EpiMonitor

We're not just for epidemiologists anymore!

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

Editor's Note:
As I write this, many people in the United States are either eating their Thanksgiving dinner or watching football. This is a holiday that reminds us of all we are thankful for and in that vein, you'll find an article this month titled "*What Should We Hold Sacred - Some Things Are Too Precious to Poison*". This month we've also published a piece on the measles situation in the US. On top of those pieces you'll also find an article from our archives on the epidemiology of toxic speech.

The **Job Seeker Survey** results are back and I think you'll find them interesting. Whether you're a job seeker or an employer there are a lot of interesting nuggets in the results. A hearty thank you to all of you who took the time to respond to this survey. Based on the results of the survey we've also included a piece about AI agents and the problems they're causing in the job market right now.

Free Calendar Listings - We've officially begun the annual project of building our worldwide event calendar for 2027. If your institution has a public event that runs at least 8 hours we'd like to include it in the calendar. We normally list short courses, conferences, summer/winter programs, meetings, and unique events such as hackathons. We also have advertising opportunities to help you spread the word about your event. Please feel free to reach out to us with any questions you may have. You'll find more information in this issue so you can see what details we need from you to list your events.

Resources - this month you'll find 11 free video based lessons along with a list of winter programs for those of you interested in mixing some skiing with your learning.

In jobs this month you'll find almost 100 open positions including a large number of internships along with flexible and full time opportunities. Fall is prime job posting season and the next 60-90 days should be chock full of openings for you to review. Have an open job? Reach out and we'll send you information about our advertising program for jobs.

As always, we continue to provide you with our popular monthly word game feature, an overview of what we are reading from the public media, and a listing of near term upcoming events. This month's Notes on People includes 16 of your peers - many of whom are being honored for their work.

Until next month - stay safe and busy!

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UAMS

University of Rochester Medicine

School of Public Health Summer Session in Epidemiology University of Michigan

University of Minnesota Driven to Discover

Emory Rollins School of Public Health

Dartmouth Geisel School of Medicine

NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development

Kaiser Permanente | Division of Research

Did you miss last month's issue? **Read it here:** https://tinyurl.com/yc4vtt9x **or here:** https://tinyurl.com/4d9yn75z

The US Lost Measles Elimination After 26 Years - Now What?

Why it happened, Who's at risk, and What it will take to get it back

Author: Katelyn Jetelina , PhD, MPH

NOTE: *This article was originally published on November 18, 2026 by Your Local Epidemiologist on Substack.*

Welp, it's official. The U.S. has lost its measles elimination status, setting the country back roughly 26 years. While losing this status is largely symbolic (it doesn't trigger penalties, sanctions, or lost funding), it boils down to one simple, incredibly depressing thing: more preventable suffering.

Depending on where you live on the internet, you're likely seeing messages that teeter between "no one can have a baby right now" and "measles isn't a big deal." As always, both miss the nuance about what it *actually* means.

So here's what this means for you (and the country), what it doesn't, and what it'll take to crawl out of this hot mess.

What it means (for the country)

- **Measles is spreading here on its own again.** Think of it like a forest fire. For nearly 26 years, the U.S. was mostly green and damp because vaccination rates were high. Sparks occasionally flew when someone traveled abroad and brought measles back (not from illegal immigration), but those sparks landed on wet ground so they fizzled. Now the forest has dried out in patches, communities where vaccination has decreased dramatically. When a spark lands there, it spreads like wildfire because this is the most contagious virus on earth. The embers are thrown into the next dry patch, and the next. Losing elimination status means fire has been burning somewhere in the country for over a year.

- **This happened for one simple reason: vaccination rates have fallen in too many communities.** We can see this from two main angles:
    - **Vaccines and prior immunity continue to work.** Outbreak data from local health departments show 90-95% of cases are among unvaccinated or under-vaccinated.
    - **Vaccination rates are slipping.** Fewer kindergarteners are getting vaccinated, and more people are opting for school vaccine exemptions. According to a database The Washington Post compiled, more than 28% of counties are below a 90% MMR vaccination rate. (We need 95% for herd immunity)

- **More people will suffer, especially kids.** Those dry patches of forest will lead to more frequent, longer outbreaks. This means more rashes, yes, but also more preventable illness, hospitalizations, health care costs, and school absences among the unvaccinated. And this typically affects the most vulnerable:

- Measles cont'd on page 4

- Measles cont'd from page 4

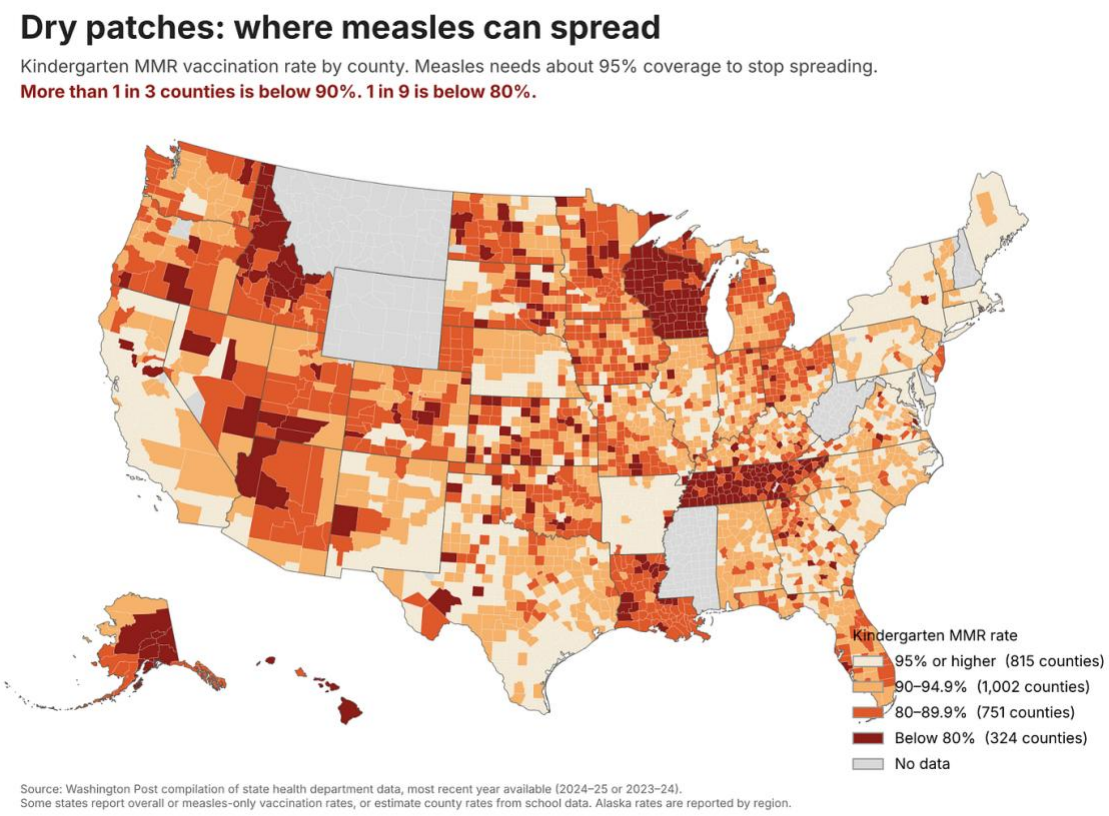

Figure created by Your Local Epidemiologist using The Washington Post's GitHub and Claude.

- ~271 cases of pneumonia
- ~103,000 school days missed
- ~5 kids with permanent hearing loss or brain damage from encephalitis
- Many losing immunity to other viruses for 2–3 years (immune amnesia)
- ~2 kids who will die years from now of SSPE, a fatal brain disease
- ~$477 million in costs, including $13 million in direct medicare care, $301m in public health response, and $162m in lost productivity

This pales in comparison to the vaccine's risks.

- **This has happened because of a myriad of factors, some brewing for decades and some new**:
  - **General amnesia.** Vaccines are victims of their own success. Most people have never seen measles, or have forgotten what it looks and feels like.
  - **Institutional mistrust.** Faith in public institutions has eroded.
  - **Information ecosystem changing.** Influence has shifted away from physicians and evidence toward whoever is loudest online. Networks are also making a lot of money by spreading fear or doubt.
  - **Measles recurrence.** The disease flares up every 5-ish years, for reasons epidemiologists don't really know.
  - **NEW: A federal government that isn't taking this seriously and, in some cases, is actively working against public health.** (More on next page).

