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THE EPIDEMIOLOGY MONITOR

A monthly update covering people, events, research and key developments

SPECIAL DOUBLE ISSUE: UNAIDS HONORS JONATHAN MANN

UN Agency Hosts “Evening of Discussion” Honoring The Human Rights Epidemiologist and Celebrates 60th Anniversary of the Declaration of Human Rights

A special “evening of discussion” was hosted by the UNAIDS program in Geneva in November to honor and celebrate the life and legacy of Jonathan Mann and the 60th anniversary of the universal declaration of human rights first issued in 1948.

Mann was an American epidemiologist who headed the WHO AIDS program in the early years and became a hero to the AIDS and human rights communities for advocating a human rights approach in the battle against AIDS. Mann died a tragic death aboard a Swiss Air flight to Europe which crashed just off the coast of Nova Scotia in 1998.

Mann was a physician and former CDC EIS officer who had served as state epidemiologist in New Mexico prior to taking a job as head of an AIDS research project in Zaire in the 1980’s. Following a two-year stint there, he was hired to head a special AIDS program getting underway at WHO. Because of the relevance and importance of the concepts first highlighted by Jonathan Mann, this issue of the Epi Monitor is almost entirely devoted to presenting a recap of the discussions held in Geneva late last year. Elements of the human rights approach appear to be particularly relevant today to the increasing conversation about social determinants of health, especially following last year’s release of the report of the WHO Commission on Social Determinants of health.

The program for the “evening of discussion” at UNAIDS included several special features including,

- 1) An introductory presentation by Peter Piot who was head of the UNAIDS program until last year and who had worked closely with Mann
- 2) A keynote presentation by Michael Kirby from the High Court of Australia. He has served in an advisory capacity to the AIDS program and was also a colleague of Mann.
- 3) In between these two introductory talks, a short film on Mann’s life was shown for the first time produced by The Face of AIDS and entitled “Jonathan Mann: Legacy of a Human Rights Advocate” .
- 4) Following the initial presentations, two “sofa talk sessions” were held with a panel of speakers. The first focused on the life and legacy of Mann with a panel of his peers, and the second focused on critical concerns about HIV, human rights, and public health. n

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Australian High Court Justice Identifies 10 Qualities Jonathan Mann Brought To The HIV/AIDS Struggle

"We have lost him, but we have not lost the legacy he left us."

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For Information & Address

Changes Contact:

The Epidemiology Monitor
2560 Whisper Wind Court
Roswell, GA 30076 USA
Telephone: 770-594-1613
Fax: 770-594-0997
Email: epimon@aol.com

The keynote address at the evening event honoring the memory of Jonathan Mann was given by Justice Michael Kirby of the High Court of Australia. After making introductory remarks, Kirby framed his talk by identifying ten qualities which he said Mann brought to the battle against AIDS.

These qualities were:

- 1. Empiricism.** According to Kirby, Mann sought to wrap himself in good data to avoid myths, dogmas, and prejudices. We were in the sound data business, said Kirby, and even the purported link between human rights and health was subject to empirical testing.
- 2. Participation.** Persons living with AIDS were included as equals at the decision table and did not find themselves outside knocking on the door. Another speaker commenting later on the same quality said, "In his ear, the voice of a sex worker and the voice of a president had the same weight."
- 3. Inclusive.** National public health government officials were part of the decision making body that was the global commission on AIDS.
- 4. Good communicator.** Mann was fluent in both English and French and was remembered as a brilliant communicator. He was charismatic and never gave up in his efforts to persuade, said Kirby.
- 5. He believed in serendipity.** Mann believed in brain power and he sought to bring together the best brains to devise solutions.
- 6. Sense of urgency or impatience.** Kirby called Mann a "taut" person, like a

spring all wound up. He may not have been easy to live or work with, but his sense of urgency was helpful to the AIDS cause, claimed Kirby.

7. He believed in mobilizing civil society.

8. He insisted on legality. The UN was founded on the principles of human rights included in its charter. Thus, it was not an option, according to Mann, for the agencies of the UN, such as WHO and UNDP and others, to depart from their principles, which were peace and security, international economic equity, and universal human rights.

9. Courage in the face of skepticism. Mann had energy and dedication that was not limited to AIDS.

10. Respect for the spirituality of humans. According to Kirby, Mann may have had this quality as a native force in his life for three reasons. First, Mann was an American and Americans are accustomed to thinking in terms of rights because of the US constitution which promises life, liberty, and pursuit of happiness. It also includes a bill of rights. Second, Mann was a Jewish-American and he was close enough to the holocaust to know the irrational hatred that humans can display and the great evil that can be caused. Thirdly, Mann was a doctor and epidemiologist who had a concern for patients.

Kirby closed by stating that the evening film had brought Mann alive again, and that the challenge for the living is to live up to his legacy. Earlier he had stated, "We have lost him, but we have not lost the legacy he left us." n

UNAIDS Director Praises Mann For Seeing Beyond AIDS To The Human Being, And Beyond The Patient To A Sick Society

Speaker Calls The Response To AIDS “Transformational” for Public Health

In his introductory remarks to the “evening of discussion” honoring Jonathan Mann, Peter Piot, UNAIDS former director, recalled Mann’s contributions to the struggle against AIDS. He credited Mann with creating the WHO AIDS program from a rights based rather than a traditional public health perspective. According to Piot, if the AIDS program had relied on old fashioned measures such as quarantine and forced testing, the response to AIDS would have been catastrophic. He asserted that there could be no doubts about the role and contributions of Jonathan Mann in creating the type of rights based response to AIDS that we have today.

Among the special skills which Piot attributed to Mann was his ability to see immediately the societal and political implications of the AIDS epidemic. He said Mann was like a “chess player” who anticipated the moves of the virus as well as the people and leaders who were in denial. According to Piot, Mann saw beyond the health condition to the human being, beyond the patient to the sick society. And just as the HIV epidemic was not only about the virus, so too the response to AIDS could not be just about health, but rather about humans and about empowerment. Mann understood that the basis for the epidemic was the virus, however, he also saw that injustices and human rights violations fueled the epidemic. Getting serious about human rights meant improving the health of the ill individuals but also assuring their dignity, safety, security, justice, happiness – all essential to health.

Lesson Learned

Piot stated that Mann taught him you cannot deal with a health problem in society by ignoring the political dimensions. He confessed that he once believed that policy decisions are taken on the basis of scientific evidence and the facts. He subsequently learned from Mann that this is absolutely not true, and that decisions are made instead on the basis of power relations in society. If your lucky, said Piot, scientific evidence may be considered.

Piot credited Mann with going to the UN General Assembly to convince leaders that AIDS could not be fought by countries in isolation of each other, and that the battle was against AIDS and not the people with AIDS. Piot quoted a UN leader who subsequently said that those who suffer from AIDS should not be made to suffer more by society. “We still need this message today,” according to Piot.

Public Health Transformation

Piot claimed during these opening remarks that the response to AIDS has been transformational for public health. He said this for several reasons.

First, the response to AIDS has been a struggle for democracy. He said we have learned that programs designed in ivory towers are not going to work. Instead, we need to consult and involve affected persons, and this is not done in public health. He called the AIDS response, “a real exercise in democracy.” He stated succinctly what the lesson learned has been---“nothing

- Jonathan Mann Praised, continues on page 4

“If your lucky,...scientific evidence may be considered.”

“These are challenging times for our industry.”

- Jonathan Mann Praised, con't from page 3
for the people without the people!"

Second, Piot said the rights-based approach never takes no for an answer. He cited the example of anti-retroviral therapy to prove his point that it can be effective to disregard practicalities. We cannot accept, said Piot, that if you are wealthy you receive treatment for AIDS, but if you are poor you die. If it were not for this stance, we would not have 4 million people on treatment with anti-retroviral drugs today, added Piot.

Third, AIDS has been transformational because it has taught that rights are as important as evidence in decision making. Piot said that there is no evidence to prove equality or that life is worth living. We need to take decisions which promote, are grounded in, and are respectful of the values we hold. This is why today we refer to evidence-informed rather than evidence-based decisions, according to Piot.

Fourth, Piot said that the AIDS response focused on achieving results for people and not just on meeting bureaucratic targets. In the end, the only important thing is that people do not die and are not discriminated against, he said.

Fifth, the AIDS response has shown the need for multi-sectoral and multi-disciplinary approaches to the complex problems of society. We need more working together to succeed, he said, and this extends to problems today such as climate change. However, few people think like this, he warned.

Piot reported he was leaving his post at the end of the year as head of UNAIDS with a more optimistic mindset than when he first came. This is because humans can move mountains if they have clear goals, good targets, and are well organized, he said.

He did share some of the worries he had in his final days at the agency, including the threat to medicalize AIDS and seek a 1-2-3 magic solution, the trend to criminalize the transmission of AIDS, the global financial crisis which can impact funding for AIDS, the lack of good communication from the AIDS professional community, and the institutional challenges still being faced in adopting the human rights approach. Human rights has not really fully penetrated yet, according to Piot. n

Human Rights and HIV/AIDS - Now More Than Ever

10 Reasons Why Human Rights Should Occupy The Center of the Global AIDS Struggle

A special report on AIDS from 24 Non-Governmental Organizations in 2007 noted that "At the United Nations High Level Meeting on HIV/AIDS in 2006, world leaders reaffirmed that 'the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic'. Yet, 25 years into the AIDS epidemic, the 'essential element' remains the missing piece in the fight against AIDS." The report presented 10 reasons why human rights should occupy a central role in fighting AIDS.

1. Universal access to AIDS services will never be achieved without human rights.
2. Gender inequality makes women more vulnerable to HIV, with women and girls now having the highest rates of infection in heavily affected countries.
3. The rights and needs of children and

- Top Ten List, continues on page 8

*"nothing for the
people without the
people!"*

*"...the only
important thing is
that people do not
die and are not
discriminated
against..."*

Peers Remember Jonathan Mann During A “Sofa Talk Session” Epidemiologist Called “Agent Of Change” And Much More

There may be many ways to celebrate the memory of fallen leaders, but the approach taken at the UNAIDS evening in November 2008 was very evocative. Following introductory and keynote presentations by well known leaders in the field, a panel discussion hosted by Kevin De Cock, Director of the UNAIDS HIV/AIDS Department, sought to elicit remembrances of Jonathan Mann from peers who had worked very closely with him on AIDS in the early years. The panelists were prompted to keep two questions in mind. First, what label not used before can be used to describe Mann, and second, what would he be doing today if he were alive.

De Cock himself started out by calling Mann an “agent of change” and someone who “spoke truth to power”. He read a letter to the audience from Emory University’s Jim Curran who could not attend. According to Curran, who supervised Mann while he headed Project SIDA, the largest and most influential AIDS research program in Africa at the time, Mann was “a global leader”, an “esteemed colleague”, a “beloved friend”, and a “spiritual leader in public health”.

Out of the Comfort Zone

The first panel member was Sofia Gruskin, Associate Professor at Harvard and Director of the International Program on Health and Human Rights. She labeled Mann as someone who challenged people to get out of their comfort zone. She focused her recollections on the human rights community at the time Mann first started talking about AIDS as a human rights issue. The human rights NGO community was not at all convinced

that AIDS was a human rights issues, he said. Mann was amazing at getting people to see the human rights dimension of AIDS and getting it on the human rights agenda. Now human rights bodies pay attention to AIDS, according to Gruskin, and the challenge today is more on the public health side to get that community to see the human rights dimension of AIDS.

Another important idea of Mann’s was to get people thinking not only in terms of human rights violations, but in terms of what it would mean to take a human rights approach from the outset in public health. Mann sought to turn human rights from a conceptual discussion to a recognized discipline. Today, health and human rights work includes advocacy, accountability, programming, and collecting evidence on the efficacy of the human rights approach, according to Gruskin. Mann sought to merge the dual tracks of public health and human rights that had evolved separately during the period 1948-1998, and thereby to turn traditional public health into the new public health, said Gruskin.

Conviction and Will

Teguest Guerma, Associate Director of the HIV/AIDS Department at UNAIDS was the next panel member to speak. She called Mann a visionary and inspiring leader who transformed a small AIDS program with 2-3 people to one with 200 employees, and from one with no money to one with a \$200 million budget. Dr Guerma recalled how leaders were in denial about AIDS in the early years and she remembered his inspiring speech to health ministers

“Mann was amazing at getting people to see the human rights dimension of AIDS...”

“Mann sought to merge the dual tracks of public health and human rights...”

- Panel Honors Jonathan Mann, continues on page 6

- Panel Honors Jonathan Mann, con't from page 5

in Brazzaville which persuaded them that AIDS was a serious problem and convinced many to start programs in their countries.

