



## Science Denialism Is Topic Of University of Wisconsin Science Writers Conference On The Challenges Of Communicating Research Findings

### A "Playbook" Used By Science Deniers Is Presented

As applied public health scientists, epidemiologists can experience first hand the frustrations of having their data ignored, distorted, or misunderstood. Science writers are another group that can experience similar frustrations of failing to communicate effectively about science facts. Recently, a conference and workshop were held at the University of Wisconsin to dissect the causes of "science denial" and to apply the insights gleaned to devising more effective communication. The

lessons learned and ideas for solutions are of considerable interest to epidemiologists and other scientists.

#### Goal of the Conference

As stated in the publicity, "*Science writers now work in an age where uncomfortable ideas and truths meet organized resistance. Opposing scientific consensus on such things as anthropogenic climate change, the theory*

- Denialism continues on page 2

## Asbestos Statement By Epidemiologists Seen As A Critical Contribution In An Ongoing Public Health Battle

[Ed. We recently inquired from members of the Joint Policy Committee of the Societies of Epidemiology what response or impact the Committee's recent statement on asbestos was causing. Following is a special article prepared by Kathleen Ruff, a Canadian asbestos activist, who provides an assessment of the early impact the unprecedented joint statement is having.]

#### Special Article by Kathleen Ruff

The Position Statement on Asbestos of the Joint Policy Committee of the Societies of Epidemiology (JPC-SE) has had an immediate and significant impact in quite extraordinary ways. Not only has the Position Statement received acclaim

- Impact continues on pg 4

#### In This Issue:

-3-  
ISEE Annual Meeting Research Priorities Discussion

-5-  
Environmental Epidemiologists Revise Ethical Guidelines

-10-  
Epi News Briefs

-11-  
People

-13-  
Jobs

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**“not every opinion  
deserves equal ink  
or bandwidth.”**

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*-Denialism continued from page 1*

*of evolution, and even the astonishingly  
obvious benefits of vaccination has  
become politically de rigueur, a litmus  
test and a genuine threat to science. How  
does denial affect the craft of the science  
writer? How can science writers  
effectively explain disputed science?"*

According to the organizers, one of  
the highlights of the conference was  
the presentation by Sean Carroll, a  
University of Madison Wisconsin  
professor of molecular biology and  
genetics and vice president for  
science education at the Howard  
Hughes Medical Institute. Carroll's  
talk was entitled "The Denial of  
Evolution and the Evolution of  
Denial".

He recounted his early encounters  
with persons who deny the existence  
of evolution and thought initially the  
resistance was "about the data". He  
finally came to understand he said  
that the resistance to evolution, as  
well as that to other current science  
controversies of the day, has its roots  
in other non-data related causes.

In his presentation, Carroll compiled  
what he believes amounts to a  
"Manual of Denialism" for all of  
science from a paper he read tracing  
the history of anti-vaccination  
arguments put forward by  
chiropractors over several decades.  
This is a common "playbook" with  
six arguments that come up  
repeatedly regardless of whether the  
anti-science ideas relate to evolution,  
vaccination, climate change, or other  
topics, Carroll told

the attendees. He said that he can  
now fit any argument made against  
evolution or scientific topics into one  
of these six categories. They are:

### **1. Doubt the science**

According to Carroll, this works by  
simply making any kind of argument  
that can be thought of that casts  
doubt on the science finding.

### **2. Question the motives or integrity of the scientists.**

According to Carroll, this amounts to  
saying that scientists have another  
agenda, for example, saying that  
scientists have a profit motive.

### **3. Magnify the disagreements by citing gadflies as authorities.**

This consists of exaggerating  
legitimate disagreements by  
scientists or stating that a balanced  
view of opposing sides must be  
taken when in fact the size of the two  
constituencies in the scientific  
community is not equal. As the  
conference planning documents  
state, "There are multiple sides to  
every story---but not every opinion  
deserves equal ink or bandwidth."

### **4. Exaggerate potential harms even if the science is correct.**

This argument may be used if the  
others are not working by saying that  
even if the findings are correct, then  
the potential harms are dangerous.

*- Denialism continues on page6*

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## Environmental Epidemiologists Discuss Research Priorities At Annual Meeting

The topic of research needs and priorities was highlighted at a special lunchtime session at the recent meeting of the International Society for Environmental Epidemiology (ISEE) in Columbia, South Carolina in late August, 2012. The keynotes of the session were the presentations of the new strategic plan for the National Institute of Environmental Health Sciences (NIEHS) and the research objectives of the Environmental Protection Agency and the World Health Organization.

