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THE EPIDEMIOLOGY MONITOR
A monthly update covering people, events, research and key developments

SPECIAL ISSUE

An Interview with Geoffrey Kabat, Epidemiologist at the Albert Einstein College of Medicine and Author of "Hyping Health Risks--Environmental Hazards in Daily Life and the Science of Epidemiology."

[Ed. This month the Epidemiology Monitor conducted an interview with Geoffrey Kabat, an epidemiologist at the Albert Einstein College of Medicine who has written a thoughtful book Hyping Health Risks---- Environmental Hazards in Daily Life and the Science of Epidemiology." It has been our view that the issues first raised by Gary Taubes in his 1995 paper about the limits of epidemiology deserved serious consideration. Since that time, it does not appear that there have been any discipline-wide efforts or initiatives to address the challenges posed in that original paper. Now Geoffrey Kabat has revisited the same problems more than a decade later, and he has been very detailed in his analysis of four case studies, which he believes, give evidence for the hyping of health risks. By interviewing Kabat, it was our goal to get greater clarity not only for his criticisms of epidemiology and society more broadly, but to understand in greater depth what practical suggestions there might be for improving the situation he deplores. There is interest in the epidemiology community at the moment in better understanding how we can do a better job of translating good data into effective policy. Thus, interest in the field seems more focused on learning how to hype neglected health risks than it does in downplaying exaggerated health risks. It seems to us that both the exaggerated as well as the neglected health risks are important and that perhaps a conversation with those who are knowledgeable about each might serve to throw additional light on the best way forward. Both false positives and false negatives should be of concern, and epidemiologists skilled at arriving at true positives and true negatives and communicating about each may have much to learn from each other. We hope our interview stimulates further discussion and greater consideration of the issues.]

EpiMonitor: Can you say more about your personal and professional motivations for writing this book? Clearly, hazards are being manufactured all around us. You are presumably like all other epidemiologists in sharing a set of scientific values and standards, but others have not written such books.

Kabat: In the early 1990s I noticed that certain issues in epidemiology seemed to be distorted or exaggerated and that the public was being given the wrong idea.

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"...I think Taubes did epidemiology a service in pointing out the problem of conflicting studies and recommendations."

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So, I tuned in to a number of these issues, some of which I was doing primary research on. I began to view these topics that got a lot of attention and stirred up a lot of concern from a dual perspective – that of a practicing epidemiologist and that of an outside observer – almost as if I were an anthropologist. I would contend that one can't really understand what is going on with the hyping of health risks without considering the social context in which messages about health get disseminated. In addition, as a scientist, I tried to assess what the evidence actually indicated and where certain agency reports or partisan interpretations seemed to be overstating the evidence. I guess there were two emotions that motivated me to pursue what was a pretty demanding task – evaluating the evidence on my four topics and trying to sort out how it got refracted by different parties. One was fascination with some of the flagrant contradictions and incongruities; the other was frustration at some of the one-sided and unsupported claims. But above all, I felt that this was a very rich topic that had received little sustained attention.

EpiMonitor: How does your position differ from that of Gary Taubes, who made some of the same points in his article "Epidemiology faces its limits" in Science magazine in 1995?

Kabat: First of all, I think Taubes did epidemiology a service in pointing out the problem of conflicting studies and recommendations. My main disagreement with Taubes is that he ascribes the inconsistency of results of epidemiologic studies on a given topic to epidemiologic methods, and above all to the fact that we rely largely on observational, rather than experimental, studies. Clearly, observational studies have their limitations. But Taubes understates the substantial consistency of epidemiologic findings on many questions which are quite solid, such as on alcohol consumption and upper alimentary tract cancers, on estrogen therapy and endometrial cancer, and reproductive factors and breast cancer risk, to name just a few. It has been instructive that when certain differences between the Women's Health Initiative clinical trial of hormone therapy and the observational study were taken into account (namely, time from menopause to first use of hormone therapy) the results showed a reasonable degree of consistency. I know there are counter-examples where observational studies were contradicted by the results of clinical trials, as in the case of beta-carotene supplementation and lung cancer. But my point would be that over-interpretation of findings and a failure to be sufficiently critical has been as important as methodological limitations. Sander Greenland described this as the "sin of believing" that your hypothesis is true because your study turned up a positive result. One element of being critical in interpreting results is to consider how well we can measure the factor under study. If we can do a reasonably good job of measuring it, then we stand a chance of detecting an association with disease, if there is one. If we can't do a very good job of measuring the exposure in question, and if in addition the exposure is very small, then we should not be surprised that studies are going to come up with conflicting results. So, I put a great deal more emphasis on how extra-scientific pressures and agendas and the failure to be sufficiently critical can affect what gets made of findings in some areas of epidemiology than Taubes does.

EpiMonitor: How would you articulate the essence of what you are saying in the book?

Kabat: There is a tremendous interest on the part of the public – that is, all of us – in factors that pertain to our health – both risk factors for disease and protective factors.

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And yet, the accrual of knowledge that would allow us to prevent many common diseases, including many cancers, Alzheimer's, etc. is very slow. So, there is a hunger for new findings that will make a real difference. It is also true that, on a deep level we all want positive results – we want to fill in the yawning gaps in our knowledge. This is true of researchers and it's true of consumers of the findings we produce. It is only natural that we want our work that has taken years to be meaningful. Thus, if we study something extensively and the findings are basically weak or inconclusive, there is a tendency to still believe in our hypothesis, which is only normal. But it can also lead us in some circumstances to act as if we have good evidence that there is something there, when in fact we may not. So, there is very often a preference in favor of the positive interpretation even when the facts don't warrant it.

In addition, a number of non-scientific pressures and agendas can contribute to skewing the reading of the evidence. These include political and ideological agendas, which are most prominent in the areas of tobacco and environmental issues, but in other areas as well. Advocates for a specific disease or issue can have a strong influence. Regulatory and health agencies may feel compelled to demonstrate their responsiveness to a perceived threat to health. Often, in the examples I examine in detail in the book, and in other instances as well, due to these pressures, certain aspects of an issue tend to get more attention, and others that may be of equal importance may get short shrift.

EpiMonitor: You talk about the manufacture of a hazard as if the facts do not speak for themselves but are spun into a hazard that should not be addressed. And somewhere in your book you talk about the natural history of a controversy and how it eventually works itself out and the truth wins out. Do you believe that, and if so, why not just let these manufactured hazards burn themselves out naturally over time. They may be impossible to reverse quickly anyway once they get legs.

"So, there is very often a preference in favor of the positive interpretation even when the facts don't warrant it".

Kabat: The facts certainly do not speak for themselves. They need to be critically evaluated, qualified, challenged, and put in perspective. I do think that there is a pattern of early studies showing an impressive effect and attracting a lot of attention, and then, as more powerful and more rigorous studies are done, the initially impressive effect gets down-graded or revised downward, sometimes approaching the null value. This happened with studies of blood levels of DDT/DDE and breast cancer. Some of the first studies on passive smoking and lung cancer showed relative risks in the vicinity of 2.0. After more than twenty years of studies, meta-analyses report a summary relative risk of about 1.25. But if one does a meta-analysis of U.S cohort studies, the relative risk is considerably lower. There are other examples as well.

"First of all, I believe that being self-critical is part of what science is about."