- Measles cont'd on page 5

- Measles cont'd from page 4

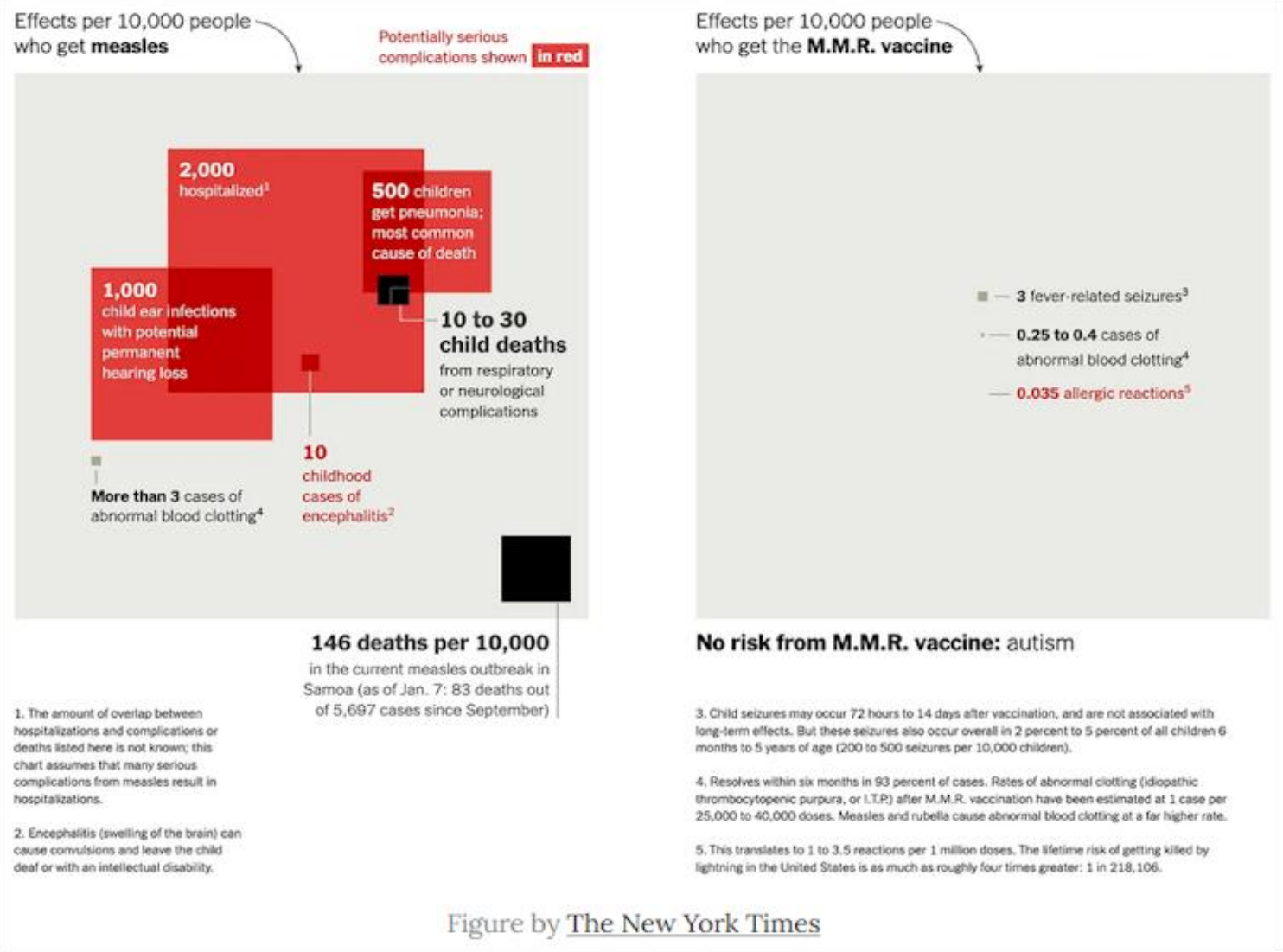

Figure by The New York Times

What it means (for you)

Know if you might need another dose. Adults born before 1957 are generally considered immune. (They were exposed to "natural" infection.) People vaccinated **What it means (for you)**

- **Measles is not everywhere, but stay informed.** It's not like the flu, which you can get at any grocery store. It is still concentrated in these pockets of the "forest." But depending on where you live (and the hyperlocal vaccination rates of your county or school), an outbreak may be coming soon. Sign up for notifications from your local health department. Your school may send notifications, too. Also ask about your local vaccination rate.
- **If you're up to date on your vaccines, you are very well protected.** Really, truly. This doesn't have to be one of the top 10 things you worry about. A breakthrough case is rare (3 in 100) and much milder. The vaccine stops between 1963 and 1967 may have received a less effective vaccine and should ask their doctor about another dose. If you don't have records, it may make sense to just get another vaccine.

10 FAQs on MMR and Measles Protection

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What Should We Hold Sacred?

Some Things Are Too Precious to Poison

Author: Bruce Lanphear, MD, MPH

NOTE: This article was originally published on November 17, 2026 by Plagues, Pollution & Poverty on Substack.

"A man's flesh is his own; the water belongs to the tribe."

— A Fremen, in Frank Herbert's *Dune*

In Frank Herbert's *Dune*, the Fremen are inhabitants of Arrakis, a desert planet where water is so scarce that every drop is precious. Water is collected, conserved, and shared. Even the water contained in a person's body belongs, after death, to the community. Water is not simply a resource or a commodity. It is sacred.

I was reminded of this passage recently while being interviewed by Kali Auckly for her upcoming podcast, *Liquid Underground*. Our conversation about water prompted a question that has stayed with me: What should we hold sacred in the modern world? And if we call something sacred, what obligations follow?

What Makes Something Sacred?

Throughout history, societies have regarded certain places, objects, and living things as sacred. Rivers, mountains, forests, animals, and even the Earth itself have been treated with reverence. For many Indigenous peoples, water is not simply a resource to be extracted, purchased, or sold. Rivers are living relatives, deserving of respect, reciprocity, and care. Such traditions remind us that the natural world is more than a collection of commodities awaiting conversion into economic wealth.

Modern industrial societies have embraced a different story. We measure the value of things by their scarcity, their usefulness, or the price they command in the marketplace. But perhaps we have confused what is expensive with what is precious.

Gold is rare, but we can live without it. Diamonds are beautiful, but they are not essential. We often discover how precious our health is only when we lose it. The same is true of the natural world. We take clean air, water, fertile soil, and functioning ecosystems for granted, even though they nourish our bodies, sustain our communities, and make life itself possible. Perhaps calling these things sacred is a way of reminding ourselves of their true value—and our obligation to protect them before they are lost.

What if we measured value not by scarcity or market price, but by what makes life possible?

The Disappearing Commons

For generations, rivers and streams have provided drinking water, supported fisheries, nourished crops, and sustained communities. But clean water has never been guaranteed. A century ago, rapidly growing cities struggled with sewage-contaminated water that spread cholera, typhoid, and other microbes. By

- Sacred cont'd on page 7

- Sacred cont'd from page 6

separating sewage from water supplies and introducing filtration and disinfection, cities brought devastating epidemics under control. Although efforts to control pollution have reduced some contaminants, widespread chemical contamination persists.

Today, finding water free from industrial contaminants is difficult. PFAS, the so-called forever chemicals, have contaminated drinking water around the world. Pesticides, pharmaceuticals, microplastics, and other industrial chemicals are found not only in rivers, lakes, and groundwater, but also in the water flowing from our taps, the food we eat, and even our bodies.

Clean air is becoming just as elusive. According to the World Health Organization, 99 percent of the world's population lives in places where air pollution exceeds its health-based guidelines. The annual guideline for fine particulate matter, $PM_{2.5}$, is just 5 micrograms per cubic metre—and even that concentration should not be mistaken for a threshold below which harm cannot occur.

We have created an extraordinary paradox: the things most essential to life are becoming increasingly difficult to obtain in an uncontaminated state. And yet, we continue to treat the atmosphere, rivers, and oceans as convenient repositories for industrial waste.

Companies can discharge pollutants into rivers, release hazardous chemicals into the atmosphere, or manufacture products that contaminate people across generations. When the damage becomes undeniable, they may face lawsuits, penalties, or fines. But what does a fine mean when a river has been poisoned?