She quoted Walter Lippman on what constitutes the final test of a leader. It is that he leaves behind in other men the conviction and the will to continue, quoted Guerma. She said Jonathan Mann left this conviction and will and that "his spirit will be with us until the day we will win the fight against this deadly disease."

Uphill Battle

The third speaker in the sofa session was Manuel Carballo, Executive Director of the International Center for Migration and Health. He wove an inspiring tale of the progress that has been made with AIDS since 1986 when the WHO program was first started. Carballo reminded the audience of just how difficult it was to talk about human rights in the early years. He saw how difficult the battle would be when Mann's office received suggestions for what to do with people with AIDS. The least innocuous suggestion was to tattoo AIDS on the foreheads of patients. Other suggestions for dealing with patients were "extremely shocking" said Carballo. He realizes now that public health and WHO were at a watershed moment in figuring out how they would deal with AIDS. At that time, WHO was not an open organization and not that concerned about human rights issues.

Mann made a difference because he was a fighter who took his instinctive concern for other people and fought for it by discussing topics people did not want to hear about, a questioner of facts, the future, and himself, and a leader. According to Carballo, without

Mann in a leadership position, he doubts that much progress would have been made on human rights or on the fight against AIDS. But looking at the film about Mann, Carballo was impressed by the progress which has been made. He concluded by saying that as public health now tackles the work prompted by the Commission on Social Determinants of Health, we can see that "we are standing on the shoulders of a giant."

De Cock reminded the audience of a quote from HG Wells who reportedly said that the reasonable man persists in changing himself to the world, and the unreasonable man persists in changing the world to himself. Therefore, all change depends on the unreasonable man!"

Inclusiveness

The final speaker in this session was Daniel Tarantola, Professor at the University of New South Wales and a close friend of Jonathan Mann. A key point made by Tarantola is that Mann did not come to human rights thinking as an ideologue but was interested in human rights because of its practical utility as a framework for analyzing and responding to AIDS. It could be applied to make societies more responsive to HIV and to advance human rights.

Perhaps the central focus of Tarantola's remarks was his recollection of how Mann sought to foster inclusiveness of institutions and communities. He fought the divisiveness he found between the medical sciences and the social and behavioral sciences, between those who thought vaccines would be the answer to AIDS and those who thought only social change was the best

- Panel Honors Jonathan Mann, continues on page 8

"his spirit will be with us until the day we will win the fight against this deadly disease."

"...he was a fighter who took his instinctive concern for other people and fought for it..."

Mann On Health And Human Rights

The following are excerpts from an article on Health and Human Rights by Jonathan Mann.

This is clearly a very exciting and exhilarating time to be working in health and human rights – but it is necessarily also a difficult time. For we are creating, participating in, and witnessing an extraordinary moment in social history – the emergence of a health and human rights movement – at the intersection and at the time of two enormous paradigm shifts. Stimulated in the first instance by pressures within each field, both public health and human rights are undergoing major transformations, so that the linkages between them, and the outcomes of their association have now become dynamic and even more challenging than may have been evident just a few years ago...

Thus, promoting and protecting health is proposed to depend upon the promotion and protection of human rights and dignity...

...to take a health and human rights analysis – which is to say a societal based analysis... This approach would consider a whole human being made vulnerable to a wide variety of pathogens and unhealthy conditions as a result of how the person is treated by society...

It is difficult to imagine a more fundamental shift of taxonomy and a more extensive reorienting of necessary actions to protect and promote health.

...an "ethic of health and human rights work"...for indeed; this is the only true solidarity.

...I would like to propose that the future of public health and the future of human rights have now become – to a previously unanticipated degree – mutually interdependent. Progress in the new public health, based on awareness that societal factors determine, more than anything else, who lives and who dies, of what and when, requires further development of human rights analysis and methods of action. Similarly, contemporary human rights, seeking to understand how to advance human well-being in diverse real-life settings, needs to draw upon a more sophisticated understanding of health, health status and health realities...

...we need to see how and to what extent realizing human rights and increasing respect for dignity can operate to diminish the societal contribution to disease, disability and death...

...People engaged in public health, like those concerned with human rights are, by definition, uneasy, uncomfortable, and dissatisfied with the state of the world ...

...Thus we continually call the status quo into question – and we have learned, slowly over time, that calling the larger societal status quo into question is the true task...

The struggle within our own lives (before it is about the structures, practices or traditions of public health or human rights) is about a way of looking at the world. It is about a fundamental, deeply rooted confidence. Not a superficial, "all will be well" attitude, but a deeper belief that the world can change, that in joining together to

- Excerpts from Mann, continues on page 8

"...there can be no public health without human rights and no human rights without public health."

response and divisiveness between the HIV and human rights communities. On the latter point, Tarantola insisted that there can be no public health without human rights and no human rights without public health. "They are one thing," he said. n

- Excerpts from Mann, con't from page 7
change the world we create something that gives meaning. The Chinese refer to drug abuse as "feeding the empty fire"; in health and human rights, we seek to feed the real fire, the inner fire which nourishes rather than consumes, that burning bush, that inner voice whose call we hear. And thus we believe in the ever-present possibility, but not the inevitability, of change for the better. ...

...We are in the vanguard of a movement which is also a new kind of movement. For we share much, but we do not seek an officialdom, a dogma or complex organizational structures. ... [D]espite uncertainty and in the midst of profound changes in the two fields, health and human rights are increasingly understood and felt to be – actually – two entirely complementary ways of speaking about – and working to ameliorate – human suffering in all its forms and whenever it occurs. We share a confidence in the future – and in our ability to contribute – each in our own ways and yet together to the healing of the world. Martin Luther King, perhaps the greatest American of this century, said "the arc of history is long, but it bends toward justice. ..." This is our modesty, also our boldness, also our aspiration – and together we form a multitude. n

"the arc of history is long, but it bends toward justice. ..."

young people are largely ignored in the response to HIV, even though they are the hardest hit in many places.

4. The worst affected receive the least attention in national responses to HIV
5. Effective HIV-prevention, treatment, and care programs are under attack.
6. AIDS activists risk their safety by demanding that governments provide greater access to HIV and AIDS services.
7. The protection of human rights is the way to protect the public's health.
8. AIDS poses unique challenges and requires an exceptional response.
9. Rights based responses to HIV are practical, and they work.
10. Despite much rhetoric, real action on HIV/AIDS and human rights remains lacking. n

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Contact: Cynthia Wright, Director of Operations

**The Epidemiology Monitor
2560 Whisper Wind Court
Roswell, GA 30350**

Tel: 770/594-1613

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**email: epimon@aol.com
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Theme Of UNAIDS Session Focuses On Critical Concerns About The State Of Human Rights And Health

A second “sofa talk session” at the recent commemorative event in Geneva honoring Jonathan Mann adopted as its theme to provide a critical review of the state of human rights in relation to health. The panel was moderated by Jonathan Cohen, Director of the Law and Health Initiative at the Open Society Institute. He introduced his four panel members by noting that Jonathan Mann’s legacy is alive in the members of the panel who are the contemporary face of the health and human rights movement. The panel included Robert Carr, Executive Director of Caribbean Vulnerable Communities, Mark Heyward, Head of the AIDS Law Project, Anastasia Kamlyk, Regional Advisor for Community Mobilization with the UNDP Bratislava Regional Center, and Michaela Clayton, Director of the AIDS and Rights Alliance for South Africa.

Cohen used a quote from Jon Mann to stimulate discussion with each of his panelists. He asked Heyward what has happened to the health and human rights movement in the last ten years. Heyward responded by saying he hated to throw cold water on the proceedings of the evening, but he believes that while the principle of health and human rights has been established, no country has engaged in the practice of seeing health problems and truly linking human rights to it. The work is only half done, according to Heyward, and the next phase needs to focus on practice and practical outcomes. He noted the lack of dignity in the health care services provided to ordinary people every day in South Africa, and he urged listeners to further explore the link between dignity and health. Heyward refused to comment on the

status of the health and human rights movement because he said the truth is there is no such thing. It may exist in the minds of the persons involved in the work of health and human rights, but not in reality.

Heyward did go on to make the point that having the human right principles in place is an important element in fighting disease because they provide an instrument which can empower the citizenry to claim the services they are lacking. Such human rights principles can force the state through litigation to meet the needs of people. Health is “justiciable” in those circumstances and that is a big advantage, according to Heyward.

The next speaker was Michaela Clayton who was given a quote from Mann about the numerous rights of women that were being violated in the AIDS epidemic 10 years ago. She was asked how much progress there has been in regard to preventing these violations. She responded that while she wished she could say that progress had been made, the truth is that the situation is “not a lot better than it was.”

She identified four main failures. First, there continues to be gender based violence against women and she illustrated this reality with statistics claiming that between 13-45% of women from sub-Saharan Africa have been assaulted, 71% of South African women have had sex against their will, and 20-48% of girls in African primary schools have experienced sexual abuse or harassment. An earlier speaker had commented that rape is practically the social norm in South Africa.

“...no country has engaged in the practice of seeing health problems and truly linking human rights to it.”

“...rape is practically the social norm in South Africa.”

- Ten Years Later Session, continues on page 10

Another concern Clayton voiced is the passage of bad or highly ineffective laws such as those which criminalize the transmission of HIV. While some of these may have been passed specifically to protect women, in fact, they are not working to achieve that goal. We need to be working on the root causes of the problem first said Clayton, addressing such problems as equality in marriage, inheritance, credit, and employment.

She also noted concern for the sexual and reproductive rights of women. She abhorred the forced sterilization of women which has been occurring in various countries, sometimes at very high rates. Finally, she called for working hard against entrenched values in people who give lip service to human rights, but then qualify them and say they do not apply to gays, sex workers, or illicit drug users who do not exhibit morally acceptable behavior. She concluded by saying that after 10 years of linking health and human rights, "we are no where near as far as we should be."

Cohen told his panel he believes the health and human rights movement is in tremendous peril if it keeps on its current path. We will be accused of having lofty rhetoric but a rhetoric which does not work on the ground to get the job done. Yet, he stated that there are concrete programmatic ways to make human rights real. How do we better translate the principles of human rights into practice?

Heyward was quick to point out in response that the human rights activists have not failed, but on the other hand they have not finished either. He noted the tremendous value of having established the principles and paradigm of human rights. But we have got to get

to the practice, he said. He noted that the state has a duty to educate citizens about their rights and to give access to the legal services needed to protect rights.

The next speaker, Anastasia Kamlyk was given a quote from Jon Mann saying that it was unrealistic to expect organizations at the international or national levels, which are reflective of the status quo, to provide strong support for the concrete actions needed to improve human rights at the ground level. In short, maybe rhetoric is all that one can expect from such organizations. Kamlyk acknowledged this challenge but said that she believes individuals can make a difference. Her slogan to live by is "be the change in the world you want to seek in life."

The final panelist to speak was Robert Carr who was asked by the moderator to comment on a statement Mann made that the human rights framework provided an explicit response to a central dilemma in public health, namely, how to address some of the social forces which are at the root of so many public health problems. Carr talked about the challenges of helping men who have sex with men. He noted that until we can better understand and bridge the reality in which such men lead their lives in the developing world (e.g., Burundi has just passed a law outlawing homosexuality with a 3 month to one year jail sentence), then any tools we provide them to battle their AIDS disease will not work. According to Carr, we need to respond to the epidemic in a way that addresses the humanity of each case. It sounds simpler than it is, he said, but until we do that, our tools won't work and it explains now why we are failing in some of these contexts. n

"...we are no where near as far as we should be."

"be the change in the world you want to seek in life."

Reprint:

Simplified Version of the Universal Declaration of Human Rights

Below is a simplified version of the Universal Declaration of Human Rights that is quick to read. The abridged document was prepared by the Human Rights Education Associates and is available online at hrea.org.

Summary of Preamble

The General Assembly recognizes that the inherent dignity and the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world, human rights should be protected by the rule of law, friendly relations between nations must be fostered, the peoples of the UN have affirmed their faith in human rights, the dignity and the worth of the human person, the equal rights of men and women and are determined to promote social progress, better standards of life and larger freedom and have promised to promote human rights and a common understanding of these rights.

A Summary of the Universal Declaration of Human Rights

1. Everyone is free and we should all be treated in the same way.
2. Everyone is equal despite differences in skin colour, sex, religion, language for example.
3. Everyone has the right to life and to live in freedom and safety.
4. No one has the right to treat you as a slave nor should you make anyone your slave.
5. No one has the right to hurt you or to torture you.
6. Everyone has the right to be treated equally by the law.
7. The law is the same for everyone, it should be applied in the same way to all.
8. Everyone has the right to ask for legal help when their rights are not respected.
9. No one has the right to imprison you unjustly or expel you from your own country.
10. Everyone has the right to a fair and public trial.
11. Everyone should be considered innocent until guilt is proved.
12. Every one has the right to ask for help if someone tries to harm you, but no-one can enter your home, open your letters or bother you or your family without a good reason.
13. Everyone has the right to travel as they wish.
14. Everyone has the right to go to another country and ask for protection if they are being persecuted or are in danger of being persecuted.
15. Everyone has the right to belong to a country. No one has the right to prevent you from belonging to another country if you wish to.
16. Everyone has the right to marry and have a family.
17. Everyone has the right to own property and possessions.
18. Everyone has the right to practise

- Human Rights Declaration, continues on page 12

- *Human Rights Declaration, con't from page 11*
and observe all aspects of their own religion and change their religion if they want to.