I do think that science is self-correcting to a large extent, but this is not always the case. On some issues, the misinformation persists. For example, after thirty years of experimental and epidemiologic studies of extremely low-frequency electromagnetic radiation which has not substantiated the existence of a hazard at ambient levels of exposure, it's my impression that there is still a widespread and persisting notion that these fields are harmful. Concerning passive smoking, even though some recent studies and review articles indicate that the effects may have been overstated, the overstated and one-sided claims emanating from the Surgeon General, the CDC, the California EPA, and other agencies are hard to overcome.

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EpiMonitor: You deserve credit for pointing out a variety of actors and how their incentives manufacture a hazard. It is useful to know that these actors are out there and that they have incentives to exaggerate risks. But what are the solutions to stopping these artificial creations? It is all well and good to say people should put things in fuller perspective, but what incentives will replace existing ones to make them do this?

"I am not alone in pointing these things out."

Kabat: First of all, I believe that being self-critical is part of what science is about. I think that being aware of the tendency for potential health hazards (or potential benefits) to be distorted or exaggerated is an important first step. I find the lack of critical judgment on certain health topics that receive a great deal attention from the media and from health researchers dismaying and very much worth noting. So, the first step is to point to examples of what goes on. After having described the phenomenon – and this is a complex phenomenon – there is the possibility of changing the incentives – at least to some extent. One small example would be for journal editors to discourage authors from presenting a positive result from a subgroup analysis in the abstract of a paper, especially if the overall result is null. (Noel Weiss has proposed this). It has also been suggested that reporting absolute risks, in addition to relative risks, can help put findings in perspective. Another recommendation is to make greater use of some set of criteria for judging whether an association is likely to be causal, such as those propounded by A. Bradford Hill in the 1960's. This would have introduced a lot more clarity in the discussions of the EMF issue. There are certainly other concrete steps that could be taken. But just because it is difficult to counter the tendencies I am describing doesn't mean that we shouldn't pay attention to them.

"But most things don't turn out to be important."

I am not alone in pointing these things out. David Savitz has written an editorial on "inflammatory epidemiology." Phil Alcabes has published an outstanding book examining the ways in which epidemics have been represented and how the notion of epidemic has been extended to modern public health phenomena like obesity and autism. Paolo Boffetta and others wrote a commentary in the Journal of the National Cancer Institute in 2008 entitled "False positives in cancer epidemiology: a plea for epidemiologic modesty." And Carl V. Phillips has pointed out the distortion surrounding the use of smokeless tobacco as a method of harm reduction. These are just a few examples. So, I think there is a sense among many epidemiologists that there is a problem. So far, these efforts have been more or less isolated. So perhaps what is needed is to have more forums in which these issues and their implications get explored.

EpiMonitor: Another solution you discuss is greater attention to the social factors that account for disease and you insist that less emphasis should be placed on isolated risk factors. But how amenable are social factors to being studied or even if studied and found culpable, what chance do we have of implementing effective social changes on a large scale? It is as if you urge investigators not to neglect the complexity of things, but the complexity of things mitigates against identifying feasible interventions don't you think?

Kabat: In the passage you're referring to at the end of the book I was trying to make several points. First, that we need to be self-critical and keep certain basic distinctions in view, without which our pronouncements become irresponsible. I mean distinctions such as that between "association" and "causation," between a strong and well-established association and a weak and inconsistent association, between a question that merits research

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and a topic on which we have solid enough evidence to make recommendations, and so on.

Second, it is natural that we have to write up results and draw attention to their potential importance. But most things don't turn out to be important. It is inherent in the research process that it takes time and many lines of work that don't pan out to come up with important findings that actually matter and that stand up. I don't have any "solution" for this. Except for us to be more candid about the fact that this is research and to defend the need for doing it, while at the same time not hyping its significance. I'm reminded of the quip attributed to Albert Einstein, "If we knew what it was we were doing, it would not be called 'research,' would it."

Finally, you are right that it is easier to tackle specific risk factors and try to correct them. But I do think it is salutary to keep in view the relative importance of different issues. To put it bluntly, the passive smoking problem is not of equal importance as the problem of AIDS or diarrheal diseases in Africa.

EpiMonitor: It seems to me that you are pointing out that everyone in science and society has agendas. If this is not likely to change, how can we insulate science from this real world phenomenon? And do we really want to since in reality, the facts never do speak for themselves and we need extra-scientific processes to reach agreement and consensus on how to proceed with the facts. Not everyone will agree.

Kabat: I just feel strongly that there must be ways to prevent some of the excesses of the kind I point out in the book and to improve some of our practices regarding potential health hazards. Earlier I mentioned several examples of steps that could be taken. Another step would be to be more careful in vetting the make-up of members of committees to evaluate a hazard to exclude those with a strong professional or ideological investment in a given issue.

"If we knew what it was we were doing, it would not be called 'research,' would it."

EpiMonitor: Failing to put hazards into a prioritized framework for action could result in our tackling hazards with less effectiveness than if we tackled the highest priority ones. Can you specify actions that have been taken with each of your four examples that you feel were not a good idea or good use of resources. For example, do you disagree with the bans that have been implemented on indoor smoking?

Kabat: As regards DDT, the most serious consequence of the hype and the failure to make important distinctions about the usefulness of DDT or the dangers it presented led countries in equatorial Africa, following the lead of developed countries, to ban DDT, and this policy has been judged to have been responsible for perhaps a million deaths from malaria that could have been prevented.

"...this policy has been judged to have been responsible for perhaps a million deaths from malaria that could have been prevented."

Regarding EMF, neutral observers have questioned whether the evidence justified a special set-aside government program (the EMF-RAPID program) which gave the public the message that EMF was a real threat and put other less sensational research questions at a disadvantage.

When it comes to radon, some very well-informed researchers who have studied the radon problem – some of whom I interviewed for the book – feel that the residential radon issue was over-stated and that the approach taken by the EPA – i.e. of recommending that every single-family home should be tested and if the radon concentration was 4 pCi/L or greater that the home should be remediated – was not the most cost-effective approach and that the EPA's aggressive campaign to

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"educate" the population about radon caused a great deal of unnecessary alarm. What failed to get enough attention was that, although residential radon exposure may be the second leading cause of lung cancer after cigarette smoking, it is a distant second. Furthermore, according to the most authoritative studies, approximately 90% of the excess lung cancer cases ascribable to radon exposure occur in current or former smokers. So, there is no disagreement that homes with very high radon levels represent a hazard and should be remediated. But aside from this situation, it may be that the best way to reduce the impact of radon is to encourage smokers to quit.

"...it may be that the best way to reduce the impact of radon is to encourage smokers to quit."

As a result of the radon scare of the late 1980s, many case-control studies were undertaken, starting around 1990, even though researchers at NCI acknowledged at the time that these studies were fraught with methodological problems and might not add anything to our knowledge. These studies have now been pooled and show a slight positive association of indoor radon levels and lung cancer risk, although some people question the legitimacy of the pooling exercise. I think this is an example of how such an issue can take on a life of its own.

"This is sort of like looking under the lamppost for your keys, not because you think you dropped them there but because that's where the light is."

