



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

Editor's Note:

August is always the slowest month of the year at the EpiMonitor and August 2026 has done nothing to disprove that. The last minute vacations and the competition from summer events combined with the end of the federal fiscal year for job postings, always makes this issue smaller than those throughout the rest of the year.

However, that does not mean August was completely quiet. Loud public discussions about generative AI and pollution from data centers has occupied much of the space in the public media. Not to be outdone, the Senate hearings featuring Dr. Fauci, the ensuing guilty plea of his aide Dr. Morens, and the revelation of the Fauci journal entries and text messages have given the media a lot to chew on.

Not to be outdone, you'll find multiple articles about the Fauci controversy in this issue along with links to public articles in our *What We're Reading* feature (including a CBS interview with Dr. Birx). We've also brought back a piece on data centers and generative AI - if nothing else it proves that the public health community was concerned about this long before most other people.

In *Resources* this month you'll find a phenomenal free text titled *The Public Health AI Handbook*. Which is an essential tool for anyone involved in or just starting to dip their toes into AI. The author has built this for readers at all stages of their AI journey and the book provides a wealth of information in an easily accessible format. The fact that this is offered at no charge under a Creative Commons license means it is something that should be in everyone's library.

Jobs are starting to open up again not only across the USA but also in places such as the UK and Australia as you'll see in this issue. You'll find close to 100 public health positions in this issue shared by our friends at Public Health Hiring Help.

As always, we continue to provide you with our popular monthly word game feature, Notes on People, an overview of what we are reading from the public media, and a listing of near term upcoming events. Ask us about the sponsorship opportunities for these standard monthly features - it offers you great exposure for your event, institution, book or other item of interest to our readers!

Until next month - stay safe and busy!

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Did you miss last month's issue? Read it here: <https://tinyurl.com/b3w9tsza> **or here:** <https://tinyurl.com/mpa2658f>

The Burden of Caution

When scientific humility becomes public confusion

Author: Bruce Lanphear, MD, MPH

NOTE: This article was originally published on May 19, 2026 by [Plagues, Pollution & Poverty](#) on Substack.



History's deadliest exposures were once considered acceptable risks.

There is a peculiar dialect in epidemiology. Once you notice it, you can't unhear it. "These findings suggest that exposure to X may possibly increase the risk of Y." Suggest. May. Possibly. Risk. By the time the sentence reaches its period, the meaning has nearly evaporated.

Epidemiologists are not the only offenders. Scientists everywhere hedge, and some caution is necessary. The world is full of people selling certainty—wellness gurus promising miracle cures, tech investors convinced AI will solve human loneliness, biotech companies declaring breakthroughs before the experiments are barely finished.

Skepticism has its place. Science moves forward because its claims are tested, questioned, and sometimes undone.

But epidemiology has drifted into a different problem. We have become so afraid of overstating conclusions that we often understate them beyond recognition. And that matters because epidemiologists do not merely generate evidence. We also shape how evidence is understood, debated, delayed, regulated, or ignored.

The Long Education in Caution

The training begins early. Students are taught—correctly—that association does not prove causation. Confounding lurks everywhere. Bias exists in every dataset. Replication matters. One study proves little.

Young researchers quickly learn that reviewers rarely criticize excessive restraint. They criticize boldness. A paper that concludes, "The evidence indicates that lead exposure causes cardiovascular disease," will attract more scrutiny than one that says, "The findings suggest lead exposure may be associated with cardiovascular outcomes."

So scientists adapt. We layer conclusions with qualifiers—suggest; may; could; possibly; consistent with—partly out of caution and partly because bold conclusions attract scrutiny. Over time, the meaning can become so diluted that the conclusion loses much of its force.

Meanwhile, the public and many of our colleagues read this language literally. If we keep saying "may," people reasonably conclude: "Ah. They're not really sure." Industry lawyers understand this perfectly. They have spent decades weaponizing scientific caution against science itself.

- Burden cont'd on page 4

The Tobacco Playbook

The pattern is familiar. Early evidence linking smoking to lung cancer was observational, imperfect, and fiercely contested. Tobacco companies amplified every uncertainty while scientists responded with caution. Yet the evidence accumulated: dose-response relationships, biologic plausibility, characteristic DNA mutations, and consistent findings across populations. Eventually the causal link became undeniable.

The same cycle has repeated with asbestos, air pollution, endocrine disrupting chemicals, and climate change: evidence strengthens while scientific language remains tentative long after the broader conclusion is already clear.

When Caution Obscures Meaning

Environmental epidemiology is especially vulnerable to this problem because randomized trials are often impossible or unethical. We cannot randomly assign pregnant women to be dosed with pesticides or children to lead.

Instead, we rely on observational studies, mechanistic evidence, animal experiments, biomonitoring, and triangulation across multiple lines of evidence. That is not a flaw. It is how population science usually works.

As epidemiologist Miguel Hernán has [argued](#), treating “causal” as a dirty word can itself distort science. The goal of much observational research is causal inference, even when randomized trials are impossible or unethical.

No one demanded randomized trials to conclude that cholera spread through contaminated water or that asbestos causes mesothelioma. Public health has often advanced

by assembling converging evidence under imperfect conditions. We do not require randomized trials of [parachutes](#) before concluding they prevent death when people jump from airplanes.

Yet epidemiologists sometimes communicate as though uncertainty itself were the central finding.

A curious thing happens when every conclusion is wrapped in layers of qualification: people begin to wonder whether scientists know anything at all.

And in fairness, part of this problem belongs to us. We often complain that policymakers ignore evidence while failing to acknowledge how our own writing can contribute to delay. Scientific caution is important. But our conclusions can become so restrained and qualified that they obscure the weight of the evidence—and delay has consequences.

The Difference Between Humility and Evasion

Humility is essential in science. Nature routinely humiliates people who think they have solved everything. But humility is not the same as evasiveness.

A humble scientist says: “This is what the evidence currently indicates, and here are its limitations.” An evasive scientist says: “The findings suggest there may possibly be a potential association.”

One clarifies uncertainty. The other obscures meaning.

- Burden cont'd on page 5

Sir Austin Bradford Hill understood this tension decades ago when he wrote: “All scientific work is incomplete... liable to be upset or modified by advancing knowledge.” But Hill immediately added something equally important: “That does not confer upon us a freedom to ignore the knowledge we already have.”

The Seduction of Absolute Proof

Part of the problem is that society increasingly expects science to deliver certainty when science mostly delivers probability. People want a smoking gun. Epidemiology often offers something messier: patterns, gradients, convergence, consistency.

But that is—or should be—enough.

When dozens of studies point in the same direction, when animal studies align with human evidence, when biologic mechanisms make sense, and when exposure reduction improves outcomes, demanding “absolute proof” becomes less a scientific standard than a strategy for permanent delay.

Industries understand this well. They do not need to disprove epidemiology. They merely need to preserve uncertainty long enough to continue business as usual.

Regulators face a related tension. Acting too early risks criticism for overreach; acting too late rarely carries the same immediate penalty. The result is a system that often treats uncertainty as a reason to delay action rather than a reason for caution about continued exposure. Scientists, often unintentionally, can reinforce this dynamic by speaking as though every conclusion were forever provisional.

Climate science offers a revealing parallel. For years, scientists described climate change in

highly cautious language—projected risks, possible impacts, uncertainty ranges—even as the underlying evidence grew increasingly strong. Over time, many climate scientists began speaking more directly, not because they had abandoned rigor, but because the evidence had become overwhelming and because excessive restraint was itself contributing to public misunderstanding.

Environmental epidemiology now faces a similar challenge.

Saying What We Mean

None of this means epidemiologists should become crusaders or abandon rigor. The world has enough people making grand claims with fragile evidence. But we can communicate more clearly without sacrificing honesty.

Sometimes “the evidence indicates” is more accurate than “the findings suggest.” Sometimes “consistent with a causal relationship” is more truthful than “may possibly increase risk.” And sometimes, after decades of evidence, we should simply say: this exposure causes harm. Not because science is infallible, but because endless hesitation carries its own risks.

Epidemiologists help shape not only scientific understanding, but political will, regulatory action, and public perception. We should choose our words carefully. But we should also occasionally choose them bravely. ■

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It's Time to Leave the Man Alone

Author: Katelyn Jetelina, PhD, MPH

NOTE: This article was originally published on July 29, 2026 by [Your Local Epidemiologist](#) on Substack.