The Centers for Disease Control and Prevention (CDC) representative, Tom Sinks, presented a review of current activities and future trends in environmental health activities at the CDC, including a description of newborn screening and how it evolved from early research findings on phenylketonuria (PKU) into a full-blown multi-continent public health program preventing many genetic conditions.

### Strategic Plan

Richard Woychik, Deputy Director of the NIEHS, described 8 broad subject domains that NIEHS has prioritized for future work over the 5 year period 2012-2017, including:

1) fundamental research, 2) exposure research, 3) translational science, 4) health disparities and global environmental health, 5) training and education, 6) communications and engagement, and cross-cutting areas, 7) knowledge management, and 8) collaborative and integrative approaches.

### Concrete Goals

In more concrete terms, the agency formulated specific goals intended to achieve progress in the 8 priority areas. These goals include such activities as improved understanding of common biological pathways (e.g., inflammation or epigenetic changes), identifying critical windows of susceptibility to the effects of exposures in a life course approach, defining the concept of exposome, assessing combined exposures from multiple insults, responding to environmental threats, conducting community-based participatory research, developing publicly available information resources, and providing knowledge to empower individuals to make better health decisions. The complete strategic plan with its themes and goals can be viewed at [www.niehs.nih.gov/strategicplan](http://www.niehs.nih.gov/strategicplan)

Woychik was emphatic in telling the group that this plan would not have the fate of many other plans which end up shelfbound. He stated that NIEHS would fund activities designed to make progress on each of the specific goals over the next five years.

### WHO Priorities

WHO's Michal Krzyzanowski, head of the European Center for Environmental Health, told the audience that an estimated 24% of the global burden of disease is

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*“this plan would not have the fate of many other plans which end up shelfbound.”*

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*“an estimated 24% of the global burden of disease is linked to environmental factors”*

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*-Environmental continued on page 7*

- *Impact continued from page 1*

from scientific bodies around the world; it has also influenced public policy discourse in key decision-making contexts.

### **Good Timing**

The Position Statement was released at a moment when the asbestos industry has launched initiatives, in two pivotal contexts, aimed at denying the scientific evidence on harm to health caused by chrysotile asbestos to ensure the survival of the global asbestos trade for future decades. In both cases, the Position Statement is playing an important role in articulating the independent scientific evidence and exposing the unscrupulous tactics that the asbestos industry continues to employ in pursuing its financial interests, regardless of the harm to human health that will ensue.

### **Impact of the JPC-SE Position Statement in Quebec**

On June 29, 2012, the asbestos industry succeeded in obtaining a \$58 million loan from the Quebec government to open an underground asbestos mine (the Jeffrey mine) at Asbestos, Quebec, in Canada. The asbestos industry and the Quebec government stated that the millions of tons of asbestos that the mine intends to export to Asia and elsewhere will pose no threat to health. They claimed that scientific evidence shows that exposure to high levels of chrysotile asbestos (1 f/cc) causes no harm to human health and that, by financing the asbestos mine, Quebec will be a world leader in promoting “safe use”

of chrysotile asbestos.

The government’s decision to provide financial support to open the asbestos mine was strongly criticized in the Quebec media by health authorities, other Quebec political parties, and civil society organizations. The JPC-SE Position Statement on Asbestos, released a few weeks after the Quebec government’s decision, was widely cited in the media, with links being provided to the JPC-SE website, as evidence that the decision to finance the asbestos mine was indefensible on scientific grounds.

The Statement has thus had wide public impact in a critical public health debate in Quebec that has global repercussions. An election has since been called in Quebec for September 4, 2012, and the asbestos question has become a major political issue.

All three opposition parties have told the Quebec public that the scientific evidence regarding harms caused by chrysotile asbestos is irrefutable and must be respected. They have called for an end to asbestos mining and for the government instead to provide assistance to the mining area to promote other economic initiatives.

The current Quebec government thus is now completely isolated and is the only party that continues to support the asbestos industry.

The Position Statement on Asbestos of the JPC-SE has played an important role in this public

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***“the Position Statement is playing an important role in articulating the independent scientific evidence”***

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***“The Statement has thus had wide public impact in a critical public health debate”***

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# Ethics Guidelines Revised By Environmental Epidemiologists To Take Better Account Of Emerging Challenges In The Field

“Perhaps more than most other applied sciences, the discipline of environmental epidemiology faces significant ethical challenges because of the involvement of powerful stakeholders whose influence may affect all levels of research and policy formulation.” So write Shira Kramer, Colin Soskolne, B. Adetune Mustapha, and Wael K. Al-Delaimy, in the August issue of *Environmental Health Perspectives* in introducing new revised ethics guidelines for the International Society for Environmental Epidemiology.

