Joseph Dear
Assistant Secretary of Labor
Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

Dear Mr. Secretary:

On May 10, 1995, I had the pleasure to attend a healthcare stakeholders' meeting held by Michael Silverstein, Ruth McCully, Susan Harwood, and other OSHA staff. Dr. Silverstein presented an assessment of the agency's problem areas and the plans to address these problems, and Dr. Harwood, Ms. McCully, and others reviewed current OSHA initiatives. I was impressed with the commitment and effort shown by the OSHA staff.

One of the problems identified by Dr. Silverstein was OSHA's historical tendency to relate to others outside the agency only through formal, legalistic mechanisms; he identified "a greater use of partnerships" as the proposed response to this problem, and noted that this issue related directly to the President's instructions to "create grassroots partnerships" and to seek to negotiate rather than dictate.

I and others in the healthcare stakeholder audience were particularly glad to hear these issues raised. Although OSHA has a long and rich history of expertise in industrial hygiene, it is only recently that OSHA has become involved in the protection of healthcare workers from biological hazards. Unfortunately, OSHA has little experience with the sciences of microbiology, virology, or clinical medicine, and this lack of scientific expertise has undermined OSHA's credibility in the healthcare arena and has led to embarrassing errors. For example, OSHA apparently did not realize that the recently published draft revision of the Respiratory Protection Standard would have the effect of prohibiting the respirators that OSHA currently requires healthcare workers to use for TB protection, and would instead require doctors and nurses to wear tethered airline respirators while caring for such patients. An even more fundamental problem is that the respirator selection logic, designed for protection from chemical exposures, is inherently inapplicable to protection from biological organisms.

In response to these problems, three proposals arose at yesterday's meeting that I would like to forward to you:

- establishment of a nationally credible scientific advisory panel that could advise OSHA with respect to protection from biological hazards
- establishment of a mechanism, formal or informal, that would permit ongoing, systematic, comprehensive collaboration between OSHA and healthcare stakeholder groups in order to maximize the effectiveness and

efficiency of OSHA initiatives affecting health care and to ensure that the effects of proposals are understood prior to their publication

- improved communication by OSHA of their activities that affect health care, including better utilization of their contacts within the healthcare stakeholder community to publicize OSHA positions and disseminate information provided by OSHA.

My healthcare stakeholder colleagues and I would be delighted to work with OSHA staff in any way we can to assure that all healthcare workers enjoy a safe and healthful workplace, and that any action needed to accomplish that goal can be swift and efficient.

Again, my thanks to you and your staff for your efforts to improve communication between OSHA and those affected by its activities.

Sincerely,

Michael D. Decker, MD, MPH
Liaison to OSHA for the Society for Healthcare Epidemiology of America
Editor in Chief, *Infection Control and Hospital Epidemiology*
Associate Professor of Preventive Medicine and Medicine (Infectious Diseases) and
Associate Hospital Epidemiologist, Vanderbilt University School of Medicine

cc: attendees

U.S. Department of Labor

Assistant Secretary for
Occupational Safety and Health
Washington, D.C. 20210

JUL 10 1995

Michael D. Decker, M.D., M.P.H.
Liaison to OSHA
The Society for Healthcare
Epidemiology of America, Inc.
Executive Office
875 Kings Highway
Woodbury, New Jersey 08096-3172

Dear Dr. Decker:

Thank you for your letter of May 11 concerning the Occupational Safety and Health Administration's (OSHA) commitment to making greater use of partnerships with stakeholders and our regulatory activities regarding respiratory protection and occupational exposure to tuberculosis. I appreciate hearing your suggestions for increased cooperation and communication between OSHA and the healthcare community.

Specifically, you suggested the need for the establishment of a scientific advisory panel to advise OSHA regarding worker protection from biological hazards, establishment of a formal or informal mechanism for on-going collaboration between OSHA and healthcare stakeholder groups, and for improved communication regarding OSHA activities affecting the healthcare community.

Your comments concerning enhanced collaboration and communication are consistent with OSHA's initiatives to reinvent the way we protect worker health and safety through partnerships with stakeholders and the development of a modern set of *sensible* workplace safety and health standards. As you know from recent stakeholder meetings, we are committed to expanding our efforts to involve stakeholders and scientific experts in all OSHA rulemakings and activities, and to enhance dissemination of information to all affected parties. These initiatives represent lasting changes in the way we conduct business, and I assure you that we will continue to work with the Society for Healthcare Epidemiology of America (SHEA), your colleagues in the healthcare community, and all other appropriate stakeholders to strengthen these important relationships.

I understand that SHEA's suggestion for a scientific advisory panel was addressed on June 27 by Departmental staff during the first in a series of stakeholder meetings concerning the development of a proposed standard for tuberculosis. As Departmental staff explained to Dr. Michael Tapper and the others in attendance, OSHA believes that these meetings are the most effect avenue for stakeholder input on the tuberculosis standard. Establishing a permanent advisory group on infection control

issues would require a great deal of work to set up but result in very limited utility to the agency. In the agency's twenty-five year history, we have only addressed two health hazards, tuberculosis and bloodborne pathogens, that could have benefited from a technical advisory committee made up of experts in infection control. Contrary to SHEA's intentions, the establishment of such an advisory committee would be a lengthy and complicated process and greatly delay the publication of the final standard. An advisory committee with a broader perspective on healthcare issues in general would have greater utility for the agency, but would have to be balanced against requests from other specialized industries to have their own advisory committees.

As to your statements that OSHA lacks experience or expertise in infection control, I would like to point out that several OSHA staff members are highly qualified in the areas of microbiology, infectious diseases, and pulmonary diseases. For example, one staff member has a Ph.D. in Microbiology and completed her doctoral dissertation in a pediatric infectious diseases laboratory. Another member is a Certified Occupational Health Nurse who, before coming to OSHA, was responsible for a hospital employee health program including screening for tuberculosis infections. OSHA also has a physician whose area of specialty is pulmonary medicine and who has a great deal of experience with pulmonary diseases such as tuberculosis. In addition, almost the entire team working on the tuberculosis standard consists of individuals who wrote the bloodborne pathogens standard, which I believe you will agree, is a standard of high quality and value.

In addition, we recognize the value of seeking out the assistance of expert review panels, when appropriate. For example, the agency recently contracted with four highly qualified peer-review panelists to comment on the risk assessment portion of the draft tuberculosis proposal. Their comments will be taken into consideration before the agency moves forward with publication of the proposed rule.

With regard to the agency's current rulemaking to revise the respiratory protection standard, as you know, OSHA announced on June 6, at the beginning of the public hearings, that all issues related to the use of respirators for control of occupational exposure to tuberculosis will be handled separately. Any issues related to the use of respirators for tuberculosis will be made a part of the tuberculosis standard. Until then, the existing standard will apply to the use of respirators for tuberculosis. The agency also announced that when the National Institute for Occupational Safety and Health (NIOSH) has certified new respirators as a result of their recent regulation, OSHA will immediately allow the use of these respirators in place of the NIOSH-approved high efficiency particulate air (HEPA) respirators

currently required. We have also made a commitment to determine the costs for other uses of respirators in the health care community (e.g., protection from chemical hazards) and place this information in the record for public comment.

We appreciate your support for our decision to discuss the tuberculosis issues separately, and we thank you for appearing at the public hearing to comment on the proposal and issues related to biological hazards. We are giving your comments serious consideration as we develop the final standard for respiratory protection.

I hope this information is helpful to you, and I look forward to working with you and your colleagues in the healthcare industry. If we can provide any further assistance, please do not hesitate to contact us.

Sincerely,

Joseph A. Dear

Joseph A. Dear
Assistant Secretary

5/25/95

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May 11, 1995

OSHA DOCKET 5500745

The Honorable Joseph Dear
Assistant Secretary of Labor
Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

Dear Mr. Secretary:

On May 10, 1995, I had the pleasure to attend a healthcare stakeholders' meeting held by Michael Silverstein, Ruth McCully, Susan Harwood, and other OSHA staff. Dr. Silverstein presented an assessment of the agency's problem areas and the plans to address these problems, and Dr. Harwood, Ms. McCully, and others reviewed current OSHA initiatives. I was impressed with the commitment and effort shown by the OSHA staff.

One of the problems identified by Dr. Silverstein was OSHA's historical tendency to relate to others outside the agency only through formal, legalistic mechanisms; he identified "a greater use of partnerships" as the proposed response to this problem, and noted that this issue related directly to the President's instructions to "create grassroots partnerships" and to seek to negotiate rather than dictate.

I and others in the healthcare stakeholder audience were particularly glad to hear these issues raised. Although OSHA has a long and rich history of expertise in industrial hygiene, it is only recently that OSHA has become involved in the protection of healthcare workers from biological hazards. Unfortunately, OSHA has little experience with the sciences of microbiology, virology, or clinical medicine, and this lack of scientific expertise has undermined OSHA's credibility in the healthcare arena and has led to embarrassing errors. For example, OSHA apparently did not realize that the recently published draft revision of the Respiratory Protection Standard would have the effect of prohibiting the respirators that OSHA currently requires healthcare workers to use for TB protection, and would instead require doctors and nurses to wear tethered airline respirators while caring for such patients. An even more fundamental problem is that the respirator selection logic, designed for protection from chemical exposures, is inherently inapplicable to protection from biological organisms.

In response to these problems, three proposals arose at yesterday's meeting that I would like to forward to you:

- establishment of a nationally credible scientific advisory panel that could advise OSHA with respect to protection from biological hazards
- establishment of a mechanism, formal or informal, that would permit ongoing, systematic, comprehensive collaboration between OSHA and healthcare stakeholder groups in order to maximize the effectiveness and

efficiency of OSHA initiatives affecting health care and to ensure that the effects of proposals are understood prior to their publication

- improved communication by OSHA of their activities that affect health care, including better utilization of their contacts within the healthcare stakeholder community to publicize OSHA positions and disseminate information provided by OSHA.

My healthcare stakeholder colleagues and I would be delighted to work with OSHA staff in any way we can to assure that all healthcare workers enjoy a safe and healthful workplace, and that any action needed to accomplish that goal can be swift and efficient.