One day in 2020, I went to a coffee shop. I was so sick of working 100-hour weeks from home with a newborn that I loaded up the stroller, grabbed my laptop bag (the one with the big World Health Organization logo on it), and headed out. When I got there, I started typing a YLE post, totally absorbed in the words, when a man walked up to my table outside. I thought he was curious about where the restroom was or something, but then he started screaming. At me, at the top of his lungs. Because of the logo on my bag. Then he grabbed croissants and threw them at me. My daughter started crying. And everyone just... watched.

That was just one of the incidents. Packages arrived at my work. Emails landed in my inbox threatening to kill my husband. Someone showed up at my house. My social media got hacked. I was doxxed. The list goes on. I wasn't the only one who went through this; ask anyone in public health, and you'll hear horror stories. Thankfully, it subsided over time.

Friends, family, colleagues, and reporters have all asked me what I think of Fauci. I have a wide range of mixed thoughts and emotions, ones that sometimes put me at odds with my own public health tribe. But even after everything I've lived through, there was one emotion that hit me hardest watching him on the stand today: survivor's guilt.

Watching a man who is typically so talkative plead the Fifth, I realized that some of the hate aimed at me had subsided, in part, because one person had continued to absorb the heat, fire, vitriol, and anger *over all of our* mistakes. Not just his.

Fauci didn't close your schools. That was your local politician, school board, and health official. Fauci didn't mandate your vaccine. (In fact, he [said](#) it's not the role of the federal government.) Your employer did. Fauci wasn't the one who barred you from seeing your dying grandma. That was the nursing home. He wasn't out to secretly kill us all. And he's not responsible for all the other system failures either (like costs due to corporate influence) or political lightning-rod topics that divide this country, like abortion, brought up today in the hearing.

Like any public official, his decisions can and should absolutely be debated and scrutinized. Fauci had enormous power and influence. (I think he earned that over his 50-year career in infectious diseases). But accountability, in a world where there's very little of it, still matters. People lost their lives. People lost their jobs. People's values were tested and questioned.

He absolutely made mistakes—no question about it. And I get angry about it, too, because at times I feel like he led me astray. He could have, and should have, done better at communicating uncertainty, being transparent, not brushing off people's. He absolutely made mistakes—no question about it. And I get angry about it, too, because at times I feel like he led me astray. He

- Leave Alone cont'd on page 7

could have, and should have, done better at communicating uncertainty, being transparent, not brushing off people's fears, frustrations, and misunderstandings, and integrating the whole person into policy instead of just the science. I'm also mad that he didn't admit to his mistakes. (There's been such a bad-faith effort that now I don't think he can engage honestly, even if he wanted to.)

The point is, [we all made mistakes](#). And we deserve to know why and what steps are needed to ensure this doesn't happen again. However, resorting to unhinged attacks and disingenuous waves of [pandemic revisionism](#) will only hurt us in the end. We need a 9/11-style Commission because pandemics suck, laced with impossible tradeoffs, and we've

avoided a reckoning about how scared we were and how much we lost. Scientists did their darnedest within the systems they were handed and the polarized landscape we find ourselves in. But most importantly, we did not flee.

I think about that day at the coffee shop a lot. A man screamed at a woman with a newborn over a logo on a bag because he needed somewhere to put his fear and anger. Fauci has been that outlet for the entire country for six years running. That anger is real, and sometimes earned, but at some point, the croissants need to stop, and we need to start turning anger into something that actually **fixes** what's broken.

It's time to leave the man alone. ■



YLE can be found here: <https://yourlocalepidemiologist.substack.com/>

[Your Local Epidemiologist](#) (YLE) is founded and operated by Dr. Katelyn Jetelina, MPH PhD—an epidemiologist, wife, and mom of two little girls. YLE reaches more than 305,000 people in over 132 countries with one goal: “Translate” the ever-evolving public health science so that people will be well-equipped to make evidence-based decisions. This newsletter is free to everyone, thanks to the generous support of fellow YLE community members.

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The Fauci Files

Editor's Note: The recent Congressional hearing featuring Dr. Anthony Fauci, ensuing subcommittee contempt vote against him, revelation of his personal journal and text messages, and guilty plea by his former aid Dr. David Morens has thrust Dr. Fauci and the COVID pandemic back to the forefront. The media is full of opinions (many of which you'll find in this month's *What We're Reading* towards the back of this publication) but it occurred to the EpiMonitor that we should ask the public health community what they felt about these new revelations.

We asked for comments on a series of questions including but not limited to:

- ▶ How do these revelations change faith in public health in the USA and the world in general?
- ▶ How do these revelations change public acceptance of public health guidance (or not)?
- ▶ How do these revelations influence the public to follow or refuse to follow government guidance when the next pandemic arrives?
 - ▶ Does this situation discourage young people from going into public health as a career because they feel the field has been tarnished by these revelations and guilty plea?
 - ▶ Was this is just a "witch hunt" and should Dr. Fauci be celebrated for his work because his comments have been taken out of context and the public manipulated?
 - ▶ What is the fallout, if any, for the other public health professionals who were mentioned in Dr. Fauci's journal and texts?

Despite the fact that all of this occurred during prime vacation season we were able to reach several of our regular contributors for comment. We encourage other readers who may be interested in being heard to forward their comments to us at info@epimonitor.net for publication in an upcoming issue.



A Covid-19 Retro-perspective

Victor J. Schoenbach, PhD

<http://www.schoenbach.org>

August 25, 2026

Let me begin by recognizing and offering condolences for the over one million Americans who have died from Covid-19; the many more million victims globally; the many times that number who survived following severe illness, often still experiencing persistent symptoms and/or disability; the families and communities still suffering from the harms to their members; and the probably hundreds of millions of Americans (and billions globally) whose lives

were upended by the closures, mandates, and control measures, often instituted on the basis of incomplete information. Given the heterogeneity of people and their situations, these harms were certainly not universal. But the collective trauma from the pandemic has fueled resentment in many, undermined trust and confidence in many institutions, exacerbated conflicts, and thereby created fodder for toxic media. My perspective attempts to be mindful of this context.

- Fauci cont'd on page 9

The public release of the entries from Dr. Anthony Fauci's diary by Sen. Rand Paul and his July 29, 2026 committee hearing in which Dr. Fauci pleaded the Fifth Amendment in response to every question seek to leverage Covid-19 trauma for political advantage. Releasing the diary entries certainly garnered media coverage for Sen. Paul's hearings. The overall episode and many similar ones, though, puts in stark relief the contrast between (1) our species' remarkable progress in understanding and navigating molecular and microbiological mechanisms and processes, and (2) our much less refined approaches to working collectively.

On the molecular/microbiological side, in just over a year from the appearance of the first cases of Covid-19, the scientific community had identified the virus (SARS-CoV2), developed laboratory assays and clinical tests, gained some understanding of transmission mechanisms and the virus's persistence in the environment, and developed two vaccines that provided some, although incomplete, protection against serious disease. There were nevertheless huge negative impacts on public health, from the infections and also from the control measures. But almost certainly the impacts would have been much more catastrophic had this virus appeared and spread fifty years ago. By contrast, the contentiousness that has characterized so much of our collective societal responses to the pandemic has hampered scientific understanding; public understanding, trust, and harmony; and mitigation of negative impacts.

Life is enormously complex, and relatively few of us have the luxury of being able to avoid simplification in order to feel confident and effective. So many of us turn to faith, tribal connections, and narrow objectives to guide us in our lives. But simple explanations and

solutions rarely lead to enduring and broad improvements. Dr. Fauci and other scientists who worked with Covid-19 devoted themselves to protecting public health and should be appreciated for that, even if they may have made mistakes. Punishing them, even threatening them, will not make us a safer society, nor aid our collective understanding - quite the contrary.

In the end, the publication of Dr. Fauci's diaries and the July 29th hearing by Sen. Rand Paul's committee will in my opinion only modestly reinforce the views, pro- and con-, that are already entrenched. Perhaps some day we can determine with high confidence whether SARS-CoV2 came from a natural spillover or a lab leak, though the cooperative interactions among Western and Chinese scientists needed to resolve the question seem unlikely to occur - and because of actions taken in Wuhan in December 2019 / January 2020 definitive evidence may no longer exist.

Ultimately it does not really matter for the future whether Covid-19 arose from a lab leak or a natural spillover. Since either scenario could lead to a future pandemic, we need to be prepared for both and work toward lowering the probability of either. But we surely need to reverse the erosion of trust in our public health system and institutions and rebuild their capabilities. We surely need to reduce our toxic media and political interactions. We need to find ways to broaden awareness, so that both competition and cooperation lead to a more harmonious society in the United States and across the world. Perhaps epidemiology can provide insights into breadth of awareness?

