

Dismay Has Turned Into Anguish And Anger About Damage To CDC

Calls Getting Louder To Restore Agency's Mandate And Credibility

Ideas About Recovery Being Discussed

"Epidemiologic carnage", "heinous transgression", "colossal failure", "deadly travesty", "slaughter not just a political dispute", and "unforgiveable". These are just some of the terms being used to capture the astonished and disheartened state of many current and former CDC employees reacting to the US response to COVID-19. As one CDC official told the New York Times in early October,

"We've all learned a terrible lesson...As much as we want to believe we can operate independently of politics and it's all about the science, it took just a few months to hobble our ability to steer the course of this pandemic...So we can pretend that the politics don't matter, but we have been kneecapped."

- Dismay con't on page 7

Open Letter From EIS Officers In Support Of CDC

~ Pages 12-18 ~

Epidemiology Group Wants To Speed Up Rather Than Slow The Spread Of SARS-CoV-2 To Reach Herd Immunity More Quickly

Harms Of Current Strategy Outweigh Benefits They Believe

A group of medical and public health professionals led by Sunetra Gupta, Oxford University Professor of Theoretical Epidemiology, has concluded that the harms being caused by COVID control measures outweigh the benefits, and a new strategy called "focused protection" is being proposed.

Furthermore, they question the feasibility and efficacy of testing and tracking that are part of current efforts to slow the spread of SARS-CoV-2 and note that suppressing the virus is not a viable or permanent solution.

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Marketplace

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The Harms

In a joint statement called the Great Barrington Declaration (GBD) after the name of the town where it was signed by Gupta and Harvard University's Martin Kulldorf, and Stanford University's Jay Bhattacharya, the co-authors note that "Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice. Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed."

In addition, a recent report from Oxfam asserts that travel restrictions and other control measures are causing breaks in the food supply that threaten thousands of starvation deaths in some food problem "hotspots".

New Strategy

The new strategy seeks to exploit the fact that older persons have a higher risk of mortality from COVID and that an "age-stratified" approach could be implemented that protects the elderly and the high risk while allowing free circulation of the virus in the younger age groups. According to the authors of the GBD, their strategy provides the quickest path to herd immunity which would keep infections low enough for all age groups to return to normal

living. What is not stated in the GBD is the level of past infections in the population needed to achieve herd immunity. Gupta and colleagues in previous reports estimate that level to be as low as 10-20% of the population. Most experts disagree and give estimates significantly higher in the range of 50-70%. A recent Lancet study found that less than 10% of the US population has a history of COVID infection at this point in the pandemic, suggesting 50-70% herd immunity is still a long way off and highlighting the importance of having effective vaccines as soon as possible.

Alternative Harms

The GBD authors provide no estimates of the number of preventable deaths likely to be caused by allowing free circulation of the virus until an adequate level of herd immunity is achieved. It was just such alarming estimates about the number of deaths that initially moved epidemiologists and public health professionals to recommend lockdowns and other restrictive measures. In one of several interviews given by Gupta, she acknowledged that a certain number of potentially avoidable deaths would occur, thought it could be a "low fraction," but said these deaths are a burden that we have to accept, given the alternative. She does not believe that the occurrence of a larger number of persons with residual effects of COVID (so called long-haulers) should be an argument against the herd immunity approach.

A recent article in the NY Times reports that the White House supports the herd immunity strategy being promulgated by Gupta and colleagues.

Iceland Example

The current thinking about the importance of lockdowns and restrictions was on display recently in Iceland where the Chief Epidemiologist gave a public briefing in early October in which he stated “no country in the world is even close to achieving herd immunity to the SARS-CoV-2 and he noted that his country’s health care system would be completely overwhelmed if social restrictions were lifted and the virus was left to circulate freely.

Death Projections

In fact, the Institute for Health Metrics and Evaluation continues to project an estimated 2.5 million total global deaths from COVID by February 2021 using current strategies and an even larger number of 3.7 million deaths if there is an easing of restrictions. These numbers and the differential would be even larger if projections were extended out to the anticipated date when herd immunity was achieved several months from now either through vaccination or natural infection.