Again, my thanks to you and your staff for your efforts to improve communication between OSHA and those affected by its activities.

Sincerely,

Michael Decker

Michael D. Decker, MD, MPH
Liaison to OSHA for the Society for Healthcare Epidemiology of America
Editor in Chief, *Infection Control and Hospital Epidemiology*
Associate Professor of Preventive Medicine and Medicine (Infectious Diseases) and
Associate Hospital Epidemiologist, Vanderbilt University School of Medicine

cc: attendees

U.S. Department of Labor

Assistant Secretary for
Occupational Safety and Health
Washington, D.C. 20210

JUL 10 1995

Michael D. Decker, M.D., M.P.H.
Liaison to OSHA
The Society for Healthcare
Epidemiology of America, Inc.
Executive Office
875 Kings Highway
Woodbury, New Jersey 08096-3172

Dear Dr. Decker:

Thank you for your letter of May 11 concerning the Occupational Safety and Health Administration's (OSHA) commitment to making greater use of partnerships with stakeholders and our regulatory activities regarding respiratory protection and occupational exposure to tuberculosis. I appreciate hearing your suggestions for increased cooperation and communication between OSHA and the healthcare community.

Specifically, you suggested the need for the establishment of a scientific advisory panel to advise OSHA regarding worker protection from biological hazards, establishment of a formal or informal mechanism for on-going collaboration between OSHA and healthcare stakeholder groups, and for improved communication regarding OSHA activities affecting the healthcare community.

Your comments concerning enhanced collaboration and communication are consistent with OSHA's initiatives to reinvent the way we protect worker health and safety through partnerships with stakeholders and the development of a modern set of *sensible* workplace safety and health standards. As you know from recent stakeholder meetings, we are committed to expanding our efforts to involve stakeholders and scientific experts in all OSHA rulemakings and activities, and to enhance dissemination of information to all affected parties. These initiatives represent lasting changes in the way we conduct business, and I assure you that we will continue to work with the Society for Healthcare Epidemiology of America (SHEA), your colleagues in the healthcare community, and all other appropriate stakeholders to strengthen these important relationships.

I understand that SHEA's suggestion for a scientific advisory panel was addressed on June 27 by Departmental staff during the first in a series of stakeholder meetings concerning the development of a proposed standard for tuberculosis. As Departmental staff explained to Dr. Michael Tapper and the others in attendance, OSHA believes that these meetings are the most effect avenue for stakeholder input on the tuberculosis standard. Establishing a permanent advisory group on infection control

issues would require a great deal of work to set up but result in very limited utility to the agency. In the agency's twenty-five year history, we have only addressed two health hazards, tuberculosis and bloodborne pathogens, that could have benefited from a technical advisory committee made up of experts in infection control. Contrary to SHEA's intentions, the establishment of such an advisory committee would be a lengthy and complicated process and greatly delay the publication of the final standard. An advisory committee with a broader perspective on healthcare issues in general would have greater utility for the agency, but would have to be balanced against requests from other specialized industries to have their own advisory committees.

As to your statements that OSHA lacks experience or expertise in infection control, I would like to point out that several OSHA staff members are highly qualified in the areas of microbiology, infectious diseases, and pulmonary diseases. For example, one staff member has a Ph.D. in Microbiology and completed her doctoral dissertation in a pediatric infectious diseases laboratory. Another member is a Certified Occupational Health Nurse who, before coming to OSHA, was responsible for a hospital employee health program including screening for tuberculosis infections. OSHA also has a physician whose area of specialty is pulmonary medicine and who has a great deal of experience with pulmonary diseases such as tuberculosis. In addition, almost the entire team working on the tuberculosis standard consists of individuals who wrote the bloodborne pathogens standard, which I believe you will agree, is a standard of high quality and value.

In addition, we recognize the value of seeking out the assistance of expert review panels, when appropriate. For example, the agency recently contracted with four highly qualified peer-review panelists to comment on the risk assessment portion of the draft tuberculosis proposal. Their comments will be taken into consideration before the agency moves forward with publication of the proposed rule.

With regard to the agency's current rulemaking to revise the respiratory protection standard, as you know, OSHA announced on June 6, at the beginning of the public hearings, that all issues related to the use of respirators for control of occupational exposure to tuberculosis will be handled separately. Any issues related to the use of respirators for tuberculosis will be made a part of the tuberculosis standard. Until then, the existing standard will apply to the use of respirators for tuberculosis. The agency also announced that when the National Institute for Occupational Safety and Health (NIOSH) has certified new respirators as a result of their recent regulation, OSHA will immediately allow the use of these respirators in place of the NIOSH-approved high efficiency particulate air (HEPA) respirators

currently required. We have also made a commitment to determine the costs for other uses of respirators in the health care community (e.g., protection from chemical hazards) and place this information in the record for public comment.

We appreciate your support for our decision to discuss the tuberculosis issues separately, and we thank you for appearing at the public hearing to comment on the proposal and issues related to biological hazards. We are giving your comments serious consideration as we develop the final standard for respiratory protection.

I hope this information is helpful to you, and I look forward to working with you and your colleagues in the healthcare industry. If we can provide any further assistance, please do not hesitate to contact us.

Sincerely,

Joseph A. Dear

Joseph A. Dear
Assistant Secretary

SHEA The Society for Healthcare Epidemiology of America, Inc.

April 3, 1996

Mike -
CHR had
Lyons - Let's work
on a list of people
for this meeting. Thanks
tomorrow and Wed. 4/12

Carol H. Rasco
Assistant to the President
for Domestic Policy
The White House
1600 Pennsylvania Ave.
Washington, DC 20500

Dear Ms. Rasco:

I want to thank you for arranging the meeting at the White House for Friday, April 19. Based on our contacts with OSHA, it appears that it would be helpful if someone from NIOSH, e.g., Dr. Linda Rosenstock, Director, NIOSH, would attend the meeting. Apparently, OSHA may be powerless to address SHEA's request unless NIOSH is involved too. I hope that you will consider including both OSHA and NIOSH representatives.

Thanks for your consideration, and I look forward to our meeting.

Sincerely,

Bryan Simmons

Bryan Simmons, M.D.
Past President-SHEA

/ps
cc: Michael Schmidt

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DATE: 2/29/96 TIME: _____

TRANSMITTED TO: MIKE SCHMIDT

FAX NUMBER: 202-456-7028

FROM: BRYAN SIMMONS (SHEA)

PHONE: 901-726-8231
FAX: 901-726-8249

REMARKS

Attached is a ~~few~~ issues summary and a letter that I sent to Mr Rosco.

THE MARCH MEETING TIMES ARE NOW FILLED.
SHEA WILL BE IN WASHINGTON DC FROM APRIL 19-23 FOR OUR ANNUAL MEETING. CAN WE MEET THEN? THE AFTERNOON OF APRIL 23 IS ESPECIALLY GOOD. THANKS

Bryan

http://www.

NET1.org

THE WHITE HOUSE

WASHINGTON

April 15, 1996

MEMORANDUM FOR PETER EDELMAN -- HHS
JOHN MONAHAN -- HHS
REGGIE ROBINSON -- DOJ
MICHAEL STEGMAN -- HUD
GERALD TIROZZI -- DOEd

FROM: JEREMY BEN-AMI
GAYNOR McCOWN
BEVERLY GODWIN

SUBJECT: NEXT STEPS AND TIMELINE

cc: Carol H. Rasco
Elaine C. Kamarck

Thank you for your willingness to chair one of the action teams we have established as part of our Partnerships for Stronger Families effort. We appreciate your ongoing participation and input a great deal.

The purpose of this memorandum is to provide an outline of next steps and a timeline. At our last meeting, we discussed the following principles for determining next steps:

- *Start With A Few Limited Challenges*
- *Set Achievable Goals For This Year*
- *Maintain High Level Focus While Involving Federal Staff At All Levels*
- *Make Progress On Interagency and Intergovernmental Partnerships*

Below is a proposed timeline:

April-- Develop Action Teams
First week of May-- Chairs Convene Action Team Meetings
Thursday, May 16th-- Steering Committee Meeting
May 31st-- Draft Action Plan Due From Each Team

Please put the steering committee meeting on May 16th at 2:00 p.m. on your schedule. We will convene in room 472 of the OEOB.

As the chair of an action team, you will report to the steering committee on a monthly basis. The steering committee will be

made up of key policy representatives from the DPC, NPR, OMB and NEC staff and Assistant Secretaries or Program Directors from HHS, HUD, DOL, DOJ, Agriculture, Education, and Transportation. Other offices to be represented are the Community Empowerment Board, the President's Prevention Council, National Service, and the office of the First Lady.

We requested that each agency represented on the steering committee designate a staff person or persons for each action team. We are still waiting to hear from several agencies. Attached you will find a list of names and phone numbers for everyone who has been nominated to participate in the different action teams thus far. You may want to add others to your group or provide suggestions of people who should participate on the other action teams. Please get us that information by COB on Wednesday (April 17) and we will send out an updated list.

Following is a list of the action teams and an indication of possible "deliverables." Please note that the deliverables we have included are merely suggestions; each action team will determine its own goals and develop a strategic plan to meet them.

(1) *Building Capacity: Technical Assistance*
(Reggie Robinson)

(1) Develop an inventory of programs and funding currently available - how it is used, how it is provided. (2) Prepare an options memo on how federal technical assistance could be improved and redesigned to best meet customer needs. This could include proposing joint funded and interagency ventures as appropriate and bold, creative reinvention options. (3) Develop a guide for consumers that explains the technical assistance that is available, who is eligible, and how it can be accessed.

(2) *Accountability: National Indicators*
(Peter Edelman)

(1) Build on the work of the Interagency Forum on Family and Child Statistics and incorporate agencies that have not been involved -- e.g., HUD, DOJ. (2) Propose key national indicators of family and child well-being and develop a plan for how these could be used.