The Fauci hearing: Deflecting attention from Republican failures and discrediting public health

For EpiMonitor

Michael A. Stoto

August 25, 2026

What was the Fauci hearing about? Surely not understanding what happened during the COVID-19 pandemic. Were that the goal, we would have had a good-faith, no-fault inquiry, as aviation and patient safety have [taught](#) us. Rather, I argue, it was about deflecting attention from the failures of Republican leaders and discrediting public health. We see this in the questions that were, and should have been, asked.

The origins of SARS-CoV-2

Whether SARS-CoV-2 was man-made or a lab leak is the wrong question. Initial signals that it could have been either were thoroughly investigated. Years later, both the virology and the epidemiology [show](#) these to be extremely unlikely. Rather than covering anything up, Dr. Fauci's diaries [show](#) him and other scientists doing their job: working to understand the implications of fragmentary incomplete information as it became available and adjusting policy recommendations as appropriate.

Uncertainty always exists when a new pathogen emerges, whatever the origin. The questions we should ask are how to more rapidly detect a new outbreak and characterize the risk – for example, how the virus is transmitted – to guide policy. Global surveillance networks are essential to this effort. However, as the current Ebola outbreak demonstrates, President Trump's cuts to US AID and CDC have [undercut](#)

the infrastructure that sustains them.

Public health scientists have been concerned for decades about man-made pathogens and lab leaks and remain so regardless of the origins of SARS-CoV-2. Presidents Bush, Obama, and Biden established and maintained biosecurity programs in the White House and throughout the government; President Trump abolished them (twice). Trump's break with the WHO will only make this more difficult.

Public health interventions

Whether masks, lockdowns, etc. "work" is also the wrong question. Many careful studies have shown that various public health restrictions – non-pharmaceutical interventions (NPIs) – can make a difference. A comprehensive review by the British Royal Society [concludes](#) that "there is clear evidence from studies conducted during the pandemic that stringent implementation of packages of NPIs was effective in some countries in reducing transmission of SARS-CoV-2." [In the U.S.](#), almost 300 thousand deaths could have been avoided before vaccines were available had all states experienced the excess mortality rates of the best-performing states. This reflects earlier relaxation and weaker implementation of NPIs and related behaviors.

The right question is how to deploy combinations of NPIs in particular settings to better balance the epidemiological benefits with the social and economic costs. For instance, how many infections in students and the community can we allow to maintain in-person schooling? Can policies such as mandatory masking and vaccination limit transmission enough to justify re-opening schools?

- Fauci cont'd on page 11

What the hearing didn't cover

From early January 2020, Dr. Fauci was [aware](#) through contacts with the China CDC how dangerous the situation was. He took the warning seriously enough to initiate work on a [vaccine](#) only days after Chinese scientists published SARS-CoV-2's viral sequence on Jan. 10. President Trump, meanwhile, consumed with his impeachment, did not get a briefing on COVID-19 until late January, after escalating warnings from WHO. An earlier response could have stockpiled PPE and ventilators to alleviate shortages later.

Long before vaccines available, Robert F. Kennedy, Jr. and others began [spreading misinformation](#) about mRNA vaccine efficacy and safety. We now [know](#) that these vaccines are both safe and highly effective across age groups and in diverse populations. Across billions of administered doses, serious adverse events have been rare, well characterized, and consistently outweighed by the substantial protection conferred against severe disease, hospitalization, and death. Yet, more than 250 thousand American deaths could have been [avoided](#), disproportionately in states with Republican governors and legislatures, between March and November 2021. The question to

ask is how political leaders' and social media's Covid denialism and vaccine opposition undercut trust in public health limited vaccine uptake and contributed to the avoidable deaths.

The impact of the hearing

The public release of Dr. Fauci's diaries and the hearing have had two serious effects. First, it [deflected](#) public attention away from President Trump's and other Republican leaders' misinformed statements, actions and policies about NPIs and vaccines. Many legitimate questions deserve attention and public debate, such as how to balance the epidemiological benefits of these interventions with the social and economic harms. Grilling Dr. Fauci about settled matters (that he has addressed in previous testimony and were not within his authority) does not advance this discussion.

Second, pulling isolated statements from diaries intended to be private does not provide any insights in public health policies. Neither does forcing him to "take the fifth" on issues about which he has previously testified. Together with the misdirection, though, doing so undermines trust in public health.

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Points from another reader:

Here a few points, mentioned here for ease of reference:

1. We are divided and each group holds strong beliefs and values and will not change them, no matter what. So Fauci's situation will not change the views already held by either side.
2. Evaluating the response to Covid today is an exercise in hindsight. Hindsight is, of course, easier since there is plenty of time to criticize what has been done. Professionals had to react within days to an impending pandemic and didn't have the luxury of hindsight.
3. This point [you] made clearly: whether Covid is due to natural sources or laboratory leak will not make any difference in our future combat of the next pandemic. We need to be prepared for both scenarios.
4. Yes, public opinion has been affected negatively by what happened. This is clearly reflected in the drastic decrease in vaccination rates in several communities. Fauci was blamed since he has been the face of the response to the pandemic.
5. A vicious circle has developed: the likes of RFK Jr. fuel distrust in public health and the distrust fuels the appointment of the likes of RFK Jr. to positions of power. A lethal cycle for the advancement of public health.
6. The issue has been politicized so that scientists are reluctant to speak up because of the consequences, such as losing funding, public criticism, etc.

Editor's Note:

In our first article this month the author offered these comments:

"None of this means epidemiologists should become crusaders or abandon rigor. The world has enough people making grand claims with fragile evidence. But we can communicate more clearly without sacrificing honesty."

"Epidemiologists help shape not only scientific understanding, but political will, regulatory action, and public perception. We should choose our words carefully. But we should also occasionally choose them bravely."

The EpiMonitor is interested in printing pieces about how the public health community can help bridge the divide between the "sides" in this and other public health issues. Articles that outline concrete solutions or advance innovative approaches are always welcomed as are pieces about the Fauci hearing, journals, text messages, and Morens guilty plea. Please forward your submissions to info@epimonitor.net

The Collision of Climate Science and Generative AI

Author: Madeline Roberts, PhD, MPH

Editor's Note: *This article was originally published by the EpiMonitor in September 2024. Given the current level of interest in AI and the nationwide push back against data centers it seemed appropriate to reprint this piece now.*

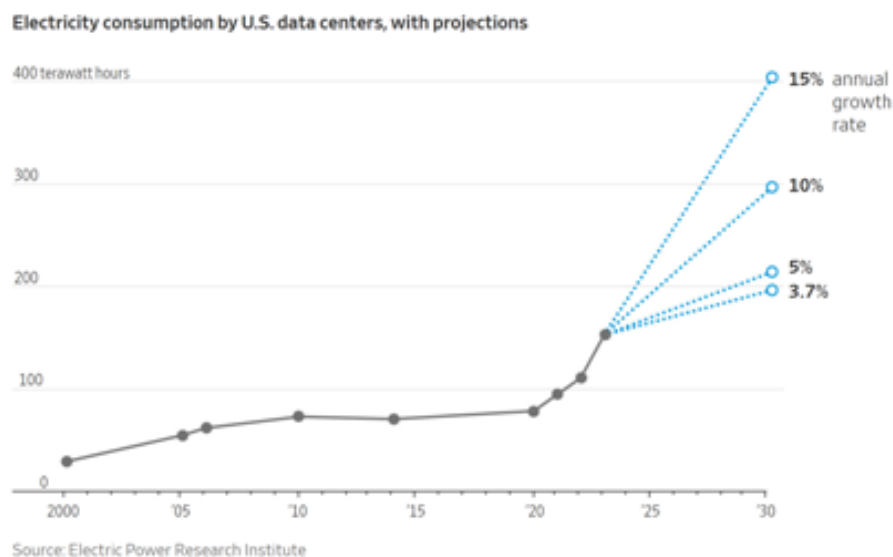


Generative AI has grown and achieved widespread use in an unregulated industry where companies and developers are not required to report resource utilization or environmental impact. The increasing use of generative AI technologies, which require substantial computational power, is also producing ballooning emissions.

The [health impacts](#) of air pollution and climate change are substantial and include cardiovascular and respiratory diseases such as asthma, changes in the distribution of disease vectors and related illnesses, and heat-related

illness, among others. Additionally, the deleterious health effects of emissions are not distributed equally, with low-income areas bearing a greater burden of harm compared with more affluent areas.

AI data centers are also consuming massive amounts of resources. In one example—[after being legally compelled to report how much water it was using](#) in The Dalles, Oregon—Google disclosed that its data centers were using almost 25% of all available water in the city. Google is struggling to realize its goal of net-zero emissions by 2030 and disclosed in July that company emissions rose by 48% compared to their 2019 baseline, mostly attributable to AI initiatives and data centers. Aiming to replenish 120% of the water it consumes by 2030, the company has currently replenished 18%. Google is not alone, Meta's emissions are approximately 70% over their 2019 levels, and Microsoft reported emissions growth 29% over its 2020 baseline.