What does financial compensation mean to a community whose waters have been contaminated with mercury, whose fish are no longer safe to eat, whose primary source of livelihood has vanished, and whose elders are no longer there to pass on their knowledge and traditions? And what is the appropriate penalty when millions of people have been exposed to chemicals that persist in their bodies or the environment for decades?

These are not simply questions about pollution. They are questions about what we value.

Are Our Bodies Sacred?

Perhaps the most troubling feature of environmental contamination is how routinely we accept the invasion of our own bodies. Human blood, breast milk, and tissues now contain an extraordinary assortment of industrial chemicals—lead, PFAS, PBDEs, pesticides, and other substances that were never meant to become part of human biology. We did not consent to these exposures. They are the unintended, but predictable, consequences of industrial processes and regulatory decisions made by others.

As a scientist who has spent much of his career studying the health effects of toxic chemicals, I find one pattern particularly disturbing. For many well-studied pollutants, including lead, benzene, and fine particulate air pollution, researchers have repeatedly failed to identify a threshold below which adverse effects disappear.

The consequences of these exposures extend far beyond individual cases of disease. Even small increases in the risk of cardiovascular disease, cancer, or neurodevelopmental

- Sacred cont'd on page 8

- Sacred cont'd from page 7

disorders can produce an enormous burden when millions of people are exposed. Indeed, small risks spread across an entire population often cause more disease and premature death than much larger risks confined to a relatively small group. Yet our regulatory system has often relied on a comforting assumption: that we can identify an acceptable level—an allowable level—of contamination below which people are adequately protected.

An allowable level is not necessarily a safe level. It may simply reflect a compromise between what corporations consider economically acceptable and what regulators are willing—or politically able—to prohibit. The costs of that compromise are too often borne by the public.

But who gets to make that decision? And who bears the consequences? If we regarded the human body as sacred, would we allow industries to contaminate it without consent, and then require the injured to prove that the contamination caused harm?

The Imperative of Responsibility

Nearly half a century ago, philosopher Hans Jonas argued that our technological power had outgrown our moral imagination. For the first time in human history, we possessed the capacity to damage the very systems that sustain life. In *The Imperative of Responsibility*, Jonas proposed a new ethical obligation: we must act in ways that preserve the possibility of a flourishing human future.

His argument was not religious. It rested on a simple recognition: the power to alter the world does not confer the right to destroy it. Nor does the promise of economic progress justify sacrificing the health of future generations. The greater our power to cause irreversible harm, the greater our responsibility to prevent it.

The Limits of Measurement

Epidemiology has given us powerful tools to measure harm. We can estimate the burden of disease attributable to pollution, calculate the IQ points children lose from lead exposure, and count the premature deaths caused by contaminated air and water. Economists can translate these losses into medical costs, lost earnings, and diminished productivity.

But our ability to measure a loss should not be confused with our ability to understand its full impact.

What is the value of a childhood lost to leukemia, or a life cut short before its promise could be fulfilled? What does financial compensation mean to a fishing community whose waters have been contaminated with mercury, whose livelihood has disappeared, and whose traditions are threatened?

We can calculate the economic losses and estimate the burden of disease. But these calculations cannot capture everything that has been lost: a child's unrealized potential, a community's identity, its connection to the natural world, traditions passed between generations, or the confidence that future generations will inherit a safe and healthy environment.

Some losses cannot be repaired. Others cannot be compensated. They represent violations of things we consider sacred.

A New Story About Our Place in the World

Perhaps our greatest environmental problem is not a failure of science or technology. It is a failure of the story we tell ourselves about our relationship with nature.

- Sacred cont'd on page 9

- Sacred cont'd from page 8

For more than a century, industrial societies have operated largely on the assumption that economic growth and technological innovation justify extensive manipulation of the natural world. Pollution is treated as an unfortunate side effect, something to be managed after the fact.

Our chemical regulatory systems reflect that worldview. Manufacturers are permitted to introduce chemicals before their long-term safety is adequately established. Regulators then struggle to document harm, calculate acceptable exposures, and control substances already dispersed throughout the environment.

What if we reversed the presumption? What if manufacturers had to demonstrate that chemicals were safe for their intended uses before releasing them into the world? What if protecting a river took precedence over the economic convenience of contaminating it? And what if companies that poisoned a community were required not only to pay fines but to restore what they damaged, compensate those harmed, and prevent the contamination from happening again?

Fines that amount to a small cost of doing business cannot adequately protect the commons. Nor can a regulatory system that requires overwhelming evidence of harm before acting to prevent it.

Calling water or air sacred does not mean that we can never use them. The Fremen of *Dune* used water. They drank it, conserved it, and shared it. What made water sacred was not that it was untouchable, but that it could never be treated carelessly. A sacred river can provide water for people and agriculture. A sacred forest can provide food, shelter, and materials. But their use must respect the integrity of the systems that sustain them.

Reverence need not prohibit use. It should prohibit abuse.

Perhaps we need a new social contract—one that recognizes clean air, clean water, healthy ecosystems, and the integrity of our bodies as a common inheritance rather than commodities to be exploited. Such a contract would place prevention ahead of remediation, require evidence of safety rather than proof of harm, and recognize that some losses cannot be repaired with money.

We have the scientific tools to measure contamination, document harm, and identify the planetary boundaries we are approaching or have already crossed. But even our most sophisticated measurements cannot capture the full value of what is at stake. What we lack is not knowledge, but the collective will to demand that corporations and government regulators protect what we hold sacred.

Perhaps the first step is to ask a different question. Not How much pollution can we tolerate? But what is too precious to poison? And once we recognize what is sacred, will we have the courage to protect it?

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Fall 2026
Job Seeker Survey

In last month's issue we published a link to our Fall 2026 Job Seeker Survey. This survey was conducted along with our friends at Public Health Hiring Help who send us public help job listings every month. We're pleased to announce that we received enough responses to be able to publish results that appear to be reflective of the entire community.

We heard from people with less than a year on the job to others with over 30 years. Their current salaries ranged from under $50,000 to over $200,000. But there were also many commonalities among the group. For starters, 75% of the respondents reported that they are currently looking for a job. Across the board there is tremendous interest in jobs that allow for remote work and over 27% of the respondents don't want to apply for a job if AI is involved in the process.

The economy shows up in the survey results too with people saying they can't afford to move and that they're interested in positions that either qualify for PSLF or that offer tuition reimbursement. In addition to the statistics, we've published some of their comments at the end of this article. It's clear this is a difficult market and many of your peers are struggling. If you're an employer reading this, take a close look at what people want in a job - it's not just about salary or title - there are a lot of other considerations that are important to applicants in this market.

Interested in being heard? This salary survey will remain open through the end of December and you can post your responses here: https://tinyurl.com/23hv6r93

What is your degree level?

6.4%	Bachelors Degree
75.2%	Masters Degree
18.4%	Doctorate

How many years of experience do you have in the industry?

7.4 Years

What region do you live in?

31.62%	USA North	1.7%	Europe
26.50%	USA South	0%	Middle East
14.53%	USA Central	.085%	Africa
19.66%	USA West	.085%	Asia
2.6%	Canada	1.7%	Other

- Survey cont'd on page 12

-Survey cont'd from page 11

What is your current salary range?

50.5%	$50,000-$80,000
16.36%	$80,000-$100,000
15.45%	$100,000-$125,000
2.73%	$125,000-$150,000
7.27%	$150,000-$200,000
2.73%	$200,000+

What is your target salary range for your next job?

22.76%	$50,000-$80,000
36.59%	$80,000-$100,000
16.26%	$100,000-$125,000
9.75%	$125,000-$150,000
8.13%	$150,000-$200,000
6.50%	$200,000+

How long have you been in your current job?

3.97 years

How many prior jobs have you had in this field?

2.57 prior jobs

When do you expect to look for your next job?