(3) *Flexibility: Financing*
(John Monahan)

(1) Suggest how we could allow more flexible funding within current legislation. (2) Build on work done by the Community Empowerment Board -- to analyze the hundreds of requests for flexibility received from communities -- to determine common areas of concern, where "blanket waivers" might be granted, etc... (3) Suggest how flexibility

currently available -- but not being fully utilized or realized by intergovernmental partners -- might be better used. (4) Look at opportunities for additional performance partnership grants, particularly as legislation is reauthorized. (5) Develop suggestions on how to share successful financing approaches such as the creative programs described by work done through the Finance Project and others.

(4) *Information Dissemination*
(Gerald Tirozzi)

(1) Develop an inventory of all federal resource guides, 800 numbers for the different clearinghouses, electronic directories and other information resources. (2) Propose recommendations on how this network of resources could be integrated to provide interested organizations and individuals a consolidated, easy-to-use point of reference.

(5) **Single Point of Contact**
(Michael Stegman)

(1) Assist HUD in implementation of current single point of contact for Connecticut and for 183 other jurisdictions. (2) Determine whether and how other agencies can participate in the HUD effort to provide all communities with a single point of contact for their programs.

We hope this is a useful start. Please call one of us if you have any questions. Thank you for your cooperation.

Attachment: Preliminary List of Action Team Participants

Partnerships for Stronger Families
Preliminary List of Action Teams
(as of 04/15/96)

*** = Team Chair**

Building Capacity: Technical Assistance

Reggie Robinson*	Department of Justice	(202) 307-5933
Jim Kohlmoos	DOEd -- OESE	(202) 401-0113
Ann Smith	DOEd -- Office of Special Education and Rehabilitative Services	(202) 205-8888
Cheryl Austein	HHS -- ASPE	(202) 690-6051
Jennifer Chang	HHS -- ACF	(202) 690-6241
Angela Duran	HHS -- ASPE	(202) 708-4151
Wilfred Hamm	HHS -- ACF	(202) 205-8671
Joyce Jackson	HHS -- HCFA	(410) 786-3257
Michelle Jefferson	HHS -- ACF	(202) 401-9374
Joan Lombardi	HHS -- ACF	(202) 401-6947
Audrey Nora	HHS -- Maternal and Child Health Bureau	(301) 443-2170
Susanne Stoiber	HHS -- ASPE	(202) 690-8774
Amy Bennett	School to Work Office	(202) 401-6226
Beverly Godwin	National Performance Review	(202) 632-0374
Elaine Kamarck	National Performance Review	(202) 456-2816
Susan Valaskovic	National Performance Review	(202) 632-0150 x117
Betsy Julian	HUD -- Fair Housing and Equal Equal Opportunity	(202) 708-4151
Gaynor McCown	Domestic Policy Council	(202) 456-5575

National Indicators

Peter Edelman*	HHS -- ASPE	(202) 690-7858
Duane Alexander	HHS -- National Institutes of Health	(301) 496-3454
Angela Duran	HHS -- ASPE	(202) 690-8794
Claude Earl Fox	HHS -- Disease Prevention and Health Promotion	(202) 401-6295
Pam Johnson	HHS -- ACF	(202) 205-9843
Samuel "Woodie" Kessel	HHS -- Maternal and Child Health Bureau	(301) 443-2340
Joan Lombardi	HHS -- ACF	(202) 401-6947
Penny Maza	HHS -- ACF	(202) 205-8172
Joyce Pitts	HHS -- ACF	(202) 401-5374
Howard Rolston	HHS -- ACF	(202) 205-8370

indicators cont....

Matt Stagner	HHS -- ASPE	(202) 690-5653
Suzanne Stoiber	HHS -- ASPE	(202) 690-8774
Kay Willmoth	HHS -- ACF/Region V (Chicago)	(312) 353-4439
Adrianna DeKanter	DOEd -- OUS - Evaluation	(202) 401-3132
Nevzer Stacy	School to Work Office	(202) 401-3823
Kathy Nelson	HUD -- Office of Policy Development	(202) 708-0544
Beverly Godwin	National Performance Review	(202) 632-0374
Hap Hadd	National Performance Review	(202) 632-0374 x124
Katherine Wallman	OMB	(202) 395-3093
Jeremy Ben-Ami	Domestic Policy Council	(202) 456-5584

Financing: Flexibility

John Monohan*	HHS -- Intergovernmental Affairs	(202) 690-6060
Ann Burek	HHS -- ACF	(202) 401-4528
Angela Duran	HHS -- ASPE	(202) 690-8794
Mary Knipmeyer	HHS -- Substance Abuse and Mental Health Services Administration	(301) 443-5184
Wendy Jacobson	HHS -- ACF	(202) 260-1853
Howard Rolston	HHS -- ACF	(202) 401-9220
Ann Segal	HHS -- ASPE	(202) 690-8410
Lynn Squire	HHS -- Maternal and Child Health Bureau	(301) 443-2778
David Walsh	HHS -- HCFA	(410) 786-6628
Hal Wolman	HHS -- ASPE	(202) 260-0454
Ta Zitans	HHS -- ASPE	(202) 690-7316
Margaret Pugh	Office of the Vice President	(202) 456-9039
Judi Gold	National Performance Review	(202) 632-1182
Lisa Mallory	National Performance Review	(202) 632-0150 x147
Patsy Mathews	DOEd -- OUS - Budget	(202) 401-0318
Jon Breul	OMB	(202) 395-5670
Diana Fortuna	Domestic Policy Council	(202) 456-5570

Information Dissemination

Gerald Tirozzi*	DOEd -- OESE	(202) 401-0113
Michele Cavataio	DOEd -- Deputy's Office	(202) 401-1000
Patricia Campbell	HHS -- Maternal and Child Health Bureau	(301) 443-0185

information dissemination cont....

Mary Jo Deering	HHS -- Office of Disease Prevention and Health Promotion	(202) 260-2652
Joe Gloystein	HHS -- ACF	(202) 401-6741
Michael Kharfen	HHS -- ACF	(202) 401-9215
Richard Silva	HHS -- ASPE	(202) 401-6660
Linda Thomas	HHS -- ACF	(202) 690-7885
Tom Wilmer	HHS -- HCFA	(410) 786-4647
John Huang	National Performance Review	(202) 632-0150 x174
Candy Kane	National Performance Review	(202) 632-0150 x123
Susan Valaskovic	National Performance Review	(202) 632-0150 x117
Bob Woods	GSA	(703) 285-1020
Jim Flysick	Treasury	(202) 622-1592
Kathy O'Leary	HUD -- Office of Research Utilization	(202) 708-0544
Mike Schmidt	Domestic Policy Council	(202) 456-5567

Single Point of Contact

Michael Stegman*	HUD -- Policy Development and Research	(202) 708-1600
Agnes Donahue	HHS -- Office of Intergovernmental	(202) 205-1830
Angela Duran	HHS -- ASPE	(202) 690-8794
Dan Fascione	HHS -- ACF/Region III (Philadelphia)	(215) 596-4367
Helaine Jeffers	HHS -- HCFA	(410) 786-5648
Gilda Lambert	HHS -- ACF	(202) 205-8347
Marion Steffy	HHS -- ACF/Region V (Chicago)	(312) 353-4237
Steve Redburn	OMB	(202) 395-4610
Molly Brostrom	Domestic Policy Council	(202) 456-5561

THE WHITE HOUSE

WASHINGTON

July 13, 1995

MEMORANDUM FOR CAROL RASCO

FROM: Mike Schmidt

SUBJECT: Meeting with SHEA on Friday, July 14

This memorandum summarizes the issues surrounding your upcoming meeting with members of the Society for Healthcare Epidemiology of America (SHEA).

MEETING LOGISTICS AND PARTICIPANTS

Time and Place: The meeting with SHEA will take place this Friday, July 14, from 11:00 to 12:30 in your office.

Participants: The following people will be attending this meeting:

From SHEA
Dr. Terry Yamauchi, former SHEA board member
Dr. Bryan Simmons, current SHEA President
Dr. William Martone, SHEA President-Elect
Dr. Michael Decker, SHEA Liaison to OSHA and Editor of SHEA scientific journal
Dr. Michael Tapper, Chairman of SHEA Committee on AIDS and TB
Dr. Robert Weinstein, SHEA Vice President

From OSHA
Dr. Adam Finkel, Director of Health Standards at OSHA
Susan Harwood, OSHA Health Standards
Michael Silverstein, OSHA Director of Policy (tentative)

I have attached a list of brief biographies of the SHEA meeting participants ("Attachment A). It should be noted that all of the SHEA participants are doctors by trade and not lobbyists or policymakers. The OSHA participants were all requested by Dr. Tapper from SHEA.

Meeting Format: The meeting will begin at 11:00 with you and I meeting with SHEA without any OSHA participants. This way, we can give the SHEA members a chance to talk freely with us about their concerns with OSHA (see "Agenda Issues" below). At 11:20, the OSHA participants will arrive and lunch will be ordered. Lunch will be served at approximately 11:50 and the meeting will last until 12:30.

SHEA AGENDA ITEMS

As you may recall, several weeks ago Dr. Yamauchi faxed over a list of three proposed meeting agenda items: "NIOSH Revised Respirator Certification Procedures;" "OSHA's Need for a Technical Advisory Group;" and "Need to Withdraw Proposed Respiratory Protection Standard." Since that time, the NIOSH issue has already been taken care of. On the second and third issues, I met with Dr. Finkel at OSHA to get an update on their status, and sent you a short memo on June 27 outlining OSHA's response. I have attached a one-page summary of OSHA's response taken from my June 27 memo to you, along with a copy of SHEA's original agenda submission (Attachment B). As you will see from OSHA's response, many of SHEA's concerns surrounding these two issues have already been addressed.