As the environmental cost of developing and maintaining such massive data infrastructure comes under sharper review, tech giants are collaborating with power producers to secure novel sources of clean energy, including [harnessing heat below the earth's surface and small nuclear reactors](#).

Researchers have developed different methods for measuring and communicating the environmental impact of AI. A [preprint](#) by Lacoste et al presents an environmental Impact Calculator for Machine Learning (interactive calculator [here](#)) where companies and developers can estimate their carbon emissions. Crawford and Joler published their stunning diagram and narrative [Anatomy of an AI System](#) (currently on exhibit at the [Museum of Modern Art](#)) which details the cost of AI in terms of material resources, human labor, and data, spanning the inception of a device to when it becomes e-waste.

The AI model training and inference phases exact different environmental demands, and while shorter in duration, the training phase is often the most environmentally taxing owing to the multitude of servers and graphics processing units (GPUs) required to train a model. The environmental impact of the inference phase is directly proportional to the model's number of users, with more users yielding a higher environmental impact.

For reference, [generative AI searches use approximately 10 times more energy compared to standard searches](#) using a search engine like Google. To understand just how much water and electricity data centers require, researchers at UC Irvine developed the infographics shown on the next page. There is indication that time of day as well as location can substantively reduce the [amount of water](#) used in AI data centers. Additionally, some have suggested regulatory legislation [establishing energy and water benchmarks for tech companies](#), as well as incentivizing renewable energy use. At the very least, transparency in this area could look like implementing standardized, third-party environmental impact studies with routinely reported results. Currently, [The Artificial Intelligence Environmental Impacts Act of 2024](#) calls for measurement and reporting standards for the environmental impact of AI, though developers reporting the results would be voluntary. It also would require an interagency study to quantify the positive and negative ecological impacts of AI. The bill's fate in Congress can be tracked [here](#).

The environmental burden and health implications of AI energy consumption continue to increase along with unreachd climate targets. A concerted effort from tech companies, clean energy power producers, researchers, and policymakers is urgently needed to move toward sustainable AI.

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A 100-word email generated by an AI chatbot using GPT-4

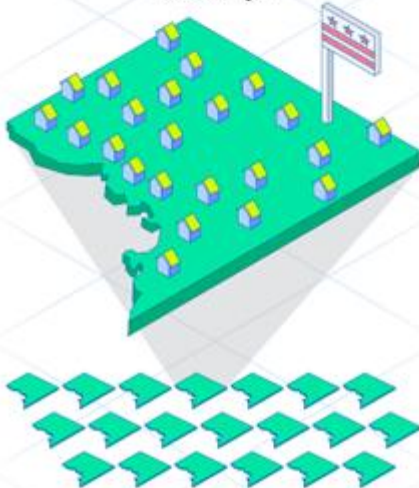
Once requires **0.14 kilowatt-hours (kWh)** of electricity, equal to powering **14 LED light bulbs** for **1 hour**



Once weekly for a year requires **7.5kWh**, equal to the electricity consumed by **9.3 D.C. households** for **1 hour**



Once weekly for a year by 1 out of 10 working Americans requires **121,517 megawatt-hours (MWH)**, equal to the electricity consumed by **all D.C. households** for **20 days**



A 100-word email generated by an AI chatbot using GPT-4

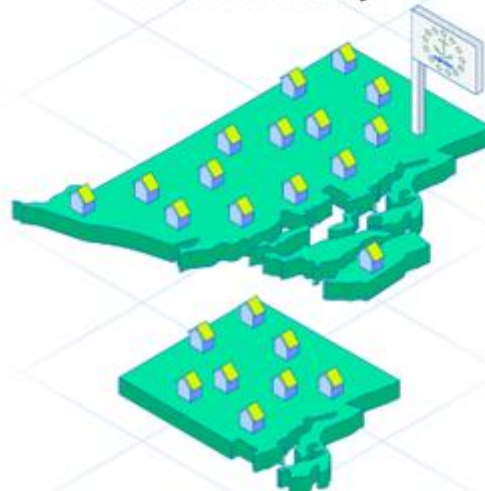
Once requires **519 milliliters** of water, a little more than **1 bottle**



Once weekly for a year requires **27 liters**, about **1.43 water cooler jugs**



Once weekly for a year by 1 out of 10 working Americans (roughly 16 million people) requires **435,235,476 liters**, equal to the water consumed by **all Rhode Island households** for **1.5 days**



Resources

The Public Health AI Handbook

Evaluating AI Tools for Public Health Practice

Author: Staff

Not a day goes by anymore but what we are confronted with more information about AI. But there is more to implementing AI in public health than the media would lead us to believe.

Many of us are familiar with several AI tools but few of us have studied in depth the vast majority of the tools that are currently available. And other than AI experts, even fewer have researched the latest models these tools have released.

Recently the EpiMonitor started looking at two projects that could be finished in 1/50th the time if we used an AI tool. But which tool would be best for these projects? Could the same tool be used for both projects? Did we need the latest release of the chosen tool(s)? How much computer horsepower did we need to drive the tool?

All of us get the mailers touting certificate programs for courses teaching us how to write effective prompts but current basic information that answers the questions that the EpiMonitor faced hasn't been readily available from a single site until now. Any source that was touting themselves as best source for information was often 60-90 days out of date which, in the world of AI, is too old to be of real value.

That led us to the question about what was available to assist public health professionals. Surely they were asking similar questions to those we were facing although their answers were going to be different to the ones we were

getting because the tasks were totally different. So we began a search to determine what resources were available to assist the public health community in their own efforts.

Our search led us to a phenomenal text written (and constantly updated) by [Dr. Bryan Tegomoh](#). This book is one of four he has written on the topic of AI and it is available free. Best of all, [The Public Health AI Handbook](#) is licensed under Creative Commons so you can freely use and share the material.

It is important to note that this book is written specifically for public health professionals. Every chapter is written with three specific questions in mind:

- Which tools actually perform well in real world settings?
- How do you evaluate a tool when your data is messy, delayed, and/or incomplete?
- What happens when the algorithm is wrong and public health action follows?

For everything this book provides, it is meant to be a resource and a training tool - not official public health guidance. Your effective use of the information is context specific and you need to follow all normal safeguards when using the information presented.

- Handbook cont'd on page 17

Among the specific topics included in this book as of today are:

- ▶ The Data Problem in Public Health AI
- ▶ AI in Disease Surveillance and Outbreak Detection
- ▶ Epidemic Forecasting with AI
- ▶ AI in Genomic Surveillance and Pathogen Analysis
- ▶ Geospatial AI and Spatial Epidemiology
- ▶ AI in Diagnostic and Clinical Decision Support
- ▶ AI for Substance Use and Overdose Prevention
- ▶ Evaluating AI Systems for Healthcare
- ▶ Performance Metrics for Public Health AI
- ▶ Validation, Equity, and Security Testing
- ▶ Explainability for Public Health AI
- ▶ Ethics, Bias, and Equity in Healthcare AI
- ▶ Privacy, Security, and Governance for Health AI
- ▶ MLOps for Public Health AI
- ▶ Deployment and Production Monitoring
- ▶ System Integration and Regulatory Compliance
- ▶ Public Health AI Deployment Exercises

We could go on but clearly the best way for you to understand the value of this text is to encourage you to evaluate it yourself. Please remember that the author is committed to constantly updating the material. So the version you see online today is sure to change in the blink of an eye. New tools, updated models, fresh government regulations, and new hardware requirements are available every week.

To read or download a PDF copy of the book for free:

<https://publichealthaihandbook.com/>

Other handbooks of interest by this author:

<https://bryantegomoh.com/>

More about the author:

<https://www.linkedin.com/in/bryan-tegomoh-md-mph/>

■

Editor's Note:

Are you aware of a book, website, or other resource that would be of value to our readers?

Do you have a library of epidemiology, biostatistics, or other public health books that you would like to rehome?

If so, please reach out to us so we can share this information with the community in a future issue of the EpiMonitor.

info@epimonitor.net

Epi Word Search – August 2026

The Fauci Files

This month's puzzle spotlights words from the Fauci related articles in this issue and in *What We're Reading*. That should make it easy for you to work the puzzle. Good luck - don't let the puzzle frustrate you!