When IHME issued its first set of global projections for COVID in early September 2020, the Director Christopher Murray criticized those who call for allowing the COVID virus to circulate by easing restrictions. He said “This first global forecast represents an opportunity to underscore the problem with herd immunity, which essentially ignores science and ethics, and allows millions of avoidable deaths,” Murray said. “It is, quite simply, reprehensible.” This approach however does not appear to be what Gupta and others are calling for which does include

restrictions that protect the older adults and other high risk persons.

Another Criticism

In a British Medical Journal account of the “focused protection” strategy, Johns Hopkins University’s Stefan Baral acknowledged that COVID control measures such as lockdowns were causing harms, however, he remained unpersuaded about the new strategy. It would require real programs to protect the vulnerable and these were not spelled out in the declaration. For such a strategy to work, according to Baral, society would have to provide easy access to health care for everyone, sick pay for those not able to work because of COVID, and housing for people in multigenerational households. These types of resources were available in Sweden which is often cited as a country where allowing freer circulation of virus has been the goal since the outset of the pandemic.

Gupta Expands

In an opinion piece in The Telegraph, Gupta notes that the pandemic has highlighted many of the inadequacies in our social systems and that we should use the opportunity to close the gaps that have been revealed. Such reforms are unlikely to take place in the near term and thus the kind of safety nets that would be necessary to implement a “focused protection” strategy are not present in many societies. To read the full Great Barrington Declaration, visit <https://gbdeclaration.org/>

“...no country in the world is even close to achieving herd immunity to the SARS-CoV-2...”

“It is, quite simply, reprehensible.”

National Academy Of Medicine Recommends Who Should Be Vaccinated First Against COVID-19

Several Principles Invoked To Create New Guidance

“...the panel concluded that the key ethical principles in determining priorities were maximizing benefit for the population, equality, and mitigating any inequalities in affected populations.”

How should Americans best distribute and utilize the limited supply of new COVID-19 vaccines anticipated later this year or next? Should it be first come, first served? Should it be distributed using a lottery? Should it be given first to those most likely to die from the disease? What about those most important for the functioning of society?

Blue Ribbon Panel

A blue ribbon panel of experts was convened by the National Academy of Medicine (NAM) this summer and fall to provide expert guidance on how best to prioritize vaccination against COVID 19 among different subgroups of the American population. Co-chaired by former leaders at the Centers for Disease Control and Prevention (CDC), [Bill Foege](#) and [Helene Gayle](#), the panel concluded that the key ethical principles in determining priorities were maximizing benefit for the population, equality, and mitigating any inequalities in affected populations. Focusing on these values may have eliminated the possibility of first come first served and a lottery system since each of these violate the guiding principles in one way or another.

Recommendations

Based on these considerations, the panel recommended that mass vaccination take place in four phases with high-risk health workers, first responders, persons at higher risk because of pre-existing conditions, and

older adults living in group settings included in the highest priority category to be vaccinated in phase one.

The reasons given for selecting these groups included the need to maintain the health system, to maintain the broader functioning of society, to protect those with a high-risk of exposure, and to prevent transmission to at-risk persons who may come into contact with these high priority individuals.

Second Phase

In the second phase, the NAM panel focused on a much larger set of categories including teachers, school staff, child care workers, critical workers in high-risk settings, those with pre-existing conditions at moderately higher risk, people in homeless shelters, people in group homes, staff in these group living settings, persons in jails, detention centers, and staff, and all older adults.

Third and Fourth Phases

The third phase is intended to include young adults aged 18-30, children, workers in industries important to the functioning of society and at moderate risk of exposure. Finally, all Americans are eligible to be vaccinated in phase 4 if they were not eligible earlier, the final phase in the vaccination effort.