75.8%	Currently looking
10.48%	January - May 2027
6.45%	June-December 2027
2.42%	2028
4.84%	Beyond 2028

- Survey cont'd on page 13

-Survey cont'd from page 12

Which of these items are important to you when searching for a new job (select all that apply)

15.1%	Salary
10.1%	Advancement opportunity with new employer
1.0%	Size of department
7.5%	Opportunity to be involved in specific research
1.0%	Employment opportunities for your partner
4.5%	Local housing market / housing cost
0.6%	Local taxes
3.1%	Local weather
0.7%	Quality of local K-12 schools
3.7%	Quality / Safety of retirement plan
3.5%	Job qualifies for PSLF
2.8%	Employer tuition reimbursement
6.8%	Quality / cost of healthcare plan
1.3%	Tenure-Track opportunity
3.9%	Proximity to family
3.1%	Relocation stipend
3.7%	Local recreational opportunities
4.6%	Timeframe to start job
12.0%	Ability to work remotely
9.7%	Flexibility to work remotely
1.4%	Other

What attracts you to a job ad? (select all that apply)

11.3%	Name of employer
23.3%	Job title
20.3%	Location of job
21.7%	Stated salary range
4.2%	Description of local life
16.2%	Detailed description of work environment
3.0%	Other

"I've been looking for about 6 months and have gotten TWO interviews. It's incredibly discouraging given everyone with PhDs on the market." - Survey Respondent

"*What matters to me at this point in my career is the type of research - I don't want to do statistics on lung function, I want to help kids and families. I want to help the people who help people. It's harder to find those jobs." - Survey Respondent*

- Survey cont'd on page 14

- Survey cont'd from page 13

What keeps you from applying for an open position? (select all that apply)

5.0%	I'm afraid my current employer will find out I'm looking
25.2%	There hasn't been a job posted that appeals to me
27.7%	I don't want to go through applying in an AI environment
5.9%	I don't want to disrupt my family
11.9%	I can't afford to move
5.0%	I can't afford to buy / sell my home in this market
5.0%	I need to finish my degree
14.4%	Other

What is the worst part of the application process today?

5.6%	Assembling the documentation / references
27.2%	Dealing with an AI agent instead of a human being
4.0%	The interview(s)
31.2%	The volume of competition for good positions
16.8%	Never hearing back to know if my application was received
6.4%	Not hearing about openings until applications are closed
3.2%	Having to monitor too many job boards
5.6%	Other

Comments from some of the survey respondents:

"Having spent my entire career as a federal contractor, I find that my experience is not wanted by employers in other industries. It would help if people stopped looking for unicorns with specific experience are started looking for people with skillsets." - Survey Respondent

"As an early/mid career public health professional, I think my two greatest challenges in the current job market have been not hearing back at all from employers after submitting applications, or receiving immediate rejections within minutes of submitting my application but what I can only assume is an AI reviewer. Getting through systems to an actual person who can review an application and provide feedback seems to be lost." - Survey Respondent

" The ratio of applications I've sent to interviews I've had is discouraging, but I am also limited by the housing market. I believe I could easily get a job in another area, but the finances involved in selling my house, moving my family, etc. just wouldn't balance out." - Survey Respondent

" Been laid off since January. Exhausted from the process overall." - Survey Respondent

- Survey cont'd on page 15

- Survey cont'd from page 14

"Lately I have been invited to many interviews (the most in a short time period since starting my career) and I always hear the same thing from the interviewers--that they are so impressed with my work experience and that I am what they're looking for or they can use my skills and talents in the work field. Then I receive a rejection email. It doesn't feel good and I hate that they always keep my hopes up. I am currently unemployed because my last position lost funding. I have branched out to many different work places (health departments, universities, clinical research, pharmaceuticals, and Healthcare technology). I'm desperate so I am applying to jobs that will give me a 20-40k salary cut! I even applied to my old retail job from many moons ago and they're the only ones so far to offer me a position. I really hope this changes soon, but I don't know how to keep moving forward and constantly do interviews." - Survey Respondent

"Not hearing back from an employer is defeating. Too many applicants for one job. An HR person told me that they had 500 people apply for one position." - Survey Respondent

"There are just too many people competing for every position and we never really hear back from some companies. They just close the position without telling you or even at least rejecting you so you aren't waiting in limbo. It's also hard when you are entry level and have been looking for over a year because I don't know what I'm doing wrong and if the gap in my resume is now hurting me, but I can't fill the gap because it's impossible to get a job or internship as someone who has already graduated." - Survey Respondent

"I'm applying for jobs with PhD and it feels like this degree was never enough for a job. I'm in the market with those with MPH with 1-3 years of experience as a PhD epidemiologist. Seeking an employment especially without a postdoc feels impossible to find a position." - Survey Respondent

"From where I stand (entry-level), this process has become so uncertain and dehumanizing that it is a mental health hazard." - Survey Respondent

"I think another part of the job experience that can improve is the unclear hiring timelines and the ghosting from recruiters after many rounds of interviews." - Survey Respondent

"A challenge I faced during my job search was creating so many online accounts for different employers." - Survey Respondent

Do you have a 2026 job search experience? We'd like to hear about it and possibly publish it (anonymously if you prefer). Please contact us at:

info@epimonitor.net

From our Archives - February 2018

Epidemiology of Toxic Speech

A thought provoking interview with UCONN's Lynne Tirrell

Author: Roger Bernier, MPH, PhD

"Toxic speech, like any toxin, is a threat to the well-being and even the very lives of those against who it is deployed...Thinking in epidemiological terms highlights that toxic speech is a community problem in need of social solutions."

These are among the points made by the University of Connecticut's Lynne Tirrell in a paper published in 2017 entitled "Toxic Speech: Toward an Epidemiology of Discursive Harm." In her paper, Tirrell calls for an "epidemiology of discursive toxicity".

The Epidemiology Monitor is always on the lookout for original ways of using epidemiology to share these with our readers. We interviewed Tirrell to learn more about her ideas and proposal. Whether you are skeptical or not, read on for an eye-opening perspective about the potential health impact of the words we use to talk to one another, and why epidemiologists should get involved.

EM: How did you get interested in the impact of toxic speech, what led you to this?

Tirrell: It is said that Gandhi held that a language is a reflection of the health of a society. How we talk to and about each other speaks volumes about us, and has a deep effect on our health and well-being. In my research, I started out looking at the power of derogatory terms (racist and sexist epithets) to inflict harm. Not just hurt someone's feelings, but truly harm them even when their feelings might not be hurt at all. Later, research took me to Rwanda to learn about the role of divisive discourse, especially derogatory terms for others, in preparing ordinary citizens to participate in killing their neighbors. I developed an account to explain the linguistic mechanisms involved. That got me thinking about background conditions, and the ways that a culture can be "seeded" with toxic concepts that can weaken some people and then eventually kill them. Words alone didn't kill the Tutsi—their Hutu neighbors did that—but ongoing changing linguistic practices were a necessary part of making it happen. Words are never alone. That project led to thinking about how we might track those changes, or how to assess the linguistic health of a society or community. If we can spot the harms and the patterns of their distribution, maybe we can prevent greater harms. I'm focused on assessment of risk.

EM: What is the toxic speech you are interested in? Which one not?

Tirrell: I look at toxic speech *practices*, not one-off cruelties or damaging remarks. These practices reveal the ways that people use harmful language as a systemic form of control. Such speech may promote discrimination or deprive people of important powers of self-determination and social and civic participation. Racist, sexist, homophobic slurs count as systemic toxic speech that generally serve to lower the baseline well-being of the people targeted. This is now well studied. It's easy to identify the epithet that's thrown one-on-one; it's like a punch in the nose. Certain speech

- Toxic cont'd on page 17

practices are more subtle and insidious, and I think their capacity to harm us can be devastating and yet hard to prove.

It's also important to think about how the position of the speaker and the relationship between speaker, hearer, or target, can enhance or diminish the power of the speech act. Parents have more power to harm their child in certain ways than a stranger, and peers have yet different powers over the child. Tracking the relationships within which certain kinds of harms are delivered would be informative, and might help us see ways to foster changes. The results of such surveillance might be surprising.

EM: How does toxic speech as a topic or subject differ from other concerns of epidemiologists like disease, accidents, and other conditions?

Tirrell: Many harms are the same. Perhaps the mechanisms of delivery vary, but the result is poor health, physical, cognitive, and emotional dysfunction. Epidemiology could contribute to an empirical understanding of the power of speech to help or harm people. I've scoped out an overall argument that speech can be toxic, but the empirical research would address these questions: *Which populations are harmed? How is their well-being damaged? What triggers the toxic effect? Are there inoculating protections? Are there antidotes?*

It's my view that toxic speech plays a significant role in a variety of physical and mental health problems. My work so far has been urging philosophers who think about the harmful power of language to investigate the usefulness of toxicity for understanding harms that are delivered in more subtle or diffuse ways. An epidemiology of toxic speech could help us make clearer what counts as a "chilly climate" or progresses to a toxic one.