I contacted Dr. Tapper and Dr. Yamauchi this week to get their thoughts on the meeting agenda given the progress that has been made since over the past few weeks. They agreed that OSHA is making progress in these two areas, and stressed that they in no way want Friday's meeting to be a "beat-up-on-OSHA session. SHEA feels a "natural unity of purpose" with OSHA and will continue to be a big OSHA supporter. Keeping this in mind, they laid out the following two issues for discussion:

- **"OSHA's Need for a Technical Advisory Group on Healthcare Issues"**. Although SHEA has been pleased with the series of informal healthcare stakeholder meetings that OSHA recently initiated on its proposed TB standard, SHEA still feels that OSHA needs to go further in interacting with the Healthcare Epidemiology world. SHEA feels that OSHA historically has not interacted enough stakeholders in this area, and while OSHA is now trying to reach out more aggressively, more must be done. For example, on the TB standard, OSHA still refuses to put the areas of Risk Analysis and Economic Impact Analysis on the table for discussion -- they are considered off limits. SHEA would like to have more input and buy-in up front on these and other areas of standard-setting so they can be more effective defenders of OSHA when the standards are inevitably attacked.

  In terms of setting up a formal advisory group, OSHA feels that this would require too much red tape and delay, which would in turn delay the final publication of the TB standard. However, Dr Finkel is sympathetic to SHEA's concerns, and in his brief tenure at OSHA has been trying to make progress on this issue.

- **"OSHA's Need to Withdraw Proposed Revision of Respiratory Protection Standard."**: OSHA has already taken care of a good deal of SHEA's concern on this issue (see Attachment B). SHEA's concern in this area has narrowed to the specific "fit-checking and fit-testing" required in OSHA's proposed TB standard. According to Dr. Tapper, this requirement drives healthcare providers "up the wall" and is a very volatile issue. SHEA claims the scientific community simply does not support this requirement. OSHA claims it is simply following CDC recommendations in this area and has not added any additional requirements.

Attachment A

Society for Healthcare Epidemiology of America (SHEA)
Brief Biographies of Meeting Participants

Bryan P. Simmons, MD is the current President of SHEA. Dr. Simmons is a graduate of Duke University and the Vanderbilt University School of Medicine. Dr. Simmons served for 3 years at the Centers for Disease Control in the Hospital Infections Program, where he was responsible for developing national infection control guidelines. Currently, Dr. Simmons is an infectious diseases specialist practicing at Methodist Hospitals, Memphis, Tennessee. Dr. Simmons has a special interest in healthcare quality management, and serves as Director of Quality Management for Methodist Health Systems.

William J. Martone, MD, MSc is President-Elect of SHEA. Dr. Martone received his medical degree from New York University and a Master of Science degree from the University of Virginia, at whose hospitals he completed his specialty and subspecialty training in infectious diseases. Dr. Martone joined the Centers for Disease Control in 1976, and now serves CDC as Director of the Hospital Infections Program.

Michael D. Decker, MD, MPH is Editor in Chief of the SHEA scientific journal, *Infection Control and Hospital Epidemiology*, and has served as SHEA Liaison to OSHA since 1989. Following receipt of a Master of Public Health degree from the University of Illinois, Dr. Decker served for 2 years as the Centers for Disease Control's field agent for Tennessee. Dr. Decker then completed training in infectious diseases at the Vanderbilt University School of Medicine, where he is Associate Professor of Preventive Medicine and Infectious Diseases and Associate Hospital Epidemiologist.

Michael L. Tapper, MD is Chairman of the SHEA Committee on AIDS and Tuberculosis. Dr. Tapper received his undergraduate, graduate, and medical degrees at Columbia College and Columbia University, and his specialty training at Harlem Hospital Center. Dr. Tapper currently is Professor of Medicine at New York University School of Medicine and serves Lenox Hill Hospital as Hospital Epidemiologist, Medical Director of the AIDS Center Program, Chief of the Section of Infectious Diseases, and Chairman of the New York State Department of Health Infection Control Advisory Committee.

Terry Yamauchi, MD is Professor and Acting Chairman of Pediatrics at the University of Arkansas Medical Sciences and Arkansas Children's Hospital. Dr. Yamauchi served in then Governor Bill Clinton's state cabinet as Director of Human Services. He is a former board member of the Association for Professionals in Infection Control and Epidemiology and a long-time member of SHEA.

Alternate Participant

Robert A. Weinstein, MD is Vice-President of SHEA. Dr. Weinstein received his undergraduate and medical degrees from Cornell University and his specialty training at Barnes Hospital, St. Louis. Dr. Weinstein then served for 2 years at the Centers for Disease Control in the Hospital Infections Program, following which he completed training in infectious diseases at the University of Chicago. Dr. Weinstein currently is Chairman of the Division of Infectious Diseases at Cook County Hospital, Professor of Medicine at Rush Medical College, and serves as Chair of the American Hospital Association's Technical Panel on Infections Within Hospitals.

ATTACHMENT B

OSHA RESPONSE TO ORIGINAL SHEA AGENDA ITEMS
(from June 27 Memo)

- On **"OSHA's Need for Technical Advisory Group"**, OSHA officials met this morning with a group of stakeholders for its proposed TB standard. The purpose of this meeting was to plan a series of stakeholder meetings on OSHA's TB standard proposal. SHEA was represented in this meeting by Dr. Michael Tapper, one of the proposed invitees to your SHEA meeting. OSHA feels that holding this informal series of meetings with stakeholders, rather than creating a new formal advisory group, is the best approach to ensure stakeholder involvement in OSHA's TB standard. OSHA's fear is that any attempt to create a formal advisory committee is a lengthy and bureaucratic process which would greatly delay the publication of the final standard. Dr. Finkel of OSHA feels that SHEA should be happier (although not completely satisfied) on this issue since this morning's planning meeting. Also, you will see from the attached OSHA response that the agency vigorously objects to SHEA's insinuation that OSHA's staff lacks the proper expertise or experience to handle this issue, and they list the impressive qualifications of several of their top staff members in this area.

- On OSHA's **"Need to Withdraw Proposed Revision of Respiratory Protection Standard,"** Dr. Finkel thinks that OSHA may have already taken care of this concern. On June 6, at the beginning of a series of public hearings on the respiratory protection standard, Dr. Finkel announced that all issues related to the use of respirators for control of occupational exposure to TB would be handled separately, as a part of the TB standard mentioned above. He also announced that when the National Institute of Occupational Safety and Health (NIOSH) has certified new respirators as a part of their recent regulation in this area, OSHA will immediately allow the use of these respirators. At a follow up OSHA hearing on TB related issues on June 20, Dr Michael Decker of SHEA (another one of your potential invitees) testified that he thought that OSHA had made the correct decision to discuss the TB issues separately, and went on to discuss his concerns about other biological hazards that OSHA may regulate in the future (this may be what he wants to talk about more generally in a meeting with you). OSHA also points out in the attached paper that the agency is currently following the recommendations of the CDC for what respirators to use, and has not added any additional requirements.

Society for Healthcare Epidemiology of America (SHEA)

Proposed Meeting Agenda

NIOSH Revised Respirator Certification Procedures

We urge rapid approval and implementation of the revised certification requirements for respiratory protective devices proposed by NIOSH in the Federal Register of Tuesday, May 24, 1994 (42 CFR Part 84). Until the outbreaks of tuberculosis exposures among healthcare workers in recent years, neither the industry nor the regulators (OSHA, NIOSH) had considered the use of personal respirators to protect from biological, rather than chemical, hazards. Consequently, the existing certification procedures are inappropriate with respect to protection from tuberculosis. The revised procedures correct this problem, and are strongly supported by the healthcare industry, the healthcare unions, the scientific community, respirator manufacturers, CDC, NIOSH, and OSHA.

OSHA's Need for Technical Advisory Group

Until recently, OSHA paid little or no attention to the core patient-care activities of the healthcare industry. Growing recognition of occupational risks to clinical healthcare workers has led to increasing OSHA involvement in these activities. However, OSHA lacks experience, training, or expertise in infection control, hospital epidemiology, and clinical medicine. Consequently, some OSHA initiatives have been viewed by the scientific and medical communities as poorly formulated, ill-advised, or ineffective. The Department of Health and Human Services addresses its need for technical advice through creation of Advisory Committees, consisting of nationally recognized experts in the subject areas. Examples include the Advisory Committee on Immunization Practices and the Hospital Infection Control Practices Advisory Committee. The Department of Labor urgently needs to provide OSHA with access to similar expert advice prior to and during regulation development, so that proposed standards reflect the best available science and OSHA's efforts can be effective and efficient.

Need to Withdraw Proposed Revision of Respiratory Protection Standard

In the Federal Register of Tuesday, November 15, 1994, OSHA published a proposed revision of one of its most fundamental standards, the Respiratory Protection Standard (29 CFR 1910, 1915, and 1926). Although both OSHA and the healthcare industry now recognize that the standard applies to most healthcare workers, the proposed revision is based on 10- to 15-year-old data and proposals and entirely ignores the healthcare industry and the problem of protection from biological hazards. Indeed, the Regulatory Impact Analysis entirely ignores the healthcare industry and its workers, who are the largest single affected group. This proposal, resurrected from an earlier decade, should be withdrawn and replaced by one that addresses the current reality.

July 13, 1995

MEMORANDUM FOR CAROL RASCO

FROM: Mike Schmidt

SUBJECT: Meeting with SHEA on Friday, July 14

This memorandum summarizes the issues surrounding your upcoming meeting with members of the Society for Healthcare Epidemiology of America (SHEA).

MEETING LOGISTICS AND PARTICIPANTS

Time and Place: The meeting with SHEA will take place this Friday, July 14, from 11:00 to 12:30 in your office.

Participants: The following people will be attending this meeting:

From SHEA
Dr. Terry Yamauchi, former SHEA board member
Dr. Bryan Simmons, current SHEA President
Dr. William Martone, SHEA President-Elect
Dr. Michael Decker, SHEA Liaison to OSHA and Editor of SHEA scientific journal
Dr. Michael Tapper, Chairman of SHEA Committee on AIDS and TB
Dr. Robert Weinstein, SHEA Vice President

From OSHA
Dr. Adam Finkel, Director of Health Standards at OSHA
Susan Harwood, OSHA Health Standards
Michael Silverstein, OSHA Director of Policy (tentative)

I have attached a list of brief biographies of the SHEA meeting participants ("Attachment A). It should be noted that all of the SHEA participants are doctors by trade and not lobbyists or policymakers. The OSHA participants were all requested by Dr. Tapper from SHEA.