Asked about how relevant these guidelines might be for non-environmental epidemiologists, Kramer told the *Epi Monitor*, “I believe that the Ethics Guidelines are applicable to all epidemiologists, but we have attempted to highlight issues that are particularly relevant to environmental epidemiologists. At the close of its World Cancer Congress, the UICC adopted its own Position Statement on Asbestos, calling, for the first time, for a global ban on the mining, use and trade of asbestos. The UICC Position Statement notes that it “draws heavily from Position Statement on Asbestos from the Joint Policy Committee of the Societies of Epidemiology (JPC-SE).”

## Challenging Topics

According to the article, the ethics committee of the ISEE was one of the earliest groups to create such guidelines and it felt that the time was ripe to revise earlier guidelines because

of the evolving political and social context. The new issues that have emerged or intensified in the years between the first and the current guidelines, according to Kramer, include the following:

1. Embracing the Precautionary Principle
  2. Obligation to protect the most vulnerable and underserved (including fetuses, children, minorities, socially or economically disadvantaged)
  3. Protection of individuals' rights regarding future use of biospecimens
  4. Rights and participation of human subjects in the research process
  5. Data access issues, e.g. balancing the need for data with confidentiality requirements
  6. Ownership of data on human subjects
  7. Conflicts of Interest (this is emphasized in the new Guidelines, as this issue has grown more prominent over time)
  8. Abuses of power and authority, especially as they relate to conflicts of interest, financial influence, political pressure, etc. These abuses may occur at many levels, including journal editorial/review; IRB; institutional promotion; rights of students; grants; and many others.
- *Ethics continues on page 8*

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*“the Ethics Guidelines are applicable to all epidemiologists”*

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*-Denialism continued from page 2*

## **5. Appeal to personal freedom**

This argument works well, particularly with Americans, according to Carroll. One often hears, "I'm an American, so I don't have to."

## **6. Acceptance would repudiate a key philosophy**

This argument states that to accept the findings would repudiate a key philosophy or belief and may be one of the more important reasons for resistance.

The two-day event was organized with four key note speakers and panel discussions on the first day followed by a workshop on the second day during which participants were to apply the insights they obtained.

The University has made the presentations from the first day available online in high quality videos which show the speakers and the panel discussions. A journal article describing the Conference in Environmental Health Perspectives provided an overview of the conference including observations from many of the participants.

Readers interested in learning more about the conference proceedings may visit:

<http://sciencedenial.wisc.edu>

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*-Impact continued from page 4*

and political debate by clearly and firmly putting forward the scientific evidence and providing a warning regarding the dangerous tactics of the asbestos industry in denying the scientific evidence.

Further evidence of the impact of the JPC-SE Position Statement was seen when the JPC-SE was invited by the Union for the International Control of Cancer (UICC) to present the Position Statement at the UICC's World Cancer Congress, held in Montreal, August 27 - 30, 2012. In its recommendations, the Position Statement specifically urges public health organizations and agencies to adopt a position calling for a ban on the mining, use, and export of all forms of asbestos. At the close of its World Cancer Congress, the UICC passed a resolution, calling, for the first time, for a global ban on the mining, use and trade of asbestos.

## **Impact of the JPC-SE Position Statement in Brazil**

In Brazil, another key struggle between reputable health experts and the propaganda of the asbestos industry is currently being waged. Once again, the JPC-SE Position Statement on Asbestos is playing a significant role in defending the integrity of science and exposing the irresponsible tactics of the asbestos industry and scientists funded by industry lobby organizations.

The asbestos industry is arguing in front of the Supreme Court of Brazil that a ban on asbestos, legislated by the state of São Paulo, is unconstitutional. The consequences

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*"I'm an American so I don't have to."*

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*"the JPC-SE Position Statement on Asbestos is playing a significant role in defending the integrity of science"*

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of this case are extremely serious since the asbestos industry is endeavoring to remove the democratic right of governments to protect the health of their citizens in their attempts to ban asbestos.

Scientists who have been financed by the asbestos industry for decades to deny the overwhelming evidence of harm caused by asbestos have appeared as witnesses for the asbestos industry.

The JPC-SE Position Statement on Asbestos was translated into Portuguese and submitted to the Supreme Court of Brazil in order to expose the deception of the asbestos industry's claims, and to put forward the overwhelming, reputable scientific evidence that chrysotile asbestos poses a threat to health, and that the use of chrysotile asbestos should be banned globally.

