

March 30, 2010

The Honorable Representative Carolyn Laine
Minnesota House, District 50A
407 State Office Building
St. Paul, MN 55101

Re: H.F. 3151

Dear Representative Laine,

Thank you for the opportunity to testify recently at both the Minnesota House of Representatives and Senate Hearings on H.F. 3151/S.F. 2903, regarding your bill to modify provisions related to the viewing, transportation and removal of dead human bodies. Also, I welcome your request for my written best professional judgment on the public health issues related to this legislation.

As you are aware, in the 1980's as State Epidemiologist for the State of Minnesota, I led efforts to implement rules and enhance education to address the issue of reducing the risk of bloodborne pathogens across the healthcare setting, including in the area of mortuary science. When a dead human body that is infected with select bloodborne pathogens is incised or perforated with a sharp object such as a needle or scalpel, there is a potential for the transmission of these pathogens to the person performing these procedures unless appropriate precautions are taken. In addition, we worked closely at that time with pathologists throughout the State of Minnesota who perform autopsies on dead human bodies to assure that they adhere to the bloodborne pathogen standards as well as protecting themselves against the transmission of *Mycobacterium tuberculosis*, the cause of TB when using high speed saws while examining the chest cavity and lungs of a TB infected person. I have had a long and proactive record in protecting the workers in the healthcare and mortuary science settings against the transmission of these few select agents as noted above.

In this regard, I also render my best professional judgment that the mere presence of a dead body without regard to its embalmed status and one that is not leaking blood from an open wound or perforation, does not pose any increased risk of infectious disease transmission for the person who might handle that body or review it in a private setting. Once a human dies, infectious agents that would be of any concern, including those on the individual's skin or internal organs is greatly diminished. The lack of risk of

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infectious disease transmission in the handling of a dead human body without incisions or perforations is obvious when one realizes that today many dying individuals receive hospice care in their own home from family and loved ones without healthcare training and without measurable infectious disease risk to these same persons. To now suggest that somehow the death of that individual makes that body a new and major infectious disease concern is simply without scientific merit. I believe the scientific facts supporting the course of actions provided under the provisions of your bill will allow loved ones to more intimately grieve the loss of their family member, colleague or close friend without increasing the risk of the transmission of infectious diseases to any of these individuals.

In the recent Senate hearing, I had the opportunity to hear the testimony of a representative of the Minnesota Funeral Home Directors Association. Frankly, I was extremely disappointed by the scare tactics they used in that testimony to suggest to the Committee that dead bodies in general pose a significant infectious disease risk. As I stated before, unless there is the use of sharps, including needles and scalpels or high speed saws, to enter the body cavity, there simply is no measurable risk of that body transmitting an infectious disease agent. The use of embalming is of no consequence in reducing this risk. Rather, embalming for such a body merely delays the normal biologic processes that cause the bloating and disfigurement of the body. The use of dry ice during those first days following death will accomplish the same cosmetic effect.

In summary, your bill as currently written will not result in any action that poses a public health risk. It, however, will serve as a real and important service to grieving families who want this type of final reviewal of their loved one, friend or colleague.

Please feel free to contact me if I can provide you with any additional information.

Thank you,

Sincerely,

A handwritten signature in black ink, appearing to read "Michael T. Osterholm". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Michael T. Osterholm, PhD, MPH
Director, Center for Infectious Disease Research and Policy
Director, Minnesota Center of Excellence for Influenza Research and Surveillance
Professor, Division of Environmental Health Sciences, School of Public Health
Adjunct Professor, Medical School

Cc: Senator Sandra Pappas
Sanne Magnan, M.D.