19. Everyone has the right to say what they think and to give and receive information.

20. Everyone has the right to take part in meetings and to join associations in a peaceful way.

21. Everyone has the right to help choose and take part in the government of their country.

22. Everyone has the right to social security and to opportunities to develop their skills.

23. Everyone has the right to work for a fair wage in a safe environment and to join a trade union.

24. Everyone has the right to rest and leisure.

25. Everyone has the right to an adequate standard of living and medical help if they are ill.

26. Everyone has the right to go to school.

27. Everyone has the right to share in their community's cultural life.

28. Everyone must respect the 'social order' that is necessary for all these rights to be available.

29. Everyone must respect the rights of others, the community and public property.

30. No one has the right to take away



CANCER EPIDEMIOLOGIST(S)

The USC/Norris Comprehensive Cancer Center is seeking applicants for faculty positions in the Department of Preventive Medicine at the USC/Keck School of Medicine. These positions are tenure track with rank commensurate with qualifications. The Norris Cancer Center has an internationally renowned research program in cancer epidemiology, including studies of bladder, breast, colorectal, ovary, and prostate cancer. We currently emphasize studies of the etiology of cancers, including ongoing studies of hormonal risk factors, and candidate gene pathways that involve multiple genes, environmental exposures, and biological intermediates. We have also initiated genome-wide studies of colorectal and testes cancer. We have an interest in expanding both the scope and depth of these studies, with increasing use of microarrays and chip technology and animal models. We have a particular interest in strengthening our research in the areas of immuno-epidemiology, somatic mutations in cancer, and epigenetics. Candidates should have a doctorate in epidemiology, biostatistics, or a similar discipline. An added advantage would be research experience in human genetics and/or molecular biology and/or animal models. We will also consider applicants with a doctorate in molecular biology, who have a strong interest in integrating molecular biology and epidemiology. The Cancer Center will provide the successful candidate with office space, lab space, and salary support as well as start-up funds. USC is an equal opportunity/affirmative action employer. Women minorities are strongly encouraged to apply.

Applicants should send a C.V. and the names and email addresses of three references to Dr. Robert W. Haile, Chair of Search Committee, USC/Norris Cancer Center, Department of Preventive Medicine, 1450 Biggy Street, Room 1506, Mail Code: LG591 MC9603 Los Angeles, CA. 90033 or e-mail: haile@usc.edu.

Assistant or Associate Professor Positions

Saint Louis University, a Catholic, Jesuit institution dedicated to education, research and healthcare, invites applications for a tenure-track Assistant or Associate Professor position in the School of Public Health. The successful candidate will be appointed in the Department of Community Health on a 9-month contract. Applicants must have a doctoral degree with advanced training in epidemiology. S/he should have a productive record of research publication and demonstrated ability to secure external research funding. Applicants with research experience in infectious diseases, genetics, injuries, nutrition, or pediatric health are strongly encouraged to apply. Primary responsibilities for the position include conducting independent research, teaching graduate courses, and providing professional and community service. The Saint Louis University School of Public Health is nationally recognized for its community-based prevention research. Successful candidates will find opportunities for collaboration in a productive school portfolio of projects across many topics and from community partners.

Interested candidates must submit a cover letter, curriculum vitae, and three letters of recommendation to <http://jobs.slu.edu>. Inquires may be sent to:

**Terry Leet, PhD
Saint Louis University
School of Public Health
3545 Lafayette Avenue
Saint Louis, MO 63104**

IOM Committee Releases Top 20 Health Indicators For Tracking By A Non-Profit Group

The Institute of Medicine has released a list of what it considers to be the top 20 indicators important to monitor in tracking the nation's progress in the health domain. The indicators are classified into those related to health outcomes, health-related behaviors, and health systems. The rationales for selecting these categories are because outcomes reflect the well-being of the population, behaviors create health outcomes, and systems provide access to services critical for treatment and prevention.

The indicators were commissioned from the IOM by the non-profit organization State of the USA, a relatively new group created in 2007 with a mission to make it possible for Americans of all stripes and stations in life to obtain health information online and to make use of the information as they wish. According to the IOM, "taken together, the selected indicators reflect the overall health of the nation and the efficiency and efficacy of US health systems."

The 20 top indicators are:

Health Outcomes

- Life Expectancy at Birth – number of years that a newborn is expected to live if current mortality rates continue
- Infant Mortality – number of deaths of infants less than 1 year old per 1,000 live births
- Life Expectancy at Age 65 – number of years of life remaining to a person at age 65 if current mortality rates continue
- Injury-Related Mortality – age-adjusted mortality rates due to

- intentional and unintentional injuries
- Self-Reported Health Status – percent of adults reporting fair or poor health
- Unhealthy Days, Physical and Mental – mean number of physically or mentally unhealthy days in past 30 days
- Chronic Disease Prevalence – percent of adults reporting one or more of six chronic diseases: diabetes, cardiovascular disease, chronic obstructive pulmonary disease, asthma, cancer, and arthritis
- Serious Psychological Distress – percent of adults with serious psychological distress as indicated by a score of 13 or higher on the K6 scale

Health-Related Behaviors

- Smoking – percent of adults who have smoked 100 or more cigarettes in their lifetime and who currently smoke some days or every day
- Physical Activity – percent of adults meeting the recommendations for moderate physical activity, which are 30 minutes of moderate intensity activity at least five days a week or 20 minutes of vigorous intensity activity at least three days per week
- Excessive Drinking – percent of adults consuming 4 (women) or 5 (men) or more drinks on one occasion and/or consuming more than an average of 1 (women) or 2 (men) drinks per day during the past 30 days
- Nutrition – percent of adults eating a good diet as indicated by a score of 80 or more on the Healthy Eating Index

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- Obesity – percent of adults with a body mass index of 30 or more
- Condom Use – proportion of youth in grades 9 through 12 who are sexually active and do not use condoms, placing them at risk for sexually transmitted infections

Health Systems

- Health Care Expenditures – per capita health care spending
- Insurance Coverage – percentage of adults without health coverage via insurance or entitlement
- Unmet Medical, Dental, and Prescription Drug Needs – percent of non-institutionalized people who did not receive or delayed receiving needed medical services, dental services, or prescription drugs during the previous year
- Preventive Services – percent of adults who are up-to-date with age-appropriate screening services and flu vaccination
- Preventable Hospitalizations – hospitalization rate for ambulatory care-sensitive conditions
- Childhood Immunization – percent of children between 19 and 35 months old who are up-to-date with recommended immunizations

Other indicators related to the environment such as air quality or those related to economics such as income were excluded from the list because they are likely to appear on other list of key indicators published by the State of the USA. The total number of all indicators which will ultimately appear on the State of the USA website is unknown, nor is it clear how many of the non-health category indicators will actually be relevant for health since health is impacted by developments in

many other sectors.

In choosing the indicators, the IOM committee members proposed some 200 separate indicators which were winnowed down to the current list. The IOM was constrained to adhere to a set of requirements established by State of the USA in selecting their indicators. To make the list, each indicator had to satisfy the following criteria:

1. A clear importance to health or health care
2. The availability of high quality data to measure change over time
3. The potential to be measured with federally collected data
4. The capability to be broken down by geography, population subgroups (by race and ethnicity) and socioeconomic status.

The choice of variables in requirement four above was obviously driven by the idea that these factors can be important health determinants.

Members of the IOM Committee which selected the indicators included epidemiology colleagues whose names will be familiar to readers of the *Epidemiology Monitor*, including Steven Teutsch, formerly with Merck and now with the LA Health Department, David Williams, Harvard professor of public health who has been a keynote speaker at epidemiology meetings, and Caroline Fichtenberg, chief epidemiologist with the Baltimore City Health Department.

To download a copy of the IOM Letter report or the Report in Brief, visit <http://stateoftheusa.org/ourwork/> n

See next article to read comments by Steve Teutsch on the Top 20 Indicators.

Epidemiologist On IOM Health Indicators Panel Shares His Observations

The EpiMonitor contacted [Steve Teutsch](#) who served on the IOM panel to ask about the work of the Committee on the top 20 indicators. Below are his responses to our questions.

EM: How difficult was it to get to the list of 20--was it very contentious with a lot of other indicators vying for a spot or was it fairly obvious which ones should be on the list?

It is always challenging, particularly since many of the critical issues relevant to the health of the nation, which were generally recognized (e.g., income, education) belong in other sectors of the State of the USA which haven't been developed. While it is challenging to get to the requisite number of indicators, the group used a systematic process to identify the domains and the potential indicators that could be used.

EM: Maybe some were easy and others less so. If that was the case, which were the most debatable? Which ones left off would have made great choices?

The IOM precludes saying anything about the deliberations per se, but some are intrinsically easier than others, e.g. mortality measures include life expectancy, infant mortality, but even there YPLL and other measures were considered. For other areas, e.g., a summary of chronic diseases, the number of established measures is much skimpier. Similarly, finding appropriate metrics to summarize ID or preventive services in the aggregate

presented challenges.

EM: What do you think is important or interesting for epidemiologists to know about these indicators?

That they will be used to inform the public about health problems and to help shape the policy debate. There are areas where good summary measures are needed and epidemiologists should work to develop good, valid metrics

EM: What do you think is important or interesting for epidemiologists to understand about the process that was used to create this list of 20?

First that it can be done! Second that critical thinking is needed to get to a modest number of measures that the general population can understand, and third is that work is needed to continue