Regardless of the phase, the NAM panel recommended that socially vulnerable persons in any of these

“...the panel recommended that mass vaccination take place in four phases...”

should receive priority for vaccination to fulfill equity considerations.

Programmatic Recommendations

In addition to the recommendations about priority groups, the NAM panel made five other recommendations each with their own more specific sub-recommendations. These programmatic recommendations covered topics related to coordination and cost, the need for effective communication and community engagement, the need for widespread vaccine acceptance in the population, and the need to support equitable allocation of COVID-19 vaccine globally.

More specifically, the sub-recommendations within these topic areas included such actions as leveraging and expanding the use of existing systems, structures, and partnerships and providing vaccine free of charge for the vaccinees, creating and funding risk communication and community engagement programs, and launching a national vaccine promotion campaign. Finally, the panel suggested that an amount such as 10% of the US vaccine supply should be shared internationally.

Where Rubber Meets The Road

According to Art Reingold, Berkeley Professor of Epidemiology and a NAM committee member, one important question which hangs over these recommendations is the extent to which they will be used by the existing federal agencies, their regular advisory committees, and the state and local health departments.

By virtue of its mission, the NAM worked independently to provide

objective non-partisan advice, according to Reingold. However, it would be naïve, he added, to think that work has not already been accomplished along these lines by relevant groups. Because of the relatively general nature of the recommendations, it is a certainty that the more specific implementation details of who and how persons will actually be vaccinated will have to be left in the hands of individual states and local health departments. Where you live could make a big difference in how the vaccination prioritization and implementation processes play out for individual Americans.

-Speed Up cont'd from page 3

One Goal

The goal of the current social distancing strategy and of the focused protection strategy is the same – namely, to minimize mortality and social harm until we reach herd immunity. Perhaps what was not foreseen as clearly as experience has shown are all of the social and public health harms caused by social restrictions. Societies are still struggling to map out and follow a middle course which implements restrictions in such a way that some modified version of normal activities can take place. And according to Gupta and colleagues, their principal aim in making the GBD has been to put the topic of COVID strategy “on the table” for discussion. Gupta said the number of signatories to the GBD now exceeds several thousands so the co-authors are not alone in seeing the burden of current approaches.

“...the panel suggested that an amount such as 10% of the US vaccine supply should be shared internationally.”

“...one important question which hangs over these recommendations is the extent to which they will be used...”

Announcement

2020 National Survey of Faculty Salaries in Academic Epidemiology Being Launched in December

Readers---Please Check Our Mailing List To Make Sure Your Department or School Will Be Participating

The Epidemiology Monitor in collaboration with the Center for Clinical Epidemiology and Biostatistics at the University of Pennsylvania, Perelman School of Medicine will be sending a link in December to complete the 2020 salary survey of academic epidemiology salaries for the latest academic year 2019-2020. The survey, sent to over 100 departments of epidemiology and preventive medicine, identifies and promotes competitive compensation for faculty members.

The continued partnership between the University of Pennsylvania and The Epidemiology Monitor has not only helped to better publicize the survey and its results, but it has also increase the response rate. As was done in the past, the University will perform the analysis of de-identified data, but will be blinded from all identifying institutional information.

One institutional representative from each participating institution should provide all anonymized faculty salaries within their division or department of epidemiology. To perform the analysis, the University of Pennsylvania will have access to the information only after it has been stripped of any institutional identifiers. Responses will be due in early February, allowing respondents adequate time to collect the information for analysis and publication by early spring 2021.

The names of the departments to be surveyed are listed [here](#) with the name(s) of the contact person being asked for the salary information. If your group is not listed, or the incorrect person is named, please contact us and we will add your institution or seek to identify a representative who can fill out the survey on behalf of your group. Please contact Lisbeth Dennis dennisls@penmedicine.upenn.edu from the University of Pennsylvania if you have specific questions regarding the survey. For other questions, please contact The Epidemiology Monitor at editor@epimonitor.net

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Beyond CDC

The disbelief and distress about the response to the pandemic extend beyond CDC walls to the broader public health community. As one outside health professional told the Monitor, "It's truly unbelievable what is happening. I have heard so many things privately from CDC friends who say they are unable to speak or do anything. Censoring is dangerous... Hundreds of thousands of American lives have been lost now because of it..."