I mentioned studies of passive smoking earlier. Regarding smoking bans, the studies that are cited in support of the claim that smoking bans reduce deaths from coronary heart disease are very weak and questionable. They do not in the main distinguish between smokers and non-smokers, nor do they have information on actual exposure to environmental tobacco smoke. So the differences they purport to show in heart disease deaths before and after the introduction of a smoking ban could be due to the secular decline in heart disease, small numbers of events, chance, or other factors. Large-scale smoking cessation interventions don't show effects of this magnitude. So, this should be acknowledged. Personally, I believe that no one should have to breathe tobacco smoke. Whether this is achieved by high-efficiency air filtration systems coupled with separate smoking sections or whether it is achieved by smoking bans should be determined by the different parties involved.

EpiMonitor: I think you state in the chapter on breast cancer that ultimately there was a lot of good that came from those studies because it changed how people look at the complexity of environmental causes of cancer. If our studies have led us to a more sophisticated view, can you really say that the manufacture of that hazard should never have taken place?

Kabat: It may be a fact that we need to go through an early stage of drawing attention to a problem and carrying out crude studies in order to go on to more sophisticated studies. But just because something good may come out of the process doesn't mean that we should avoid critiquing these early studies and avoid examining the progression of the research. In a way, there was something that could be regarded as cynical, or at least opportunistic, about focusing on DDT in the Long Island Breast Cancer Study. The evidence was really not very convincing that DDT was likely to play any role in breast carcinogenesis. But it was made one of the two lead hypotheses of the study because it could be measured and current blood levels were thought to reflect "historical" exposure. This is sort of like looking under the lamppost for your keys, not because you think you dropped them there but because that's where the light is. I remember one of the senior investigators on the study commenting during a break at the site visit for the grant proposal – but out of hearing of the site visitors -- that, "nobody really thinks DDT has anything to do with breast cancer." So, in a way, that was put in for political reasons and because

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it could be measured. And yet this study was billed as "state-of-the-art" and holding out promise of delivering new insight into the causes of breast cancer. One epidemiologist, Michael Bracken, described the study as an instance of "jumping on the bandwagon." Between 1993 and 2002 about twenty-four epidemiologic studies appeared addressing DDT in relation to breast cancer. The overwhelming majority of these studies showed no evidence of an association. However, almost all share the same limitation – namely, that a single measurement of blood or adipose tissue levels of DDT at one point in time is not adequate to characterize an individual's lifetime exposure. Furthermore, most measurements were made close in time to the diagnosis of breast cancer.

EpiMonitor: What about the idea that manufacturing a hazard produces more resources to tackle the suspected and unknown causes of that problem?

Kabat: These issues are certainly not black-or-white. But just because something good can come out of renewed interest in a disease doesn't mean that we should avoid looking at the downsides, which I – and others – believe are considerable and in certain cases do real harm.

EpiMonitor: Leon Gordis was once quoted in the NY Times when asked how do we know when a question has been exhaustively enough studied. He said there was no way to know for sure and that as long as someone had money to investigate the problem, there would always be a scientist willing to conduct the study. Do you think that is bad, and if so, how would you prevent it?

Kabat: I agree that some people will continue to study a question as long as there is funding. In regard to EMF in the early 2000's, both David Savitz and Dale Sandler wrote editorials in Epidemiology basically stating that we've had enough studies on the topic, unless there were some methodologic breakthrough that allowed us to gain greater insight into what is going on. Something similar happened with residential radon. It's my impression that a trickle of studies continues to appear on both topics. I don't see anything wrong with this – it's in the nature of research. And there is always the chance that some later study may shake up our ideas about what is going on. An example of this is the recent study by Richard Thompson of Johns Hopkins of residential radon and lung cancer in Worcester County, Massachusetts. He went to great lengths to obtain detailed exposure data and to improve quality control and he found evidence of a strong inverse association between indoor radon exposure and lung cancer risk.

"I agree that some people will continue to study a question as long as there is funding."

EpiMonitor: Perhaps our problem is that we persist in seeing or believing that science is neutral. And you seem to espouse the view that science should try as hard as possible to be neutral so as not to present disembodied results in pursuit of an agenda. What if instead scientists understood their work and its interpretation to be something that is partly and inevitably socially constructed. Would not the acknowledgement of that reality cause us to think of new ways of socially constructing our work so that we can be more effective in the real world and make optimum use of resources?

"Perhaps our problem is that we persist in seeing or believing that science is neutral."

Kabat: You are probably right that a more sophisticated understanding of the interplay of science and society might just lead to more inventive ways to game the system. But I think that all we can do is to try to sensitize epidemiologists to these problems and to try to change the culture so that it is perhaps less tolerant of abuses. Try to change the incentives, as you say.

EpiMonitor: Are scientists in denial about their non-neutrality? Do they have an incentive to continue to foster the notion

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that science is neutral and therefore can serve society in a unique way by being the ultimate impartial arbiter?

"...the mantel of science and the appearance of solid, objective evidence can be imposed on a question where the evidence is much less clear-cut or definitive or impressive."

Kabat: Of course the very notion of "science" implies neutrality and objectivity. The problem I am pointing out is that the mantel of science and the appearance of solid, objective evidence can be imposed on a question where the evidence is much less clear-cut or definitive or impressive. This then provides ammunition to regulatory & health agencies, as well as advocates focused on particular issue. And in such cases, part of a scientific approach is to be up-front and honest about the limitations of the data, about what all the relevant evidence shows, and about serious inconsistencies, and remaining questions.

EpiMonitor: Which case study did you enjoy deciphering the most? Which did you learn the most from for your book?

"This is all very unfortunate, and I think it might have been handled differently."

Kabat: Electromagnetic fields. This issue has been with us for thirty years. Granted it took nearly a decade for de novo studies to appear following the initial study by Wertheimer and Leeper that was published in 1979. A large number of studies has appeared over this period addressing diverse diseases, including childhood leukemia, breast cancer, coronary heart disease, depression, ALS, etc. There have been large studies from the NCI and reports from the American Physical Society, the National Academy of Sciences, the National Institute of Environmental Health Sciences, and other agencies. And there have been pooled analyses of the individual epidemiologic studies. Based on thirty years of study, it appears that there is no reproducible evidence that EMF at the levels encountered in everyday life have any effects on health whatsoever. At much higher levels EMF have effects and are used clinically in nerve regeneration and bone-healing, but these effects occur at 3-4 orders of magnitude higher than the ambient levels that are studied in epidemiologic studies. On theoretical grounds, it has been argued that magnetic fields on the order of 10 milliGauss cannot affect biology because they are 10,000 times lower in energy than the thermal noise of the molecules in our bodies.

Nevertheless, this issue can still generate considerable alarm and confusion. In the past year there has been a great furor about a cluster of breast cancer cases in a single building at the University of California at San Diego. Examination of the cluster has focused on magnetic fields produced by the building's elevators. Measurements of the fields showed them to be well within the range of ambient exposures to EMF. Nevertheless, the message conveyed by a report written by a UCSD epidemiologist pointed to EMF as a possible explanation. What was striking to me was that this report presented a rather skewed account of the evidence concerning EMF exposure and breast cancer. The UCSD community has reacted to this situation with feelings of outrage at being subjected to this hazard. This is all very unfortunate, and I think it might have been handled differently. But I think one thing we should expect is that when confronted with a cluster or a putative hazard, all of the relevant evidence get taken into account, rather than selecting evidence and inflaming the situation.