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State	City	Institution	Deg	Description	Contact	Phone/*Fax	Email/Fax
AL	Birmingham	Uni Alabama	Renal Epidemiologist	MD/PHD	Joanna Carson	*205/934-8665	Jcarson@uab.edu
AR	Little Rock	Univ of AR	Breast Cr Epi	Doc in Epi	Fred Kadlubar	*501/686-5845	fkadlubar@uams.edu
AZ	Pheonix	Dept of Health Services	Research/Stat Analysis Chief	Bachelors	Rosalee Montoya	*602/542-1090	montoyr@azdhs.gov
AZ	Pheonix	Dept of Health Services	Lab Data Mgt Coordinator	Bachelors in MIS	Rosalee Montoya	*602/542-1090	montoyr@azdhs.gov
AZ	Pheonix	Dept of Health Services	TEPP Data Analyst	Bach or Masters	Rosie Montoya	*602/542-1090	montoyr@azdhs.gov
CA	Los Angeles	Office of Hlth Assesst & Epi	Epidemiology Analyst	MS in epi or Bach	Pat Schenk	*213/250-2594	pschenk@ladhs.org
CA	Los Angeles	Office of Hlth Assess & Epi	Epidemiologist	MS in epi or Bach	Pat Schenk	*213/250-2594	pschenk@ladhs.org
CA	Los Angeles	U of Southern California	Faculty Position-EnvironEpi	Doctoral	Rob McConnell		rmcconne@usc.edu
CA	Pasadena	Kaiser Permanente	Sr Research Projt Manager	Masters or equiv	Jan Akins	626/405-5746	Jan.B.Akins@kp.org
CA	Pasadena	Kaiser Permanente	Research Scientists	Doctorate	Jan Akins		Jan.B.Akins@kp.org
CA	Stanford	Stanford U-School of Med	FT Ten Track Faculty (2)	PhD or equiv-epi	Jessica Bussey		bussey@stanford.edu
CA	Los Angeles	U of Southern CA	PT Lecturer	PhD or equiv	Patricia Gutierrez		huezao@usc.edu
CA	LA	USC	PT Lecturer	PHD	Alodia Batista		abatista@usc.edu
CA	ThousanOaks	Amgen	Epi Manager	PHD	Alex Yoo	805/447-1233	ayoo@amgen.com
CA	LA	USC	Ass't Prof	PHD	Susan Roberts		susanr@usc.edu
CA	Sacramento	PH Institute	Res. Assoc.	Bach/Masters	Baine Windham	*510/285-5504	jobs@phi.org
CA	Pasadena	Kaiser Permanente	Senior Analyst	MPH	Jan Akins	*626/405-6383	jan.b.akers@kp.org
CA	Fremont	Washington Hosp.	Infection Control Coord.	CARN License	Tracy Viereck	510/818-6238	tracy_viereck@whhs.com
CA	Placerville	El Dorado Co.	Director, PH	HR		*530/642-9815	edcjobs4u@co.el-dorado.ca.us
CA	Alhambra	USC	Professor, Full	PHD/MD	Mary Ann Pentz	*626/457-4044	pentz@usc.edu
CA	Alhambra	USC	Assoc. Prof (TT)	PHD/MD	Jean Richardson	*323/865-0381	jeanr@usc.edu
CA	LA	USC	Assoc Prof-Clin	PHD	J. Howland		howland@usc.edu
CT	New Haven	Yale University	Asst/Assoc Prof	Doctorate	Adrianna Mironick	203/785-2914	adrianna.mironick@yale.edu
DC	Washington	Health Academies	Epidemiologist	PHD	Daniela Stricklin	*202/334-2847	dstricklin@nas.edu
DC	Washington	GWU	Ass't Prof	doc degree	Stephanie Panichello	*202/994-0082	sphshp@gwumc.edu
DC	Washington	GWU	Ass't/Assoc - Epi	doc - Epi	Stephanie Panichello	*202/994-0082	sphshp@gwumc.edu
DE	Dover	Div. of PH	Epi (Enviro)	BS/MS	Gerald Llewellyn	302/744-4824	gerald.llewellyn@state.de.us
FL	Tallahassee	FL DOH	FL Epidemiologist	MD/DO	Christine Herrell	*850/487-3729	christine_herrell@doh.state.fl.us
FL	Tallahassee	FL DOH	Epi Liason	MPH/equiv	Richard Hopkins	*850/922-9299	Richard_Hopkins@doh.state.fl.us
GA	Atlanta	Emory Univ.	Ass't. Prof Infec. Dis.	PHD/MD/MPH	Job Ref: 2006BR	*404/727-1278	www.emory.edu/career.cfm
GA	Atlanta	ACS	Sr Epidemiolgist	PHD/MD	www.cancer.org/jobs		acs.jobs1@cancer.org
GA	Atlanta	Emory Univ.	Ass't. Professor	PHD/MD	Kyle Steenland	404/727-3697	nsteel@sph.emory.edu
GA	Atlanta	Emory Univ.	Assoc. Professor	PHD/MD	Kyle Steenland	404/727-3697	nsteel@sph.emory.edu
GA	Atlanta	Emory Univ.	Professor	PHD/MD	Kyle Steenland	404/727-3697	nsteel@sph.emory.edu
GA	Statesboro	GSU	Epi Faculty	Doctorate	Stuart Tedders	912/478-2674	stedders@georgiasouthern.edu
GA	Atlanta	Emory Univ.	Dept. Chair	PHD	Lori Swier	404/727-3943	lori.swier@emory.edu
GA	Atlanta	RTI Int'l	Pediatric Epi	PHD	Lawrence Andrusyszyn	*919/316-3556	landrus@rti.org
HI	Honolulu	Univ of HI CRCH	PostDoc Fellow - Cancer	Phd,DrPH,ScD,MD	Karin Koga	808/441-7704	kkoga@crch.hawaii.edu
HI	Honolulu	University of Hawaii	Infectious Dis Epi	PHD/MD	F. DeWolfe Miller	*808/692-1979	dewolfe@hawaii.edu
IL	Springfield	IL DOH	Occupational Epi	Mast/PHD	Jaynece Bostwick	*217/524-1770	jaynece.bostwick@illinois.gov
KY	Lexington	University of Kentucky	Pre/Post Doc Fellow	PhD,DrPH,MD	Mark Dignan	859/323-4708	mbdign2@email.uky.edu
MA	Boston	Harvard School of PH	Pre/Post Doc Fellows-Cancer	Epi	MD,DVM,PhD	Meir Stampfer	stampfer@hsph.harvard.edu
MA	Boston	Harvard School of PH	Epidemiologist	Doc-epi	Meir Stampfer		stampfer@hsph.harvard.edu
MA	Boston	Harvard Medical School	Postdoctoral Fellow	Doc in Epi field	Jiali Han	*617/525-2008	jiali.han@channing.harvard.edu
MA	Boston	Children's Hospital	Assoc. Director	PHD/MDw/MPH	Stavroula Osganian	617/355-2482	laura.haley@childrens.harvard.edu
MA	Boston	Harvard PH	Pre/Post Doc-Nutri Epi	Ms,MD,DS,PHD	Meir Stampfer	617/525-2747	stampfer@hsph.harvard.edu
MA	Waltham	Decision Resources	Principal Dir - Epi	MPH/PHD Epi	Mary Carrigan	*781/296-2799	mcarrigan@dresources.com
MA	Boston	Boston Univ.	Chief	PHD/MD	Claire Winston-Wade	617/638-7254	claire.winston-wade@bmc.org
MA	Boston	Social Sectors	Epi Res. Sci	PHD	Beth Daly	*617/421-9046	bdaly@ssds.net
MA	Boston	Harvard	Ass't/Assoc Prof	PHD in epi	Sierra Dickstein	617/432-4533	ssohl@hsph.harvard.edu
MA	Worcester	UMASS	Asst/Assoc Prof	MD/PHD	Robert Goldberg	508/856-3991	robert.goldberg@umassmed.edu
MA	Boston	Health Effects Instit.	Epi/Biostat	MD epi/biostat	Teresa Fasulo	*617/488-2335	tfasulo@healtheffects.org
•MA	Boston	Harvard SPH	Res. Fellow	PHD	Lu Qi	*617/432-2436	nhlqi@channing.harvard.edu
MD	Rockville	Westat	Study Manager	Masters	R. Carow	*301/294-2092	hrhs@westat.com
MD	Batimore	Johns Hopkins University	Predoc Trainee	n/a	April Lawner	*410/955-0476	alawner@jhu.edu
MD	Baltimore	Johns Hopkins University	Postdoc Fellow, Cardio Dis	Epi Doctoral	April Lawner	*410/955-0476	alawner@jhu.edu
MD	Rockville	FDA-CBER	Medical Epi	Doctoral Degree	Robert Wise	*301/827-6089	robert.wise@fda.hhs.gov
MD	Rockville	Westat	Sr. Hlth Res.	Masters/10 yrs.	R. Carow	*301/294-2092	hrhs@westat.com
MD	Rockville	Westat	Sr. Epi/Int'l Stud	MD/PHD	R. Carow	*301/294-2092	hrhs@westat.com
MD	Rockville	FDA Center for Biologics	Epidemiologists	MDD/MPH,equiv	Robert Wise	*301/827-5218	robert.wise@fda.hhs.gov
MD	Rockville	FDA	PH Analyst	adv. epi train	Cheryl Reynolds		cheryl.reynolds@fda.hhs.gov
*MD	Rockville	FDA	Branch Chief	MD/MPH	Robert Wise	*301/827-5218	robert.wise@fda.hhs.gov
•MD	Bethesda	NIH	Epi Prog. Specialst	Bsc/Masters	Esther Lwanga	*301/496-4006	lwangae@nia.nih.gov
MD	Baltimore	MDHMH	Epidemiolgist	MPH	Recruitment	410/767-1251	dhmhjobs@dhmh.state.md.us
ME	Augusta	ME CDC	Epidemiologist	MPH	Virginia Roussel	*207/287-8299	virginia.roussel@maine.gov