If you start from the harm and work backward, the harms of speech often get categorized in some other way. Why is this child depressed and anxious? I'm saying caregivers should examine the child's expressive environment in addition to the things they ordinarily consider. It would be easiest to start with mental disorders, but many physical disorders could be launching pads too, particularly those connected to stress.

EM: Is it more difficult to define the harms than other topics epidemiologists work on? Lots of public health issues may be like toxic speech such as bullying, or poor parenting, or other suggested public health issues. Presumably, making toxic speech a public health issue would equate to getting epidemiologists involved since epidemiology is the basic science of public health.

Tirrell: Let's think about how speech is the key mechanism of bullying. No one doubts that bullying is harmful, so we can study what bullies actually say, as a mechanism for delivering harm. (Similarly, poor parenting often involves barraging disparaging remarks upon the child.) In these social problems, we need to attend to the power of the speech used, how it effects those targeted, and the kinds of licenses it issues to everyone who hears it. Those licenses are something I would like to see tracked. We could track the increase of frequency of use, the contexts in which it is used, for what purpose, and track the outcomes. When is bullying effective at damaging, and when does the target have the wherewithal to resist? What exactly is

- Toxic cont'd on page 18

-Toxic cont'd from page 17

that "wherewithal"? That's just one explicit example. As the studies continue, we can move to more subtle cases.

EM: So, what would the epidemiology of toxic speech look like to you, or what info would an epidemiologic profile or approach provide you with that is useful?

Tirrell: It would be important to look at the prevalence of toxic speech in a population, the who, what, when, where, why of it. How frequent is it, how ubiquitous is it, what kinds of damage does it inflict? Suppose you have a community in which there is a spike in suicide rates amongst teens. An epidemiologist could look at what those teens are saying to and about each other, and track the frequency of linguistic disparagement in all degrees. Not only the direct attacks, but third-person uses that others hear and take up. And not only negative messages, but glorifications of suicides, practices of urging people to do it and so on. Are they sponsoring each other, through speech? I would also look at what they are reading, watching, and taking in from various sources: what's their expressive diet? Eliminating the toxins might not be possible or even desirable, but strengthening their resistance or immunity might be well within reach once you know what's going on.

To assess civic health, it would be worth tracking the kinds of derogatory terms people use against and about each other, how much polarization those uses bring about, to what degree it leads to individual and group isolation, and then evaluate the health of the polarized groups. It would be enlightening to get a handle on the frequency of occurrence of these terms and how they are used.

In language, we look at speaker, hearers—some of whom might be targets of the speech and some might be bystanders. On my view, we look at the ways that saying something can change what others think they have permission to say. This fits with a viral conception—the form of speech spreads through contact. One person slams another with a slur, and then someone hearing it might pick it up and use it. Not everyone will take it up, but still, the usage spreads, person to person, like a contagion.

EM: What preventive measures can we imagine being practical to implement that would not violate free speech? Opinions might differ on this point. Presumably we have confronted these issues before by regulating movie content for children, TV watching time, and so forth.

Tirrell: I don't want to advocate for a language-police. In the US, we have taken the first amendment to apply well beyond its initial scope (only what the government cannot restrict), and this is a double-edged sword. We do need to protect expression, because that is also important to the health and well-being of the person, but we also need to protect each other from linguistic violence. Philosophers and jurists are working on balancing these concerns. An epidemiologist could help by showing where the balance tilts in one way or another.

If we learn more about how some forms of speech create toxic environments, or how others deliver a heavy dose of harm at once, then we can find ways to mitigate those harms. Susceptibility surely varies across populations, so tracking resilience would be very helpful. Where resilience is impossible, then restricting the speech would seem well justified. This isn't

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- Toxic cont'd from page 18

always going to be a matter of law. It will often be about instituting new social norms. It isn't a law that parents wait 24 hours after their child is fever-free to return to school. It is a demand of the public health departments of most towns, and once parents know, they can comply or not. In my trips to Rwanda, I learned ways to speak to avoid triggering the PTSD from which many survivors suffer. Social norms do tremendous work to protect the vulnerable.

EM: What is the best evidence we can find for the negative effects of toxic speech? Clear cut examples?

Tirrell: Wherever you see propaganda emerge, especially propaganda that targets a segment of the population, it should be possible to track the effects of that propaganda on both the in-group and the out-group. In the US and across the EU we have seen increasing use of "terrorist" as a synonym for "Muslim", so what can we discover about the effects of this on the well-being of Muslims in these regions? The easiest thing would be to track direct physical attacks, clear cases of discrimination, and so on, but there is more work to do. Those visible signs are the tip of the ice-berg. For example, in a community with high prevalence of derogatory language about Muslims, it would also be important to look at the frequency of school truancy in Muslim youth, health issues reported in the schools, job loss and job changes in adults, and so on. These are measures of insecurity, which can lead to physical and mental health issues. Maybe an epidemiologist could also track the rate of access to health care in these areas, comparing Muslims to non-Muslims.

EM: Can we put together a short description of the case you are making---why an enterprising young epidemiologist or other investigator might want to undertake something like this?

Tirrell: If we want to promote the health and well-being of our society, we need to promote both physical and mental health. Each of us is caught up in complex identities, and these have different values to our communities. The ways that we talk to and about each other actually open and close possibilities in our social interactions, in our capacity to live the lives we choose.

For other toxins, epidemiologists track the incidence of harm, routes of exposure, frequency, avoidability or inavoidability, and more. We should do the same for toxic speech. Some toxic speech becomes woven into the fabric of society; such cases are easier to see when social change occurs.

For another example, the prevalence of pro-heterosexual and anti-homosexual discourse has been part and parcel of the discrimination imposed on gay men and lesbians. Casual comments and value-laden remarks, tossed off matter-of-factly as socially accepted, served to keep 10% of the population in the closet, hiding their desires, and often taking risks that led to mental and physical harms. The CDC reports that that LGBT teens have significantly higher rates of suicidal ideation (3x) and much higher rates of suicide (5x) than their heterosexual counterparts. American culture has been toxic for gay men and lesbians, a toxicity delivered by speech, sometimes enforced by violent actions. Whether this improves is something to track with changes in law and social norms. The CDC tracks teen suicide rates, has made the connection between bullying and LGBT suicide

- Toxic cont'd on page 20

- Toxic cont'd from page 19

prevalence, so my suggestion is to deepen the study to to examine the discourse practices in the schools with high prevalence, for example. It would be great to hear what an epidemiologist could envision tracking.

An epidemiologist who includes the concept of toxic speech in his or her work and tracks the speech practices associated with diseases they are tracking, may well have a better chance of nipping the outbreak in the bud. Considering the teen suicide example, if an epidemiologist could discern toxic speech practices in one outbreak, and then the next, a pattern might emerge that might help us to keep teens alive long enough to grow up to thrive. These patterns might turn out to be very local, but broader patterns and lessons might emerge over time. ■

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FREE Resources

11 Practical Video Lessons for Epidemiology, Biostatistics & Medical Research

Recently we were contacted by **Stefanos Bonovas, MD, MSc, PhD**, Associate Professor of Medical Statistics at Humanitas University in Milan, Italy who felt that the YouTube channel he had developed might be of interest to our readers.

EpiStats Hub offers clear, practical lessons on how to understand, analyse, and critically evaluate medical research. It is designed for medical students, residents, PhD students, clinicians, and health researchers.

Topics covered: • Epidemiology • Biostatistics • Study design • Research methodology • Critical appraisal • Data analysis • Evidence synthesis • Interpretation of medical research The goal is simple: to make epidemiology and biostatistics clear, accessible, and useful for real-world medical research.