There are other instances as well of the continued life of the EMF hazard.

EpiMonitor: Can you name health risks that are being hyped today and actions being taken to mitigate or study them that you think are not worthwhile?

Kabat: Two topics that come to mind are cell phones and fine particle air pollution. I wouldn't say that the efforts to study them are not worthwhile. But the problem – the danger -- is that certain results get more attention than other results, and influential

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groups create a narrative that may not reflect all of the relevant science. For example, Lennart Hardell an oncologist in Sweden has aggressively argued that the evidence suggests the possibility that cell phone use and mobile phone use may cause brain cancers and brain tumors. He has gone as far as to attack the work of highly respected epidemiologists in print who have found the evidence unconvincing. Here is an example where certain results get more emphasis and perhaps insufficiently critical attention, contributing to the perception that the evidence indicates the existence of a hazard. There are also self-appointed activist groups like the Bioinitiative which give one-sided assessments of the evidence.

A second example of the clash of interpretations of the scientific evidence has been unfolding in connection with the California Air Resources Board's (CARB) efforts to introduce new and more stringent regulations concerning diesel and fine particle air pollution in California. If enacted, these new regulations will have very real economic consequences through their effect on the trucking and construction industries. The crux of the matter is that CARB is relying on certain epidemiologic studies which appear to show an association of fine particle air pollution with mortality, but it ignores certain other studies which show absolutely no association. My point is simply that it is terribly irresponsible for a powerful government agency to not consider all of the relevant evidence – I'm only talking about high-quality studies -- on a question with such far-reaching effects on the economy and on livelihoods. This is not a matter of being retrograde, or pro-industry, or giving air pollution a pass. We have to get beyond appearances and being ensnared by political correctness. This is a question of evaluating all of the relevant evidence on a question before formulating a policy which will have very far-reaching effects.

EpiMonitor: How did you feel about writing a book that was critical of your colleagues?

Kabat: In the final analysis, I didn't see any way to avoid giving vivid examples of what I was talking about. It did feel somewhat uncomfortable, but the criticism is measured and not at all personal or ad hominem. I know that at least some of the people whose work I cite as examples have not held it against me.

"I know that at least some of the people whose work I cite as examples have not held it against me."

EpiMonitor: Epidemiologists are currently working on a series of case studies to show how epidemiologic findings can be translated effectively into action. Most epidemiologists are not worried about over-hyping health risks but rather would love nothing more than to have the health risks they have identified taken more seriously and translated into action. What advice do you have to offer epidemiologists who are trying to translate their results into action? What is the non-pejorative way of promoting awareness of health risks so that society does more not less to address them? Which is the greater societal problem--hyped health risks, or neglected health risks?

Kabat: Part of my point about hyped health risks is that they divert attention from more important issues that have real, palpable effects on health. Furthermore they confuse the public and can lead to the formulation of distorted, wrong-headed policies that may do more harm than good. So, I'm all in favor of translating solid epidemiologic knowledge into action.

"...hyped health risks is that they divert attention from more important issues that have real, palpable effects on health."

EpiMonitor: Perhaps one response that could come from your book would be for the persons who will report on the examples of successful translation of epidemiologic results into action to discuss also with you the examples of overtranslation of epidemiologic results into action. Maybe useful lessons on how to ratchet up and ratchet down the responses to epidemiologic findings could emerge. What do you think of that idea?

Kabat: Exactly.