State	City	Institution	Deg	Description	Contact	Phone/*Fax	Email/Fax
ME	Augusta	Maine DHHS	Director	MPH or equiv	Virginia Roussel	207/287-1873	virginia.roussel@maine.gov
ME	Augusta	ME DHHS	Med. Director	MD,DO,MPH	Virginia Roussel	207/287-1873	virginia.roussel@maine.gov
MI	Okemos	MI PHI	Res. Ass't	Master's	Tracy Thompson	517/324-8317	hr@mphi.org
MO	St. Louis	Washington Univ.	Biostatistician	Masters	Tammy Rahn	*314/362-4923	rahnt@wustl.edu
MO	St. Louis	SLU PH	Ass't/Assoc Prof	PHD	Terry Leet	*314/977-3234	leettl@slu.edu
MO	St. Louis	Washington University	Professors	Doctorate	Timothy McBride	314/935-6605	phfaculty-apps@gwmail.wustl.edu
multiple		Exponent, Inc.	Mng Scientist	PHD in epi	Cindy Connors	*202/772-4974	cconnors@exponent.com
NC	Winston-Salem	Wake Forest Hlth Srvc.	Epi-Cogn. Func, Disability	PHD,Sc.D,MD	David Goff	*336/713-4300	dgoft@wfubmc.edu
NC	Winston-Salem	Wakeforest Univ.	PD Research Fellowship	PHD, MD or equiv	Jingzhong Ding	*336/713-8588	jding@wfubmc.edu
NC	Winston-Salem	Wake Forest Med Ctr	Postdoc Fellow	PHD/MD epi	Stephen Kritchevsky	*336/713-8588	skritche@wfubmc.edu
NC	Charlotte	Carolinas Hltcare	Dir/Res. Epi/Bio	PHD	Sherry Laurent	*704/355-1880	sherry.laurent@carolinashealthcare.org
NC	RTP	US EPA	Epi/Stat	PHD	Joann Kelleher	*919/541-2186	kelleher.joann@epa.gov
NC	Charlotte	Carolinas Healthcare	Director	PHD	Sherry Laurent	*704/355-1880	sherry.laurent@carolinashealthcare.org
NC	Chapel Hill	UNC GPH	PD - Epi	PHD	Stephen Cole	*919/966-2089	cole@unc.edu
NJ	Princeton	Client Confidential	Dir. Pharmacoepidemiology	Advanced PHD/MD	Beverly Horvat	412/851-4144 x16	bhorvat@criticalpathinc.net
NJ	Titusville	Johnson & Johnson	Res. Data Ldr	Mas/PHD epi/ph	Jamie Presutto	908/704-5555	presutt@its.jnj.com
NJ	Titusville	Johnson & Johnson	Cardio Pharmoepe	PHD/MD in epi	Jamie Presutto	908/704-5555	presutt@its.jnj.com
NJ	Hopewell	Bristol-Myers	Assoc.,Epi	PHD/MD	Lauren Brescia		auren.brescia@bms.com
NJ	Hopewell	Bristol-Myers	Dir,Pharmacoepe	PHD/MD	Lauren Brescia		auren.brescia@bms.com
NJ	Princeton	Critical Path	Health Economics	Mast/PHD	Janice Walsh	*412/851-5409	jwalsh@criticalpathinc.net
NY	Bronx	Albert Einstein	Cancer Epidemiologist	PhD in epi or MD	Tom Rohan		rohan@aecom.yu.edu
NY	Rochester	Univ of Rochester Med Center	Infectious Disease Epi	PhD-epi or related	Susan Fisher	*585/461-4532	Susan_Fisher@URMC.Rochester.edu
NY	New York	Mt Sinai School of Med	Faculty Positions-Epi	training in epi	David Savitz		david.savitz@mssm.edu
NY	New Rochelle	Health Res., Inc.	Epidemiologist	Bachelor's	HR Dept		HRI-mailin@healthresearch.org
NY	New York	FPHNY	Postdoc Fellow	Doctorate	Kristina Metzger	212/676-2773	kmetzger@health.nyc.gov
NY	NYC	Pfizer	Quantitative Epi	PHD/Masters	www.pfizer.jobs	Req. 929265	anna.kim@pfizer.com
NY	Rochester	Univ. of Rochester	Epidemioloist	PHD	Edwin Wijngaarden	edwir	_van_wijngaarden@urmc.rochester.edu
NY	NYC	Columbia Univ.	PD Res. Sci	PHD	Ruth Ottman	*212/305-2526	rof@columbia.edu
NY	Ithaca	Cornell University	Ass't Prof -GH & Nutr	PHD	apply online		
NY	NY	Hunter College, CUNY	Assoc/Full Prof	PHD/DrPH	Martina Lynch	212/481-4692	martinalynch@gmail.com
OH	Columbus	Children's Hospital	Injury Research Faculty	Doc in medical,ph	Gary A Smith	*614/722-2448	gsmith@chi.osu.edu
OH	Dayton	Wright State Univ.	Ass't/Assoc. Prof.	PHD	Faye Kesner	*937/775-1456	faye.kesner@wright.edu
OH	Dayton	Wright State Univ	Postdoc Researcher	PHD	Roger Siervogel	*967/775-1456	roger.siervogel@wright.edu
OH	Kettering	Wright Univ.	PD Researcher	Doctoral	Faye Kesner		faye.kesner@wright.edu
OH	Cleveland	Case Western U.	Chair, Epi	Doctorate	Malana Bey	*216/368-3832	mcb19@case.edu
OK	Oklahoma City	OK DOH	Program Evaluator	MPH	Randy Wray	*405/271-3539	employment@health.ok.gov
OR	Portland	Kaiser Permanente	Biostatistician	PHD	Allison Naleway	*503/335-6311	allison.naleway@kpchr.org
PA	Philadelphia	U of Pennsylvania	Clin Epi/Hlth Srv Res Fell	Adv degree	Tom Kelly	215/898-0861	tkelly@ceb.med.upenn.edu
PA	Philadelphia	ProSanos Corp	VP Pharmco & Epi	PHD	Colleen Erickson	*717/635-2575	colleen.erickson@prosanos.com
PA	Philadelphia	ProSanos Corporation	Director, Pharmacoepe	PHD	Colleen Erickson	*717/635-2575	careers4me@prosanos.com
PA	Philadelphia	Prosanos Corp.	VP Pharm/Epi	PHD pharm/epi	Colleen Erickson	*717/635-2575	careers4me@prosanos.com
PA	Wynnewood	Alex's Lemon Stand	Ped Onc Epi Grant App	www.alexlemonade.org	Liz Scott	610/649-3034	liz@alexlemonade.com
PA	Philadelphia	Drexel University	PD Fellowship	PHD in epi	Seth Welles	*215/762-1174	slw58@drexel.edu
PA	Philadelphia	Drexel University	Professor (TT)	PHD epidemiology	Craig J. Newschaffer	*215/762-1174	cnewscha@drexel.edu
PA	Philadelphia	Prof - Enviro Epi	PHD epidemiology	PHD in epi	Craig J. Newschaffer	*215/762-1174	cnewscha@drexel.edu
PR	San Juan	Uni. of PR	Tenured Fac. Pos	PHD	Kaumudi Josphipura	*787/763-4868	kjosphipura@rcm.upr.edu
TN	Nashville	Vanderbilt Univ	Post-doc Fell Cancer Epi	PhD,Dr.PH	Wei Zheng	*615/936-0682	Wei.zheng@vanderbilt.edu
TN	Nashville	Vanderbilt Univ	Post Doc Fellow	PhD	Wei Zheng	*615/936-1269	wei.zheng@vanderbilt.edu
TX	Dallas	Cooper Institute	Dir. Epi/Chief Scientist	PHD	HR	*972/341-3210	hr@cooperinst.org
TX	El Paso	Univ. of TX	Ass't/Assoc Prof	PHD	Martha Cruz	915/747-7270	mcruz4@utep.edu
TX	Dallas	AHA	Director (biostat,epi)	PHD (epi,biostat)	Brekeena Champion	214/706-1686	brekeena.champion@heart.org
TX	El Paso	Univ. of TX	Ass't/Assoc. Prof	PHD	Dr. MM Weigel	915/747-8308	mmweigel@utep.edu
UT	Salt Lake City	UT Dept. Hlth	Enteric Dis. Epi	MPH	Bill Brandon	801/538-6305	wbrandon@utah.gov
VA	Fairfax	George Mason University	Ass't/Assoc Epi	PHD epi	Lisa Pawloski	*703/993-1908	lpawlosk@gmu.edu
WA	Seattle	Unv. of Washington	PD Fellow	PHD/DrPH	Swee May Cripe	*206/543-8525	rppe@u.washington.edu
WA	Seattle	Fred Hutchinson	Post doc Fellow	PHD	Emily White	*206/667-5977	ewhite@fhcrc.org
WA	Seattle	Seattle & King, Co.	Epi I	N/A	Kurt Wuellner	*206/296-4803	kurt.wuellner@kingcounty.gov
WA	Seattle	Fred Hutchinson	PD Fellow	PHD in epi	Emily White	*206/667-5977	ewhite@fhcrc.org
WI	Milwaukee	Medical of WI	TT Fac-Epi	Dr. in Epi	Cheryl A. Maurana		cmaurana@mcw.edu
WI	Milwaukee	Medical College WI	TT Faculty Post.	Doc in PH field	Cheryl A. Maurana		cmaurana@mcw.edu
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Country	City	Institution	Description	Education	Contact	Phone/ *Fax	Email/1
CA	Calgary	Alberta CR Brd	Post D in Epi	PHD in epi	Sue Robinson	*403/476-2416	careers@cancerboard.ab.ca
CA	Quebec City	Universite Laval	Post Doc Fellowship	PHD	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca
CA	Quebec City	Universite Laval	Research Assistant	MSc	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca
CA	Calgary	Alberta Cancer	Res. Stat. Sci	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca
*CA	Edmonton	CNHWG	PD - Epi Res	PHD	Karen Goodman	*780/492-6153	karen_j_goodman@yahoo.ca
*CA	Edmonton	Univ of Alberta	PD Fellow	PHD	Karen Goodman	*780/492-6153	karen.goodman@ualberta.ca
*CA	Montreal	McGill University	Cancer Epi	PHD	Armen Aprikian	514/934-8353	lina.maglieri@muhc.mcgill.ca
*CA	Edmonton	Alberta Cancr Brd	Dir, Surveillance	MD/PHD - epi	Chris McKiernan	*403/476-2424	chris.mckiernan@cancerboard.ab.ca
*CA	Toronto	OAHP	Epi - Hos Infection	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca
*CA	Toronto	OAHP	Epi - Chronic Dis	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca
*CA	Toronto	OAHP	Senior Epi	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca
*CA	Toronto	OAHP	PH Epi	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca
CA	Alberta	Alberta Cancer Board	Statistical Associate	Masters-biostat	HR	*403/270-3898	careers@cancerboard.ab.ca
CA	Alberta	Alberta Cancer Board	Research Associate	Masters	HR	*403/270-3898	careers@cancerboard.ab.ca
CA	Alberta	Alberta Cancer Board	Research Associate	MSc Epidemiology	Theresa Radwell	*403/270-8003	tradwell@cancerboard.ab.ca
Canada	Fredericton	New Brunswick Cancer	Senior Epidemiologist	PHD in Epi	Amanda Carroll	506/444-2360	www.gnb.ca/0163/employ-e.asp
Canada	Fredericton	New Brunswick Cancer	Biostatistician	Masters in Biostat	Amanda Carroll	506/444-2360	www.gnb.ca/0163/employ-e.asp
*CA	Calgary	Alberta Cancer Brd	Res. Biostat. Sci	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca
*CA	Calgary	Alberta Cancer Brd	PD Fell-Epi	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca
France	Lyon	IARC	Postdoctoral Fellowship	PhD	Rayjean Hung	*+33472738342	hung@iarc.fr
Greece	Athens	Univ. of Athens	Biostatistician	PHD/MSc w/pub	Elena Riza	*+30/2107462058	eriza@med.uoa.gr
India	Jaipur	Vatsalya	Data Analyst	MPH	Atul Panday	9829928653	Atul_panday2001@yahoo.com
Peru	Lima	Int'l Potato Center	Leader of Agriculture	PHD in Epi	Rosario Marcovich	+51 1 349 6017	CIP-Recruitment@cgiar.org
*Puerto Rico	Ponce	Ponce SOM	Director (PH)	Doctoral	R. Ivan Iriarte	787/840-2575	iiriarte@psm.edu
Saudia	ArabiaRiyadh	Field Epi Trng Prog	Med Epi	PHD	Nasser Al-Hamdan	+996/1/4939675	nhamdan@fetp.edu.sa
Spain	Barcelona	CREAL	Research Position-Biostat	solid biostat bkgnd	Josep-Maria Anto		jmanto@imim.es
Switzer	land	Fearn Associates	Molecular Epidemiologist	PhD/biostat or epi	Information		info@fearn-associates.com
*Switzer	land Allschw	Actelion	Epidemiologist	PHD/MD,MPH	Donat Laemmle	+41615656503	donat.laemmle@actelion.com
Thailand	Bangkok	PATH	Chief of Party	Mas/Doc in epi	Dorothy Culjat	202/285-3500	pathjobs@mail.path.org
UK	London	LSHTM	MSc PHDC	MPH	Vinod Bura	+44 7726472650	vinod.bura@gmail.com
UK	SE	Biopharm Comp	Int'l Sr. Mgr	PHD in epi	Claire Bradbury	0044(0)1438813904	cb@barrettwebb.com
UK	SE	Biopharm Corp	Intl Dir. Epi	PHD in epi	Claire Bradbury	0044 (0)1438813904	cb@barrettwebb.com

EPIDEMIOLOGY at Brown University

FACULTY POSITIONS

Brown University's Public Health Program in Providence, Rhode Island is in the midst of a major multi-year expansion including the development of a new Epidemiology section. Three tenure-track positions are available for talented faculty who will help establish this new section and program in a leading university. All require evidence of an independent program of research and experience teaching epidemiology at the graduate level. These positions include:

Full or Associate Professor (tenured) specializing in Epidemiology

Preferred areas: cardiovascular, cancer, reproductive, neurology or other areas of clinical epidemiology

Assistant, Full or Associate Professor (tenure-track) specializing in Epidemiology

Preferred areas: methods, clinical trials, and/or chronic disease

Assistant or Associate Professor (tenure-track) specializing in Environmental Health

Preferred areas: epidemiology involving use of biomarkers in cancer, neurological, and/or reproductive diseases

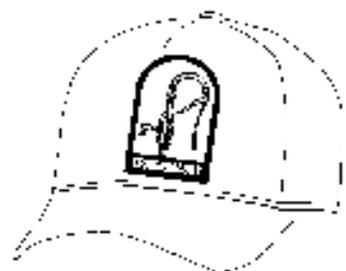
Visit <http://med.brown.edu/commhealth/employment.php>
for contact information and how to apply for these positions



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Director of the Division of Biostatistics and Epidemiology

Cincinnati Children's Hospital Medical Center

The Division of Biostatistics and Epidemiology, a research division of Cincinnati Children's Hospital Medical Center (CCHMC), seeks a nationally, statistically, and visionarily talented CCHMC is one of the top-rated children's hospitals in the world and its vision is to be the leader in improving child health. A few of the Research Foundation's recent accomplishments include:

- Ranked second of all pediatric centers in JAMA Publishing (\$92 million in 2007; Over \$128 million in total grant revenues)
- Ranked third-best pediatric program at a medical school (*U.S. News & World Report*)
- Saw research toward obesity in 2007, that earned research grants to twenty 1 million dollars for and leading Cincinnati Children's one of the largest pediatric research programs in the country
- Invested in research by CCHMC of over \$60 million above total grant revenues, including a number of innovative genetic programs
- Research programs integrate national and international basic/physiology, translational, clinical trials, health services, quality improvement/clinical effectiveness, community research

The Division of Biostatistics and Epidemiology currently includes 48 faculty and staff, conducts interdisciplinary research, and collaborates on more than 75 grants worth an estimated \$75 million. The division also provides collaborative support to 86 divisions of CCHMC and is affiliated with graduate teaching programs in biostatistics and epidemiology. The faculty and staff are located in the heart of the most research toward children in the Division of Biomedical Biostatistics and the Clinical and Translational Research Program. Faculty appointments are with the University of Cincinnati College of Medicine.

Qualified candidates must have a doctoral degree in Biostatistics, Epidemiology, or a related statistical field, and have progressed to the rank of Associate or Full Professor. The preferred candidate will have an outstanding

record of independent, collaborative, and well-funded research, publications in high impact journals, and effective written and oral communication skills. The Director will develop strategic vision for the division to advance the role of biostatistics and epidemiology in clinical and translational research in the academic health center while providing leadership and oversight of the divisional operations and collaborate with investigators at CCHMC from across the full range of research programs. The Director will be expected to host adjunct faculty and trainees, increase the success of existing programs, and successfully develop new initiatives. **This position will be at the academic rank of Full Professor, with tenure in the Department of Pediatrics.**

For additional information regarding the position, contact the Chairperson of the Search Committee, Scott W. Fowles, PhD, Professor of Pediatrics and Director of Clinical and Translational Research, Cincinnati Children's Research Foundation, 513-636-8100, Scott.Fowles@cchmc.org

Interested candidates should send a letter detailing their qualifications and interests, along with their curriculum vitae and contact information for three professional references, to: Scott W. Fowles, PhD, c/o Theresa Hagle, Cincinnati Children's Hospital Medical Center, 888 East Ave., MLC 9008, Cincinnati, OH 45229 or email: Scott.Fowles@cchmc.org or Theresa.Hagle@cchmc.org

www.cincinnatichildrens.org/research/div/ceb



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FIU | FLORIDA INTERNATIONAL UNIVERSITY

TENURE TRACK OPEN RANK - 2 POSITIONS DEPARTMENT OF EPIDEMIOLOGY

The Department of Epidemiology within the Robert Stempel School of Public Health (RSSPH) at Florida International University invites applications for two tenure-track positions in the area of Epidemiology.