For an interactive online version go to: <https://tinyurl.com/mvrmfhm4>

E 5 T H A M E N D M E N T N E A N P S I
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E M N D E B O R A H B I R X A B D P P C
A T T F S S E N A T E H E A R I N G A L

Words to find:

1. 5th Amendment
2. Anthony Fauci
3. Conceal Records
4. Contempt
5. COVID
6. David Morens
7. Deborah Birx
8. Defense Fund
9. Guilty Plea
10. Lab Accident
11. Legal Barrage
12. Pandemic
13. Pardon
14. Personal Email
15. Private Journal
16. Senate Hearing
17. Text Messages
18. Wet Market

The Fauci Files by Michele Gibson
Powered by [PuzzleMe™](#)

Sponsor our Monthly Word Game
Your Ad Will Appear Here

Contact: Michele Gibson / 770.309.7937
michele@epimonitor.net

What We're Reading This Month

Editor's Note: All of us are confronted with more material than we can possibly hope to digest each month. However, that doesn't mean that we should miss some of the articles that appear in the public media on topics of interest to the epi community. The EpiMonitor curates a monthly list of some of the best articles we've encountered in the past month. See something you think others would like to read? Please **send** us a link at info@epimonitor.net and we'll include it in the next month.

Fauci

- ♦ Former Fauci adviser Dr. David Morens pleads guilty to concealing COVID-related records (NPR)
<https://tinyurl.com/2pm2f6wd>
- ♦ Fauci, in Private Diary, Reflected on Covid's Origins and His Own Fame (NY T gift article)
<https://tinyurl.com/z453ky46>
- ♦ Why was Fauci held in contempt for pleading the 5th, and what happens next? (PBS)
<https://tinyurl.com/2nz2njnn>
- ♦ Opinion | The Revealing Diaries of Dr. Fauci (WSJ via AppleNews)
<https://tinyurl.com/bdxdjfk6>
- ♦ Fauci, in Private Diary, Reflected on Covid's Origins and His Own Fame (NYT - Gift Article)
<https://tinyurl.com/z453ky46>
- ♦ Fauci privately warned of miscarriage risk linked to COVID vaccine while publicly claiming no issues, newly released texts show (NY Post)
<https://tinyurl.com/ymcf544h>
- ♦ Fauci's Lawyers Create Defense Fund as Multiple U.S. Investigations Continue (Yahoo)
<https://tinyurl.com/s8ux54r6>
- ♦ Fauci's Private Diary Reveals a Leadership Problem Every Executive Should Understand (Inc Magazine)
<https://tinyurl.com/yrrsypa5>
- ♦ Dr. Deborah Birx says Fauci hearing shows there's still "persistent anger" over government's handling of COVID (CBS News)
<https://tinyurl.com/2feja7va>

Public Health Topics

- ♦ Most Americans aren't anti-vaccine. They're uncertain — and that's a growing public health challenge (CNBC)
<https://tinyurl.com/3pmjykas>
- ♦ High Profile Departures Shakeup WHO Leadership (Health Policy Watch)
<https://tinyurl.com/mtdsns9t>
- ♦ Indonesian Health Minister Budi Sadikin Becomes Fourth Candidate to Run for WHO Director-General (Health Policy Watch)
<https://tinyurl.com/5dwtn39k>
- ♦ These local high schoolers spent the summer flying drones for public health on the city's Southwest Side (San Antonio Report)
<https://tinyurl.com/2z5reac8>
- ♦ Locally acquired Dengue Fever shows up in Florida (FoxNews 13)
<https://tinyurl.com/mscu7jj9>
- ♦ COVID is 'growing' in nearly every state, CDC reports. Here's where levels are highest (The Hill via AppleNews)
<https://tinyurl.com/59cfymyc>
- ♦ LA County Public Health confirms first West Nile virus death of 2026 (CBS News)
<https://tinyurl.com/bdffd9dr>
- ♦ When Farm Animals Get Sick, Human Health Is Often Next (Global Biodefense)
<https://tinyurl.com/52me87jt>
- ♦ Cancer vaccines could transform treatment and prevention – but misinformation about mRNA vaccines threatens their potential (CNN Health)
<https://tinyurl.com/3pux7pum>
- ♦ Chronic Wasting Disease appears in cows with possible bat connection (Daily Mail)
<https://tinyurl.com/424wbc2h>

Notes on People

Do you have news about yourself, a colleague, or a student?

Please help The Epidemiology Monitor keep the community informed by sending relevant news to us at this address for inclusion in our next issue. michele@epimonitor.net



Honored: **Kathleen Grattan**, MPH (pictured right), of the Massachusetts Department of Public Health has won the RWJF National Award for Outstanding Epidemiology Practice in Addressing Racial and Ethnic Disparities at [#CSTE2026](#). Since 2007, this award has recognized the presenter who best leverages data and epidemiology to dismantle health inequities and drive real impact in public health.



Honored: Professor **Sheila M. Bird** has been appointed a Dame Commander of the Order of the British Empire (DBE), for her services to statistics. Sheila's research has significantly contributed to public health through a series of record-linkage studies, focusing on hard-to-reach populations to make discoveries about public health and monitor the impact of public health policies. She took a prominent *role* in the Royal Statistical Society (RSS) COVID-19 Taskforce, campaigning for better evidence on diagnostic testing and proper evaluation of the effects of alternative policies.



Confirmed: The new director of the Centers for Disease Control and Prevention, **Erica Schwartz**, confirmed by the U.S. Senate on Aug. 5, 2026, is only the second CDC director to face Senate confirmation. Congress adopted the process for the agency after the COVID-19 pandemic to bring more scrutiny to one of the country's most consequential public health jobs, as part of the Consolidated Appropriations Act of 2023.



Appointed: CLA Fielding School of Public Health Professor epidemiologist **Anne Rimoin**, has been appointed associate dean of global health, effective August 1. Rimoin's work addresses emerging infectious diseases and global health security, particularly at the intersection of human, animal, and environmental health. Through her research, training, partnerships, and public engagement, she has helped advance understanding of evolving health threats and strengthen public health in Los Angeles and around the world.

Notes on People, *con't* from page 21

Do you have news about yourself, a colleague, or a student?

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Appointed: [Dr. Justin Van Ee](#), a statistician whose work uses advanced statistical and computational methods to address complex scientific and public health questions, has been named an Assistant Professor of Biostatistics at the University of Hawaii at Manoa / Thompson School of Social Work & Public Health. He specializes in data integration, Bayesian hierarchical modeling, and computational statistics. His research focuses on developing and optimizing large-scale models for multiple datasets that account for sampling bias and error.



Retired: **Jeremy Farrar**, WHO assistant director general for health promotion, disease prevention and care, is set to step down at the end of September as he reaches retirement age, a spokesperson of the UN health agency told Geneva journalists. After a decade leading the health charity Wellcome Trust and advising the UK government during the Covid-19 pandemic, Farrar joined the WHO as chief scientist in 2023. In May 2025, he was promoted to assistant director general as part of a major overhaul.



Retired: **Ralph Baric**—the public-health researcher whose work on coronaviruses helped make COVID-19 vaccines possible, but brought scrutiny in the process, retired from UNC-Chapel Hill in June. Baric joined the UNC-CH faculty in 1986 after earning his bachelor's and doctoral degrees from N.C. State University. He is considered a foremost expert on coronaviruses, and his lab was one of the first in the U.S. to receive a sample of the COVID-19 virus to conduct tests. That work led to the first Food and Drug Administration-approved treatments of the virus and contributed to the development of the Moderna vaccine.



Retired: Professor **Gregory C. Gray** retired from the University of Texas Medical Branch on July 31st. He stated that he was retiring due to issues related to personal health and the current difficulty in winning funding for infectious disease epidemiological research. Much of his work has involved identifying risk factors for occupational diseases, particularly for respiratory virus infections. He has studied farmers, animal breeders, veterinarians, military personnel, turkey workers, swine workers, poultry workers, horse workers, and hunters.

Notes on People, con't from page 22

Do you have news about yourself, a colleague, or a student?

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Named: Yale Assistant Professor in the Department of Epidemiology of Microbial Diseases, **Colin J. Carlson**, PhD, has been named one of Scientific American's inaugural Young American Scientists. He researches the science and policy surrounding public health, climate change, and emerging viral threats. His mission is to help the world understand what future public health emergencies will look like and what we can do to mitigate them.



Appointed: **Kelly Anderson**, PhD, has been appointed to a five year term as Chair, Department of Epidemiology and Biostatistics, at the Schulich School of Medicine & Dentistry, Western University, effective October 1, 2026. Dr. Anderson is a Canada Research Chair in Public Mental Health Research, as well as an Associate Professor and Graduate Chair in the Department of Epidemiology and Biostatistics at Schulich Medicine & Dentistry. She received her PhD in Epidemiology from McGill University and completed a post-doctoral fellowship at the Centre for Addiction and Mental Health in Toronto.