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CA	Los Angeles	U of Southern CA	PT Lecturer	PhD or equiv	Patricia Gutierrez		huezo@usc.edu	oao 10/11/09
CA	Sacramento	PH Institute	Res. Assoc.	Bach/Masters	Baine Windham	*510/285-5504	jobs@phi.org	oao 10/13/09
•CA	San Francisco	UCSF	Staff Research	BA or higher	Mary N. Haan	734/646-4049	mary.haan@ucsf.edu	oao 10/16/09
•CA	San Francisco	UCSF	Statistician/Epi	Masters or higher	Mary N. Haan	734/646-4049	mary.haan@ucsf.edu	oao 10/16/09
•CA	Santa Ana	Orange Co. Hlth	Epidemiologist	MPH or similar	Peggy McCormick	714/834-2335	pmccormick@ochca.com	oao 10/16/09
CA	Thousand Oaks	Amgen	Epi Manager	PHD	Alex Yoo	805/447-1233	ayoo@amgen.com	oao 11/11/09
CT	New Haven	Yale University	Asst/Assoc Prof	Doctorate	Adrianna Mironick	203/785-2914	adrianna.mironick@yale.edu	oao 11/11/09
DC	Washington	Health Academies	Epidemiologist	PHD	Daniela Stricklin	*202/334-2847	dstricklin@nas.edu	oao 11/11/09
DE	Dover	Div. of PH	Epi (Enviro)	BS/MS	Gerald Llewellyn	302/744-4824	gerald.llewellyn@state.de.us	oao 11/11/09
FL	Tallahassee	FL DOH	FL Epidemiologist	MD/DO	Christine Herrell	*850/487-3729	christine_herrell@doh.state.fl.us	oao 11/11/09
GA	Atlanta	ACS	Director	PHD	Dr. Ahmedin Jemal	*404/327-6450	ajemal@cancer.org	oao 10/08/09
GA	Atlanta	ACS	Sr Epidemiolgist	PHD/MD	www.cancer.org/jobs		cs.jobs1@cancer.org	oao 11/11/09
GA	Atlanta	Emory Univ.	Ass't. Prof Infec. Dis.	PHD/MD/MPH	Job Ref: 2006BR	*404/727-1278	www.emory.edu/career.cfm	oao 11/11/09
GA	Atlanta	Emory Univ.	Ass't. Professor	PHD/MD	Kyle Steenland	404/727-3697	nsteenl@sph.emory.edu	oao 11/11/09
GA	Atlanta	Emory Univ.	Assoc. Professor	PHD/MD	Kyle Steenland	404/727-3697	nsteenl@sph.emory.edu	oao 11/11/09
GA	Atlanta	Emory Univ.	Dept. Chair	PHD	Lori Swier	404/727-3943	lori.swier@emory.edu	oao 11/16/09
GA	Atlanta	Emory Univ.	Professor	PHD/MD	Kyle Steenland	404/727-3697	nsteenl@sph.emory.edu	oao 11/11/09
GA	Statesboro	GSU	Epi Faculty	Doctorate	Stuart Tedders	912/478-2674	stedders@georgiasouthern.edu	oao 11/11/09
HI	Honolulu	Univ of HI CRCH	PostDoc Fellow - Cancer	Phd,DrPH,ScD,MD	Karin Koga	808/441-7704	kkoga@crch.hawaii.edu	oao 11/11/09
•IL	Chicago	City of Chicago	Epidemiologist II	Bachelors	Stephanie Finney	*312/744-7510	stephanie.finney@cityofchicago.org	oao 10/16/09
•IL	Chicago	University of Chicago	Postdoctoral Positions	doctoral/masters epi	Brian Chiu	773/834-7156	epijobs@health.bsd.uchicago.edu	oao 10/16/09
MA	Boston	Harvard Medical School	Postdoctoral Fellow	Doc in Epi field	Jiali Han	*617/525-2008	nhhan@channing.harvard.edu	oao 11/11/09
MA	Boston	Harvard PH	Pre/Post Doc-Nutri Epi	Ms,MD,DS,PHD	Meir Stampfer	617/525-2747	stampfer@hsph.harvard.edu	oao 10/08/09
MA	Boston	Harvard School of PH	Epidemiologist	Doc-epi	Meir Stampfer		stampfer@hsph.harvard.edu	oao 10/08/09
MA	Boston	Harvard School of PH	Pre/Post Doc -Cancer Epi	MD,DVM,PhD	Meir Stampfer		stampfer@hsph.harvard.edu	oao 10/08/09
MA	Worcester	UMASS	Asst/Assoc Prof	MD/PHD	Robert Goldberg	508/856-3991	robert.goldberg@umassmed.edu	oao 11/16/09
MD	Bethesda	NIH	PD Fellow	PHD,MD+MPH	Jack Guralnik	301/496-1176	jack.guralnik@nih.gov	oao 11/11/09
MD	Bethesda	Uniformed Univesity	Ass't Prof-Epi	PHD/DrPH	Elvira David	*301/295-1854	edavid@usuhs.mil	oao 10/09/09
*MD	Rockville	FDA	Branch Chief	MD/MPH	Robert Wise	*301/827-5218	robert.wise@fda.hhs.gov	oao 11/11/09
•MD	Rockville	FDA	Med Officr/Epi	Md, MPH	Lucienne Nelson	*301/827-5571	lucienne.nelson@fda.hhs.gov	oao 10/16/09
MD	Rockville	FDA Center for Biologics	Epidemiologists	MDD/MPH,equiv	Robert Wise	*301/827-5218	robert.wise@fda.hhs.gov	oao 11/11/09
MD	Rockville	FDA-CBER	Medical Epi	Doctoral Degree	Robert Wise	301/827-6089	robert.wise@fda.hhs.gov	oao 11/11/09
MD	Rockville	Westat	Biostatistician	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 11/16/09
MD	Rockville	Westat	Epidemiologist	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 11/16/09
MD	Rockville	Westat	Sr. Epi/Int'l Stud	MD/PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 11/16/09
MD	Rockville	Westat	Study Mgr	Masters	R. Carow	*301/294-2092	hrhs@westat.com	oao 11/16/09
ME	Augusta	ME DHHS	State Epi	MD/DO	Virginia Roussel	207/287-1873	virginia.roussel@maine.gov	oao 10/09/09
•MN	Minneapolis	MN VA Ctr	Assoc. Director	MD,PHD,DRPH	Jill Mahal-Lichty	*612/727-5699	jill.mahal-lichty@va.gov	oao 11/16/09
MN	Minneapolis	Univ. of Minn	Ped Epi Prg	MS/PHD	Julie Ross		rossx014@umn.edu	oao 11/11/09
MN	Minneapolis	Univ. of MN	PD Fellow	MD/PHD	Aaron Folsom	*612/624-0315	folso001@umn.edu	oao 10/01/09
MO	St. Louis	SLU PH	Ass't/Assoc Prof	PHD	Terry Leet	*314/977-3234	leettl@slu.edu	oao 10/01/09
NC	Durham	Social & Sci Systems	Director, Epi	PHD in epi	Molly Assion	*301/628-3005	massion@s-3.com	oao 10/09/09
NC	RTP	RTI Int'l	Genetic Epi	PHD	Eric O. Johnson	919/990-8347	ejohnson@rti.org	oao 11/11/09
•NC	RTP	RTI Int'l	Research Epi II	PHD	L Andrusyszyn	919/541-6765	landrus@rti.org	oao 11/16/09
NJ	Springfield	ClinForce, LLC	Epi Specialist	MPH	Holly Price	*919/941-0071	hprice@clinforce.com	oao 11/11/09
NY	Bronx	Albert Einstein	Cancer Epidemiologist	PhD in epi or MD	Tom Rohan		rohan@aecom.yu.edu	oao 11/11/09
NY	New York	Albert Einstein	PD Fellow	PHD epi/biostat	Robert Kaplan	*718/430-3588	rkaplan@aecom.yu.edu	oao 11/11/09
NY	New York	FPHNY	Postdoc Fellow	Doctorate	Kristina Metzger	212/676-2773	kmetzger@health.nyc.gov	oao 11/11/09
•NY	New York	NYDHMH	Deputy Com. Epi	PHD/MD	Debbie Lew		dlew@health.nyc.gov	oao 10/16/09
NY	NY	NYC DHMH	Enviro Epi	PHD	Debbie Law	212/788-4859	dlew@health.nyc.gov	oao 10/09/09
NY	NY	Pfizer	Sr. Director, Epi	Doctorate	www.pfizer.com/careers	212/733-2323		oao 10/09/09
NY	Rochester	Univ of Rochester Med Center	Infectious Disease Epi	PhD-epi or related	Susan Fisher	*585/461-4532	Susan_Fisher@URMC.Rochester.edu	oao 11/11/09
NY	Rochester	Univ. of Rochester	Epidemiolgoist	PHD	Edwin Wijngaarden		edwin_van_wijngaarden@urmc.rochester.edu	oao 11/16/09

State	City	Institution	Description	Degree	Contact	Phone/*Fax	Email/Fax	oao/cd
OH	Cleveland	Case Western U.	Chair, Epi	Doctorate	Malana Bey	*216/368-3832	mcb19@case.edu	oao 11/16/09
OH	Dayton	Wright State. U	Ass't/Assoc Prof	PHD/MD	HR	937/775-2120	https://jobs.wright.edu	oao 10/09/09
PA	Philadelphia	Temple Univ.	Ten Trk Fac	PHD	Deborah Nelson	215/204-8726	dnelson@temple.edu	oao 11/11/09
PA	Philadelphia	Westat	Biostatistician	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 11/16/09
PA	Philadelphia	U of Pennsylvania	Clin Epi/Hlth Srv Res Fell	Adv degree + clin exp	Tom Kelly	215/898-0861	tkelly@cceb.med.upenn.edu	oao 11/11/09
TN	Nashville	Vanderbilt Univ	Post Doc Fellow	PhD	Wei Zheng	*615/936-1269	wei.zheng@vanderbilt.edu	oao 11/11/09
TN	Nashville	Vanderbilt Univ	Post-doc Fell Cancer Epi	PhD,Dr.PH or MD+	MPH Wei Zheng	615/936-0682	Wei.zheng@vanderbilt.edu	oao 11/11/09
TX	Galveston	UTMB	Postdoc Womens Hlth	PHD/MD	Jennifer Rocha	*409/747-5129	jhrocha@utmb.edu	oao 10/09/09
•TX	varies	UTSPH	Faculty Pos	Doc in PH	Sharon Cummings	713/500-9041	sharon.s.cummings@uth.tmc.edu	oao 10/16/09
WI	Madison	Univ. of WI	Statistician	MS in Stat/Bio	Dayna Dalton	*608/265-2148	dalton@episense.wisc.edu	oao 11/09/09