Florida International University is ranked as a Research University in the High Research Activity category of the Carnegie Foundation's prestigious classification system. The RSSPH is fully accredited by the Council on Education for Public Health (CEPH). Our mission is to enhance the public's health by conducting innovative research, training future leaders and health professionals from diverse backgrounds, translating research into policy and practice, and serving our local communities as well as communities around the world, especially in Latin America and the Caribbean.

QUALIFICATIONS: Required qualifications include: PhD in Epidemiology or related disciplines; track record of collaborative research and publication; effective interpersonal and communication skills. As appropriate for rank, preferred qualifications include: strong record of securing extramural research/grant funding; teaching experience in relevant discipline. Successful candidates will demonstrate potential for effective teaching, scholarly activity, and ability to communicate effectively with ethnically and culturally diverse populations.

RESPONSIBILITY: Responsibilities will include research, teaching graduate courses, student advisement, serving on master's thesis and doctoral dissertation committees, and serving the university, professional, and neighboring communities.

Salary is commensurate with qualifications and experience.

The selection and review process will begin on November 15, 2008 and will remain open until the positions are filled. To apply please visit us on-line at <http://www.fiu.jobs.org> and reference position #41628/42739.

For additional information, please contact Dr. Fatma Ercanli-Huffman, Chair of the faculty search committee, at Fatma.Ercanli-huffman@fiu.edu.

FIU is an Equal Opportunity/Equal Access Employer and Institution.

Public Health Positions Associate or Full Professor

Department of Kinesiology and Community Health
College of Applied Health Sciences
University of Illinois at Urbana-Champaign

A new Masters of Public Health (MPH) degree program with a focus on chronic disease prevention has been established at the University of Illinois. The MPH program is a major campus initiative to provide innovative leadership in public health research, education, and service regionally, nationally, and internationally. The MPH program has an emphasis on reducing health disparities, particularly in smaller cities and rural areas. The MPH program is recruiting faculty for two new positions.

Positions: The Department of Kinesiology and Community Health seeks candidates with research and teaching expertise in two areas. The first area of expertise is health policy and prevention, which includes expertise in an area such as health economics and prevention, nutrition policy, tobacco policy, injury prevention policy, and policies regarding access to preventive medical care. The second area of expertise is chronic disease epidemiology, which includes expertise in an area such as behavioral epidemiology, social determinants of health, environmental determinants of chronic disease, community assessment and surveillance, and synthesizing evidence on effects of community-level interventions. Both positions are tenure track appointments at the Associate or Full Professor level. Successful applicants are expected to develop lines of research inquiry, actively pursue external funding, provide leadership in design and implementation of the MPH curriculum, and advance scholarship in their area of expertise.

Available: August 16, 2009

Qualifications: Applicants must hold an earned doctorate and have a strong record of research accomplishment and national leadership. Formal training in public health, such as an MPH or DrPH degree is desirable but not required. Work experience in organizations or agencies with a public health mission is also desirable but not required.

Salary: Commensurate with qualifications and experience.

Closing Date: For full consideration, an application must be received by February 2, 2009. Review of applications will continue until the position is filled, and applications received after the closing date may be considered.

Applications: Applicants should submit a letter of application indicating: how they meet the qualifications for one of the positions described above; current research interests; a current curriculum vitae; and three letters of reference by the closing date. Applications should be submitted (preferably electronically) to:

Dr. David Buchner, Director, Masters of Public Health Program
Chair, Public Health Search Committee
Masters of Public Health Program
University of Illinois at Urbana-Champaign
1206 S. Fourth St., 129 Huff Hall
Champaign, IL 61820
Email: dbuchner@illinois.edu Phone: 217-244-1510

Women, minorities, and individuals with disabilities are particularly encouraged to apply. The University of Illinois is an affirmative action/equal opportunity employer.

Senior Epidemiologist – Cancer Surveillance

The Surveillance Research group of the American Cancer Society in Atlanta is recruiting a senior epidemiologist to join exciting and rapidly growing research programs in cancer surveillance, behaviors related to cancer risk factors, health services, and international tobacco surveillance, with the goal of stimulating the application of existing cancer control knowledge into practice. The responsibility of this position is to describe or model national and international cancer burdens as they relate to risk behaviors, socioeconomic status, geographic areas, screening practices, and treatment using in-house and publicly available data (NCDB, SEER, NPCR, NAACCR, IACR, WHO, NHIS, BRFSS, etc.) for publication in peer-review journals.

There are opportunities for multidisciplinary collaborative work with researchers within the Society (Analytical Epidemiology Branch, Statistical Evaluation Department, Behavioral Research Department) as well as externally (NCI, CDC, and universities).

The candidate must have a doctoral level degree in epidemiology, biostatistics, public health, or social science, and at least five years of experience in public health research. Excellent writing and communication skills and a strong quantitative background as demonstrated by peer-reviewed publications in cancer surveillance and/or health disparities are required.

Please send a letter of interest, future research plans, curriculum vitae, and the names and contact information of three references to:

Dama Laurie
Department of Epidemiology & Surveillance Research
American Cancer Society
250 Williams Street, NW 6th Floor
Atlanta, Georgia 30303-1002
Or via e-mail: dama.laurie@cancer.org
Apply on-line at www.cancer.org/jobs
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Research Fellow

Candidates should have a doctoral degree in epidemiology, biostatistics, or genetics, with research experience in population genetic epidemiology. Interest/experience in genome-wide association study, and cardiovascular disease and diabetes a plus. The position will include the design and analysis of genome-wide association with cardiovascular events and risk factors, and gene-environment interactions. There are many opportunities for interdisciplinary, collaborative research through Harvard School of Public Health. This is a two-year position under the supervision of Dr. Lu Qi

Contact

Dr. Lu Qi
 Department of Nutrition,
 Harvard School of Public Health,
 665 Huntington Ave,
 Boston, MA 02115
 Telephone: 617-432-4116
 Fax: 617-432-2435
 E-mail address: nhlqi@channing.harvard.edu

Associate/Full Professor - Tenure Track

The Institute for Prevention Research (IPR) and the Department of Preventive Medicine at the University of Southern California invite applications for two full-time, tenure-track positions at the associate or full professor rank. The Institute includes faculty who conduct research on disease prevention with particular emphasis on risk behaviors among adolescents including substance use and obesity. IPR is well known for the conduct of large school based field trials.

- 1) We are seeking a senior faculty member with a research focus on the dissemination of evidence based large prevention field trials and the investigation of the best practices for training, monitoring, supporting, and maintaining such programs. The successful application should have experience in conducting such dissemination trials.
- 2) We are also seeking a senior faculty member with a research focus on the design, measurement and analysis involved in large prevention field trials. The analytic research tests the conceptual and theoretical models underlying the compared interventions. The applicant should have experience in structural equation modeling and other statistical approaches to testing the efficacy of such trials.

In addition, the department has academic degree programs at the bachelors, masters and doctoral level. Applicants must have evidence of high quality teaching and mentoring at the graduate and undergraduate levels as well as evidence of academic administration. Candidates with experience in international settings are encouraged to apply. USC is an equal opportunity employer and encourages minority and women candidates to apply for this position. Review of applicants will begin immediately and continue until the candidate is selected. Applicants must submit curriculum vitae and statements of research and teaching interests to Dr. Jean Richardson, Department of Preventive Medicine, 1441 Eastlake Ave, Los Angeles, California, 90033.

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 The Epidemiology Monitor!**

**Contact: Cynthia Wright,
 Director of Operations**

**The Epidemiology Monitor
 2560 Whisper Wind Court
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**Tel: 770/594-1613
 Fax: 770/594-0997**

**email: epimon@aol.com
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University of Southern California
 Department of Preventive Medicine
 Keck School of Medicine

Associate Professor of Clinical

The Department of Preventive Medicine at the University of Southern California, Keck School of Medicine is recruiting a new faculty member with expertise in molecular biology as it can be applied to epidemiologic studies of cancer. The candidate should have a doctorate in molecular biology. The candidate must also have research experience in laboratory methods applied to large scale genotyping and epigenetic analysis. The candidate will be expected to work closely with epidemiologists in the department in developing active research programs in the genetic epidemiology of cancer. USC is an equal opportunity/affirmative action employer. Women minorities are strongly encouraged to apply.

Interested applicants should send a CV, Personal Statement, and 3 letters of reference to:

Dr. Jonathan M. Samet, Chair
 Email: susanr@usc.edu

USC is an equal opportunity/affirmative action employer. Women minorities are strongly encouraged to apply.



Yale School of Public Health
 Yale University School of Medicine

Tenure-Track Faculty Position in the Epidemiology of Aging

The Division of Chronic Disease Epidemiology in the Yale School of Public Health is accepting applications for a position of Assistant or Associate Professor. Applicants must have a doctoral degree with a record of research and scholarly accomplishments in epidemiology, with a specialization on the health and well-being of older individuals. The selected candidate should have some teaching experience and will be expected to develop an externally funded research program. Developing collaborative relationships with investigators in other departments at Yale, such as medicine, psychiatry, and psychology is encouraged.

Interested candidates should respond prior to March 1, 2009 by sending a curriculum vitae, cover letter indicating teaching experience, research interests, and professional goals, and selected reprints of published work to:

Stanislav Kasl, Ph.D.
 Chair, Search Committee, Yale School of Public Health
 60 College Street, P.O. Box 208034
 New Haven, CT 06520-8034
<http://publichealth.yale.edu/>

Yale University is an affirmative action/equal opportunity employer. Yale values diversity in its faculty, students and staff and especially welcomes applications from women and underrepresented minorities.

**PERINATAL/DEVELOPMENTAL EPIDEMIOLOGIST
 MICHIGAN STATE UNIVERSITY**

The Department of Epidemiology of the College of Human Medicine (CHM) at Michigan State University (MSU) invites applicants for a tenured or tenure-track general fund-supported faculty position at the associate or full professor level in perinatal and/or developmental epidemiology.

The successful candidate will be joining a department with strengths in the field of perinatal and developmental epidemiology. The Department also hosts the only NIH-funded T-32 program devoted entirely to perinatal epidemiology.

Additionally, the Department is the lead site for the five Michigan counties participating in the National Children's Study (NCS), and a particular goal of this recruitment is to take advantage of the extraordinary research opportunities provided by the NCS.

MSU encourages multi-disciplinary approaches to research. Collaborations with the Department of Pediatrics and Human Development, the Department of Obstetrics, Gynecology and Reproductive Biology, and with other relevant research units both at MSU and across the state of Michigan are strongly encouraged. Candidates for this position should have a history of developing successful collaborations across disciplines. Participating in the teaching and mentoring of medical students, graduate students in epidemiology, and post-doctoral fellows is also expected.

Minimal qualifications for the position include an earned doctoral degree in epidemiology, medicine or related field, and research and teaching experience appropriate to the position level.

Interested individuals should send a letter by email to Nigel Paneth MD, MPH (paneth@msu.edu), Chair, Search Committee in Perinatal Epidemiology, describing your interest in the position, your relevant background and training, enclosing a C.V. and the names and contact information of three references. Deadline is March 1, 2009, but applications will continue to be accepted until a suitable candidate is found. For more details about the department and this opportunity, visit www.epi.msu.edu/jobpostings.htm.

MSU is an affirmative-action, equal-opportunity employer. MSU is committed to achieving excellence through cultural diversity. The university actively encourages applications and/or nominations of women, persons of color, veterans and persons with disabilities.

Assistant Professor Genetic Epidemiology

The Department of Social and Preventive Medicine in the School of Public Health and Health Professions invites applications for a tenure-track, state-supported position in genetic epidemiology at the rank of assistant professor. Candidates will be evaluated based on their research productivity and potential. We seek applications from highly qualified and motivated individuals who would like to share in the development of an expanding program committed to excellence in research and scholarship.

The Department of Social and Preventive Medicine has a long and productive history of research and teaching in chronic disease epidemiology and prevention. The University at Buffalo is a research-intensive institution, the largest and most comprehensive of the campuses of the State University of New York, offering more than 300 undergraduate and graduate degree programs. The SPHP and the other schools of the Academic Health Center (Schools of Medicine and Biomedical Sciences, Dental Medicine, Pharmacy and Nursing), Roswell Park Cancer Institute and The New York Center of Excellence in Bioinformatics and Life Sciences provide a rich environment for collaborative research in genetic epidemiology.

For information regarding applications, please see www.sphhp.buffalo.edu/spm/positions

For specific inquiries, please contact: **Dr. Jo Freudenheim, Search Committee Chair, (716) 829-5375, jfreuden@buffalo.edu**. Review of applications will begin immediately; applications will be received until the position is filled.

The University at Buffalo is an Equal Opportunity/Affirmative Action Employer/Recruiter.

