

## **2022 IDSA Elections**

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### **Biographical Sketches and Personal Statements**

## IDSA 2022 Elections Ballot

<b>Vice President (4-Year Term):</b>	Tina Q. Tan, MD, FIDSA, FPIDS, FAAP Chicago, IL
<b>Secretary (3-Year Term):</b>	Jeff Duchin, MD, FIDSA, FACP Seattle, WA
<b>HIVMA Representative to the IDSA Board (3-Year Term):</b>	Rajesh T. Gandhi, MD, FIDSA Boston, MA
<b>Director (3-year term):</b>	Bonnie M. Word, MD, FIDSA Houston, TX
<b>Director (3-year term):</b>	Robin Trotman, DO, FIDSA Springfield, MO

**Vice President****Tina Q. Tan, MD, FIDSA, FPIDS, FAAP**

**Education:** University of New Orleans, New Orleans, Louisiana, BS Biology, 1982; Louisiana State University School of Medicine, New Orleans, Louisiana, MD, 1988; pediatric internship and residency, Baylor College of Medicine, Houston, Texas, 1988-1991; chief resident, Baylor College of Medicine, Houston, Texas, 1990-1991; pediatric infectious diseases fellowship, Baylor College of Medicine, Houston, Texas, 1991-1994.

**Current Appointments:** Professor of pediatrics, Feinberg School of Medicine, Northwestern University, Chicago, Illinois; medical director – International Patient and Destination Services Program, infectious diseases attending, medical director – International Adoptee Clinic, medical co-director – Travel Medicine Clinic, Ann & Robert H. Lurie Children’s Hospital of Chicago.

**IDSA Participation:** Antibiotic Use and Clinical Trials Committee, 2001-2004; PIDS liaison member to the IDSA Program and Meetings Committee, 2009-2014; IDWeek vice chairperson, PIDS – IDSA Program and Meetings Committee, 2012-2013; IDWeek chairperson, PIDS – IDSA Program and Meetings Committee, 2014; IDSA training fellow mentor at IDWeek, 2015-present; session organizer of the “Pediatric Hot Topics” session and moderator of multiple IDSA sessions, 2009-2019; participation in IDSA Hill Day, 2017-present; member, IDSA Education Subcommittee, 2017-present; member, IDSA Board of Directors, 2017-2020; chairperson, IDSA Inclusion, Diversity, Access and Equity Task Force (now Committee), 2018-present.

**Research Interests:** Pertussis disease and vaccine, pneumococcal disease epidemiology and vaccine, CA-MRSA infections, vaccines and vaccine-preventable diseases, vaccine education for health care providers and patients and global immunization advocacy.

**Other:** American Academy of Pediatrics: co-course director, PREP ID, 2009, 2011; member, Executive Committee of the AAP Section on Infectious Diseases, 2009-2018; SOID Education Subcommittee, 2005-2014 (chairperson, 2010-2014); chairperson, AAP SOID, 2014-2018; member, AAP Committee on Infectious Diseases (COID Redbook Committee), 2014-2018; member, AAP Global Immunization Advocacy Project Advisory Committee, 2011-present (chairperson 2021-present); technical advisor, AAP-CDC Global Immunization Advocacy Project, 2016-present; Pediatric Infectious Disease Society, Governing Council member, 2008-2012; Board of Trustees member, Education and Research Foundation, 2008-2012; co-chair, PIDS Inclusion, Diversity, Access and Equity Task Force, 2019-present; co-chair, Global Pertussis Initiative, 2017-present; Steering Committee member, Global Pertussis Initiative, 2003-present; member of the Board of Directors, World Association of Infectious Diseases and Immunological Diseases, 2015-present; member, American Board of Pediatrics Global Health Task Force – Dissemination and Advocacy Work Group, 2016-present; member, VRBPAC – FDA, 2019-present; member, CDC Board of Scientific Counselors, Office of Infectious Diseases, 2019-present (co-chair, Acute Flaccid Myelitis Task Force; co-chair, Vaccine Confidence Task Force); editor-in-chief, *Contemporary Pediatrics*, 2020-present; editor, *Redbook Atlas of Pediatric Infectious Diseases* and the companion *Red Book: A Quick Diagnosis Deck*, 2021-present.