EPI Job Bank
Foreign Listings

Country	City	Institution	Description	Degree	Contact	Phone/*Fax	Email/Fax	oao/cd
Canada	Calgary	Alberta CR Brd	Post D in Epi	PHD in epi	Sue Robinson	*403/476-2416	careers@cancerboard.ab.ca	oao 11/16/09
Canada	Quebec City	Universite Laval	Post Doc Fellowship	PHD	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 11/16/09
Canada	Quebec City	Universite Laval	Research Assistant	MSc	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 11/08/09
Canada	Calgary	Alberta Cancer	Res. Stat. Sci	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 11/16/09
Canada	Edmonton	CNHWG	PD - Epi Res	PHD	Karen Goodman	*780/492-6153	karen_j_goodman@yahoo.ca	oao 11/16/09
Canada	Edmonton	Univ of Alberta	PD Fellow	PHD	Karen Goodman	*780/492-6153	karen.goodman@ualberta.ca	oao 11/08/09
Canada	Montreal	McGill University	Cancer Epi	PHD	Armen Aprikian	514/934-8353	lina.maglieri@muhc.mcgill.ca	oao 11/16/09
Canada	Edmonton	Alberta Cancr Brd	Dir, Surveillance	MD/PHD - epi	Chris McKiernan	*403/476-2424	chris.mckiernan@cancerboard.ab.ca	oao 11/16/09
Canada	Toronto	OAHPP	Epi - Hos Infection	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 11/16/09
Canada	Toronto	OAHPP	Epi - Chronic Dis	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 11/16/09
Canada	Toronto	OAHPP	Senior Epi	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 11/16/09
Canada	Toronto	OAHPP	PH Epi	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 08/20/09
Canada	Alberta	Alberta Cancer Board	Statistical Assoc	Masters-biostat,stay	HR	*403/270-3898	careers@cancerboard.ab.ca	oao 11/16/09
Canada	Alberta	Alberta Cancer Board	Research Associate	Masters-epi,ph	HR	*403/270-3898	careers@cancerboard.ab.ca	oao 11/16/09
Canada	Alberta	Alberta Cancer Board	Research Associate	MSc Epidemiology	Theresa Radwell	*403/270-8003	tradwell@cancerboard.ab.ca	oao 11/16/09
Canada	Fredericton	New Brunswick Cancer	Senior Epidemiologist	PHD in Epi	Amanda Carroll	508/444-2360	www.gnb.ca/0163/employ-e.asp	oao 11/16/09
Canada	Fredericton	New Brunswick Cancer	Biostatistican	Masters in Biostat	Amanda Carroll	508/444-2360	www.gnb.ca/0163/employ-e.asp	oao 11/16/09
Canada	Calgary	Alberta Cancer Brd	Res. Biostat. Sci	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 11/16/09
*Canada	Calgary	Alberta Cancer Brd	PD Fell-Epi	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 11/16/09
•Canada	Montreal	McGill University	Biostat Consultant	PHD in biostat/stat	Christina Wolfson	*514/934-4458	christina.wolfson@mcgill.ca	oao 11/08/09
•Canada	Montreal	McGill University	Biostat Consultant	PHD biostat/stat	Christina Wolfson	*514/934-4458	christina.wolfson@mcgill.ca	oao 11/08/09
France	Lyon	IARC	Postdoctoral Fellowship	PhD	Rayjean Hung	*+33472738342	hung@iarc.fr	oao 11/16/09
Greece	Athens	Univ. of Athens	Biostatistician	PHD/MSc w/pub	Elena Riza	*+30/2107462058	eriza@med.uoa.gr	oao 11/16/09
India	Jaipur	Vatsalya	Data Analyst	MPH	Atul Panday	9829928653	Atul_panday2001@yahoo.com	oao 11/16/09
Peru	Lima	Int'l Potato Center	Leader of Agriculture	PHD in Epi	Rosario Marcovich	+51 1 349 6017	CIP-Recruitment@cgiar.org	oao 11/16/09
*Puerto	Rico Ponce	Ponce	Director (PH)	Doctoral	R. Ivan Iriarte	787/840-2575	iiriarte@psm.edu	oao 11/16/09
Saudia	Arabia Riyadh	Field Epi Trng Prog	Med Epi	PHD	Dr. Nasser Al-Hamdan	+996/1/4939675	nhamdan@fetp.edu.sa	oao 11/16/09
Spain	Barcelona	CREAL	Research Position-Biostat	solid biostat	Josep-Maria Anto		jmanto@imim.es	oao 11/16/09
Switzerland		Fearn Associates	Molecular Epidemiologist	PhD-biostat or epi	Information		info@fearn-associates.com	oao 11/16/09
*Switzerland	Allschwi	Actelion	Epidemiologist	PHD/MD,MPH	Donat Laemmle	+41615656503	donat.laemmle@actelion.com	oao 11/16/09
Thailand	Bangkok	PATH	Chief of Party	Mas/Doc in epi	Dorothy Culjat	202/285-3500	pathjobs@mail.path.org	oao 11/16/09
UK	London	LSHTM	MSc PHDC	MPH	Vinod Bura	+44 7726472650	vinod.bura@gmail.com	oao 11/16/09

THE PEDIATRIC DENGUE VACCINE INITIATIVE
INTERNATIONAL VACCINE INSTITUTE

POSITION ANNOUNCEMENT
DIRECTOR

The Pediatric Dengue Vaccine Initiative (PDVI), a program hosted by the International Vaccine Institute (IVI), Seoul, Korea, is seeking a Director to oversee its development and operations. The PDVI has as its objective, to facilitate and accelerate the development and introduction of safe and effective dengue vaccines in developing countries. The PDVI has several programmatic components: 1) *supportive research* to facilitate the clinical testing of dengue vaccines by developing and improving immunological and diagnostic assays; 2) *evaluation research* focusing on development of field sites in dengue-endemic countries where clinical testing of dengue vaccines can take place and on field evaluations of dengue diagnostics and assays; 3) *vaccine product development* partnerships to achieve products designed for and affordable to dengue-endemic countries; and 4) *activities to assure access to dengue* vaccines, including research to better define the global dengue disease burden and disease costs, to model the potential cost-effectiveness of dengue vaccines, and to estimate the market for dengue vaccines, as well as collaborative activities with national and international partners, including the World Health Organization, to communicate this evidence and to plan for vaccine introduction into developing countries. The host organization, the IVI, is an international non-profit organization focused primarily on accelerating the research, development and introduction of new and improved vaccines for use primarily in developing countries. The PDVI headquarters are located at the IVI in Seoul, Korea.

The incumbent will be a recognized leader in one of the fields encompassed by the PDVI program, including virology, epidemiology, immunology, and vaccine development. A broad knowledge of dengue would be an advantage, as would experience working in the vaccine industry. The incumbent should have experience in program-building, resource mobilization, and in staff development.

Minimum qualifications include a doctorate degree in a relevant discipline, and significant experience in leading a multi-disciplinary field/ laboratory research program.

Salary will be internationally competitive. The Institute provides appropriate fringe benefits including a housing allowance, home leave, and income tax reimbursement.

The International Vaccine Institute is an independent international organization established under the Vienna Convention of 1969. It is governed by a Board of Trustees the majority of whom are elected based on their personal capacity.