...CDC has an army of brilliant epidemiologists, disease control, and infectious disease experts. They could have been mobilized to stop this pandemic in its tracks in the beginning. We have zero CDC presence here in one of the largest cities in the US. Even rural areas have been hit hard as a result of purposeful misinformation and political propaganda... Our medical communities [have] been overwhelmed and crying for help for months now, yet those who can help the most are being paralyzed and blocked from doing so. This is a deadly travesty that could have been mitigated and prevented. "

In a stinging New England Journal of Medicine editorial entitled "Dying in a Leadership Vacuum", the journal writes that CDC "has been eviscerated and has suffered dramatic testing and policy failures."

Recovery

When asked by the NYTimes about CDC's ability to recover its reputation and credibility, former CDC Director Bill Foege refused to despair. He gave a reason why recovery was important and necessary and maybe even seemed

inevitable. Simply stated, "The world needs a gold standard in public health."

The path to recovery, however important and urgent, is not clear or guaranteed.

Letter to CDC Director

A beginning approach to agency rehabilitation was proposed by Foege in a private letter to Robert Redfield, current CDC Director, which has now become public and is reprinted in this issue of the Epi Monitor. In the frank letter, which constitutes a kind of "clear the decks" strategy, Foege identifies measures that could be taken immediately to right the CDC ship. He urges facing the truth that the response to COVID-19 has been a colossal failure of the public health system caused by the incompetence and illogic of the White House program. According to Foege, the failure of the White House to put CDC in charge has resulted in the violation of every lesson learned in the last 75 years that made CDC the gold standard for public health in the world.

Self-Sacrifice

Foege's letter suggests Redfield could take actions that have the potential to change the course of the pandemic. These include 1) sending a letter to all CDC employees acknowledging the tragedy of responding poorly, 2) apologizing for what has happened and for Redfield's role in acquiescing, 3) setting a course for leading without political interference, 4) giving employees the option to report political interference to a neutral ombudsman, and 5) assuring employees Redfield

"This is a deadly travesty that could have been mitigated and prevented. "

"...the failure of the White House to put CDC in charge has resulted in the violation of every lesson learned in the last 75 years..."

would defend their attempts to save this country.

Foege predicted Redfield would be fired for writing such a letter but that the news coverage would last many weeks, presumably earning public or other support, and that Redfield would be able to hold his head high for doing the right thing.

Another Approach To Reset

As reported last month in *The Epidemiology Monitor*, a more comprehensive roadmap to rehabilitation of a damaged science-oriented federal agency has already been published. More than 500 former career employees and political appointees from both Democratic and Republican administrations compiled a set of recommendations to “reset” the course of the Environmental Protection Agency (EPA).

Priorities for Recovery

This blueprint for recovery identified six priorities “critical to creating a renewed EPA” and included dozens of recommendations in ten topic areas such as air, water, toxics, pesticides and others falling under the jurisdiction of the EPA. Some of the key elements of success in disease control made in Foege’s letter could serve as critical elements in a CDC version of the EPA recovery model.

The EPA group, organized as the Environmental Protection Network (EPN), stated “We strongly believe that EPA should recommit to its mission of protecting public health and the environment and set a course toward a new vision for the agency as it

confronts pressing needs---from addressing environmental risks and inequities to vigorously confronting climate change.”

Source of Hope

The report was accompanied by a letter from six former EPA Directors stating “While we are concerned about the current state of affairs at EPA, we are hopeful for the agency’s future. EPA has a strong foundation on which to build. Capable and talented staff are ready to answer the call. They have labored in good faith across administrations of both parties to fulfill EPA’s mission by following the law, applying the best available science, and displaying openness and transparency with the public.” CDC currently has at least 8 living former directors who served after 1977 who could unite similarly to former EPA Directors in support of a strategy to rehabilitate the CDC.