**Personal Statement:**

It has been a privilege to serve IDSA and ID specialists over the last two decades, first as a member of the Antibiotic Use and Clinical Trials Committee and then in leadership roles including as a member of the IDWeek Program Committee (eventually becoming chair of the Pediatric ID track) and most recently serving as a member of the IDSA Board of Directors. These opportunities have allowed me to gain an understanding and deep appreciation of the critical role and commitment that IDSA has in leading the

way to address many issues that have had a major impact on all ID practitioners, from compensation, workforce shortages and the growing problem of rapidly emerging antimicrobial resistance to issues of inclusion, diversity, access and equity, and the support and mentoring of our trainees.

The focus of my IDSA involvement has been on advocacy, diversity and inclusion, especially for infants, children and pregnant women. It was an honor when I was asked to chair the Inclusion, Diversity, Access and Equity Task Force, which was created by the IDSA Board of Directors to develop the guiding principles and roadmap for IDA&E for IDSA. The guiding principles were successfully implemented into IDSA at all the different levels of the organization and have been critical in making IDSA a more diverse and inclusive Society. In recognition of the critical importance of IDA&E, the IDSA Board of Directors has made the IDA&E Task Force a standing committee. The problems associated with racism, intolerance and discrimination continue to play out here in the United States, with the COVID-19 pandemic shining a glaring spotlight on a variety of social and health disparities that have existed for decades. IDSA leadership and the members of the IDA&E Committee have tirelessly trumpeted the values of IDA&E throughout the pandemic and have fought for equity and access to testing, medical treatment, vaccine access and a variety of other issues that have disproportionately affected different patient populations nationally. The IDA&E Committee has been incredibly productive in advancing the principles of IDA&E through publishing a *JID* supplement on IDA&E and publishing multiple articles addressing the many disparities that were brought to light during the pandemic that affected IDSA members and the patients that we care for. To advocate for the various missions of IDSA and discuss the vital role that ID physicians play in providing complex patient care, implementing public health initiatives and performing clinical and basic research, I have participated in multiple sessions with state senators and representatives, providing them with information about the value of ID specialists in order to give them the ammunition needed to support important initiatives that address critical issues affecting our specialty.

I am continually impressed by the incredible passion, enthusiasm, commitment, professionalism and vision of the IDSA leadership and staff at rapidly responding to and addressing issues that arise that affect all IDSA members, and I would be humbled and incredibly honored to serve as vice president of the IDSA Board of Directors. The role of vice president is a critical one that involves the ability to think strategically, effectively lead and manage change in a timely manner and work with others to support key initiatives, problem solve and communicate effectively. I am committed to using my experiences to make IDSA an energetic, diverse, nimble and forward-thinking organization that is responsive to the needs of all of its diverse and talented members. Strategically, I am committed to furthering IDSA's national and global priorities and to advancing IDSA's commitment to the principles of IDA&E and to developing a new generation of diverse ID leaders that are a reflection of the membership and the patients that we are privileged to serve.

**Secretary****Jeff Duchin, MD, FIDSA, FACP**

**Education:** University of Virginia, 1980; Rutgers Medical School, 1985; internal medicine residency, Thomas Jefferson University Hospital; fellowship in general internal medicine and emergency medicine, Hospital of the University of Pennsylvania, 1988-1990; infectious disease fellowship, University of Washington, 1995-1998; CDC Epidemic Intelligence Service, National Centers for Infectious Diseases, Respiratory Diseases Branch, 1992-1994; CDC preventive medicine residency, 1994-1995.

**Current Appointments:** Health officer and chief, Communicable Disease Epidemiology and Immunization Section, Public Health – Seattle and King County, WA; professor in medicine, Division of Allergy & Infectious Diseases, adjunct professor, School of Public Health, University of Washington, Seattle.

**IDSA Participation:** Member, Bioemergencies Task Force 2001-2005; chair, Bioemergencies Task Force, 2005-2008; member, Pandemic Influenza Task Force of the National and Global Public Health Committee, 2005-2012; chair, Public Health Committee, 2013-2016; Program Committee, 2012-2016; director, Board of Directors, 2018-2021; IDSA liaison to the U.S. Advisory Committee on Immunization Practices, 2014-present; IDSA media spokesperson, 2013-present.