It is shocking that, in 2012, more than a century after factory inspectors in Europe documented that workers exposed to asbestos were contracting lung diseases, the asbestos industry, and scientists in the pocket of the industry, continue to deny the scientific evidence of harm caused by all forms of asbestos. It is tragic that, after so many hundreds of thousands of deaths from asbestos-related diseases, governments, such as the governments of Quebec, Canada, and Brazil, continue to give political and financial support to enable this deadly industry to continue.

In the face of this betrayal of both science and health by an immoral alliance of industry and government,

the Position Statement on Asbestos of the JPC-SE is playing a critical role in defending the integrity of science, and in protecting human life by preventing asbestos-related morbidity and premature mortality. ■

-Environmental continued from page 3

linked to environmental factors. He noted that greater emphasis on the social determinants of health was a priority for the European region as stated in the PARMA Declaration on Environment and Health in 2010.

### New Concept For EPA

Wayne Cascio, Director of EPA's Environmental Public Health Division, highlighted his presentation by describing the concept of sustainability and noted this concept represents a fundamental change in EPA's thinking that will lead to increased consideration of the role of a broad range of social influences on environment and health. To illustrate the concept, he gave the example of a peat fire at Pocosin Lakes in North Carolina. In that environmental incident, land use practices that were decided upon 50 years earlier led to the conditions which facilitated the fire. These in turn had health effects in a population where poverty and income inequality were the best predictors of negative health consequences.

### Air Quality Index

Cascio noted that while EPA is not

-Environmental continue on page 8

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*"It is shocking"*

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*"this concept represents a fundamental change in EPA's thinking"*

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*“research innovations create a platform from which future opportunities to prevent disease will arise.”*

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*“one’s ethical and political worldview influences the many phases of the scientific process.”*

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*-Environmental continued from page 7*

normally seen as a public health agency, it does sponsor activities which have the potential to improve public health. He gave the example of the Air Quality Index and how greater use of this index could help at risk persons to modify their behaviors and thus their exposures when the index indicates this would be desirable. He claimed that greater education about the Air Quality Index as part of the ongoing Million Hearts Campaign has the potential to decrease heart attacks and strokes in the US.

### **Today’s Research, Tomorrow’s Gains**

CDC’s Tom Sinks sought to make a different point during his presentation. By giving examples using newborn screening, human biomonitoring, and disaster epidemiology, Sinks told the researchers present that their research innovations create a platform from which future opportunities to prevent disease will arise. The remarkable success of newborn screening programs has its roots in a study done in the 1930’s which identified phenylpyruvic acid in urine which later led to diet interventions and eventually to blood spot testing of newborns in 1961 and to mass screening of newborns today for up to 29 different conditions in the US, the Americas, Asia, and Europe. Sinks said he hoped that autism in the US might be controlled on the basis of innovative discoveries being made today. ■

*-Ethics continued from page 5*

9. Intellectual property rights, and fair attribution of research ideas and effort
10. Fair allocation of research resources, especially to the poorest and most vulnerable populations and areas of the world
11. Obligation to design studies that utilize appropriate methodology to address research questions.
12. Obligation to fairly represent research findings
13. Obligation to address abuses within our profession

The guidelines are organized to address four major categories of responsibility which epidemiologists have to 1) individuals, 2) society, 3) funders and employers, and to 4) colleagues.

### **Core Values**

Among the core values described in the guidelines which the authors relied upon to formulate them are objectivity, and advancing overall public health as well as that of disadvantaged and vulnerable population subgroups. On the topic of objectivity, the guidelines discuss “unconscious partiality” stating that this is a human tendency and that sociological evidence shows that one’s ethical and political worldview influences the many phases of the scientific process. According to the guidelines, researchers have “a moral duty to the profession and an ethical

*-Ethics continues on page 9*

- *Ethics continued from page 8*

duty to society to seek a range of advice including from those who often disagree with us." According to the authors, this second edition makes even more clear the obligation to include communities in our research.

The authors note that "there is no consensus among ISEE members as to whether environmental epidemiologists have a duty to go beyond objectively communicating facts or to become policy advocates." Also, there was no consensus among environmental epidemiologists about what funding sources are acceptable when a particular environmental factor has been implicated or exonerated.

### **Process**

As for the process of revision, it took nearly 3 years from start to finish, according to Kramer. It included the ISEE's Ethics and Philosophy subcommittee on the Ethics Guidelines. Once a working draft was developed, it was released to the full Ethics & Philosophy Committee for comment and revision, and then finally to the Governing Council of the ISEE. There were many revisions to be accommodated during this process, and the four primary authors of the article in *Environmental Health Perspectives* were the most involved. The Guidelines were ultimately formally accepted by the Governing Council of the ISEE on April 25, 2012.