Applications should be sent to:

Ms. Eunsuk Kim
Human Resources Officer
International Vaccine Institute
San 4-8 Nakseongdae-dong
Gwanak-gu, Seoul, Korea
Tel: 82-2-872-2801 Fax: 82-2-872-2803
Email: eskim@ivi.int

from whom further particulars can be obtained. Absolute confidentiality will be respected.

ASSISTANT/ASSOCIATE PROFESSOR POSITION IN EPIDEMIOLOGY AND PUBLIC HEALTH

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

The Department of Kinesiology and Community Health seeks candidates with expertise in epidemiology for a tenure-track faculty position, either as an assistant or associate professor. Applicants are sought with expertise in areas related to chronic disease prevention and control, such as behavioral epidemiology, epidemiology of chronic diseases in the United States or in other countries, determinants of health and disparities, environmental determinants of disease, community assessment and surveillance, implementing and evaluating effects of community-level interventions, and epidemiologic and statistical methods. Successful applicants will contribute to the design and implementation of the MPH curriculum, conduct research, and advance scholarship in their area of expertise.

The preferred start date is August 16, 2010. For full consideration, an application must be received by January 19, 2010. Review of applications will continue until the position is filled, and applications received after the closing date may be considered.

Qualifications: Applicants must hold a doctoral degree. Work experience in organizations or agencies with a public health mission is also desirable but not required.

Salary: Commensurate with qualifications and experience.

Application Process: Application materials should be submitted online at http://jobs.illinois.edu. The following materials should be uploaded: (1) a letter of application that includes a statement of research interests and summary of qualifications for the position; (2) a curriculum vitae; and (3) names and contact information of three references. For more information about the position, applicants may contact:

Dr. David Buchner, Director, Master of Public Health Program
Chair, MPH Search Committee
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.

ILLINOIS
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

University of Southern California
Department of Preventive Medicine
Keck School of Medicine

Assistant Professor

We seek a cancer epidemiologist who is familiar with the epidemiology of hormone-related cancers in women, and in particular, with the epidemiology of endometrial cancer. A number of senior investigators in Preventive Medicine Department including Drs. Brian Henderson and Malcolm Pike have active research programs in female cancers and there is a need for a junior faculty member in epidemiology with expertise in genetic and molecular epidemiology to join this effort. As the position will be mainly supported by research funds, a track record of successful obtaining grant funding and publication is a must. Strong record of collaborative efforts with external investigators in the field is a plus. This person will also play a major role in expanding collaboration with investigators in the Department of Obstetrics and Gynecology and Pathology in studying certain aspects of the biology of the tissue giving rise to endometrial cancer and examining the role of genetic variants in circulating endogeneous hormone levels in women. USC values diversity and is committed to equal opportunity in employment. Women and men, and members of all racial and ethnic groups are encouraged to apply.

Dr. Jonathan M. Samet, Chair
Department of Preventive Medicine
USC/Norris Comprehensive Cancer Center
1441 Eastlake Ave
Los Angeles, CA 90033
Email: susanr@usc.edu

Tenure-Track/Assistant Professor Positions

THE UNIVERSITY OF MICHIGAN

The University of Michigan School of Public Health invites applications for three tenure-track assistant professor positions in the Department of Epidemiology. Our highly interdisciplinary Department is home to internationally recognized researchers using a broad range of epidemiologic methods, including state of the art laboratory techniques, diverse field methods, bioinformatics, and statistical and mathematical models. Our Department has highly successful masters and doctoral level training programs. Applicants should have advanced training in epidemiology or a related field.

To apply, please provide: a statement of current and future research plans, teaching philosophy and experience, complete curriculum vitae, and three letters of recommendation. Send to: Junior Faculty Search Committee, Department of Epidemiology, 1415 Washington Heights, Ann Arbor, MI 48109-2029 or electronically to emilysw@umich.edu. Review of applications will begin December 1, 2009 and continue until a suitable candidate is identified. Women and minorities are encouraged to apply and the University is supportive of the needs of dual career couples. The University of Michigan is an equal opportunity/affirmative action employer. http://www.sph.umich.edu/epid/pdf/Job%20Positions/EpidAssistantProfessor.pdf

Training Courses for Public Health Professionals

Cosponsored by Emory University (RSPH) and The Centers for Disease Control & Prevention (CDC) (Atlanta, Georgia)
Directed by Philip S. Brachman, M.D.

Environmental Microbiology: Control of Foodborne and Waterborne Diseases
January 8, 9, 11, 12, 13, 2010

This is a course on the surveillance of foodborne and waterborne diseases designed for public health practitioners and other students interested in the safety of food and water. The course describes how information from surveillance is used to improve public health policy and practice in ways that contribute to the safety of our food and water. We focus on the microorganisms and chemical agents responsible for food and water-transmitted diseases. We study the diseases they cause, the pathogenesis, clinical manifestations, reservoirs, modes of transmission, and epidemiology. The transport, survival, and fate of pathogens in the environment, the concept of indicator organisms as surrogates for pathogens, and the removal and inactivation of pathogens and indicators by water and wastewater treatment processes will be analyzed.

Epidemiology in Action: Intermediate Analytic Methods Course
January 11-14, 2010

This course includes measures of association, normal and binomial distributions, confounding, statistical tests, stratification, logistic regression, models and computers as used in epidemiology.

Epidemiology in Action
April 26 to May 7, 2010

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

Contact person: **Pia Valeriano, MBA**
Phone:(404)727-3485; Fax:(404)727-4590; Email:pvaleri@emory.edu
Website: http://www.sph.emory.edu/EPICOURSES

EPIDEMIOLOGY at Brown University

TENURE-TRACK FACULTY POSITIONS

Brown University's Public Health Program in Providence, Rhode Island is completing a major multiyear expansion including the development of a new Department of Epidemiology. Two tenure-track positions are available for talented faculty who will help establish this new department in a leading university. Both positions 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
Expertise in clinical epidemiology, cardiovascular, cancer, reproductive or neurology preferred.

Assistant Professor (tenure-track) specializing in Epidemiology
Expertise in epidemiologic methods or clinical trials preferred.

Visit **http://publichealth.brown.edu/faculty/employment** for contact information and how to apply for these positions

BROWN

Brown University is an Equal Opportunity/Affirmative Action Employer, and actively solicits applications from women and minorities.

CAREER MARKETPLACE

MAYO CLINIC

[illegible]

Postdoctoral Fellowships in Cancer

Mayo Clinic Cancer Center and College of Medicine

Mayo Clinic in Rochester, Minnesota announces new postdoctoral positions in cancer genetics/cancer genetic epidemiology. Positions will be funded by the Mayo Cancer Genetic Epidemiology Training Program, which is supported by a grant from the National Cancer Institute, and are 3 years in duration. [illegible] The goal of this training program is to develop a new cadre of scientists capable of combining laboratory based genetics and observational epidemiologic methods [illegible] In addition to a stipend, the trainee will receive $15,000 per year for supplies. U.S. citizens or permanent residents only.

Located [illegible] miles southeast of the Minneapolis/St. Paul metro area, the Mayo Clinic is well regarded for its cancer research which includes established resources such as the Rochester Epidemiology Project, and SPOREs in Prostate, Ovarian, Breast and Pancreatic cancers, Brain tumors, Lymphoma and Myeloma. The NCI-designated comprehensive Mayo Clinic Cancer Center (MCCC) provides extensive infrastructure support for patient-oriented research, including [illegible] population science, and well-equipped laboratories and cores. Please visit [illegible] for more information.