To access the EPA related report, visit: <https://bit.ly/32PGzBG>

Other Calls For Action

Former and current members of the Epidemic Intelligence Service (EIS) at CDC are circulating an open letter urging both the American people to demand and US leaders to allow CDC to resume its indispensable role. Published in this issue of the *Epi Monitor*, 1,044 signatories of an EIS Open Letter express their shared concern about the politicization and silencing of the nation’s health protection agency.

“Foege predicted Redfield would be fired for writing such a letter...”

“...1,044 signatories of an EIS Open Letter express their shared concern...”

This group includes signatories from every EIS class with living alumna/i since its founding in 1951 and represents more than a quarter of all EIS officers who have ever served.

Organizers of the Open Letter initiative envision the group joining with other friends and supporters of CDC such as the CDC Foundation and its donors, the EIS Alumni Association, the Association of State and Territorial Health Officials, the Conference of

State and Territorial Epidemiologists, the American Public Health Association, the American College of Epidemiology, the Society for Epidemiologic Research, the Association of Schools of Public Health and other professional associations as well as members of the concerned public in a broad coalition to reaffirm the mandate of the CDC and kickstart its recovery as the premier public health agency in the world. ■

2021 Epidemiology Event Calendar

Are you planning an epidemiology event for 2021? Whether your event is going to be virtual or live in-person we want to make the epidemiology community aware of it.

We have started to build our calendar issue and we want to make sure your event is included. To submit your event

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Letter from Bill Foege, Past CDC Director, to Robert Redfield, Current CDC Director

Sept 23, 2020

Dear Bob,

I start each day thinking about the terrible burden you bear. I don't know what I would actually do, if in your position, but I do know what I wish I would do. The first thing would be to face the truth. You and I both know that:

- 1) Despite the White House spin attempts, this will go down as a colossal failure of the public health system of this country. The biggest challenge in a century and we let the country down. The public health texts of the future will use this as a lesson on how not to handle an infectious disease pandemic.
- 2) The cause will be the incompetence and illogic of the White House program.
- 3) The White House has had no hesitation to blame and disgrace CDC, you and the State Governors. They will blame you for the disaster. In six months, they have caused CDC to go from gold to tarnished brass.

Why and how has that happened? The failure of the White House to put CDC in charge, has resulted in the violation of every lesson learned in the last 75 years that made CDC the gold standard for public health in the world.

For example, the prime lesson of "Know the Truth," has been so obscured by the White House that people and the media go to the academic community for truth, rather than to CDC.

Second the need for a coherent federal plan, the backbone of every former response, has been ignored, resulting in 50 states developing their own plans, often in competition.

Third, the absolute need to form and guide coalitions has been ignored as the president thrives instead on causing divisions.

Fourth, the need for global cooperation, which you clearly understand from your work in Africa, has been squander[ed] by an "America First" policy that mocks what we learned in Sunday School, and leaves us on the outside of the global public health community.

Fifth, we have learned the best decisions are based on the best science while the best results are based on the best management. The White House has rejected both science and good management. To depend on someone like Dr. Atlas, who doesn't understand herd immunity, is simply one of multiple examples. It was our ability to refocus India from herd immunity to attacking the virus that allowed smallpox eradication to succeed.

I won't continue with the lessons learned, but I continued to live with the hope that the White House task force would forge a consensus. When Debbie Birx said she wouldn't believe anything coming out of the CDC, I realized how dysfunctional the group had become but I still thought the White House would see how disastrous their

"The biggest challenge in a century and we let the country down."

"...we have learned the best decisions are based on the best science while the best results are based on the best management."

approach was and finally turn the job over to professionals. Now I know that won't happen.

You have shown great resilience in being willing to take their abuse. Now that the truth has been revealed in how they manipulated the valuable reputation of CDC by changing items on the website and changing recommendations for workers in slaughter houses etc., you have a short window to change things.