According to Soskolne, "the second edition is far more user-friendly than what the first edition from 1996 ever was/could have been, given the advent of electronic hot- and cross-

links through a well-organized table of contents. We thus are hopeful that fellow environmental epidemiologists seeking guidance on normative approaches to choices that face us at every step in the research and/or practice mode of our day-to-day work can be successfully aided through the current revision."

He added, "The next steps that the Ethics and Philosophy Committee is striving for are to populate the guidelines with links to case studies that will serve as examples of the many issues that face us in our day-to-day work. We hope to achieve this by the time of the next ISEE conference in Basel, Switzerland in 2013." According to Kramer, "We hope that the addition of case studies, based upon actual experiences of the contributors, will help illuminate the Guidelines and facilitate their usefulness as a teaching tool in schools of public health." ■

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*"makes even more clear the obligation to include communities in our research."*

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*"the second edition is far more user-friendly"*

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## Epi News Briefs

### Enormity Of The Global Tobacco Epidemic Comes Into Greater Focus With Data From First Survey Across Countries

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*“This is akin to the world experiencing another Holocaust every year!”*

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A recent article in The Lancet reporting the results from the first wave of the Global Adult Tobacco Survey (GATS) in 14 low and middle-income countries reveals the enormity of the challenge still remaining in tobacco control and highlights that even a huge body of evidence that is as good as it gets about the causal role of tobacco in illness has not been sufficient to prevent or control harms from tobacco.

And these are enormous. According to the report, WHO estimates that 6 million people die from tobacco-related causes annually. This is akin to the world experiencing another holocaust every year! An estimated 1 billion premature deaths will occur in this century if current patterns continue. In 2011, chronic disease epidemiologists identified tobacco control as the most urgent and immediate priority intervention among all possible chronic disease control measures.

According to Jeff Koplan from the Emory Global Health Institute and Judith Mackay from the World Lung Foundation writing in The Lancet about the survey, “the main challenge is how to translate the findings from GATS and other surveys into health policy. Many governments do not instinctively reach for data when designing policy. Assumptions that

research findings will lead to policy change, basing policy on evidence, are overly optimistic...” The authors went on to say “the need to bridge the existing gaps between research, policy, and practice is a global phenomenon.” They called for more collaboration between researchers, policy makers, and health care providers to bridge these gaps.

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### “Emergency Epidemiologist” Works To Document Death Toll In African Refugee Camps To Help Plan More Effective Interventions

An epidemiologist blogging on the website of Doctors Without Borders has documented her experiences in collecting prospective surveillance data on deaths and health status to help guide the interventions being carried out by her organization in the Jaman refugee camp in Upper Nile State in Southern Sudan. In this situation, she was able to show that mortality rates were well above the emergency threshold. “Getting good data might not seem the first priority in an emergency but it is essential to understand and respond appropriately to the needs of the population affected,” according to Ruby Siddiqui. She entitles her blog Emergency Epidemiology – A Day In The Life Of An Emergency Epidemiologist. Readers who wish to read all of her blog posts over the 30 day stint in the South Sudan may do so at :

<http://blogs.msf.org/rubys/>

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*“... the need to bridge the existing gaps between research, policy, and practice is a global phenomenon.”*

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## Warren Winkelstein and Palmer Beasley, Two Leaders in Epidemiology, Are Deceased

[Ed. Note: Below are excerpts from published obituaries which describe the career highlights of Warren Winkelstein at Berkeley and Palmer Beasley at the School of Public Health in Houston.]

**Dr. Warren Winkelstein Jr.**, professor emeritus of epidemiology and a former dean at the University of California, Berkeley, who is credited with leading definitive studies on AIDS transmission, air pollution and other health issues, died Sunday, July 22. He was 90.

Winkelstein's distinguished career spanned six decades and was marked by numerous accomplishments, such as leading the landmark San Francisco Men's Health Study that began in the early 1980s.

"That study was the first to provide us information about how HIV was transmitted, the length of the virus's incubation period, and what behaviors put people at greater risk," said S. Leonard Syme, UC Berkeley professor emeritus of epidemiology. "There were only four AIDS research grants awarded at that time, and Winkelstein's was the only one that started with a population of healthy people, rather than people who already had AIDS, and observed them over time. It was amazing work, and that research became the definitive study of how AIDS was spread."

To this day, the San Francisco Men's Health Study stands as one of the largest and best described cohorts of people at risk for HIV/AIDS, Syme said.