URL	TITLE
https://tinyurl.com/3xckfmrx	Risk Ratio vs. Rate Ratio: Why Time Matters
https://tinyurl.com/mr3m5nyc	P-Values and Statistical Significance, Explained
https://tinyurl.com/3rj5tmdx	Sample Size & Statistical Power, Explained
https://tinyurl.com/4ubw2nh3	Confidence Intervals & What They Really Mean
https://tinyurl.com/mtn6uy5k	Dichotomizing Data & Why It Costs You Power
https://tinyurl.com/5yzxryen	Confounding: The Hidden Third Factor
https://tinyurl.com/mv8k5zfh	Risk Ratio vs. Odds Ratio: When Do They Differ
https://tinyurl.com/3y3xz74h	NNT & NNH: Why They Are Not Fixed Numbers
https://tinyurl.com/4m8rfc3t	Simpson's Paradox: How Totals Can Mislead
https://tinyurl.com/2jzev9jn	Effect Modification (Interaction), Explained
https://tinyurl.com/mr3fpf9e	EpiStats Quiz #01: Epidemiology & Biostatistics



***Stefanos Bonovas, MD, MSc, PhD**, is Associate Professor of Medical Statistics in the Department of Biomedical Sciences at Humanitas University (Milan, Italy), where he teaches biostatistics, epidemiology, and research methodology. His research focuses on clinical epidemiology, biostatistics, evidence synthesis, and clinical practice guidelines.*

He is the founder of EpiStats Hub a free, open-access YouTube channel offering short, practical lessons in biostatistics, epidemiology, and research methods for medical students, residents, PhD students, clinicians, researchers, and public health professionals worldwide.

Resources
2027 Winter Programs

In February of each year, the EpiMonitor prints an issue largely dedicated to the upcoming summer programs. However, that means many of us miss out on the winter programs (or in the Southern hemisphere - summer programs) that are offered each year. While they pale in number to the summer programs, they are rich in opportunity and we wanted to make sure you know of all of these opportunities coming up in Q1 2027. Take a look at the list below and check your schedule - there's bound to be a program that is of value to you.

January 4 - 22	Title:	Johns Hopkins Winter Institute
	Sponsor:	Johns Hopkins Bloomberg School of Public Health
	Location:	Baltimore, MD and Online
	Website:	https://tinyurl.com/5n7f5spu
January 18 - 23	Title:	Swiss Epidemiology Winter School
	Sponsor:	Institute of Social & Preventive Medicine - Bern
	Location:	Wengen, Switzerland
	Website:	https://tinyurl.com/3pysjsj3
January 18 - February 12	Title:	Summer Program 2027
	Sponsor:	Australian Consortium for Social & Political Research
	Location:	Melbourne, AU and online
	Website:	https://tinyurl.com/4e3z9svb
February 15 - 19	Title:	Winter School in Clinical Epidemiology
	Sponsor:	UMIT
	Location:	Tirol, Austria
	Website:	https://tinyurl.com/45hcr6t9

Are You Running a Summer Program in 2027?

The EpiMonitor is starting the process to build it's special Summer Program Edition - February 2027
We want to include your program but need you to fill in the details for us. Please contact us.

Michele Gibson michele@epimonitor.net 770.309.7937

The Job Hunt

Clash of the AI Agents

How AI agents used by job seekers and employers are impacting your employment opportunities

Authors: EpiMonitor and
Public Health Hiring Help

In last month's issue, we began a job seeker's survey to identify the most critical issues both in your next position and in the process of selecting that position. The early responses have been surprising, less in terms of what you're seeking but in how you view the process itself. Regardless of age, job title, degree level, or years in the industry, respondents were uniformly reluctant to apply for positions when AI managed, or even guided, the process. The survey is still open. It would be helpful for all of us if you could take a few minutes to answer the 12 questions. We will be publishing the full results in the near future.

In October 2026 Jamie Dimon, CEO of JP Morgan Chase Bank, warned that AI bots/agents were causing havoc for the banks because banks cannot determine whether it is you or your AI agent logging in to pay bills online, transfer funds, and perform other financial tasks. You should watch for the imminent return of the dreaded CAPTCHA, which is the fastest way for them to circumvent the problem.. We're all going to be clicking all the boxes with images of motorcycles, buses or traffic lights soon.

Days after Dimon's remarks, legal powerhouse Wolters Kluwer announced in arbitration blog that the courts were starting to see legal filings with embedded AI prompts with the potential to change legal records, trigger incorrect rulings, and much more. Cases with voluminous documentation are more susceptible to this type of problem.

It is therefore no surprise that many of us are concerned about applying for positions in this new environment where AI agents deployed by employers are scanning applications to determine whether or not you're chosen to advance to the next phase of the process. What happens when the others competing for the same position are running their own AI agent to identify and apply for positions?

A job seeker can now deploy an AI agent that will search all the new job listings daily. They can monitor multiple sites and ferret out the open positions that meet specific criteria, such as salary, title, location, and degree requirements. The agent can then look at the applicant requirements and customize a CV tailored to meet those requirements based on your catalog of experience.

At this point, the agent can craft a thoughtfully worded cover letter that makes the applicant appear to be a talented writer. Once the package is ready, the agent automatically submits the application, having done nothing but write the original agent guidelines.

According to industry surveys,

- 22% of all job applicants use AI to manage the process
- 31% of Gen Z use AI to manage that process

- Clash cont'd on page 24

- In Q125 Gartner found that 25% of applicants trusted employers LESS if they were using AI to analyze their submissions
- That same Gartner survey found that 39% of applicants they interviewed used AI during the process. 54% used it to generate the text for their CV/Resume and 50% used it to generate the cover letter.
- How can you compete without using AI when 50% of the competition has an agent handling the bulk of their application

Imagine the process from start to finish:
An individual decides to search for a new position, writes a CV and a generic cover letter, and then uses AI to edit the documents.

Next, the applicant creates an AI agent to monitor new positions every morning. For every new position that matches the search criteria, the agent is instructed to modify the CV and cover letter so that these highlight the criteria in the published job listing. The agent then submits the job listing automatically without the job seeker having done anything more than creating the original task.

Overwhelmed employers can't cope with the volume of applications, so they deploy their own AI agent, whose task is to determine which applications most closely match the position's published criteria. Many applications that would previously (in a pre-AI era) have reached the initial consideration stage never get seen by a human being. Even worse, many who do make the cut are unaware they've applied for the job because their agent submitted the application.

Imagine that this is repeated by hundreds or even thousands of other epidemiologists, biostatisticians and public health professionals all looking for a new position. The job seeker survey reveals that over 75% of your peers are currently looking for new jobs. If even half of those people have created an automated agent to search for and apply for jobs daily, the employer will be deluged with applications. If an applicant undergoes this process without AI (the "old fashioned way"), their chances of making it past the first cut is substantially lower.

Overwhelmed employers can't cope with the volume of applications, so they deploy their own AI agent, whose task is to determine which applications most closely match the position's published criteria. Many applications that would previously (in a pre-AI era) have reached the initial consideration stage never get seen by a human being. Even worse, many who do make the cut are unaware they've applied for the job because their agent submitted the application.

The fall job seeker survey yielded surprising insights about what matters most to applicants and employers alike. For HR people, the goal is to move a candidate to round two with some reasonable expectation that, if offered the position, the applicant will accept. However, the AI agent on the employer side can't determine if the job is geographically close to the applicant's family, if the applicant needs help with tuition loans, or if the applicant comes from an affluent zip code or neighborhood. These issues all factor heavily into an applicant's decision to accept a position.

One thing is beyond dispute: few people want to apply for positions if AI is involved in the process. From a hiring perspective, this is

- Clash cont'd on page 25

disturbing. In their own words here is what our survey respondents feel about the current situation:

" As an early/mid-career public health professional, I think my two greatest challenges in the current job market have been not hearing back at all from employers after submitting applications, or receiving immediate rejections within minutes of submitting my application by what I can only assume is an AI reviewer. Getting through systems to an actual person who can review an application and provide feedback seems to be lost."

" Not hearing back from an employer is defeating. Too many applicants for one job. An HR person told me that they had 500 people apply for one position."

" There are just too many people competing for every position and we never really hear back from some companies. They just close the position without telling you, or at the very least, rejecting you so you aren't waiting in limbo. It's also hard when you are entry- level and you've been looking for over a year. I don't know what I'm doing wrong and if the gap in my resume is now hurting me, but I can't fill the gap because it's impossible to get a job or internship as someone who has already graduated."

These comments typify job seekers' experience in the current and decidedly unhealthy employment landscape. It's too soon to know if applicants who are hired in this phase of the market will actually stay in their jobs. If the retention rate is low, it will probably convince HR departments to abandon AI, while at the same time using AI detection software to determine which applications relied (to whatever degree) on AI agents.

It's clear that something has to change. Less clear is whether that job seekers or employers will initiate the change. It may well be that so many applicants get frustrated that they simply cease searching for new positions, which would lower the volume of applications and allow HR to return to the *status quo ante,* that is, manual screening.