**Other:** Member, National Academies of Science, Engineering and Medicine's Standing Committee on Emerging Infectious Diseases and 21st Century Health Threats, 2020-current; past member, National Academy of Medicine's Forum on Microbial Threats, 2010-2018; past member, Board of Scientific Counsellors, National Center for Infectious Diseases, CDC, 2016-2019; member, National Vaccine Advisory Committee, 2022-current; past member, U.S. Advisory Committee on Immunization Practices, 2010-2014; member, ACIP COVID-19 Vaccine Work Group, 2020-current; CDC, medical epidemiologist, Division of TB Elimination, 1994-1995; CDC, medical epidemiologist, Division of HIV/AIDS Prevention, Special Studies Branch, 1995-1998.

**Personal Statement:**

COVID-19 has fundamentally changed the landscape for infectious diseases specialists, clinicians, academics and public health professionals, and we will need to adapt to this new reality and its many uncertainties as we continue to learn about COVID-19, post-COVID conditions, optimal treatment and prevention strategies, the implications of COVID-19 syndemics with other infectious and noninfectious diseases and the associated implications for infectious diseases professionals, our health care and public health systems and our global population. At the same time, we must return to our established non-COVID-19 strategic priorities in this new environment and remain flexible to respond to unanticipated emerging infectious disease challenges, such as the current large international outbreak of monkeypox.

Thanks to my recent service on the Board of Directors, I am familiar with IDSA's current strategic vision and organizational priorities developed while I was on the board. I am well-prepared to integrate into IDSA's "administrative structure" and work collaboratively with the staff, and am familiar with key public health stakeholders and partners that we collaborate with and depend upon to advance our priorities. I welcome your thoughts about how we can best accomplish our shared goals.

I am fortunate to be employed by an organization that is a national leader in anti-racism, equity and social justice. These principles are applied both within our organization and with our work in the community and with partners. I am in complete agreement with IDSA's embrace of inclusion, diversity, access and equity as an organizational priority and look forward to fully supporting that work.

**HIVMA Representative to the IDSA Board of Directors**

**Rajesh T. Gandhi, MD, FIDSA**

**Education:** Harvard Medical School, MD, 1990; intern and resident in internal medicine, Brigham and Women's Hospital, Massachusetts, 1990-1993; chief medical resident, Brigham and Women's Hospital, Massachusetts, 1994-1995; fellow in infectious diseases, Johns Hopkins Hospital, Maryland, 1998-2000.

**Current Appointments:** Professor of medicine, Harvard Medical School; director, HIV clinical services and education, Massachusetts General Hospital; co-director, Harvard University Center for AIDS Research.

**IDSA Participation:** I have had extensive experience with IDSA, serving in a variety of different roles. These include membership on the Education Committee and on the IDWeek Program Committee. In the latter role, I interacted effectively with colleagues over several years to organize IDWeek. I am also a member of the IDSA COVID-19 Treatment Guidelines Panel and have worked closely with IDSA leadership in that capacity. In addition, I have served on the HIVMA Board of Directors and as chair of HIVMA and am currently past chair of HIVMA. Through my service on the HIVMA board and as chair, I have experience interacting with IDSA leadership and have been involved with activities related to IDSA's work in global health, HIV and COVID-19. These experiences, and my broad perspective on the issues facing ID clinicians, researchers, and educators, will make me a deeply informed and effective member of the IDSA Board of Directors.

**Scholarly Interests:** HIV clinical research; COVID-19 therapeutics.

**Other:** HIVMA Clinician Educator Award; associate editor, *Clinical Infectious Diseases*.

**Personal Statement:** In addition to my formal roles within IDSA and HIVMA, I have had extensive experience in several focus areas for IDSA. In the area of research, I have been involved with HIV clinical research for several decades and have had leadership positions in the AIDS Clinical Trials Group. I am co-director of the Harvard Center for AIDS Research. I have also been active clinically in both outpatient infectious diseases care and hospital-based infectious diseases consultative care. I am the director of HIV clinical services and education at the Massachusetts General Hospital. My clinical expertise has been recognized by my selection for leadership positions in multiple clinical guidelines panels, including the DHHS HIV Antiretroviral Guidelines Panel, the IAS USA HIV Guidelines Panel, the NIH COVID-19 Treatment Guidelines Panel and the IDSA COVID-19 Treatment Guidelines Panel. I am also involved in ID education as deputy editor of *Journal Watch ID* and through several other initiatives. In these activities, I have demonstrated the ability to work collaboratively and effectively with others. I also have deep and well-informed insights into ID research, clinical care and education, which I would bring to the board. Finally, as chair of HIVMA and through my work on its board, I have experience with policy issues facing ID and HIV, and I would bring my perspective and experience on those policy issues to the board.