Winkelstein also established the Epidemiology Research Program at the State University of New York, Buffalo, and while there he led one of the first studies to successfully isolate air pollution as the cause of health problems in low-income neighborhoods. That work helped influence the development of U.S. air quality standards.

"Warren Winkelstein was one of America's greatest epidemiologists," said Dr. Arthur Reingold, UC Berkeley professor of epidemiology and associate dean for research at the School of Public Health. "He was world-renowned for his pioneering studies in the history of epidemiology, and for his superb teaching skills. He was an important mentor to dozens of epidemiologists, and beloved by several generations of students. He will be sorely missed." ■

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Epidemiologist **R. Palmer Beasley**, whose pivotal research on hepatitis B in Taiwan first linked the virus to liver cancer, died of pancreatic cancer at his Houston home. He was 76.

Beasley, who was dean of the University of Texas Health Science Center School of Public Health for nearly 20 years, made his mark in the 1970s with a series of studies that proved the cancer link and also discovered how Asian children were infected with hepatitis B during childbirth by their mothers who were carriers.

"I decided what we now call hepatitis B looked like the most poorly understood and least-controlled infectious disease problem in the world, and, therefore, the most important frontier," Beasley told the Houston Chronicle in a 2000 interview, adding that, at the time, it was difficult to convince the Chinese the disease was worth funding.

*-R. Palmer Beasley continues on page 12*

-R. Palmer Beasley continued from page 11

Specifically, Beasley and his colleagues found the marker that accurately predicts which infected mothers will transmit the virus to their babies. He also discovered that a shot of human globulin, an antibody-rich precursor to the hepatitis B vaccine, could protect babies against the virus.

"This was a really big breakthrough because it showed for the first time that intervention was possible," Beasley told the Chronicle in 2000.

In 1984, a vaccine program was established in Taiwan

At the time of Beasley's death, he was director of UT School of Public Health's Center for International Training and Research and the Ashbel Smith Professor of Epidemiology. His work on hepatitis B has been recognized with several medical awards, including the King Faisal International Prize for Medicine, the Charles S. Mott Prize and the Maxwell Finland Award for Scientific Achievement. ■

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MD	Research Fellow	Food and Drug Administration	<a href="mailto:Tomoko.Shimakawa@fda.hhs.gov">Tomoko.Shimakawa@fda.hhs.gov</a>
OH	Asst / Assoc Prof – Epidemiology	Univ. of Cincinnati	<a href="http://www.epimonitor.net/2012-1357.htm">http://www.epimonitor.net/2012-1357.htm</a>
MN	Research Fellow / Assoc	Univ of MN – SPH	<a href="http://www.epimonitor.net/2012-1351.htm">http://www.epimonitor.net/2012-1351.htm</a>
TX	Senior Biostatistician	UTMB – Sealy Ctr on Aging	<a href="http://www.epimonitor.net/2012-1354.htm">http://www.epimonitor.net/2012-1354.htm</a>

For full details on these and other job openings: <http://epimonitor.net/JobBank.htm>

International Agency for Research on Cancer



## POSTDOCTORAL FELLOWSHIPS FOR TRAINING IN CANCER RESEARCH 2013-2014

Call for applications now open - Deadline 30/11/2012

Postdoctoral Fellowships for junior scientists from any country. Applications from Low- and Medium-Income Country candidates (LMICs) or others with projects related to LMICs are encouraged (partially supported by the EC- FP7 Marie Curie Actions – People – COFUND)

<http://www.iarc.fr/en/education-training/postdoc.php>

**IARC-Australia Postdoctoral Fellowship for junior scientists**  
Australian nationals (supported by Cancer Council Australia)

[http://www.iarc.fr/en/education-training/iarcaustralia\\_postdoc.php](http://www.iarc.fr/en/education-training/iarcaustralia_postdoc.php)

**IARC-Ireland Postdoctoral Fellowship for junior scientists**  
Irish citizens or non-Irish citizens currently living and working in the Republic of Ireland (supported by the Irish Cancer Society)

[http://www.iarc.fr/en/education-training/iarcireland\\_postdoc.php](http://www.iarc.fr/en/education-training/iarcireland_postdoc.php)



See also:

**Expertise Transfer Fellowship for experienced scientist**  
wishing to transfer expertise to a LMIC, tenable in a LMIC  
<http://www.iarc.fr/en/education-training/expertisetransfer.php>