There may be a middle ground, whereby employers assemble the equivalent of an admissions committee used to review college applications. Admissions officers do a quick first pass, during which applications go into one of three piles: no, maybe, and promising. (The language differs from school to school, but the idea is to toss the "definitely not" and review in greater depth what remains.)

Amidst the many downsides of an AI-dominated application process, there is on the employer side *one* small advantage. For years, applicants complained that they did not hear back from employers unless they'd made it to the second round. Automation makes it easy to notify applicants that their submission has been received. The message may feel impersonal and thus dehumanizing, but at least the applicant isn't left hanging.

Have you successfully been through the application process either using an AI agent yourself, or navigating the AI gauntlet on the employer side? We'd love to hear your story so we can share it anonymously with our readers. Your peers need to understand that there's hope and there's nobody better to tell them that than you. Contact us at: info@epimonitor.net ■

Epi Word Search – November 2026

Search for Work

This month's puzzle comes from the article in the issue about the *Job Seeker Survey*. 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/55yryzxy



Search for Work *by Michele Gibson*
Powered by PuzzleMe™

Words to find:

1. Advancement
2. AI Agent
3. Application
4. Degree
5. Department
6. Description
7. Doctorate
8. Employer
9. Flexibility
10. Healthcare
11. Job Board
12. Looking
13. PSLF
14. References
15. Relocation
16. Remote Work
17. Retirement
18. Salary
19. Stipend
20. Timeframe

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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.

Public Health Topics

- The U.S. has lost its measles-elimination status as historic resurgence sickens thousands (WSJ via AppleNews)
  https://tinyurl.com/5kwx89ur

- King County can ID flu and Covid in sewer water. Are sexually transmitted infections next? (KUOW - NPR Network)
  https://tinyurl.com/3awahkxp

- Researchers urge significant 'peacetime' investment in contact tracing apps and digital public health tools (MedicalXpress)
  https://tinyurl.com/4ysm5vkn

- Thailand Achieved Steep Tuberculosis Reductions Across Decade Despite Persistent Regional Disparities (Bioengineer)
  https://tinyurl.com/2f3hr5rk

- Human movement emerges as key predictor of Bundibugyo Ebola spread (Digital Journal)
  https://tinyurl.com/3as3vk5x

- Uganda, South Sudan intensify efforts to keep Ebola out amid burgeoning DR Congo outbreak (CIDRAP)
  https://tinyurl.com/3y9j36fc

- Suspected Domestic Cholera Case Reported for First Time in 10 Years (Asia Business Daily)
  https://tinyurl.com/mwb2k83n

- Eritrea eliminates trachoma: a major public health milestone (WHO)
  https://tinyurl.com/38xahhyh

- Public health depends on more than collecting information (Federal News Network)
  https://tinyurl.com/bdcpx2xf

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Public Health Topics

- What public health experts say about Friday's lead azide detonation (Iowa Public Radio)
  https://tinyurl.com/mr39fy7h

- How the Newly Elected Congress Can Save Public Health (Union of Concerned Scientists)
  https://tinyurl.com/s7vtmhxr

- Bursky School of Public Health announces new scholarships for incoming students (Washington University - St Louis)
  https://tinyurl.com/pem6zw5n

- US flu activity continues to climb (CIDRAP)
  https://tinyurl.com/2fx7ynmm

- Over a quarter of American adults negatively affected by health misinformation (Medical Xpress)
  https://tinyurl.com/5d22azw7

- Cracks in public health grew in 2026 (Science News)
  https://tinyurl.com/4n9y5ewr

- The future of agentic AI in health care (Harvard School of Public Health)
  https://tinyurl.com/ycxmudnm

- Oregon health officials confirm human case of bird flu at Morrow County dairy farm (KATU-ABC)
  https://tinyurl.com/36ct46da

- New study on NFL athletes and CTE (CBS News)
  https://tinyurl.com/yckfj6yb

Join EpiMonitor on our Facebook page at: https://bit.ly/2U29gUA

or on Twitter at: @theEpimonitor **or on Instagram at:** @epimonitor

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: UC Berkeley epidemiology professor, **Mahasin S. Mujahid**, chair of the Epidemiology Division at UC Berkeley School of Public Health, has received the 2026 Abraham Lilienfeld Distinguished Achievement Award from the American College of Epidemiology (ACE). Mujahid was celebrated for her transformational contributions to the field of social epidemiology and received the award at the September 17, 2026, ACE annual meeting.



Honored: Yale professor, **Michelle Bell, PhD,** has been awarded the 2026 John Goldsmith Award from the International Society for Environmental Epidemiology (ISEE). Bell, the Mary E. Pinchot Professor of Environmental Health at YSE, received the award September 2, 2026, during a ceremony and presentation at the Science Congress Center in Munich, Germany.



Honored: The University of Arizona's **Heidi Brown, PhD, MPH**, university distinguished professor and program director in epidemiology, received the APHA's 2026 Abraham Lilienfeld Award for excellence in teaching epidemiology. This award recognizes outstanding teachers of epidemiology over the course of a career. The Awards Committee of the Epidemiology Section of the APHA selected Dr. Brown based on her significant contributions to the field, and the high esteem of her students and professional colleagues. Her students have gone on to make worthwhile contributions to improving epidemiology and public health.



Honored: The University of Arizona's Onicio Leal-Neto, PhD, MSc, assistant research professor in digital epidemiology, was selected by the Awards Committee of the Epidemiology Section of the APHA as this year's recipient of the Wade Hampton Frost Lectureship for his groundbreaking work in digital epidemiology and the use of AI tools for public health goals. This award – the oldest given by the Epidemiology Section – recognizes excellence in research and scholarship.

Notes on People, con't from page 29

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Honored: Texas A&M's **Dr. Debangan Dey**, Assistant Professor in the Department of Statistics, is part of a research team recently awarded the 2026 Director's Challenge Award, from the National Institutes of Health (NIH). This year, the award recognized projects where epidemiological or population-based researchers with novel observations collaborate with lab-based or clinical researchers to investigate mechanisms or develop potential interventions.



Honored: University of Miami's **Dr. WayWay M. Hlaing** has received the 2026 American College of Epidemiology Outstanding Mentorship Award. The professor and doctoral program director was recognized for helping emerging epidemiologists build confidence, independence and professional direction. Dr. Hlaing is a professor in the Department of Public Health Sciences at the University of Miami Miller School of Medicine and director of the department's Ph.D. Program in Epidemiology.



Honored: University of Wisconsin's, **Sündüz Keleş**, professor in BMI, was recently honored by WARF Foundation with the Kellett Mid-Career award. Her citation reads that "She has pioneered widely used methods for analyzing genomic and single-cell data, enabling discoveries in hematopoiesis, genome architecture, and disease biology. An elected Fellow in the American Statistical Association, she is recognized for her mentorship and interdisciplinary leadership."



Honored: University of Utah professor, **Tom Greene, PhD**, was presented the Belding H. Scribner Award for 2026 by ASN. Dr. Greene is a professor at the University of Utah Spencer Fox Eccles School of Medicine, Salt Lake City, in both the Division of Biostatistics, Department of Population Health Sciences, and the Division of Epidemiology, Department of Internal Medicine. He also codirects the Translational Research: Implementation, Analysis, & Design team at the Utah Clinical & Translational Science Institute and holds an H.A. and Edna Benning Presidential Endowed Chair.

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Honored: Dr. Bhramar Mukherjee, an Indian American researcher at Yale, has won the 2026 Hecht Global Health Policy Innovation and Systems Impact Faculty Network Award for researching use of AI models for screening anemia in India. Her research will bring together the Yale School of Public Health (YSPH) and the Khushi Baby Association, a nonprofit organization working in India, to test whether deep learning-based artificial intelligence (AI) models for image-based anemia screening can work effectively in field settings.



Honored: Distinguished Professor Emerita of Epidemiology **Susan E. Hankinson, ScD, MPH** is among the five UMass Amherst researchers recognized in Research.com's 2026 Best Scientists in the World rankings.

Hankinson studies breast cancer etiology and prevention, including determining the lifestyle and genetic factors that influence hormone levels.



Named: University of Oklahoma's **Sixia Chen, Ph.D.,** associate professor in the Department of Biostatistics and Epidemiology at the Hudson College of Public Health, has been named an associate editor of The American Statistician. Dr. Chen is an elected fellow of the American Statistical Association and an elected member of the International Statistical Institute. He also received the 2026 Hukum Chandra Memorial Prize, recognizing his contributions to survey sampling and related fields.