**Director****Bonnie M. Word, MD, FIDSA**

**Education:** Washington University, St. Louis, Missouri, MD, 1982; internship and residency, Children's Hospital National Medical Center, Washington, D.C., 1982-1985; chief medical resident, Children's Hospital National Medical Center, Washington, D.C., 1985-1986; research fellow pediatric infectious disease, Boston City Hospital, Boston University, 1986-1989.

**Current Appointment:** Medical director, Houston Travel Medicine Clinic, Houston, Texas.

**IDSA Participation:** Charter member and board member of the George W. Counts Interest Group, focusing on infectious diseases that disproportionately affect minority and underserved populations and health disparities, 1990-present; Immunization Work Group, charged with developing policy principles for IDSA to strengthen U.S. adult and adolescent immunization coverage, 2007; Clinical Practice Governance Task Force, charged with identifying the needs of clinical practice IDSA members and developing recommendations to align the needs of these members with the governance structure of IDSA, 2019-2020; participant, IDSA Town Hall discussing the value of the ID physician during the COVID-19 pandemic, June 2020; Physician Compensation Task Force and member of the Physician Negotiation Education & Training Work Group, charged with familiarizing IDSA membership with various elements/strategies of contract negotiations based on practice type/location (academic, hospital system, private practice) — one primary goal was to increase ID physician compensation, a key component of IDSA's current strategic plan. The work group has developed a Compensation Negotiation Playbook available to all members of IDSA and has also introduced value-based compensation negotiation based on practice location. Ongoing webinars to familiarize members with these negotiation tools have been scheduled. I, along with the consulting group ECG, conducted one webinar in November 2021.

**Scholarly Interests:** Pediatric HIV, 1989-2000: prevention, treatment and participation in the Pediatric Aids Clinical Trial Group protocols. My interest in compensation/reimbursement began in the late 1990s. I was introduced to utilization review, coding and DRGs. While initially looking at it from the hospital perspective, I recognized the importance of accurate documentation, learned the various levels of hospital care and studied how they both affected physician as well as hospital reimbursement. The hospital challenged the group to decrease costs. Our group developed practice guidelines on a trial basis for the highest five DRGs and educated both nursing and the medical/surgical staff, including residents. At the conclusion of the trial, we had the lowest cost and length of stay without jeopardizing quality of care for those five DRGs of all the area hospitals. A few years later, I would look at reimbursement from a physician perspective, familiarizing myself with terms such as RVUs and CPT codes, and realizing how often timing of the submission and miscoding affected reimbursement. I was learning the business side of medicine. I also recognized that as an ID physician without a procedure to perform, I would need to become more creative and identify ways to increase compensation since so much of what I did was not performed face to face with a patient and therefore not billable. I noted while the institution gave us pins and posted banners for helping it achieve many of its goals related to patient satisfaction, monetary compensation did not trickle down to the departments and/or physicians who were actually performing the work and whose interaction the performance rating was based upon.

My involvement and interest in travel medicine initially began after performing continuous curbside and telephone consults for local physicians. I soon joined forces with the adult ID group and began offering formal advice through direct in-person consultations. It was safer and more cost beneficial. If the patient became ill upon return, we would have been the specialist contacted to diagnose and manage the problem. It has remained an area of interest.

**Other:** Member of the Pediatric Infectious Disease Society; fellow of the American Academy of Pediatrics; Advisory Committee of Immunization Practices; chair, Influenza Working Group, 1998-2002; Vaccine and Related Biological Products Advisory Committee, 2004-2008.