Mayo offers an attractive benefit package. Salary is competitive, and will be determined by experience. Please send statement of interest and accomplishments, CV and the names of three references to:

[illegible], Ph.D.
Director, Cancer Genetic Epidemiology Training Program
Mayo Clinic
200 First Street SW • Rochester, MN 55905
Phone: (507) [illegible] • Fax: (507) [illegible]
E-mail: [illegible]

Mayo Foundation is an affirmative action and equal opportunity employer and educator. [illegible]

IEA

IEA INTERNATIONAL COURSE ON EPIDEMIOLOGICAL METHODS

Riyadh, Saudi Arabia, 3-14 April 2010

Overview of the Course:

- Study design options (cohort, case-control, cross-sectional, intervention studies, clinical trials)
- Study design issues (confounding, selection bias, information bias, effect modification)
- Data analysis (stratified analysis, multivariable analysis, survival analysis)
- Advanced methods (Bayesian methods, DAGs)
- Writing and publishing epidemiological research
- Research ethics

Course Directors:

- Dr Ali Al-Zahrani (Saudi Arabia)
- Professor Neil Pearce (New Zealand)
- Professor Rodolfo Saracci (France)
- Dr Abdulbari Bin Saeed (Saudi Arabia)

Accommodation and Course Fees:

Candidates are expected to find their own financial support for course fees (including accommodation and meals) of US$1,000 for a single room or US$800 for a shared twin room (for both options there is a US$100 discount for IEA members). The course is heavily subsidised and no financial assistance (of any sort) is available. Accommodation reservations will be arranged after candidate applications have been accepted. Women are encouraged to attend, and no problems are anticipated in obtaining Visas.

Deadline for receipt of applications is 1[st] November 2010.

Information and application forms:
http://www.ieaweb.org

UCSF
University of California
San Francisco

Institute for Global Health
Department of Epidemiology and Biostatistics
University of California, San Francisco

The Institute for Global Health, in coordination with the Department of Epidemiology and Biostatistics, University of California, San Francisco invites applications for faculty positions affiliated with the Institute for Global Health. Appointments will be at the Assistant, Associate or Full Professor levels in either the Adjunct or In Residence series.

Duties: The successful candidates will conduct studies on a variety of global public health topics, including HIV/AIDS prevention, transnational community health and health franchising in low-income countries. The chosen candidates will be required to teach in both formal and informal settings in their areas of expertise.

Qualifications: Doctorate (Medicine, Epidemiology, or Public Health preferred) or prior faculty appointment with appropriate academic credentials; experience in global public health and epidemiology research required with preference given to those with additional experience in policy and international development. Candidate must provide the large majority of own salary through extramural funding. Experience in international settings preferred.

For a complete review of application, please send a letter of intent, CV and the names of three professional references by December 15, 2009 to Phillip Babcock, Academic Manager, Dept. of Epidemiology and Biostatistics, UCSF Box 0560, San Francisco, CA 94143-0560. You may also send e-mail to pbabcock@psg-ucsf.org

UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence.

UCSF is an Equal Opportunity/Affirmative Action Employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for covered veterans. All qualified applicants are encouraged to apply, including minorities and women.

Health and Human Services
National Institutes of Health
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Senior Investigator
Chief, Epidemiology Branch

The Division of Epidemiology, Statistics and Prevention Research (DESPR) of the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health (NIH), Health and Human Services (HHS), invites applications for the position of Senior Investigator to serve as the Chief of the Epidemiology Branch. The Epidemiology Branch is one of three intramural Branches within the DESPR, and focuses on the design and implementation of high- impact reproductive, perinatal and pediatric research, while providing mentoring opportunities for intramural research fellows and summer interns, and engaging in professional service. The Branch's current research employs innovative approaches including novel study designs, biomarkers, and genetic and nutritional methods to address a spectrum of outcomes in the areas of reproduction and development, pregnancy and its complications, fetal growth, child growth and development, and birth defects.

The Chief directs the Branch's overall research program, provides leadership, administrative and managerial support, and conducts original and collaborative reproductive, perinatal or pediatric epidemiologic research. Candidates must have an earned doctorate in epidemiology or a closely related field or an earned medical degree with a graduate degree in epidemiology or a closely related field and substantial epidemiology research experience. The successful applicant must have international stature for his/her original and collaborative publication record in the peer-reviewed literature, demonstrated success in mentoring students and junior scientists, strong leadership and administrative skills, and evidence of professional service appropriate for an academic appointment commensurate with a tenured professor and consistent with the qualifications for tenure at the NIHH. Excellent communication skills are highly valued.

The Branch Chief will be appointed to a tenured position at a salary commensurate with qualifications and experience. Full Federal benefits including leave, health and life insurance, long-term care insurance, retirement, and savings plan (401k equivalent) will be provided.

Interested individuals should email a curriculum vitae plus cover letter describing professional qualifications and accomplishments, research accomplishments in the field and future interests, and contact information for three references to:

Mr. Paul Errett
Administrative Officer, NICHD
6100 Executive Blvd, Room 7B05, Rockville, MD 20852
errettp@mail.nih.gov

Applications will be reviewed starting on December 15, 2009, but applications will be accepted until the position is filled.

The HHS and NIH are Equal Opportunity Employers. Application from women, minorities and persons with disabilities are encouraged.

UNIVERSITY OF MICHIGAN
ORTHOPAEDIC SURGERY

FACULTY POSITION IN MUSCULOSKELETAL EPIDEMIOLOGY AT THE UNIVERSITY OF MICHIGAN

The Department of Orthopaedic Surgery at the University of Michigan is expanding its basic science and clinical research programs. As part of the effort to recruit multiple faculty devoted to musculoskeletal research, the Department is seeking an epidemiologist for an exciting new tenure-track research position at the assistant or associate professor level. The successful candidate will be expected to develop an independent extramurally funded research program in clinical epidemiology, with a focus on musculoskeletal conditions and their treatment. Collaboration with other faculty in the Department and across departments is encouraged. The Department is closely connected to the U-M Bone & Joint Injury Prevention & Rehabilitation Center, which focuses on the prevention, treatment, and rehabilitation of musculoskeletal injuries and arthritis (www.bjiprc.umich.edu). Joint appointment with the Department of Epidemiology in the School of Public Health is also possible. Candidates should have an earned M.D., Ph.D., or Sc.D. in epidemiology or a closely related field and a record of scholarly publication. For appointment at the associate professor level, applicants must have a demonstrated record of securing extramural funding and a national reputation.

The University of Michigan is a non-discriminatory/affirmative action employer and strongly encourages females and minorities to apply.

Applications will be accepted until the position is filled; however, screening of applications will begin December 15th, 2009. Send an electronic letter of application and include a statement of professional objectives, current curriculum vitae, and a list of three references to Peggy Piech (ppiech@umich.edu). Letters will only be sought for finalists. Inquiries can be addressed to:

Richard E. Hughes, Ph.D.
Chair, Epidemiologist Search Committee
Department of Orthopaedic Surgery
University of Michigan
2017 BSRB
109 Zina Pitcher Pl.
Ann Arbor, MI 48109-2200

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