Named: [Rebecca Fry, PhD](#), professor and chair of environmental sciences and engineering (ESE) and the Carol Remmer Angle Distinguished Professor in Children's Environmental Health, has been named vice dean for academic affairs at the UNC Gillings School of Global Public Health. Prior to being named chair of the Department of Environmental Sciences and Engineering in 2023, Fry spent 15 years at the Gillings School as a member of the faculty, including six years as associate chair. During that time, she served as founding director of the Institute for Environmental Health Solutions and director of the UNC Superfund Research Program.



Passed: **Dr. Maura Gillison** medical oncologist and molecular epidemiologist known for her work proving that human papillomavirus, or HPV, caused the so-called oropharyngeal cancers of the throat, tonsils and base of the tongue. In 1996 to pursue a doctorate in clinical investigation at the university's Bloomberg School of Public Health. In 2000, the major finding of her doctoral thesis was [published](#) in The Journal of the National Cancer Institute, showing a strong association between HPV and head and neck cancer. <https://tinyurl.com/4z2hyt66>

Do you have news about yourself, a colleague, or a student?

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Passed: Dr. **Annette Maria (Bucher) Bachand**, of Fort Collins, Colorado passed away on June 20, 2026. A skilled biostatistician and epidemiologist, she dedicated her career toward understanding complex public health issues through research and public policy analysis.



She earned her PhD in Biostatistics and Epidemiology (1997) and MS in Mathematics (1992) from the University of Massachusetts at Amherst, after completing her Vordiplom in Mathematics and Computer Science at the University of Tübingen in Germany (1990). She was first a faculty member in the Department of Environmental and Radiological Health Sciences at Colorado State University (Fort Collins, CO) and then a senior managing consultant at Applied Epidemiology, Inc; ENVIRON; and Ramboll. Her work led to over 60 scientific publications, and significantly advanced population modeling to assess the risks and benefits of reduced-harm tobacco products. Dr. Bachand conducted influential research in occupational health and the health effects of air pollution in the United States, Germany, and Central America. <https://tinyurl.com/4hky7k9j>

Passed: Dr. Roger Detels, former dean and distinguished professor of epidemiology in the UCLA Fielding School of Public Health, died July 25, 2026.

Over the course of his career, which included 56 years of service to the school, Detels conducted research on air pollution, multiple sclerosis and other neurologic diseases, hypertension and several infectious diseases, including trachoma, capillariasis and Japanese encephalitis. Yet he is perhaps best known for his research on HIV/AIDS, which he began in 1981 when he initiated a natural history study of AIDS in young homosexual men in Los Angeles.



In 1983, Detels became the principal investigator of the Los Angeles Center for the Multicenter AIDS Cohort Study (MACS), one of the largest natural history studies of HIV/AIDS in the world. In 1988, he founded the UCLA/Fogarty AIDS International Training and Research Program (UCLA/Fogarty), through which more than 100 public health leaders.

Detels held many roles beyond his promotions from associate professor to distinguished professor. He served for five years as dean of UCLA Fielding, chair of the school's Department of Epidemiology for four years, as well as acting head and head of the Division of Epidemiology (before it was a department) for nine years total. <https://tinyurl.com/3zncypvp>

Near Term Epidemiology Event Calendar

Every December The Epidemiology Monitor dedicates that issue to a calendar of events for the upcoming year. However that often means we don't have full information for events later in the upcoming year. Thus an online copy exists on our website that is updated regularly. To view the full year please go to: <http://www.epimonitor.net/Events> The events that we are aware of for the next month follow below.

September 2026

September 2-4 **Type:** Conference **Web:** <https://tinyurl.com/3ynjazpf>
Title: ECVPH AGM & Annual Scientific Conference 2026
Sponsor: ECVPH **Location:** Munich, Germany

September 2-6 **Type:** Conference **Web:** <https://tinyurl.com/3v89us3s>
Title: Swiss Public Health Conference 2026
Sponsor: Swiss Public Health **Location:** Lucerne, Switzerland

September 14-16 **Type:** Conference **Web:** <https://tinyurl.com/2pjgearz>
Title: 20th Vaccine Congress
Sponsor: Elsevier **Location:** Seville, Spain

September 14-17 **Type:** Conference **Web:** <https://tinyurl.com/4tnmnvyn>
Title: American College of Epidemiology Annual Conference
Sponsor: ACE **Location:** Buffalo, NY

September 16-19 **Type:** Conference **Web:** <https://tinyurl.com/rxykuhmw>
Title: 22nd Biennial Congress - EPA Section of Epidemiology & Social Psychiatry
Sponsor: European Psychiatric Association **Location:** Brescia, Italy

Sept 21-23 **Type:** Short Course **Web:** <https://tinyurl.com/3epumyc6>
Title: Target Validation - In the Era of Genomics, Big Data, and AI
Sponsor: Wellcome Connecting Science **Location:** Hinxton, England & Virtual

Sept 24-25 **Type:** Conference **Web:** <https://tinyurl.com/422urdez>
Title: 2026 Health Datapalooza
Sponsor: Academy Health **Location:** Washington, DC

Near Term Epidemiology Event Calendar

September 2026

Sept 26 - Oct 2 **Type:** Conference **Web:** <https://tinyurl.com/frsw6fbb>
Title: 2026 IAPHS Conference
Sponsor: IAPHS **Location:** Portland, OR

Sept 27 - Oct 1 **Type:** Conference **Web:** <https://tinyurl.com/yx8rh98f>
Title: 47th Annual Conference of the International Society for Clinical Biostatistics (ISCB)
Sponsor: ICSB & GMDS **Location:** Breisgau, Germany

September TBD **Type:** Workshop **Web:** <https://tinyurl.com/4cp62bcu>
Title: 12th Microbial Bioinformatics Hackathon
Sponsor: ESCMID **Location:**

September TBD **Type:** Workshop **Web:** <https://tinyurl.com/4cp62bcu>
Title: 12th Microbial Bioinformatics Hackathon
Sponsor: ESCMID **Location:**

September TBD **Type:** Conference **Web:** <https://tinyurl.com/4kk77e86>
Title: Tennessee Public Health Association 2026 Annual Conference
Sponsor: TPHA **Location:**

October 2026

October 5-7 **Type:** Conference **Web:** <https://tinyurl.com/muyzzc9t>
Title: International Vaccines Conference
Sponsor: Magnus Group **Location:** Tokyo, Japan & Virtual

October 11-12 **Type:** Conference **Web:** <https://tinyurl.com/d24vwhnt>
Title: International Symposium on Public Health and Epidemiology
Sponsor: Scisynopsis Conferences **Location:** Singapore

October 18-21 **Type:** Conference **Web:** <https://tinyurl.com/2nertrtp>
Title: ISPE Annual Conference
Sponsor: ISPE **Location:** Washington, DC

Near Term Epidemiology Event Calendar

October 2026

October 20-24 **Type:** Conference **Web:** <https://tinyurl.com/u2r3hncd>
Title: American Society for Human Genetics 2026 Annual Meeting
Sponsor: ASHG **Location:** Montreal, Canada

October 21-24 **Type:** Conference **Web:** <https://idweek.org/>
Title: IDWeek
Sponsor: Multiple **Location:** Washington, DC

October 22-23 **Type:** Conference **Web:** <https://tinyurl.com/mryn44sk>
Title: 9th Intl Conference on Public Health, Well-being and Healthcare Management
Sponsor: Conference Series **Location:** Paris, France

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Open Public Health Positions

The list below has been compiled by [Public Health Hiring Help](#) the new Substack column that has been created to help individuals in the public health community find positions in the midst of the chaos that is now impacting governmental agencies and grant recipients. This list represents the most current positions PHHH has been able to identify. We thank PHHH for their permission to reprint these listings.