**Personal Statement:**

As a direct result of the COVID-19 pandemic and our colleague Anthony Fauci, MD, FIDSA, everyone is familiar with the specialty of infectious diseases. We as the infectious diseases specialists became the voice of reason and source of truth for the nation. For many Americans, the mere absence of the ID physician from the daily White House news briefs was cause for concern. We were the trusted source of information. Many of us took on multiple simultaneous uncompensated roles, including but not limited to patient management, infection control, supply procurement, distribution and prioritization, while also advising our respective institutions and communities. Several colleagues worked in other ways to help end the epidemic and were involved with vaccine and drug development in addition to conducting clinical trials to determine if those agents would be beneficial. We also helped identify complications of COVID-19 such as MIS-C. It was during this time we all became more aware of the inequity in health care as we witnessed the disproportionate number of racial and ethnic minorities infected and hospitalized, many of whom succumbed to this disease. All the while, IDSA and its members never forgot our mission, "to improve the health of individuals, communities and society by promoting excellence in patient care, education, research, public health and prevention of infectious diseases." The pandemic has provided us with the opportunity to continue to champion the value of the ID physician. The ID specialist is now widely recognized, and our contributions to health care and health cost savings are well documented. As a specialist without a procedure, the current strategic initiatives should help improve our compensation and attract more physicians into a career in infectious diseases.

I am committed to helping IDSA successfully promote and maintain its stated mission. My ability and willingness to contribute to group decision-making and active participation in the various work groups of IDSA gave me the opportunity to work with colleagues and generate new ideas and concepts that helped achieve the stated goals of the respective task forces and continue on the path to successfully achieve all of our strategic priorities and initiatives. If selected to join the IDSA Board of Directors, I will continue to enthusiastically embrace the values and strategic priorities of IDSA. My background, combined with my work experience in both academic medicine and private practice, will provide me the knowledge, tools and opportunity to continue to offer a more diverse perspective on topics with colleagues as we continue the work to promote, support and hopefully soon realize all of the components of the current strategic plan.

**Director**

**Robin Trotman, DO, FIDSA**

**Education:** University of Texas, BA biology, 1990-1995; Kirksville College of Osteopathic Medicine, medical school, 1997-2001; University of Missouri, Columbia, Missouri, internal medicine residency, 2001-2004; Wake Forest University, Winston-Salem, North Carolina, infectious diseases fellowship, 2004-2006.

**Current Positions:** CoxHealth, infectious diseases consultant, 2006-present: medical director of infectious diseases: infection prevention services and hospital epidemiologist; medical director, antimicrobial stewardship; medical director, Clinical Research Department; assistant professor of clinical medicine, University of Missouri, Springfield campus.

**IDSA Participation:** I have been involved with IDSA for over 10 years. Some examples: Clinical Affairs Committee, presentations at the annual IDSA Fellows' meetings, presenting at IDWeek on behalf of CAC initiatives and speaking at other national meetings on behalf of IDSA initiatives. I have published with other IDSA members the work led by CAC. I have led two annual compensation surveys, and I am currently engaged with IDSA on "value" and compensation initiatives.

**Scholarly Interests:** I regularly teach and precept University of Missouri medical students and students from various other medical schools. I lecture at MU College of Medicine, Springfield campus, and have taught ID/HIV/virology undergraduate students at Missouri State University. I also serve as the medical director of the CoxHealth Clinical Research Department, where I have been primary investigator on many drug and device studies and have been charged with growing this division across my health care system.

**Board Certification:**

Board Certified in Internal Medicine (American Board of Internal Medicine), Aug. 24, 2004, 2014; Board Certified in Infectious Diseases (American Board of Internal Medicine), 2006, 2016; designated as HIV Specialist by the American Academy of HIV Medicine, 2006; licensed: Missouri; Fellow of IDSA, 2016.

**Personal Statement:**

As a candidate to serve a three-year term on the IDSA Board of Directors, I hope to add the insight and experience of a busy clinician with additional expertise in evaluating, negotiating and communicating the value of our ID specialty. This "value" initiative has been deemed a priority by the current BOD and has been supported by our Society in every way necessary. This is very important and timely work. I am grateful for the opportunity to be deeply invested in these initiatives. I hope to translate our analyses, tools and education on "value of ID" into meaningful interventions that will highlight our profession's indispensable role in health care, thereby enhancing the future landscape of ID's position within health care and the systems delivering it. Having served on and collaborated with the Clinical Affairs Committee, I hope that I can serve as the BOD liaison, communicate the progress of those work groups, and help resource and prioritize future initiatives. This is a great time to be an ID doctor; I cherish the work we have accomplished and the relationships that have come out of this work. From this experience, my hope would be to engage more ID physicians to participate and contribute to our professional society's initiatives. As busy clinicians, the time commitment may seem daunting, but it is not. The work is rewarding, and the knowledge gained and relationships established are invaluable.