Meeting Format: The meeting will begin at 11:00 with you and I meeting with SHEA without any OSHA participants. This way, we can give the SHEA members a chance to talk freely with us about their concerns with OSHA (see "Agenda Issues" below). At 11:20, the OSHA participants will arrive and lunch will be ordered. Lunch will be served at approximately 11:50 and the meeting will last until 12:30.

SHEA AGENDA ITEMS

As you may recall, several weeks ago Dr. Yamauchi faxed over a list of three proposed meeting agenda items: "NIOSH Revised Respirator Certification Procedures;" "OSHA's Need for a Technical Advisory Group;" and "Need to Withdraw Proposed Respiratory Protection Standard." Since that time, the NIOSH issue has already been taken care of. On the second and third issues, I met with Dr. Finkel at OSHA to get an update on their status, and sent you a short memo on June 27 outlining OSHA's response. I have attached a one-page summary of OSHA's response taken from my June 27 memo to you, along with a copy of SHEA's original agenda submission (Attachment B). As you will see from OSHA's response, many of SHEA's concerns surrounding these two issues have already been addressed.

I contacted Dr. Tapper and Dr. Yamauchi this week to get their thoughts on the meeting agenda given the progress that has been made since over the past few weeks. They agreed that OSHA is making progress in these two areas, and stressed that they in no way want Friday's meeting to be a "beat-up-on-OSHA session. SHEA feels a "natural unity of purpose" with OSHA and will continue to be a big OSHA supporter. Keeping this in mind, they laid out the following two issues for discussion:

- **"OSHA's Need for a Technical Advisory Group on Healthcare Issues"**. Although SHEA has been pleased with the series of informal healthcare stakeholder meetings that OSHA recently initiated on its proposed TB standard, SHEA still feels that OSHA needs to go further in interacting with the Healthcare Epidemiology world. SHEA feels that OSHA historically has not interacted enough stakeholders in this area, and while OSHA is now trying to reach out more aggressively, more must be done. For example, on the TB standard, OSHA still refuses to put the areas of Risk Analysis and Economic Impact Analysis on the table for discussion -- they are considered off limits. SHEA would like to have more input and buy-in up front on these and other areas of standard-setting so they can be more effective defenders of OSHA when the standards are inevitably attacked.

  In terms of setting up a formal advisory group, OSHA feels that this would require too much red tape and delay, which would in turn delay the final publication of the TB standard. However, Dr Finkel is sympathetic to SHEA's concerns, and in his brief tenure at OSHA has been trying to make progress on this issue.

- **"OSHA's Need to Withdraw Proposed Revision of Respiratory Protection Standard."**: OSHA has already taken care of a good deal of SHEA's concern on this issue (see Attachment B). SHEA's concern in this area has narrowed to the specific "fit-checking and fit-testing" required in OSHA's proposed TB standard. According to Dr. Tapper, this requirement drives healthcare providers "up the wall" and is a very volatile issue. SHEA claims the scientific community simply does not support this requirement. OSHA claims it is simply following CDC recommendations in this area and has not added any additional requirements.

Attachment A

Society for Healthcare Epidemiology of America (SHEA)
Brief Biographies of Meeting Participants

Bryan P. Simmons, MD is the current President of SHEA. Dr. Simmons is a graduate of Duke University and the Vanderbilt University School of Medicine. Dr. Simmons served for 3 years at the Centers for Disease Control in the Hospital Infections Program, where he was responsible for developing national infection control guidelines. Currently, Dr. Simmons is an infectious diseases specialist practicing at Methodist Hospitals, Memphis, Tennessee. Dr. Simmons has a special interest in healthcare quality management, and serves as Director of Quality Management for Methodist Health Systems.

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(212) 434 3440

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(Woodbury NJ) Shea (609) 845-1636

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(501) 320 1089 1417

Alternate Participant
Robert A. Weinstein, MD is Vice-President of **SHEA.** Dr. Weinstein received his undergraduate and medical degrees from Cornell University and his specialty training at Barnes Hospital, St. Louis. Dr. Weinstein then served for 2 years at the Centers for Disease Control in the Hospital Infections Program, following which he completed training in infectious diseases at the University of Chicago. Dr. Weinstein currently is Chairman of the Division of Infectious Diseases at Cook County Hospital, Professor of Medicine at Rush Medical College, and serves as Chair of the American Hospital Association's Technical Panel on Infections Within Hospitals.

ATTACHMENT B

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(Woodbury CT
Shea
(609)
845-
1636

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(501) 320
1089
1417

June 27, 1995

MEMORANDUM FOR CAROL RASCO

FROM: Mike Schmidt
Michael Waldman

SUBJECT: Background on SHEA Issues

On June 22, you asked us to get you some background information on two agenda items for an upcoming meeting with the Society for Healthcare Epidemiology of America (SHEA):

1) "OSHA's Need for Technical Advisory Group;" and

2) "Need to Withdraw Proposed Revision of Respiratory Protection Standard"

We contacted Dr. Adam Finkel, OSHA Director of Health Standards Programs, and asked him to give us an update on each of these two issues. His two-page response to these issues is attached (we have also attached SHEA's two questions), but to summarize:

- On **"OSHA's Need for Technical Advisory Group"**, OSHA officials met this morning with a group of stakeholders for its proposed TB standard. The purpose of this meeting was to plan a series of stakeholder meetings on OSHA's TB standard proposal. SHEA was represented in this meeting by Dr. Michael Tapper, one of the proposed invitees to your SHEA meeting. OSHA feels that holding this informal series of meetings with stakeholders, rather than creating a new formal advisory group, is the best approach to ensure stakeholder involvement in OSHA's TB standard. OSHA's fear is that any attempt to create a formal advisory committee is a lengthy and bureaucratic process which would greatly delay the publication of the final standard. Dr. Finkel feels that SHEA should be happier (although not completely satisfied) on this issue since this morning's planning meeting. Also, you will see from the attached OSHA response that the agency vigorously objects to SHEA's insinuation that OSHA's staff lacks the proper expertise or experience to handle this issue, and they list the impressive qualifications of several of their top staff members in this area.

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related to the use of respirators for control of occupational exposure to TB would be handled separately, as a part of the TB standard mentioned above. He also announced that when the National Institute of Occupational Safety and Health (NIOSH) has certified new respirators as a part of their recent regulation in this area, OSHA will immediately allow the use of these respirators. At a follow up OSHA hearing on TB related issues on June 20, Dr Michael Decker of SHEA (another one of your potential invitees) testified that he thought that OSHA had made the correct decision to discuss the TB issues separately, and went on to discuss his concerns about other biological hazards that OSHA may regulate in the future (this may be what he wants to talk about more generally in a meeting with you). OSHA also points out in the attached paper that the agency is currently following the recommendations of the CDC for what respirators to use, and has not added any additional requirements.

In terms of who you should invite from OSHA, our recommendation is that you invite both OSHA Administrator Joe Dear, and Dr. Finkel, OSHA's Director of Health Standards.

We hope this information is helpful. Please let us know if you have any questions.

White House/Domestic Policy Questions
Society for Healthcare Epidemiology of America
OSHA TB/healthcare issues

OSHA's need for technical advisory group

OSHA recognizes the need for greater stakeholder involvement in the development of its proposed TB standard. We want to engage in a discussion with SHEA and other stakeholder groups on major issues (e.g., the scope of coverage of the standard) and we want to meet with frontline health care workers to discuss the draft proposed standard. On Tuesday June 27, the TB standards development team is meeting with representatives of approximately 30 different stakeholder groups to plan this series of meetings on the TB proposal (list attached). We are asking them to help us plan these meetings so that they will be most effective and provide the agency with the most information. SHEA will be represented by Dr. Michael Tapper who has worked closely with OSHA on the TB issues over the last eight or nine months. We think that this will be the best avenue for input on the TB standard.

SHEA would like to set up a permanent advisory group to have input to standards development. However, the establishment of a technical advisory committee to deal with infection control issues would require a great deal of work to set up an advisory committee that would have very limited utility to the agency. In our 25 year history, we have only addressed two health hazards, TB and bloodborne pathogens, that could have benefited from a technical advisory committee made up of experts in infection control. The establishment of such an advisory committee would be a lengthy and complicated process and greatly delay the publication of the final standard. We do not think that delay is SHEA's intention. If the agency were to set up a broader advisory committee on health care issues in general then this would have somewhat greater utility. But we would have to balance this against requests from other specialized industries to have their own advisory committees.

As to the statements that OSHA lacks experience, training or expertise in infection control, hospital epidemiology, and clinical medicine, this is a reflection of SHEA's lack of knowledge about OSHA staff. For example, one member (Dr. Susan Harwood) has a Ph.D. in Microbiology and completed her doctoral dissertation in a pediatric infectious diseases laboratory. Another member (Elise Handelman) is a Certified Occupational Health Nurse who, before coming to OSHA, was responsible for a hospital employee health program including screening for TB infections. OSHA also has a physician whose area of specialty is pulmonary medicine and has a great deal of experience with pulmonary diseases such as TB (Dr. Vanessa Holland). In addition, almost the entire team is made of up of people who wrote the bloodborne pathogens standard. More importantly, we believe that if you question the SHEA representatives as to the quality and value of our existing bloodborne pathogens standard, we believe that they will say that it is an excellent standard. Their objection is more to the process than the product, and we are attempted to remedy the process with the TB stakeholders as described above.

Need to Withdraw Proposed Revision of Respiratory Protection Standard

On June 6, at the beginning of the public hearings on the respiratory protection standard, Dr. Adam Finkel, Director of Health Standards Programs announced that all issues related to the use of respirators for control of occupational exposure to tuberculosis would be handled separately. Any issue relating to the use of respirators for TB would be made a part of the TB standard. Until then, the old, unrevised standard would apply to the use of respirators for TB. We also announced that when NIOSH has certified the new respirators as the result of their recent regulation that OSHA would immediately allow the use of these respirators. We also stated that we would determine the costs for other uses of respirators in the health care industry (e.g., protection from chemical hazards) and place this information in the record for public comment.