As I have indicated to you before, resigning is a one day story and you will be replaced. But you could send a letter to all CDC employees (a letter leaves a record and avoids the chance of making a mistake with a speech) laying out the facts. At the moment, they feel you accepted the White House orders without sufficient resistance. I am on several round robin email chains with ex-CDC employees and they feel the same.

You could upfront, acknowledge the tragedy of responding poorly, apologize for what has happened and your role in acquiescing, set a course for a how CDC would now lead the country if there was no political

interference, give them the ability to report such interference to a neutral ombudsman, and assure them that you will defend their attempts to save this country. Don't shy away from the fact this has been an unacceptable toll on our country. It is a slaughter and not just a political dispute.

You don't want to be seen, in the future, as forsaking your role as servant to the public in order to become a servant to a corrupt president. The White House will, of course, respond with fury. But you will have right on your side. Like Martin Luther, you can say, "Here I stand, I cannot do otherwise." When they fire you, this will be a multi-week story and you could hold your head high. That will take exceptional courage on your part. I can't tell you what to do except to revisit your religious beliefs and ask yourself what is right.

I don't for one-minute relish your position but FDA or NIH cannot make a statement that changes the course of this epidemic. You and CDC could.

I wish you the very best, Bill.

(1) <https://bit.ly/3lJxSiY> ■

"Like Martin Luther, you can say, 'Here I stand, I cannot do otherwise.'"

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.

people@epimonitor.net

Open Letter by Epidemic Intelligence Service Officers Past and Present – in Support of CDC

We, the undersigned, are physicians, nurses, scientists, and other health professionals who are alumnae/i or current Epidemic Intelligence Service (EIS) officers of the United States Centers for Disease Control and Prevention (CDC). We are proud of our training and service in the EIS, promoting CDC's vital mission to protect the health of the American people.

We hereby express our concern about the ominous politicization and silencing of the nation's health protection agency during the ongoing COVID-19 pandemic. In previous public health crises, CDC provided the best available information and straightforward recommendations directly to the public. It was widely respected for effectively synthesizing and applying scientific evidence from epidemiologists and biomedical researchers at CDC and worldwide. Its historic credibility was based on incomparable expertise and 70+ years of institutional memory. That focus and organization is hardly recognizable today.

The absence of national leadership on COVID-19 is unprecedented and dangerous. The US epidemic is sustained by deadly chains of transmission that crisscross the entire country. Yet states and territories have been left to invent their own differing systems for defining, diagnosing and reporting cases of this highly contagious disease. Inconsistent contact tracing efforts are confined within each state's borders – while coronavirus infections sadly are not. Such chaos is what CDC customarily avoided by its long history of collaboration with state and local health authorities in developing national systems for disease surveillance and coordinated control.

When this open letter was written, the COVID-19 death toll surpassed 100,000 in the US and 250,000 in all other countries combined. The devastation continues with an end not yet in sight. CDC should be at the forefront of a successful response to this global public health emergency. We urgently call upon the American people to demand and our nation's leaders to allow CDC to resume its indispensable role.

Signed,

[See 1,044 names below]

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Class of 1981 (n=25): Bess Miller, Bruce S. Klein, Carol Tacket, George T DiFerdinando Jr, Harold W. Jaffe, Harry W. Haverkos, Ira Schwartz, Jai Narain, Jeffrey R Harris, Joe Mulinare, Joel Kuritsky, kathleen gensheimer, Kevin O'Reilly, Lee W Riley, Lorence T Kircher, Martha Rogers, Michael D. Malison, Michael J Hodgson, Miriam Alter, Nancy C. Lee, Pauline Thomas, Robert Berry, Steven L Solomon, Suzanne R Jenkins, Wallace Alward

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Class of 1983 (n=16): Adele Franks, Cynthia J. Berg, David Fleming, David T. Dennis, Kenneth Castro, Kristine Moore (aka Kristine MacDonald), Marguerite Pappaioanou, Marta Gwinn, Millicent Eidson, Nancy Stroup, Paul Seligman, Peter D Lichty, Richard Ehrenberg, Rob McConnell, Robert P. Wise