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### EPIDEMIOLOGIST GRADUATE PROGRAM IN PUBLIC HEALTH

Eastern Virginia Medical School (EVMS) is seeking a faculty member in epidemiology for a full-time position in our CEPH-accredited MPH Program. Established in 1997 in collaboration with Old Dominion University (ODU), the MPH Program enrolls an average of 60 new students per year. The position involves teaching introductory and advanced courses in epidemiology to MPH and other health professions students, coordination of the epidemiology track, consultation in the Program's Epidemiology/Biostatistics Core, research, and student advising. An earned doctorate in epidemiology and ability to teach effectively in the classroom are essential qualifications. Experience as a public health practitioner, a successful researcher, and/or teaching in a CEPH-accredited school or program are highly desirable. To apply, send letter of interest, curriculum vitae, and names, addresses, and telephone numbers of three references to: Joseph G. Flannery, MS, MHA, Director, Graduate Program in Public Health, [flannejg@evms.edu](mailto:flannejg@evms.edu)

Eastern Virginia Medical School is an Affirmative Action/M/F/D/V/Equal Opportunity Employer and maintains a Drug Free Work Place.

### TT Assistant Professor in Women's Health

The University of Texas Medical Branch (UTMB) Center for Interdisciplinary Research in Women's Health invites applications for an entry level assistant professor tenure-track position. Supported through the NIH K12 career development program (*Building Interdisciplinary Research Careers in Women's Health*), the position provides a minimum of 75% protected time for research, a competitive salary and benefits package, and assistance to establish independent, externally funded research.

Applicants must 1) be a U.S. citizen or permanent resident; 2) possess a doctoral-level health science degree; and 3) have no more than 6 years of post-degree research experience. A strong publication record and experience with grant writing is preferred. Preferred disciplines include epidemiology, statistics, public health, demography, and sociology.

Situated on scenic Galveston Island, UTMB has strong research programs in reproductive health, contraception, aging, infectious disease, adolescent health, preventive medicine, vaccine research, and cancer, among others. Campus is located just minutes away from the beach, the historic Strand district (home of the Galveston Mardi Gras), and America's first indoor/outdoor water park, *Schlitterbahn*. You will also enjoy year-round moderate weather, affordable living, rich cultural diversity, and all the amenities island life has to offer.

For more information please see [www.utmb.edu/bircwh/AppProcessR.htm](http://www.utmb.edu/bircwh/AppProcessR.htm) or send electronic curriculum vitae, statement of research interests and goals, and the names of three references to:

Abbey Berenson, MD, MMS, PhD  
University of Texas Medical Branch

301 University Blvd.  
Galveston, Tx 77555-0587  
[abberens@utmb.edu](mailto:abberens@utmb.edu)

### NRSA T32 Postdoctoral Fellowship Interdisciplinary Women's Reproductive Health

The University of Texas Medical Branch in Galveston, TX is accepting applications for one postdoctoral fellow interested in pursuing an academic career in women's health research. This 2-year NIH funded fellowship provides formal and informal training in theory and methods as well as practical experience in conducting clinical research. Program faculty include national experts in statistics, epidemiology, and women's health who can offer many opportunities to participate in data analysis, manuscript preparation, and grant writing in a collaborative environment.

Who may apply: Applicants who have completed a MD, PhD, or equivalent degree in a discipline related to women's health. Must be US citizen, non-citizen national or permanent resident and able to commit full time effort to the program for 2 years.

To apply, send 1) a personal statement including career goals, a brief description of proposed research, and how this training will help achieve your career goals; 2) a current CV; and 3) 3 letters of reference to:

For more information please see [www.utmb.edu/bircwh/AppProcessR.htm](http://www.utmb.edu/bircwh/AppProcessR.htm) or send electronic curriculum vitae, statement of research interests and goals, and the names of three references to:

Abbey Berenson, MD, MMS, PhD  
University of Texas Medical Branch

301 University Blvd.  
Galveston, Tx 77555-0587  
[abberens@utmb.edu](mailto:abberens@utmb.edu)

### Epidemiologist –Asst / Assoc Professor

The Meyers Primary Care Institute is a joint endeavor of the University of Massachusetts Medical School, Fallon Community Health Plan, and Reliant Medical Group. We are recruiting candidates to join our research group and invite applications from epidemiologists interested in developing and leading portfolios of research focused on aspects of population health and/or health care delivery including substantive areas such as cancer, cardiovascular diseases, chronic illness and aging. Successful candidates will have a well-developed track record of scientific publications and a currently active research program or evidence of strong potential. Enjoyment of working productively and collaboratively in a group setting is critical.