Three participants in the hearing: SHEA, the Association for Professionals in Infection Control (APIC), and the Nassau-Suffolk Hospital Association had filed notices of intention to appear at the respirator hearings to discuss TB related issues on June 20. They were all notified by telephone of Dr. Finkel's statement and a copy was faxed to them. As a result, two groups dropped out of the hearing and only SHEA came to testify. They were represented by Dr. Michael Decker, SHEA's liaison to OSHA. Dr. Decker stated that he thought that OSHA had made the correct decision to discuss the TB issues separately and went on to discuss his concerns about other biological hazards that OSHA may regulate in the future. The agency is giving his statements serious consideration as we develop the final standard.

There is a great deal of controversy over respirators and TB. Respirators tend to be uncomfortable and interfere with communication with the patient. However, TB is spread by inhaling particles in the air that contain the organism that causes TB and respirators are necessary to protect against this hazard. OSHA is simply following the recommendations of the CDC for what respirators to use. We have not added any additional requirements. Another issue relates to beards and respirators. Many of these physicians wear beards and are unwilling to shave their beards in order to wear the disposable respirator. We will deal with this and other related issues in the TB rulemaking.

Facsimile Cover Sheet

To: Mike Schmidt
Company: DPC
Phone:
Fax: 456-7028

From: Adam M. Finkel, Sc.D.
Director of Health Standards Programs
U.S. Occupational Safety and Health Administration

Phone: (202) 219-7075
Fax: (202) 219-7125
afinkel@dol.gov

Date: 6/27
Pages including this cover page: ~~3~~ 4

Comments:

(Susan Harwood 219-7105)

Hope this helps!

Society for Healthcare Epidemiology of America (SHEA)

Proposed Meeting Agenda

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EXECUTIVE OFFICE OF THE PRESIDENT

22-Jun-1995 02:53pm

TO: (See Below)

FROM: Carol H. Rasco
Economic and Domestic Policy

SUBJECT: SHEA meeting

Mike and Mike:

I spoke a few months ago to SHEA, the Society for Healthcare Epidemiology of America. At that time I extended to the exec. committee an invitation to have a meeting with me to discuss their concerns, ideas, etc. They were a terrific audience, good q and a and on top of all that, the member who set the speech up for me is Dr. Yamauchi, a former state cabinet member - head of Dept. of Human Services - for then Governor Clinton and a continuing strong supporter.

There will potentially be six of the doctors to attend the meeting; Pat Romani is working with Dr. Yamauchi's office to coordinate all logistics. The plan is to have a luncheon meeting in my office for about one and a half hours maximum with the first forty-five minutes for the real discussion, starting with brief presentations by them on their issues. At the end of the first 45 minutes lunch will be served.

I am faxing to you a list of potential participants and the proposed meeting agenda. Since receiving the agenda the first item on respirators has been resolved but the other two will need to be discussed. Karen Guss did the prep work for my speech and had extensive discussions with them on item 1. Since she will be back before the actual meeting we can have her follow up on that item.

On items 2 and 3 I need for you all to look at these, do some research and determine potential person or two we should have here for the meeting without yet extending the actual invitations to the other federal persons.

I would appreciate a short briefing memo on the items 2 and 3 by noon next Wednesday with your recommendations of just whom we might invite to join us from federal government. We can then proceed to finalize the meeting agenda and perhaps then make contact with someone from SHEA to discuss further.

You might want to consult with Chris and/or Jen as you work on this.

Thanks!

Distribution:

TO: Michael Waldman
TO: Michael T. Schmidt

CC: Karen R. Guss
CC: Christopher C. Jennings
CC: Jennifer L. Klein
CC: Jeremy D. Benami
CC: Patricia E. Romani
CC: Julie E. Demeo

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

22-Jun-1995 02:53pm

TO: (See Below)

FROM: Carol H. Rasco
Economic and Domestic Policy

SUBJECT: SHEA meeting

Mike and Mike:

I spoke a few months ago to SHEA, the Society for Healthcare Epidemiology of America. At that time I extended to the exec. committee an invitation to have a meeting with me to discuss their concerns, ideas, etc. They were a terrific audience, good q and a and on top of all that, the member who set the speech up for me is Dr. Yamauchi, a former state cabinet member - head of Dept. of Human Services - for then Governor Clinton and a continuing strong supporter.

There will potentially be six of the doctors to attend the meeting; Pat Romani is working with Dr. Yamauchi's office to coordinate all logistics. The plan is to have a luncheon meeting in my office for about one and a half hours maximum with the first forty-five minutes for the real discussion, starting with brief presentations by them on their issues. At the end of the first 45 minutes lunch will be served.

I am faxing to you a list of potential participants and the proposed meeting agenda. Since receiving the agenda the first item on respirators has been resolved but the other two will need to be discussed. Karen Guss did the prep work for my speech and had extensive discussions with them on item 1. Since she will be back before the actual meeting we can have her follow up on that item.

On items 2 and 3 I need for you all to look at these, do some research and determine potential person or two we should have here for the meeting without yet extending the actual invitations to the other federal persons.

I would appreciate a short briefing memo on the items 2 and 3 by noon next Wednesday with your recommendations of just whom we might invite to join us from federal government. We can then proceed to finalize the meeting agenda and perhaps then make contact with someone from SHEA to discuss further.

You might want to consult with Chris and/or Jen as you work on this.

Thanks!

Distribution:

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TO: Michael T. Schmidt

CC: Karen R. Guss
CC: Christopher C. Jennings
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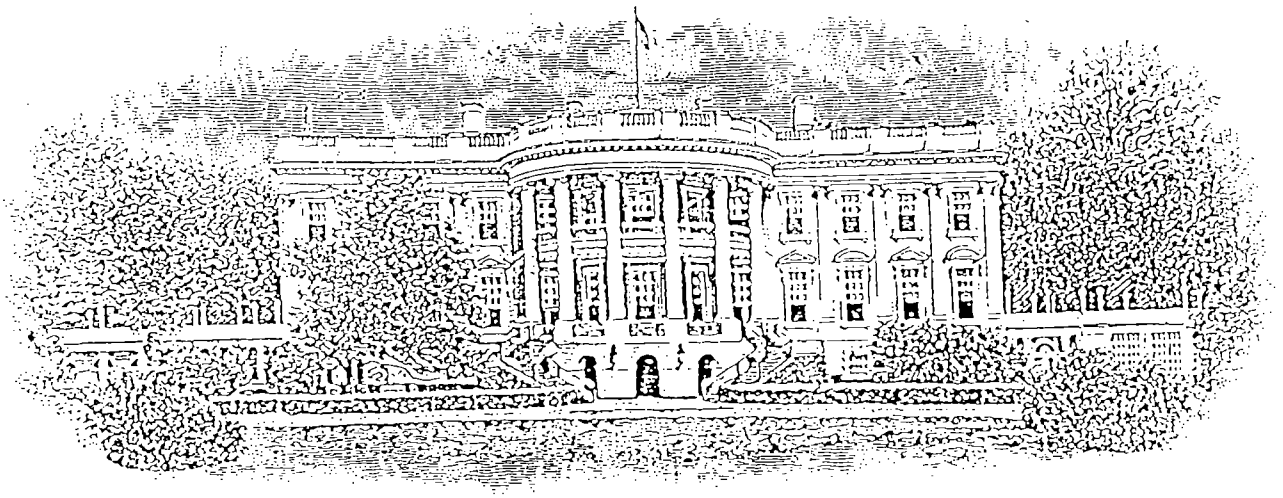
CC: Julie E. Demeo

The White House



DOMESTIC POLICY

FACSIMILE TRANSMISSION COVER SHEET

TO: Nelson ~~B~~ Kerner

FAX NUMBER: 219 6064

TELEPHONE NUMBER: 219-6922

FROM: Mike Schmidt

TELEPHONE NUMBER: 456-5567

PAGES (INCLUDING COVER): 2

COMMENTS: I would Appreciate any background info/update on OSHA initiatives in these 2 areas by COB Tuesday. Thanks!

SHEA The Society for Healthcare Epidemiology of America, Inc.

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(901) 726-8249 FAX

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(609) 853-0411 FAX

October 12, 1995

Carol H. Rasco
Assistant to the President
for Domestic Policy
The White House
1600 Pennsylvania Ave.
Washington, DC 20500

Dear Ms. Rasco:

Thank you for your letter dated September 5, 1995, offering to host 2-3 more meetings between SHEA and OSHA. I have been in contact with Mike Schmidt about setting a meeting date. The SHEA members prefer to meet in early January 1996, if this is OK with you. We hope that you can host the meeting, if your schedule allows.

In the meantime, SHEA will remain in contact with OSHA and try to resolve as many issues as possible before the January meeting. We will attend the OSHA stakeholders meeting in late October - - SHEA is sending two representatives. We have also been in contact with NIOSH to explore possible solutions to SHEA's concerns. It appears that NIOSH can play an important role because NIOSH provides the science that OSHA uses to formulate policy. SHEA's concerns with OSHA relate to the science that supports fit testing.

When we first met in July you asked SHEA to recommend who should attend the meeting. We did not recommend NIOSH at that time, but I do believe that a NIOSH representative at our next meeting would be helpful. Of course, this is up to you.

Since we last met, SHEA, the Association of Practitioners of Infection Control and Epidemiology (APIC), and the Infectious Diseases Society of America (IDSA) have all approved the enclosed position statement about fit testing. These groups represent those who are most active in protecting healthcare workers from infection hazards. There is widespread skepticism about OSHA's mandates for fit testing. Thus, I urge OSHA personnel to either modify their position or develop a scientific paper supporting their position for publication in a healthcare journal. SHEA will gladly publish such a paper in our journal. I believe that an open scientific discussion is the only

way to convince healthcare scientists that OSHA has solid data to support its position. Currently SHEA members would rather use the enormous resources needed for a fit testing program to address more urgent problems.

Thanks you again for your help. I feel that we have made progress. I hope to make even more progress between now and our next meeting. There is something about an impending White House meeting that causes all parties to negotiate seriously and diligently. I certainly promise that SHEA will do this.