Postdoctoral Research Scientist
Gertrude H. Sergievsky Center, Columbia University

The Gertrude H. Sergievsky Center of Columbia University seeks applications for a postdoctoral research scientist for studies of the genetic epidemiology of epilepsy. The position involves data analysis and manuscript preparation in a population-based familial aggregation study, as well as data base management in a genetic linkage study. Experience with epidemiologic research, data analysis, and database management is essential; familiarity with genetic research and/or clinical aspects of epilepsy is desirable, but not required. The position also requires excellent writing ability, strong organizational skills, meticulous attention to detail, and the ability to juggle multiple tasks. Salary commensurate with education and experience.

Requirements: Ph.D., M.D., Dr.P.H. or equivalent in epidemiology, biostatistics, human genetics, or a related discipline.

Contact: Ruth Ottman, Ph.D., email: ro6@columbia.edu. Please provide CV and the names of three references.

Columbia University is an affirmative action/ equal opportunity employer.

EUROPEAN EDUCATIONAL PROGRAMME IN EPIDEMIOLOGY

Design and statistical analysis of genetic epidemiology studies

Florence 15 June - 19 June 2009

David Clayton and Jason Cooper, Cambridge Institute for Medical Research, Cambridge, UK

This one week specialized course covers a range of topics including : Mendel's laws, recombination ; probability calculations and identity by descent ; familial aggregation, recurrence risk ratios ; linkage, affected sib-pairs ; introduction to population genetics, linkage disequilibrium ; association mapping, direct and indirect approaches ; population-based association studies, case-control studies ; unmeasured confounding by stratification and/or admixture ; family-based association studies ; the transmission disequilibrium test ; genome screens, multiple testing ; gene-gene and gene-environment interactions ; mendelian randomization.

22nd Residential Summer Course

Florence 22 June - 10 July 2009

The course, now in its twenty-second year, is intended for epidemiologists, public health practitioners and clinicians with an interest in epidemiology. The course offers in the first two weeks five general modules on epidemiological study design and statistical analysis of epidemiological data. In the third week six special modules, ranging from cancer epidemiology and clinical epidemiology to the impact of changes of global climatic environment cover topics of current relevance for health.

The courses are taught in English by lecturers mostly from European universities and research institutes and are held in residential form in the "Studium" centre on the hills close to Florence.

EPIDEMIOLOGICAL METHODS AND STUDY DESIGN

*Manolis Kogevinas, Spain,
Jorn Olsen, Denmark
Neil Pearce, New Zealand,*

Franco Merletti, Lorenzo Richiardi and Rodolfo Saracci, Course Director, Italy

STATISTICAL METHODS IN EPIDEMIOLOGY

*Bianca De Stavola and Simon Cousens, UK,
Per Krag Andersen, Denmark,
Michela Baccini, Annibale Biggeri, Laura Ciccolallo, Corrado Lagazio, Stefano Mattioli and Jacopo Pasquini, Italy,
Paco Fernandez and Aurelio Tobias, Spain,
Pietro Ferrari, Italy*

CANCER EPIDEMIOLOGY

Dimitrios Trichopoulos, Greece

CLINICAL EPIDEMIOLOGY

Matthias Egger, Switzerland

EPIDEMIOLOGY AND ENVIRONMENT

- **Global climatic change & health :**
Anthony McMichael, Australia
- **Local and occupational environment & health :**
Joseph Antó and Jordi Sunyer, Spain
- **Social environment & health :**
Bruna Galobardes, UK



UPDATE INFORMATION AND APPLICATION FORMS ON THE WEBSITE :

www.eepe.org

To contact **EEPE** :
e-mail : eepe@eepe.org

Tel. (33) 4 78 78 56 54 / (33) 4 78 01 10 65
Fax. (33) 4 78 78 56 54

Mail address :

European Educational Programme in Epidemiology
c/o Agenzia Regionale di Sanità
(attention : Ms Caterina Baldocchi)
Viale Milton 7 - 50129 Firenze - Italy



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- Survival Analysis
- Analysis of Longitudinal Data
- Scientific Writing
- Methods in Community-Based Research
- Introduction to SAS
- Cancer Epidemiology
- Pharmacoepidemiology
- Intermediate Epidemiologic Methods
- Genetics in Epidemiology

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 UNIVERSITY OF MICHIGAN

**Assistant/Associate/Full Professor
CANCER EPIDEMIOLOGY**
Dept of Epidemiology and Population Health



Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Applications are invited for a full-time Assistant/Associate/Full Professor of cancer epidemiology in the Department of Epidemiology and Population Health (DEPH) at the Albert Einstein College of Medicine, a leading research institution with a strong commitment to excellence in research. The DEPH is well recognized for its multi-disciplinary programs in epidemiologic, prevention, and health services research and is currently undergoing considerable expansion of its faculty base.

The epidemiologist who occupies this position will be expected to develop an independent program of research in cancer epidemiology, focusing on one or more of the following areas: molecular epidemiology, nutritional epidemiology, and/or chemoprevention; and to teach medical and graduate students. The position, which comes with a generous start-up package including 3 years of full salary support plus research funds, will provide opportunities for diverse research experiences in a highly collegial environment with potential for growth.

The successful candidate will have either a PhD in epidemiology or an MD with advanced training in epidemiology, strong verbal and written communication skills, relevant research and teaching experience, and a record of peer-reviewed publications. Rank will be commensurate with experience.

Interested candidates should submit a cover letter describing their research and teaching experience and listing three referees, together with their curriculum vitae, to: **Tom Rohan, M.D., Ph.D. (Ref: AECOM-CE), Chairman, Department of Epidemiology and Population Health, Albert Einstein College of Medicine, Jack & Pearl Resnick Campus, 1300 Morris Park Avenue, Bronx, NY 10461; Phone: (718) 430 3355; Fax: (718) 430 8653; E-mail: rohan@aecom.yu.edu; Website: http://eph.aecom.yu.edu**

Applications will be accepted on a continuing basis until the position is filled. Albert Einstein College of Medicine is an equal opportunity employer.



**EPIDEMIOLOGY POSITION AVAILABLE
MARSHFIELD CLINIC RESEARCH FOUNDATION
EPIDEMIOLOGY RESEARCH CENTER**

Marshfield Clinic Research Foundation (MCRF) is seeking a doctoral-level epidemiologist. MCRF is the research division of Marshfield Clinic, a large multi-specialty group practice with over 750 physicians and 43 regional centers in central and northern Wisconsin. This position will be jointly funded through the Epidemiology Research and the Clinical Research centers.

Marshfield is a family-oriented community in the heart of the state's winter and summer recreational areas and has an excellent school system. An active cultural life is supported by the large professional population and the University of Wisconsin-Marshfield/Wood County campus. City and country living situations are available with very short commutes. For information on research activities and resources visit www.marshfieldclinic.org/MCRF.

CLINICAL EPIDEMIOLOGIST

We are recruiting a non-tenure track epidemiologist to serve as consultant and coinvestigator on a variety of research projects led by MCRF investigators and physicians. These include projects funded by Marshfield Clinic as well as state and federal agencies. Responsibilities include:

- Consulting with clinicians and scientists to support clinical and population-based research;
- Research proposal development;
- Assisting with epidemiologic studies of vaccine effectiveness and vaccine safety;
- Collaborating with investigators in the Institute for Clinical and Translational Research, a federally funded collaboration with the University of Wisconsin.

Applicants should have a Ph.D. in epidemiology or biostatistics with first author publications, experience in consulting or collaborative research, and excellent communication skills.

Submit electronic application to Human Resources at www.marshfieldclinic.org. Submit hard copy CV and cover letter to Jordan Ott, Marshfield Clinic Research Foundation, 1000 N Oak Ave, Marshfield, WI 54449, Phone: 800-782-8581, ext. 9-3658, FAX: 715-389-3880, e-mail: ott.jordan@mcrf.mfldclin.edu. Scientific contact: Edward Belongia, MD, Director Epidemiology Research Center, Phone: 800-782-8581, ext. 9-3783, e-mail: belongia.edward@marshfieldclinic.org.

Applications must be received by March 1, 2009
We are an Affirmative Action/Equal Opportunity employer that values diversity. Minorities, females, individuals with disabilities, veterans are encouraged to apply <http://www.marshfieldclinic.org>



**School of Public Health
Department of Epidemiology and Biostatistics**

The Drexel University School of Public Health has the following position vacancies in the Department of Epidemiology and Biostatistics:

Tenure-track Assistant or Associate Professor in Epidemiology:

Candidates should have a doctoral degree in epidemiology, a publication record in their field, experience securing extramural funding, and evidence of effective teaching ability. Research areas of Departmental interest include: social epidemiology, genetic epidemiology, infectious disease epidemiology, nutritional epidemiology, perinatal and pediatric epidemiology, cardiovascular disease epidemiology, and psychiatric epidemiology. However, applicants whose research is outside these areas or whose research focuses on epidemiologic methods are also welcome. The position involves scholarship through externally funded research and teaching and academic advising in masters and doctoral degree programs.

Tenure-track Assistant or Associate Professor in Environmental Epidemiology:

Candidates should have a doctoral degree in epidemiology or environmental health sciences and have research interests that include environmental exposures and children's neurodevelopmental outcomes. Interest/experience in autism research a plus. The position will involve research, teaching and academic advising in the School's masters and doctoral degree programs, and public health service. A publication record in children's environmental health and relevant graduate-level teaching experience are desired but junior faculty applicants will be gauged on their scholarly potential.

Post-doctoral Fellowship in Infectious Disease/AIDS epidemiology:

Candidates should have a doctoral degree in epidemiology, biostatistics, or behavioral sciences with strong methodologic and quantitative training. The position will have a broad focus and could include the design and analysis of studies on the psychosocial etiology of HIV risk, ecologic and behavioral approaches to infection, or natural history studies of chronic viral infections, including HIV. There are many opportunities for interdisciplinary, collaborative research throughout the University and with Philadelphia city-wide agencies working on HIV prevention in multiple vulnerable populations. This is a two-year position under the supervision of Dr. Seth Welles.

All applicants should submit curriculum vitae, list of three references, and a cover letter. Faculty applicants should include a description of research and teaching interests and post-doctoral fellowship applicants should include a description of their research interests in their cover letters.

All submissions and inquiries can be addressed to:

Craig J. Newschaffer, Ph.D. - Chair, Department of Epidemiology and Biostatistics
Drexel University School of Public Health
1505 Race Street, 6th Floor MS 1033
Philadelphia, PA 19102-1192
cnewscha@drexel.edu
or apply online at www.drexeljobs.com

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Training Courses for Public Health Professionals

Cosponsored by Emory University and
The Centers for Disease Control & Prevention
(Atlanta, Georgia)

Directed by Philip S. Brachman, M.D.

Successful Scientific Writing & Effective Oral Communication
May 18-22, 2009

This Scientific Writing module is designed for public health professionals. It includes learning basic structure, style, and strategies for writing a scientific manuscript. The Oral Communication module includes how to prepare a scientific talk, scientific poster, how to deal with media, etc. Videography will be used.

Epi Info: Developing Public Health Systems Course
March 9-11 and March 12-14, 2009

This course is for practitioners of epidemiology & computing, who wish to develop software applications using Epi Info for Windows.

Epidemiology in Action
April 27 - May 8, 2009

This basic epidemiology course is directed at public health professionals and includes discussions of applied epidemiology and biostatistics, public health surveillance, field investigations, Epi-Info training, and selected prevalent diseases. Epidemiologic case studies are worked on in the classroom.

Public Health Surveillance
June 1-5, 2009

This course is a comprehensive study on public health surveillance and includes discussions of the history and planning considerations, data sources and collection, analysis and interpretation, communication, evaluation, ethical and legal issues, state and local issues, and issues in developing countries as concerns public health surveillance.

Contact person: **Pia Valeriano, MBA, Associate Director**
Phone: 404-727-3485; Email: pvaleri@emory.edu
Website: <http://www.sph.emory.edu/EPICOURSES>



**Yale School of Public Health
Yale University School of Medicine**

The Division of Chronic Disease Epidemiology in Yale School of Public Health is accepting applications for a position of Assistant or Associate Professor with term. Applicants must have a doctoral degree with a record of teaching and research accomplishments in epidemiology. The position involves a heavy emphasis on teaching basic and advanced epidemiologic methods to M.P.H. students. The selected candidate must be an exemplary teacher and will be expected to be involved in an externally funded research program.

Interested candidates should respond prior to February 1, 2009 by sending a curriculum vitae, cover letter indicating teaching experience, research interests, and professional goals and selected reprints of published work to:

Stanislav Kasl, Ph.D.
Chair, Search Committee, Yale School of Public Health
60 College Street, P.O. Box 208034
New Haven, CT 06520-8034

Yale University is an affirmative action/equal opportunity employer. Yale values diversity in its faculty, staff and students and especially welcomes applications from women and underrepresented minorities.