To apply, send an electronic letter of interest and a CV to:

Terry S. Field, DSc ([terry.field@umassmed.edu](mailto:terry.field@umassmed.edu))  
Associate Director, Meyers Primary Care Institute  
Associate Professor,  
University of Massachusetts Medical School  
<http://www.umassmed.edu/meyers/index.aspx>



## University of Pittsburgh

### **ASSOCIATE PROFESSOR / PROFESSOR - Position # 0129040**

The Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh invites applications for a full-time faculty position at the level of Associate Professor or Professor. The position is available immediately and requires a doctoral degree in epidemiology or another doctoral degree with advanced training in epidemiology, a track record of funded research in the epidemiology of chronic disease and experience in the conduct and analysis of large cohort studies and/or prevention clinical trials of chronic disease. The successful candidate will be responsible for leading research in the epidemiology of chronic disease, which could include cardiovascular disease, obesity and diabetes, environmental health, nutrition, or maternal/child health. Of particular interest are candidates who bring expertise in novel risk assessment methodologies applied to human population research. These may include biochemical, genetic, or imaging methods or personal or environmental monitoring. The individual will lead a program of research demonstrated by independent research funding, publication of manuscripts and leadership at local, national and international research conferences. The successful candidate will advance the Department's curriculum and will mentor doctoral students, post-doctoral fellows and junior faculty within the epidemiology program.

The position is in the tenure stream. Salary will be commensurate with expertise and experience. Applications will be reviewed until the position is filled. Send letter of intent, curriculum vitae, and the names of three references to:

Position # 0129040, c/o D. Bushey  
 Department of Epidemiology, Graduate School of Public Health  
 University of Pittsburgh, Pittsburgh, PA 15261

### **ASSISTANT PROFESSOR (2 Vacancies) - Position #0129041 or #0129042**

The Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh invites applications for two full-time faculty positions at the level of Assistant Professor. The positions are available immediately and require a doctoral degree in epidemiology or a related discipline with post-doctoral training in Epidemiology. Candidates should have training and experience in the conduct and analysis of large cohort studies and/or prevention clinical trials of chronic disease. Successful candidates will be responsible for developing research in the epidemiology of chronic disease, which could include cardiovascular disease, obesity and diabetes, environmental health, nutrition, or maternal/child health. Of particular interest are candidates who bring expertise in novel risk assessment methodologies applied to human population research. These may include biochemical, genetic, or imaging methods or personal or environmental monitoring. The positions will require that candidates obtain independent research grant funding, publish manuscripts and develop an independent program of research. Successful candidates will also develop coursework and mentor master and doctoral degree students within the epidemiology program.

The positions are in the tenure stream. Salary will be commensurate with experience. Applications will be reviewed until positions are filled. Send letter of intent, curriculum vitae, and the names of three references to:

Position #0129041 or #0129042, c/o D. Bushey  
 Department of Epidemiology, Graduate School of Public Health,  
 University of Pittsburgh, Pittsburgh, PA 15261.

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## Opportunities This Month

- 12 - Yale / TT Faculty Social & Behavioral Sci
- 13 - IARC / Post-Doc Fellowships - Cancer
- 14 - EVMS / Epidemiologist Grad Program
- 14 - UTMB / Post-Doc Fellowship
- 14 - UTMB / TT Asst Prof - Woman's Health
- 14 - UMASS / Asst-Assoc Prof - Epidemiology
- 15 - PITT / Assoc-Full Professor - Epi
- 16 - PITT / Asst Professor (2 openings) Epi
- 16 - UMICH / Faculty - Infec. Dis. Epi

Find more jobs & enhanced details on listed jobs at  
[www.epiMonitor.net/JobBank.htm](http://www.epiMonitor.net/JobBank.htm)

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### University of Michigan Open Rank Faculty Position in Infectious Diseases Epidemiology

The Department of Epidemiology, University of Michigan School of Public Health, invites applications for an open-rank, tenure-track faculty position in Infectious Disease Epidemiology, with a focus on virology. The successful applicant is expected to have or develop a laboratory research component within a population health context, nationally or globally. The Department of Epidemiology has highly successful masters, doctoral, and postdoctoral training programs to which the successful applicant will be expected to contribute. Appointment will be made commensurate with experience.

The University of Michigan is internationally recognized for its research on infectious diseases and offers many opportunities for interdisciplinary collaborations and involvement with research centers throughout the University including: Center for Molecular and Clinical Epidemiology of Infectious Disease, Center for the Study of Complex Systems, and Center for Social Epidemiology and Population Health. In addition, collaborations are possible with scholars in various other units, including: the Departments of Ecology and Evolutionary Biology, Molecular, Cellular and Developmental Biology, Microbiology and Immunology, Pediatrics, and Internal Medicine, among others.

For more application information go to: <http://umjobs.org/> [Job Opening ID # 71244]