Sincerely,

Bryan Simmons

Bryan Simmons, M.D.
President, SHEA

BS/ps
Enclosure

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Healthcare institutions have acted to protect healthcare workers from exposure to tuberculosis through a multilayered implementation of engineering, administrative, and personal protection interventions. Some of these interventions (for example, procedures to assure early identification of patients with tuberculosis) are extremely cost-effective. In contrast, fit testing of workers who will use disposable respirators constructed of filter material, which are molded by hand to fit the face with each wearing, appears to offer no benefit that is commensurate with the enormous costs. Indeed, there is no evidence that fit testing in the described circumstance is of any benefit. Of note, the large hospital outbreaks of occupational tuberculosis that stimulated awareness of this issue were successfully controlled without use of fit testing.

Although fit testing may play an important role in other industries or circumstances, there are several characteristics of respirator use in the healthcare industry that justify an exception to fit testing requirements. First, the possibility of contact with a tuberculosis patient exists for many, if not most, workers; yet many of these workers will never use a respirator in a typical week. Those who do use this respirator typically do so for only a few minutes at a time, several times a day. The respirators are soft and pliable and are molded to fit the face with each donning. Thus, annual fit testing and medical examinations incur substantial costs (due to the large number of affected workers) with little or no benefit demonstrated (in the literature) or expected (given the nature of healthcare respirators). We urge that these requirements be relaxed, and emphasis be placed instead on ensuring that users are trained to fit check properly.

SHEA

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Domestic Policy Council
Elizabeth Drye
OA/Box Number: 10449

FOLDER TITLE:
CHR [Carol Rasco] Correspondence [1]

2014-0046-S
rc1392

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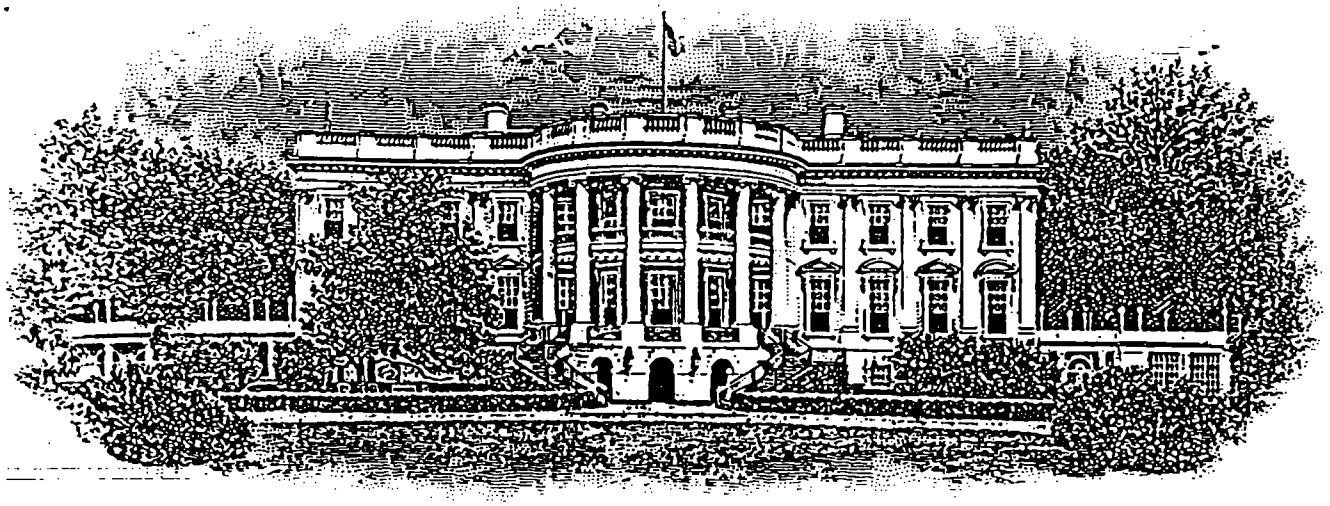
The White House



DOMESTIC POLICY

FACSIMILE TRANSMISSION COVER SHEET

TO: Betsy D'Jamoos

FAX NUMBER: 401-1948

TELEPHONE NUMBER: _____

FROM: Elizabeth Dryer

TELEPHONE NUMBER: _____

PAGES (INCLUDING COVER): 20

COMMENTS: _____

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004. resume	re: Michael Tapper [partial] (1 page)	05/20/1996	b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Elizabeth Drye
OA/Box Number: 10449

FOLDER TITLE:
CHR [Carol Rasco] Correspondence [1]

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rc1392

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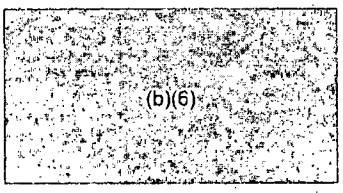
CURRICULUM VITAE

Name: MICHAEL L. TAPPER, M.D.

Birthdate:

Birthplace:

Social Security Number:



[0047]

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Fax: (212) 434-2574

Home Address: 301 East 69th Street
New York, New York 10021

Home Telephone: (212) 879-0285

Education:

Columbia College
Degree: A.B., cum laude, 1965

Graduate Faculties Columbia University
Degree: M.A., 1966

Columbia University College of Physicians and Surgeons
Degree: M.D., 1970

Internship:

Department of Medicine
Harlem Hospital Center
July 1970 to June 1971
Chief of Service:
Charles A. Ragan, Jr., M.D.

Residency:

Junior Assistant Resident and Senior Assistant Resident
Harlem Hospital Center
Department of Medicine
July 1971 to June 1973
Chief of Service:
Gerald E. Thomson, M.D.

Fellowship:

Clinical Fellow, Infectious Disease Service
Department of Medicine
Memorial Sloan-Kettering Cancer Center
July 1973 to July 1975
Chief of Service:
Donald Armstrong, M.D.

Academic Honors:

Phi Beta Kappa, 1965

Academic Appointments:

Visiting Clinical Fellow in Medicine
Columbia University College of Physicians and Surgeons
July 1972 to June 1973

Fellow, Department of Medicine
Cornell University Medical College
July 1973 to June 1975

Assistant Professor of Clinical Medicine
Columbia University College of Physicians and Surgeons
October 1975 to October 1977

Clinical Assistant Professor of Medicine
Cornell University Medical College
July 1978 to present

Clinical Associate Professor of Medicine
New York University School of Medicine
July 1993 to September 1994

Clinical Professor of Medicine
New York University School of Medicine
September 1994 to present

Hospital Appointments:

Assistant Attending Physician,
Department of Medicine
Harlem Hospital Center
1973 - 1980

Assistant Attending Physician
Department of Medicine
Roosevelt Hospital
1975 - 1977

Adjunct Physician
Infectious Disease Service
Department of Medicine
Memorial Hospital
1975 - 1991

Hospital Appointments Cont'd:

Assistant Adjunct Physician
Department of Medicine
Lenox Hill Hospital
1976 - 1977

Associate Physician
Department of Medicine
Chief, Section of Infectious Diseases
Epidemiologist
Lenox Hill Hospital
1977 - 1981

Attending Physician
Department of Medicine
Chief, Section of Infectious Diseases
Hospital Epidemiologist
Lenox Hill Hospital
1982 to present

Licensure:

Diplomate,
National Board of Medical Examiners
July 1971

Diplomate,
American Board of Internal Medicine
1973

Subspecialty Board in
Infectious Diseases
1976

New York 1971

California 1973

Professional Memberships:

Fellow, American College of Physicians
Fellow, Infectious Disease Society of America
Fellow, New York Academy of Medicine
American College Health Association
American Federation for Clinical Research
American Public Health Association
American Society for Microbiology
American Venereal Disease Association
Association of Practitioners in Infection Control
British Society for Antimicrobial Chemotherapy
British Society for the Study of Infection

Professional Memberships Cont'd:

Hospital Infection Society
International AIDS Society
International Society for Infections in the Immunocompromised Host
International Union Against Tuberculosis and Lung Disease
Medical Society of the County of New York
Medical Society of the State of New York
Royal Society of Medicine
Society for Healthcare Epidemiology of America

Offices Held:

Councilor, Society for Hospital Epidemiology of America
1990 - 1991

Vice President, New York Society of Infectious Diseases
1993 - 1994

President-elect, New York Society of Infectious Diseases
1994 - 1995

President, New York Society of Infectious Diseases
1995-1996

Institutional Responsibilities:

Chief, Section of Infectious Diseases, Department of Medicine, Lenox Hill Hospital
(1977 -)

Hospital Epidemiologist, Lenox Hill Hospital
(1977 -)

Medical Director, AIDS Program, Lenox Hill Hospital
(1990 -)

Committees:

Hospital

Lenox Hill Hospital
Chairman, Hospital Infection Control Committee
Chairman, Tuberculosis Task Force
Member, Pharmacy and Therapeutics Committee
Research and Clinical Investigations Committee
Environmental Control Subcommittee
Medical Care Evaluation Committee

University

Cornell University Medical College
Cornell University Medical College Ad Hoc Committee on AIDS

Committees Cont'd:

New York State Department of Health

New York State AIDS Advisory Council; Subcommittee on the HIV-Infected Health Care Worker

New York State AIDS Institute: AIDS Medical Care Criteria Committee; AIDS Institute Liaison Committee

New York State Infection Control Syllabus Working Group

New York State Working Group on Environmental Controls for Tuberculosis

New York State Health Department Advisory Committee on Infection Control (Chairman, 1995-1998)

Society for Healthcare Epidemiology of America (SHEA)

Member, Joint Committee on AIDS of the Society of Hospital Epidemiologists of America and the Association of Practitioners in Infection Control (1987 - 1990)

Chairman, AIDS Committee, Society for Hospital Epidemiology of America (1991 - 1992)

Chairman, AIDS/TB Committee, Society for Healthcare Epidemiology of America
(1992 -)

Member, International Assistance Committee

Member, Annual Meeting Planning Committee

Liaison, Advisory Council for the Elimination of Tuberculosis; Centers for Disease Control and Prevention

Liaison, Occupational Safety and Health Administration

Other Activities:

American Hospital Association Technical Panel on Infection in Hospitals; Subcommittee on Tuberculosis

Council of AIDS Program Directors, New York Academy of Medicine

Greater New York Hospital Association Task Force on Tuberculosis

Hospital Association of New York State Infection Control Program Advisory Board

National Coalition to Eliminate Tuberculosis

Tuberculosis Committee, Infectious Disease Society of America (1992-93)

Co-chairman, Tuberculosis Committee, Immunocompromised Host Society

Scientific Program Committees:

Member, Scientific Program Committee, Sixth International Conference on AIDS; San Francisco, California, 1990

Member, Scientific Program Committee, Seventh International Conference on AIDS; Florence, Italy, 1991

Member, Scientific Program Committee, Eighth International Conference on AIDS; Amsterdam, The Netherlands, 1992

Member, Scientific Program Committee, Fifth National Forum on AIDS, Hepatitis, and Other Blood-Borne Diseases; Atlanta, GA, 1992

Chairman, Scientific Program Committee, Symposium on Fungal Infections, New York Academy of Medicine (Joint Conference of the New York Academy of Medicine, Infectious Disease Society of America, Medical Mycology Society of New York, and the New York Lung Association); New York, NY, 1993

Scientific Program Committees:
Cont'd.