Health Research Inc, [Emergency Preparedness Representative III](#) (Multiple locations)
\$90k + benefits, Bachelor's min, Master's preferred

Guidehouse, [Healthcare Strategy and Transformation Consultant](#) (McLean, VA)
\$98-140k + benefits, Bachelor's min, Master's preferred

Emory Univ, [HPM Communications Specialist](#) (Atlanta, GA)
Not listed + benefits, Bachelor's min

Children's Hospital of Philadelphia, [Clinical Research Coordinator I](#) (Philadelphia, PA)
\$53-66k + benefits, Master's min

Westat, [Data Visualization Analyst](#) (Bethesda, MD)
\$68-73k + benefits, Bachelor's min, Master's preferred

Commonwealth of PA, [TB Surveillance Program Associate II](#) (Harrisburg, PA)
\$61-92k + benefits, Bachelor's min

State of SC, [Chronic Disease Epidemiologist II](#) (Cayce, SC)
\$61-82k + benefits, Master's min

Cornell Univ, [Sr. Health Policy Analyst](#) (NYC)
\$103-118k + benefits, Master's min

Univ of CA Berkeley, [Sr. Data Analyst](#) (Berkeley, CA)
\$95-130k + benefits, Bachelor's min, Master's preferred

Episcopal Community Services, [Community Wellness Coordinator](#) (Philadelphia, PA)
\$50-52k + benefits, Bachelor's min

Healing NY, [Child Abuse Prevention Training Specialist](#) (NYC)
\$70k + benefits, Master's min

Douglas Co, [Epidemiologist](#) (Omaha, NE)
\$72-80k + benefits, Master's min

Open Public Health Positions

Mathematica, [Health Research Analyst](#) (Multiple locations)

\$70-95k + benefits, Master's min

Alpine Physician Partners, [Clinical Quality and Program Evaluation Specialist](#) (Denver, CO)

\$52-70k + benefits, Bachelor's min, Master's preferred

Alpine Physician Partners, [Population Health Specialist](#) (Denver, CO)

\$50k + benefits, Bachelor's min

Health Research Inc, [Heavy Metal Exposure Specialist I](#) (Albany, NY)

\$56k + benefits, Bachelor's min

Emory Univ, [Clinical Research Coordinator II](#) (Atlanta, GA)

Not listed + benefits, Bachelor's min, Master's preferred

OR Health Authority, [Outreach and Education Coordinator](#) (Salem, OR)

\$66-96k + benefits, Bachelor's min

Univ of AL Birmingham, [Statistician II](#) (Birmingham, AL)

\$61-99k + benefits, Master's min

Washington Univ of St Louis, [Infectious Disease Data Coordinator I](#) (St Louis, MO)

\$50-60k + benefits, Bachelor's min

State of TX, [Surveillance Specialist](#) (Houston, TX)

\$50-58k + benefits, Bachelor's min

Lee Health, [Infection Prevention Surveillance and Data Specialist](#) (Fort Myers, FL)

\$70-100k + benefits, Bachelor's min, Master's preferred

Boston Univ, [Framingham Heart Study Research Associate](#) (Framingham, MA)

\$72-93k + benefits, Master's min

American Academy of Family Physicians, [Health Policy Strategist](#) (Leawood, KS)

Not listed + benefits, Bachelor's min, Master's preferred

Advocate Health, [Data Scientist Associate](#) (Charlotte, NC)

\$84-120k + benefits, Master's min

Cherokee Federal, [Global Health Analyst I](#) (San Diego, CA)

\$85-95k + benefits, Master's min

Open Public Health *Intern* Positions

Health Research Inc, [Disease Surveillance Project Assistant Intern II](#) (NYC)

Public Health Alignment: EPI, Undergrad, Grad, Bachelor's, Master's

Mercy Corps, [Geospatial Analytics and Mapping Intern](#) (Remote)

Public Health Alignment: EH, EPI, BIOS, Undergrad, Grad, Bachelor's, Master's

Health Research Inc, [Epidemiology Project Assistant Intern II](#) (New Rochelle, NY)

Public Health Alignment: EPI, Undergrad, Grad, Bachelor's, Master's

Health Research Inc, [Outbreak Investigation Project Assistant Intern II](#) (Syracuse, NY)

Public Health Alignment: EPI, Undergrad, Grad, Bachelor's, Master's

Health Research Inc, [Chagas Disease Project Assistant Intern II](#) (Albany, NY)

Public Health Alignment: EH, EPI, BIOS, Undergrad, Grad, Bachelor's, Master's

Health Research Inc, [Epidemiological Surveillance Project Assistant Intern II](#) (Buffalo, NY)

Public Health Alignment: EPI, Undergrad, Grad, Bachelor's, Master's

Guidehouse, [Life Sciences Advisory Intern](#) (Multiple Locations)

Public Health Alignment: HPM, EPI, BIOS, Undergrad, Grad

Malaria No More, [Policy and Advocacy Intern](#) (DC)

Public Health Alignment: HPM, GH, Grad, Bachelor's

American Cancer Society, [Research Intern](#) (Atlanta, GA)

Public Health Alignment: EPI, Grad, Master's

Children's Hospital of Atlanta, [Office of Pediatrician in Chief Intern](#) (Atlanta, GA)

Public Health Alignment: RMACH, EPI, HPM, Undergrad, Grad

Amazon, [Injury Prevention Intern](#) (Multiple Locations)

Public Health Alignment: BSHEs, EH, Undergrad, Grad

National Laboratory of the Rockies, [Socioeconomic Impacts Intern](#) (Boulder, CO)

Public Health Alignment: EH, HPM, Grad

Endeavor Health, [Research Intern](#) (Evanston, IL)

Public Health Alignment: EPI, BIOS, Undergrad

MD Anderson, [Research Intern](#) (Houston, TX)

Public Health Alignment: EPI, Bachelor's, Grad, Master's

Open Public Health *Intern* Positions

New Entry Sustainable Farming Project, [Farmer Training Intern](#) (Beverly, MA)

Public Health Alignment: EH, BSHES, Undergrad, Grad, Bachelor's, Master's

New Entry Sustainable Farming Project, [Farm Disaster Preparedness and Response Intern](#)

(Beverly, MA) Public Health Alignment: EH, GH, BSHES, Undergrad, Grad, Bachelor's, Master's

City of Boise, [Watershed Education Intern](#) (Boise, ID)

Public Health Alignment: EH, BSHES, Undergrad

City of San Francisco, [Occupational Health and Safety Intern](#) (San Francisco, CA)

Public Health Alignment: EH, BSHES, Undergrad, Grad

AARP, [Community Outreach and Communications Intern](#) (Concord, NH)

Public Health Alignment: BSHES, HPM, Undergrad, Grad

Hemophilia of GA, [Data Evaluation Intern](#) (Atlanta, GA)

Public Health Alignment: EPI, BIOS, HPM, Grad

Nationwide Children's, [Population Health Marketing Intern](#) (Columbus, OH)

Public Health Alignment: BSHES, HPM, RMACH, Undergrad, Grad

National Education Association, [Human and Civil Rights Intern](#) (DC)

Public Health Alignment: HPM, BSHES, GH, Undergrad, Grad, Bachelor's

New Entry Sustainable Farming Project, [Marketing and Communications Intern](#) (Beverly, MA)

Public Health Alignment: EH, BSHES, HPM, Undergrad, Grad, Bachelor's, Master's

Health Research Inc, [Public Health Education Assistant Intern](#) (Albany, NY)

Public Health Alignment: BSHES, HPM, Undergrad, Grad

Health Research Inc, [Emergency Preparedness Project Assistant Intern II](#) (Syracuse, NY)

Public Health Alignment: GH, HPM, EH, Undergrad, Grad

Health Research Inc, [Project Assistant Intern II](#) (Menands, NY)

Public Health Alignment: BSHES, EPI, BIOS, Undergrad, Grad

State of NY, [EH Intern](#) (Glens Falls, NY)

Public Health Alignment: EH, Grad, Undergrad

State of NY, [Artificial Intelligence Intern](#) (Albany, NY)

Public Health Alignment: BIOS, HPM, Undergrad, Grad

Open Public Health *Flexible* Positions

London School of Hygiene and Tropical Medicine, [Project Coordinator \(PT, CT\)](#) (London, UK)
Public Health Alignment: EPI, BIOS, Master's

Oxford University, [Research Assistant \(PT, CT\)](#) (Oxford, UK)
Public Health Alignment: BSHES, GH, HPM, Master's

City of San Francisco, [Community Safety Ambassador \(PT, CT\)](#) (San Francisco, CA)
Public Health Alignment: BSHES, GH, Grad, Bachelor's, Master's

Los Angeles Co, [Jr. Program Analyst \(CT\)](#) (Los Angeles, CA)
Public Health Alignment: RMACH, EPI, BSHES, Bachelor's, Master's

ORISE, [Partnerships and Performance Improvement Evaluation Fellow](#) (Atlanta, GA)
Public Health Alignment: HPM, BSHES, BIOS, Master's

Toccata Data Solutions, [Database Consultant \(PT, CT\)](#) (Remote)
Public Health Alignment: BIOS, EPI, HPM, Bachelor's, Grad, Master's

CDC Foundation, [Technical Assistance Specialist \(CT\)](#) (Remote)
Public Health Alignment: GH, BSHES, HPM, Master's