STROKE RESEARCHER.
STROKE RESEARCH THAT MAKES A DIFFERENCE IN PATIENT CARE

Geisinger Center for Health Research (located on the campus of Geisinger Medical Center, Danville, PA) offers unparalleled opportunities and resources for research. We are seeking a researcher with expertise in stroke epidemiology, health services or clinical research.

Geisinger Health System provides care to a stable population of nearly 2.6 million residents through its 40 community practice locations and three hospitals across central and northeast Pennsylvania. The healthcare system uses integrated electronic health records that captures data on diagnosis, prescriptions, and lab values, as well as imaging, structured clinical notes, and supplementary patient questionnaire data. In addition, the Center manages a system-wide bio repository of DNA and serum.

The successful candidate for the position will split his/her time between research and patient care. Candidates should have a track record of publications and successfully funded research, an MD or OD is required.

If you are interested in performing research that makes a difference, we invite you to contact us today:

Walter E. Stewart, PhD, Associate Chief Research Officer
c/o Jerry Foley, Staff Recruiter
100 North Academy Avenue, Danville, PA 17821-3003
gjfoley@geisinger.edu • Phone: 570.214.5529

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Ontario Institute
for Cancer Research

Executive Scientific Director, Ontario Health Study

The Ontario Institute for Cancer Research (OICR) is seeking an Executive Scientific Director, Ontario Health Study (OHS), to lead a longitudinal study of 150,000 Ontarians on risk factors for cancer and chronic diseases.

The Executive Scientific Director will initially report to the President of OICR and then to the Board of Directors of the OHS when it is established.

Qualifications

- PhD and/or MD with substantial experience in epidemiology and related areas of research;
- Excellent track record in conducting large-scale cohort studies;
- Eligible to hold the rank of associate or full professor at an Ontario university;
- Demonstrated ability to work effectively and collaboratively in support of a multidisciplinary community that makes use of the new research platform;
- Research experience in the field of cancer services or cancer control is an advantage but not necessary.

Conditions of Employment

The position will be based at a university or research institute in Ontario or at OICR, which will provide research space and academic/clinical appointments.

The initial appointment will be for five years, renewable pending satisfactory review. A competitive salary and benefits package will be negotiated.

The appointee will devote >80 per cent of time to research. A candidate who is medically qualified may maintain some clinical duties but they may not take more than 20 per cent of the individual's time.

Application Process

Ontario academic institutions may submit applications on behalf of existing faculty or propose new recruits. However, the OICR also encourages applications from individuals who are not already affiliated with an Ontario university or research institute; in these instances, OICR will assist in identifying a suitable host facility.

Candidates are invited to submit a curriculum vitae, vision statement, and names of three references electronically to search@oicr.on.ca. For more information about OICR, please visit the website at www.oicr.on.ca.

The position will remain open until a suitable candidate is found, however applications would be preferred by March 31, 2009.

The University of North Carolina at Chapel Hill Department of Radiology

Description

The Department of Radiology at the University of North Carolina at Chapel Hill is seeking a qualified applicant for the position of Assistant Professor of Radiology in the tenure track, to join the Epidemiology group. The applicant should have experience in cancer, clinical epidemiology or outcomes research, with an emphasis on community based research or technology assessment. Position responsibilities include participating in the management of a large population based mammography registry, development of study designs, and, as needed, the statistical analysis of epidemiologic and survey research. An interest or experience in cancer screening is desirable. In addition, this individual will participate in grant and proposal writing and the preparation of manuscripts and presentations.

Requirements

The successful candidate must possess strong oral and written communication and analytic skills. A Ph.D. or MD, MPH is preferred. The candidate must show that they have the potential to build an independent research career in cancer screening or outcomes research and the ability to work nationally and internationally on collaborative research. Evidence of course work in epidemiologic methods and statistical analysis are required. Applicants who are radiologists with an interest in outcomes research and hold an MPH or other related degree, who desire to spend half-time in population research and half time doing clinical work, may also apply. The MPH or PhD should be in epidemiology or related field. Candidates should be comfortable teaching research methodology and consulting with clinical faculty conducting research. Applicant must be able to work collaboratively with clinicians, statisticians and other research faculty. UNC is an environment where faculty from the School of Medicine, School of Public Health and other Health related schools work collaboratively.

To apply, please submit the following materials electronically to Vickie Holland, Human Resources Manager at vholland@med.unc.edu - a curriculum vitae, statement of interest/qualifications, and a list of three references. Position is open until filled. The University of North Carolina at Chapel Hill is an Equal Opportunity/ADA Employer.

Faculty Positions

**Molecular Epidemiology and Survivorship Research
James P. Wilmot Cancer Center
University of Rochester Medical Center
Rochester, New York**

The Wilmot Cancer Center seeks scientific investigators to join our expanding Center of Excellence in Cancer Survivorship. Two tenure-track positions are available for a scientific investigator with expertise and experience in the conduct of molecular epidemiologic studies and for a scientific investigator with expertise in survivorship research. Candidates for the molecular epidemiology position should have a strong background in the design and conduct of molecular epidemiologic research using cross-sectional, case-control, and/or cohort studies. Candidates should have knowledge of, and demonstrated capacity to apply state-of-the-art methods to a wide range of biomarkers. Candidates for the survivorship investigator position should have a strong background and experience in design of survivorship studies using case-control and cohort designs. All candidates must be sufficiently experienced to function independently in the development of their research efforts.

The candidate for the molecular epidemiology position must have a doctorate in epidemiology or a comparable doctoral degree, experience in conducting molecular epidemiology studies, a record of publication showing an ability to design, conduct, analyze and interpret data from molecular epidemiology studies, and a track record of external peer-reviewed funding. The candidate for the survivorship investigator position must have a doctorate in epidemiology or a comparable doctoral degree, experience in survivorship research, and a track record of external peer-reviewed funding. For both positions, a demonstrated ability to carry out effective collaborations with investigators from different disciplines is critical. Also essential is the ability to communicate effectively in speech and in writing, as demonstrated in presentations and publications. Tenure-track faculty positions at the Assistant and Associate Professor levels will be considered based on the credentials and experience of the candidate.

Interested individuals should send a cover letter, CV, brief summary of research interests and experience, copies of selected publications, and three letters of reference to:

Lois B. Travis, M.D., Sc.D.
Attn: Judy Whitney
James P. Wilmot Cancer Center
University of Rochester Medical Center
601 Elmwood Avenue, Box 647
Rochester, New York 14642
e-mail: Judy_Whitney@URMC.Rochester.edu
Phone: 585-275-0794

A completed application is required to be considered for these positions.
The URMC is an Equal Opportunity Employer and offers competitive salary and comprehensive benefit packages.

Advertise your job, event, book
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Contact: Cynthia Wright,
Director of Operations

The Epidemiology Monitor
2560 Whisper Wind Court
Roswell, GA 30350

Tel: 770/594-1613
Fax: 770/594-0997

email: epimon@aol.com
web: www.epimonitor.com

**SOCIETY FOR PEDIATRIC AND PERINATAL
EPIDEMIOLOGIC RESEARCH**

3

SPER 22nd Annual Meeting

June 22-23, 2009

Anaheim, California (Immediately preceding SER)

3

3

CALL FOR ABSTRACTS

- Deadline: 5:00 pm (local time) on February 6, 2009
- All aspects of reproductive, maternal, infant, and child health as well as related methodological issues

STUDENT PRIZE PAPER

- Application deadline: March 6, 2009
- Open to all students (graduate or medical), post-docs, trainees, residents, and fellows
- Supports travel and registration plus honorarium

HEINZ BERENDES INTERNATIONAL TRAVEL AWARD

- Application deadline: March 6, 2009
- Open to all persons living outside the US/Canada
- Supports travel and registration plus honorarium

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www.sper.org

or contact: Marcia Feldkamp, Secretary

Email: Marcia.feldkamp@hsc.utah.edu

Phone: (801) 257-0566 ext 203

27TH ANNUAL GRADUATE SUMMER INSTITUTE OF EPIDEMIOLOGY AND BIostatISTICS

Johns Hopkins Bloomberg School of Public Health

JUNE 15 – JULY 3, 2009

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Observational Epidemiology
Design and Conduct of Clinical Trials
Statistical Reasoning in Public Health I
Statistical Reasoning in Public Health II

ONE-WEEK COURSES

Applications of the Case-Control Method
Methods and Applications of Cohort Studies
Conducting Epidemiological Research
New Perspectives on Management
of Epidemiologic Studies
Clinical Trials Management
Comparative Effectiveness Research:
Patient-Reported Outcomes
Pharmacoepidemiology

Introduction to the SAS Statistical Package
Longitudinal Data Analysis
Data Analysis Workshop I
Data Analysis Workshop II
Advanced Data Analysis Workshop III
Survival Analysis
Biostatistics Analysis of Epidemiologic Data I:
Logistic Regression

Biostatistics Analysis of Epidemiologic Data II:
Poisson and Conditional Logistic Regression
Biostatistics Analysis of Epidemiologic Data III:
Semiparametric Methods

Family-Based Genetic Epidemiology
Molecular Biology for Genetic Epidemiology
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Tuberculosis Control
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Advanced Issues in Control and Prevention of HIV/AIDS
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FOR INFORMATION, PLEASE CONTACT:

Ayesha Khan, Coordinator
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Baltimore, MD 21205
410-955-7158
Fax: 410-955-0863
Email: akhan@jhsph.edu
www.jhsph.edu/summerepi



**JOHNS HOPKINS
BLOOMBERG
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*Course offerings and faculty are subject to change. Proficiency in English language is required.

Cohorts and Consortia: From Biotechnology to Populations

June 17 - 19, 2009
Rimrock Resort, Banff, AB

Molecular epidemiologic research demands ever larger sample sizes to investigate associations with complex disease etiologies such as cancer. Consortia of existing studies evolved to address this need, while newly-established cohort studies espouse additional opportunities. At the Cohorts and Consortia conference, we will foster partnerships with investigators who lead large cohorts and consortia in order to promote collaborative research while addressing themes of large-scale biorepositories, biotechnology, participant privacy, multidimensional data analyses and novel exposure measurement.

For registration information please visit our web site:

www.cohortsandconsortia.com

Keynote Debate: What should be the priorities for cohort studies?

Debaters: Graham Colditz MD, DrPH and John Potter MD, PhD

Co-Chairs:

Linda Kelemen, MSc, ScD
Alberta Health Services-
Alberta Cancer Board
Calgary, Alberta

Paolo Boffetta, MD, MPH
IARC, Lyon France and
Chairperson, AACR-MEG
Steering Committee

Registration opens February 17, 2009



5th Annual NICHD-IHDCYH Summer Institute in Reproductive and Perinatal Epidemiology



E E E

The Epidemiology Branch of the *Eunice Kennedy Shriver* National Institute of Child Health & Human Development (NICHD) and the Institute of Human Development, Child and Youth Health (IHDCYH) are jointly hosting their 5th annual NICHD-IHDCYH Summer Institute in Reproductive and Perinatal Epidemiology from July 12-18, 2009 at La Sapinière, Val-David, Quebec. Doctoral students and clinical fellows enrolled in a graduate research degree program who are interested in a research career in reproductive or perinatal epidemiology are invited to apply. The week-long Summer Institute will provide substantive and methodologic training in human fecundity and fertility, pregnancy complications, maternal health and fetal and infant outcomes, as well as promising new approaches for studying these issues. A combined didactic and case-based curriculum will be offered by faculty affiliated with NICHD and IHDCYH.

Up to 20 qualified students will be selected. Participants will be awarded a stipend of up to \$1,500 USD to cover travel expenses; in addition, lodging and meals will be covered by NICHD and IHDCYH. Eligible students and fellows are invited to submit a brief (2-page) cover letter stating their professional status and goals with regard to reproductive and perinatal epidemiology, curriculum vitae (maximum of 2 pages), and two letters of support. All documents must be received by **April 15, 2009**. Applications will be reviewed by an Institute faculty committee with regard to: 1) personal statement of professional research interests and career plans; 2) evidence of graduate-level training in epidemiology and biostatistics; and 3) letters of support. Unsuccessful applicants to the 2008 Summer Institute can resubmit their 2008 letters of support (if still applicable). Priority will be given to students/fellows with demonstrated excellence in this field, including practical research experience and published peer-reviewed publications. Selections will be made by **May 15, 2009**.

For more information on the 5th Annual NICHD-IHDCYH Summer Institute in Reproductive and Perinatal Epidemiology, please visit the IHDCYH website at: <http://www.cihr.ir.c.gc.ca/e/000000.html>

Applications should be submitted electronically to: Anick Lambert or Lindsay Wallace (CIHR-IHDCYH)
E-mail address: lambert@cihr.ir.c.gc.ca telephone: 1 819 937 8000

DHHS and NIH are Equal Opportunity Employers.

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