Class of 1984 (n=46): Alan M Rauch, Alvaro Garza, Andrew Ghio, Charles Guest, Charles Rabkin, Charles Woernle, David L. Parker, Donald Forthal, Emily Harris, Francois Dabis, Gary Goldbaum,

Gene A. McGrady, George Kent, Helene Gayle, Henry D Kalter, Janet Arrowsmith, Jeanette K. Stehr-Green, John S. Spika, John Weems, Lawrence L Sanders, Leroy Hathcock, Lucy Davidson, Michael Linnan, Michael O'Leary, Michael O'Malley, Richard Pacer, Robert Anda, Robert Palmer, Rubina Imtiaz, Ruth Sechena, Scott F Wetterhall, Stan Becker, Thomas E. Novotny, Thomas Horiagon, Thomas Török, William Brinton, William M Sappenfield, Anonymous (n=9)

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Class of 2019 (n=10): Anne Kimball, David Bui, Esther Kukielka, Grace Vahey, James T. Lee, Maureen Miller, Patrick Dawson, Anonymous (n=3)

Class of 2020 (n=15): Amadea Britton, Amber Kunkel, Caroline Pratt, Debbie Malden, Emily Schmitt-Matzen, Hannah Rosenblum, Katrin Sadigh, Kimberly Bonner, Michele Bolduc, Rebecca Hershow, Reed Magleby, Talya Shragai, Anonymous (n=3).

TOTAL 1951-2020, N=1044

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FACULTY - CANCER POPULATION SCIENCES

The Mayo Clinic Cancer Center currently has opportunities for three institutionally-supported open rank faculty positions in its Population Sciences Program to develop cutting edge research programs that improve the health of patients and communities.

Successful candidates will leverage the extensive resources of the three-site Mayo Clinic Cancer Center (Rochester, MN, Scottsdale, AZ and Jacksonville, FL) and develop effective community outreach programs, including projects to reduce health care disparities. The Population Sciences Program spans three overarching themes: (1) Cancer risk factors and biomarkers; (2) Primary and secondary cancer prevention; and (3) Survivorship and health care delivery/health equity. Appointments will include substantial, long-term research support, including a highly competitive compensation package, technical and computational resources, and exceptional benefits.

LOCATIONS: Mayo Clinic campuses and the Mayo Clinic Health System encompass five states in three U.S. regions. The diverse geographies provide access to populations that include African Americans, Hispanic/Latinx, and Native Americans in rural and urban areas. A single electronic health record system enables access to patient information and electronic data from any location.

RESOURCES: Mayo Clinic is renowned for its extensive resources that support population sciences research and for its highly accomplished faculty with a breadth of expertise in cancer research. Applicants can consult the Mayo Clinic Comprehensive Cancer Center website to gain knowledge about the Cancer Center's resources in order to propose complementary programs that leverage existing strengths and expand vistas for advances in population science research.

QUALIFICATIONS: The successful candidates are expected to possess a doctoral level degree in a relevant discipline, and demonstrated expertise in cancer population sciences. Candidates will possess strong skills in experimental and/or observational designs, intervention research, and content knowledge of cancer control. Expertise and accomplishments related to program building, including epidemiological field work, community outreach and minority health is preferred. A commitment to multidisciplinary team science, pursuing extramural funding, and publishing/dissemination of research findings is essential.

APPLICATIONS should include a cover letter, CV with bibliography, and a statement of research interests. Visit jobs.mayoclinic.org to learn more and apply. Reference posting 130555BR for Minnesota, 130556BR for Arizona, and 130557BR for Florida. Specific questions related to the position should be directed to: Gloria M. Petersen, PhD, Search Committee Chair; c/o Jennifer Schilbe, Recruiter: Schilbe.jennifer@mayo.edu

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