ORISE, [Vision Health Initiative Fellow](#) (Atlanta, GA)
Public Health Alignment: BSHES, GH, EPI, Master's

Prenatal to 3 Policy Impact Center, [Sr. Data Analyst \(CT\)](#) (Nashville, TN)
Public Health Alignment: RMACH, EPI, Master's

Asista Immigration Assistance, [Development and Communications Specialist \(PT\)](#) (Remote)
Public Health Alignment: GH, BSHES, HPM, Bachelor's, Grad, Master's

Esophageal Cancer Action Network, [Development and Communications Manager \(PT\)](#) (Remote)
Public Health Alignment: BSHES, HPM, Bachelor's, Grad, Master's

Univ of WI, [Water-Related Environmental Hazards and Public Health Fellow](#) (Madison, WI)
Public Health Alignment: EH, Master's

Johns Hopkins Univ, [Behavioral Health Research Assistant \(PT\)](#) (Baltimore, MD)
Public Health Alignment: BSHES, HPM, EPI, Bachelor's, Grad, Master's

ORISE, [Surveillance Data Science Fellow](#) (Atlanta, GA)
Public Health Alignment: EPI, BIOS, Grad, Master's

Open Public Health *Flexible* Positions

ORISE, [Bioinformatics and Genomic Surveillance Fellow](#) (Atlanta, GA)

Public Health Alignment: EPI, BIOS, Master's

Canberra Health Services, [Data and Analytics Support Officer \(CT\)](#) (Deakin, AUS)

Public Health Alignment: EPI, BIOS, HPM, Master's

Children's Hospital of Philadelphia, [Reproductive, Adolescent, and Child Health Needs Assessment Assistant \(PT\)](#) (Philadelphia, PA)

Public Health Alignment: RMACH, BSHES, EPI, Undergrad, Grad

CA Dept of Health, [Regulatory Epidemiology Analyst \(CT\)](#) (Richmond, CA)

Public Health Alignment: EPI, Master's

San Francisco Dept of Health, [Breaking the Cycle Ambassador \(CT, PT\)](#) (San Francisco, CA)

Public Health Alignment: BSHES, GH, Bachelor's, Grad, Master's

Salt Lake County, [Health Educator \(CT\)](#) (Salt Lake City, UT)

Public Health Alignment: BSHES, Bachelor's, Master's

Born in Bradford, [Health Urban Places Sr. Research Fellow](#) (Bradford, UK)

Public Health Alignment: EPI, Master's

City of Waco, [Public Health Equity Fellow](#) (Waco, TX)

Public Health Alignment: BSHES, GH, HPM, Master's

New York-Presbyterian Hospital, [Making Care Better Performance Improvement Fellow](#) (NYC)

Public Health Alignment: HPM, Bachelor's, Master's

GSD, [National Response Systems Effectiveness Specialist \(CT\)](#) (Charlotte, NC)

Public Health Alignment: EPI, GH, EH, Bachelor's, Master's

Los Angeles Co Dept of Health, [CalAIM Community Support Analyst \(CT\)](#) (Los Angeles, CA)

Public Health Alignment: GH, BSHES, HPM, Bachelor's, Master's

Queen Anne Helpline, [Communications and Development Manager \(PT\)](#) (Seattle, WA)

Public Health Alignment: HPM, BSHES, GH, Bachelor's, Master's

American Association for the Advancement of Science, [Scientific Outreach Specialist \(PT, CT\)](#)

(Remote) HPM, Public Health Alignment: EPI, BSHES, Master's

Marketplace

For Full Information on jobs: <http://www.epimonitor.net/JobBank>

The EpiMonitor offers a variety of plans for you to advertise your job opening, event or other item of interest to our readers. The basic advertising options are:

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NIH Stadtman Investigator Program

NIH Stadtman Investigator Program

Deadline: September 30, 2026 (11:59 PM ET)

The National Institutes of Health (NIH) is pleased to offer the annual Stadtman Investigator Program for researchers seeking a tenure-track (assistant professor equivalent) position within its Intramural Research Program (IRP). The program is open to applicants conducting research in any area of biomedical science supported by the NIH. Each year, 10 or more new investigators may be hired through the program. More information about the program can be found at <https://irp.nih.gov/careers/trans-nih-scientific-recruitments/stadtman-tenure-track-investigators>.

Who we are: The IRP is a research institution whose hallmarks are stable funding, intellectual freedom, shared resources, and access to a wide range of scientific expertise and the world's largest hospital dedicated to clinical research. It is home for around 1,000 principal investigators, nearly 2,000 other clinical and research faculty members, and more than 4,000 trainees and fellows from the undergraduate to the postdoctoral level. IRP research is conducted in several campuses across the U.S. More information about the IRP is at <https://irp.nih.gov>.

Whom we seek: The program is intended for applicants interested in being a principal investigator of a research group advancing the knowledge of living systems and its application to enhance human health while mentoring the next generation of scientists. We seek creative thinkers eager to take on innovative high-impact research.

Qualifications: Applicants must have a doctoral degree (M.D., Ph.D., or equivalent); have a robust record of research accomplishments as evidenced by high quality publications in peer-reviewed journals; and be a U.S. citizen, resident alien, or non-resident alien with, or eligible to obtain, a valid employment-authorization visa.

How to apply: The complete application consists of cover letter, curriculum vitae, research statement, and three letters of reference.

The application system is accessible at the Stadtman Investigator Program website: <https://irp.nih.gov/careers/trans-nih-scientific-recruitments/stadtman-tenure-track-investigators>. It will open on August 1, 2026 and close on September 30, 2026 (11:59 p.m. EDT).

Applicants should arrange for 3 reference letters to be submitted on their behalf by the September 30 deadline. After uploading their application and entering the names and email addresses of the 3 references into the application system, the applicant will be able to initiate the sending of an automated email to the references soliciting their reference letters.

Please note that the request for reference letters can only be sent after application submission. Thus, we strongly recommend that applicants submit their application substantially in advance of the September 30 deadline to ensure that their references have ample time to submit their letters by the deadline. If necessary, applicants may preliminarily submit a draft “placeholder” application, replacing it with the final application later but before the deadline.

MORE INFORMATION: <https://www.epimonitor.net/2026-4044-Epidemiology-Job-Opening.htm>

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For more information please contact:

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National Institute of Environmental Health Sciences
Your Environment. Your Health.

Tenure-Track Investigator

The Epidemiology Branch (EB) within the Division of Intramural Research (DIR) of the National Institute of Environmental Health Sciences (NIEHS), part of the National Institutes of Health (NIH), is recruiting a Tenure-Track Investigator to develop an independent research program on environment and chronic diseases of aging. Scientists within the EB (<https://www.niehs.nih.gov/research/atniehs/labs/epi>) address the mission of NIEHS by carrying out research on the effects of the environment on human health. EB research covers a wide range of conditions with potential links to environmental exposures and includes studies that address health across the lifespan from pregnancy and child development to chronic diseases of aging.

Qualifications:

Applicants should have a Ph.D., M.D. and/or equivalent doctoral degree with a preference for at least 3 years of postdoctoral research experience in their field and an outstanding publication record. The emphasis will be on identifying an exceptional scientist with an innovative and productive research program. Appointees may be U.S. citizens, U.S. permanent residents, or non-residents of the U.S. with, or eligible to obtain, a valid employment-authorization visa.

Salary/Benefits:

The successful candidate for this position will be appointed at a salary commensurate with experience and accomplishments. Full Federal benefits will be provided, including retirement, health and life insurance, leave, and a savings plan (401(k) equivalent). Please read the following guidance on [Selective Service](https://help.usajobs.gov/working-in-government/fair-and-transparent/selective-service) (<https://help.usajobs.gov/working-in-government/fair-and-transparent/selective-service>) requirements.

How to Apply:

Review of applications will begin on September 15, 2026. Interested candidates should submit materials as **one combined PDF** via email to Intramural Applications at int-appls@niehs.nih.gov. All emails should include vacancy number **AC1639** in the subject line.

MORE INFORMATION: <https://www.epimonitor.net/2026-4043-Epidemiology-Job-Opening.htm>



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YLE can be found here: <https://yourlocalepidemiologist.substack.com/>

[Your Local Epidemiologist](#) (YLE) is founded and operated by Dr. Katelyn Jetelina, MPH PhD—an epidemiologist, wife, and mom of two little girls. YLE reaches more than 305,000 people in over 132 countries with one goal: “Translate” the ever-evolving public health science so that people will be well-equipped to make evidence-based decisions. This newsletter is free to everyone, thanks to the generous support of fellow YLE community members.

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