Member, Scientific Program Committee, American College of Surgeons and Centers for Disease Control Conference on Prevention of Transmission of Bloodborne Pathogens in Surgery; Atlanta, GA, 1994

Member, Scientific Program Committee, Massachusetts Hospital Association, Northeast Region Task Force on Tuberculosis; Boston, MA, 1995

Member, Scientific Program Committee,
Eleventh International Conference on AIDS
Vancouver, B.C., 1996

Member, Scientific Program Committee,
Third International Congress on Drug Therapy in HIV Disease
Birmingham, UK, 1996

Consultant/Expert Panels

Centers for Disease Control and Prevention

Consultant, Advisory group to review guidelines for prevention of transmission of blood-borne pathogens to patients during invasive procedures; Atlanta, GA, August, 1990

Consultant, Coordinating meeting on the identification of exposure-prone invasive procedures; Atlanta, GA, August, 1991

Consultant, Meeting to discuss invasive procedures under consideration for designation as exposure-prone and not exposure-prone; Atlanta, GA, November, 1991

Consultant/Panelist, Centers for Disease Control open meeting on the risks of transmission of bloodborne pathogens to patients during invasive procedures; Atlanta, GA, February, 1992

Panelist, Issues in preventing tuberculosis transmission in health care facilities; Atlanta, GA, October, 1992

Consultant, NIOSH meeting on ultraviolet germicidal irradiation; Atlanta, GA, October, 1992

Consultant, The challenge of multi-drug resistant tuberculosis; Atlanta, GA, January, 1993

Consultant/Expert Panels Cont'd.

Consultant, National Institute of Occupational Safety and Health Workshop on engineering controls for preventing airborne infections in workers in health care; Cincinnati, OH, July, 1993

Consultant, Centers for Disease Control and Prevention review meeting on the HBV-infected health care worker; Atlanta, GA, October, 1994

American Medical Association

Meeting on exposure-prone procedures; Chicago, IL, August, 1991

Meeting on infection control measures and policies to prevent the nosocomial transmission of tuberculosis; Chicago, IL, July, 1992

Miscellaneous

United States Congress, Office of Technology Assessment Workshop on HIV in the health care workplace; Washington, DC, July, 1991

National Institute of Health, National Institute of Allergy and Infectious Diseases Workshop on developing new treatments for tuberculosis; June, 1992

Consultant, American College of Chest Physicians/American Thoracic Society Conference on institutional infection control measures for tuberculosis in the era of multiple drug resistance; Chicago, IL, November, 1993

Editorships/Editorial Boards

Co-editor, Clinical Treatment Section, AIDS, 1992-1993 (with Dr. Joep M.A. Lange)

Editorial Board, Infection Control and Hospital Epidemiology, Section Editor: Tuberculosis

Symposia

Co-Moderator - "Assessing and Preventing Exposures to Bloodborne Pathogens in Healthcare Settings." Second Annual Meeting of the Society for Hospital Epidemiology of America; Baltimore, MD, April, 1992

Moderator, "Protecting Workers/Protecting Patients: an Infection Control Agenda for the 90's." American Society for Microbiology, 92nd General Meeting; New Orleans, LA, May, 1992

Co-Chairman, "Multi-Drug Resistant Tuberculosis" Seventh International Symposium on Infection in the Immunocompromised Host; Boulder, CO, June, 1992

Co-Moderator, "The Re-emergence of Tuberculosis," Third Annual Meeting of the Society for Hospital Epidemiology of America; Chicago, IL, April, 1993

Chairman, "Symposium on Fungal Infections" - Joint Conference of the New York Academy of Medicine, the New York and New Jersey Chapters of the Infectious Disease Society of America, the Medical Mycobiology Society of New York and the New York Lung Association, New York, NY, May, 1993

Moderator, "Tuberculosis - What Have We Done Lately?" Fourth Annual Meeting of the Society for Hospital Epidemiology of America, New Orleans, LA, March, 1994

Chairman, "Tuberculosis Satellite Workshop," and Chairman, "Issues in Tuberculosis Care, 1994," Eighth International Symposium on Infections in the Immunocompromised Host, Davos, Switzerland, June, 1994

Co-chairman, "Improving the Management of HIV Disease" International AIDS Society - USA, New York, NY, May 1995

Co-chairman,"Prophylaxis of Opportunistic Infections in AIDS: New Direction; New Problems"
University of Alabama School of Medicine
San Francisco, CA, September 1995

Talks

"Clinical Management and Advances in Therapy of Other Opportunistic Infections," National Conference on HIV; Washington, DC, July, 1988

"Opportunistic Infection in AIDS" and "Management of HIV Patients in the Community" St. Mary's Hospital; Grand Junction, CO, August, 1988

"Tuberculosis and AIDS" Twin Cities AIDS Clinicians; Minneapolis, MN, August, 1992

"Multi-Drug Resistant Tuberculosis" Eleventh Annual Fairfield County Infectious Disease Symposium; Stamford, CT, November, 1992

"Clinical Management of Tuberculosis in the HIV-Infected Patient including Multi-Drug Resistant Tuberculosis" Pennsylvania AIDS Education and Training Center; Philadelphia, PA, December, 1992

"Tuberculosis - Protecting the Providers;" Optimal Management of HIV Disease, University of Alabama School of Medicine and Rush Medical College; Ft. Lauderdale, FL, February, 1993

"Controlling Tuberculosis in Health Care Settings - Current Issues and Controversies" Third Annual Meeting of the Society for Hospital Epidemiology of America; Chicago, IL, April, 1993

"Multi-Drug Resistant Tuberculosis" Northern New England Infectious Disease Society; Waterville Valley, NH, September, 1993

"Return of the White Plague - Tuberculosis in New York City and Beyond" Grand Rounds Visiting Professor Lecture, University of Minnesota, Hennipin County Medical Center, Minneapolis, MN, September, 1993

"Tuberculosis in the 1990's" Grand Rounds, Department of Medicine, University of Vermont, Burlington, VT, September, 1993

"Tuberculosis and HIV in 1993: Disease, Treatment and Prevention" HIV Disease in the Family, Department of Medicine and Pediatrics, Boston City Hospital, Boston University School of Medicine. Boston, MA, October, 1993

"Tuberculosis - New Issues for 1994" Optimal Management of HIV Disease - Clinical Conference II, University of Alabama School of Medicine and Rush-Presbyterian-St. Lukes Medical Center, Ft. Lauderdale, FL, January, 1994

Talks (con't)

"Tuberculosis - What Have We Done Lately?" Fourth Annual Meeting of the Society for Hospital Epidemiology of America; New Orleans, LA, March, 1994

"The Management of Tuberculosis" International AIDS Society-USA Symposium - Improving the Management of HIV Disease: An Advanced Course in Anti-retrovirals, Prophylaxis, and the Treatment of Opportunistic Diseases; Atlanta, GA, April, 1994

"Multi-Drug Resistant Tuberculosis" 1994 Spring Symposium, Infectious Disease Association of California; Newport Beach, CA, April, 1994

"The Return of Tuberculosis in the United States: Epidemiology, Clinical Features, and Nosocomial Issues of Transmission" - 6th International Congress for Infectious Diseases; Prague, Czech Republic, April, 1994

"Tuberculosis and HIV - The Impact of Dual Epidemics" Managing the HIV-Positive Patient: A Primary Care Perspective, Miami, FL, July, 1994

"Control of Multi-resistant Nosocomial Mycobacterial Infections" - 3rd International Conference of the Hospital Infection Society; London, UK, September, 1994

"Multi-antibiotic Resistant Tuberculosis" - University of Iowa College of Medicine Clinical Epidemiology Symposium; Iowa City, IA, October, 1994

"Tuberculosis and HIV in New York City: the Dual Epidemics" - Second International Congress on Drug Therapy in HIV Infection; Glasgow, Scotland, November, 1994

"Tuberculosis and the HIV-Infected Worker" - Society for Occupational and Environmental Health, Tuberculosis Control in the Workplace; Rockville, MD, December, 1994

"Nosocomial Tuberculosis: Infection Control Issues" Washington VA Medical Center; Washington, DC, January, 1995

"Infection Control Issues for the Next Decade" Grand Rounds at Catholic Medical Center; Jamaica, NY, April, 1995

Talks (con't)

"Tuberculosis Infection Control" Grand Rounds at New York Downtown Hospital; New York, NY, May, 1995

"Protecting Against Tuberculosis: The Approach of the Infection Control Practitioner" American Thoracic Society/American Lung Association International Conference; Seattle, WA, May, 1995

"HIV and Tuberculosis - Where Are We Now?" Improving the Management of HIV Disease, International AIDS Society - USA; New York, NY, June, 1995

"Tuberculosis Infection Control: Issues for 1995"
35th Interscience Conference on Antimicrobial Agents and Chemotherapy; San Francisco, CA
September, 1995

"Tuberculosis and AIDS: The Intimate Connection"
Mercy Hospital "Living with HIV in South Florida"
Miami Beach, FL, September 1995

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MICHAEL L. TAPPER, M.D.

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