Named: Georgia Southern has named **Christine Arcari, PhD, MPH** dean of Jiann-Ping Hsu College of Public Health effective January 1, 2027. Arcari joins Georgia Southern from Tulane University, where she serves as senior associate dean for academic affairs and professor of epidemiology in the Celia Scott Weatherhead School of Public Health and Tropical Medicine. She brings more than two decades of experience in public health education, research and academic leadership, with a longstanding commitment to improving health outcomes in underserved communities.

Notes on People, con't from page 31

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Appointed: Dr. Colin Brown has been appointed State Epidemiologist at the California Department of Public Health. Brown has been the United Kingdom Health Security Agency Lead for the National Institute for Health and Care Research-funded Health Protection Research Unit in Healthcare Associated Infections and Antimicrobial Resistance and a Visiting Professor of Infectious Diseases at the University of Oxford since 2025. He has been Deputy Director for Epidemic and Emerging Infections and Head of the Antimicrobial Resistance and Healthcare-Associated Infections Division at the United Kingdom Health Security Agency since 2020.



Appointed: Caymanian public health professional **Halle Miller, MPH** has been appointed the Ministry of Health, Environment and Sustainability's first deputy national epidemiologist.

The newly created role aims to strengthen the ministry's ability to monitor population health trends, analyse disease patterns and use data to inform public health policy and planning.

Miller holds a bachelor's degree in health science from the University of Miami and a master's degree in public health from the London School of Hygiene and Tropical Medicine.

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



Passed: Professor **Fred Newton Binka** on 15 November 2026 at his home in Accra, Ghana, aged 73. In 2007, Fred was appointed the Dean of the University of Ghana School of Public Health and greatly strengthened the School, establishing a PhD programme in Public Health and an MSc in Clinical Trials, using teaching materials developed at LSHTM. In 2012, he became the Founding Vice-Chancellor of the University of Health and Allied Sciences in the Volta Region of Ghana, a major new initiative in public health training in Ghana. More recently, Fred chaired the Governing Council of the Ghana Health Service, where he led planning for healthcare reform, disease prevention, and research financing.

Fred was also influential globally: he established the Malaria Clinical Trials Alliance, was one of the main African scientists who liaised with the European Commission to create the European and Developing Countries Clinical Trials Partnership (EDCTP) and was the first Chair of their Scientific Advisory Board. He served on numerous WHO expert committees, and in 2016 coordinated the Emergency Response for Artemisinin Resistance in the Greater Mekong Sub-region in Cambodia, working to transition the emergency containment effort to a malaria elimination programme. He was a member of WHO's malaria elimination certification committee, chair of the GAVI Independent Review Committee, and the first President of the Association of Schools of Public Health in Africa. https://tinyurl.com/58brujdb



Passed: University of Oxford's **Robin Evans**, the Professor of Statistical Science in the Department of Statistics, died November 3, 2026 after a long illness. He leaves behind his wife Alex and their two daughters. Robin graduated from Cambridge with a Master's degree in Maths and Statistics in 2007, before moving to the USA to earn a PhD in Statistics from the University of Washington in 2011. Upon graduation, he returned to Cambridge as a Postdoctoral Research Fellow. He joined Oxford as an Associate Professor and Tutorial Fellow (APTF) in Statistics and Jesus College in 2013. His academic brilliance across research, teaching and service was recognised with a Recognition of Distinction Award in 2023. He lectured around the world on the research undertaken by his group. Towards the end of 2025, he was elected as Professor of Statistics at the University of Oxford and a Professorial Fellow of Jesus College, taking up the role on 1 January 2026.
https://tinyurl.com/3zzw7vue

Call for 2027 Events

Does your institution have an event scheduled for 2027 that lasts longer than 8 hours? If so, the EpiMonitor would like to add it to our annual worldwide event calendar which reaches 35,000+ epidemiologists, biostatisticians, and public health professionals. This issue is published on December 31st each year.

There is **NO CHARGE** for these listings. We do offer paid advertising options on our website and in our newsletter to give you to the opportunity to provide additional information about your event to our readers.

We are currently beginning the process of collecting information about qualified listings for the 2027 calendar. For your event to be included we need the following information:

- Event Name
- Event Type
  (Short Course / Conference / Meeting / Summer or Winter Programs / Miscellaneous Events)
- Event Sponsor(s)
- Event Location (including virtual / hybrid)
- Event Date(s)
- Event Contact Information (URL or Email address)

For more information please contact:

Michele Gibson / 770.309.7937 / michele@epimonitor.net

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.

December 2026

December 11&18 **Type:** Short Course **Web:** pvaleri@emory.edu
Title: Outbreak Investigations
Sponsor: Emory University / Rollins School of Public Health **Location:** Virtual

December 14-15 **Type:** Short Course **Web:** pvaleri@emory.edu
Title: Basic to Intermediate Level R Studio
Sponsor: Emory University / Rollins School of Public Health **Location:** Virtual

December 16-17 **Type:** Short Course **Web:** pvaleri@emory.edu
Title: Intermediate to Advanced Level R Studio
Sponsor: Emory University / Rollins School of Public Health **Location:** Virtual

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on Instagram at: @epimonitor

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.

CA Dept of Health, Border Infectious Disease Surveillance Data Analyst (San Diego, CA)
$50-82k + benefits, Bachelor's min

CA Dept of Health, Border Infectious Disease Surveillance Project Coordinator (San Diego, CA)
$70-90k + benefits, Bachelor's min, Master's preferred

CA Medicaid Office, Data Scientist (Los Angeles, CA)
$100-140k + benefits, Bachelor's min, Master's preferred

GA Dept of Health, Epidemiologist II (Atlanta, GA
$66k + benefits, Master's min

Health Research Inc, Associate Program Research Specialist (Albany, NY)
$100k + benefits, Bachelor's min, Master's preferred

Hispanic Community Health Study, Sr. Research Coordinator (NYC)
$70-75k + benefits, Master's min

TN Dept of Health, Epidemiologist II (Nashville, TN)
Not listed + benefits, Master's min

American Cancer Society, Associate Data Analyst (Atlanta, GA)
$70-72k + benefits, Master's min

Guidehouse, Healthcare Financial Transformation Consultant (Charlotte, NC)
$68-113k + benefits, Bachelor's min, Master's preferred

ICF, Data Analyst (Bethesda, MD)
$61-104k + benefits, Bachelor's min

EdFund, Policy Analyst (Remote)
$95-105k + benefits, Bachelor's min, Master's preferred

Pew Charitable Trusts, Public Health Data Improvement Associate I (DC)
$69-77k + benefits, Bachelor's min

Open Public Health Positions

State of PA, Vaccine Operations Program Associate (Harrisburg, PA)
$53-80k + benefits, Bachelor's min

Oakland County, Environmental Health Epidemiologist (Pontiac, MI)
$89-119k + benefits, Master's min

MPHI, Vaccines for Children Accountability Analyst (Lansing, MI)
$64-94k + benefits, Bachelor's min, Master's preferred

Grady Health, Public Education and Outreach Coordinator (Atlanta, GA)
Not listed + benefits, Bachelor's min, Master's preferred

Washington Univ of St Louis, Cancer Research Coordinator I (St. Louis, MO)
$50-65k + benefits, Bachelor's min

State of TX, STD Surveillance Consultant (Austin, TX)
$54-70k + benefits, Bachelor's min

State of WV, Epidemiologist I (Kanawha, WV)
$50-80k + benefits, Master's min

George Washington Univ, Sr. Research Associate (DC)
$52-100k + benefits, Master's min

American Cancer Society, Surveillance Research Associate Scientist II (Atlanta, GA)
$80-82k + benefits, Master's min

MPHI, Chronic Disease and Maternal-Child Health Epidemiology Program Assistant (Lansing, MI)
$50-70k + benefits, Bachelor's min

NYU Langone, Women and Children Health Research Data Associate (Long Island, NY)
$50-53k + benefits, Bachelor's min

Randolph Co, Public Health Educator III (Asheboro, NC)
$57-63k + benefits, Master's min

State of TX, Vaccine Operations Training Specialist (Austin, TX)
$54-70k + benefits, Bachelor's min

Boston Health Care Homeless Program, Data Manager (Boston, MA)
$68-110k + benefits, Master's min

Open Public Health Intern Positions

State of OK, Adolescent Health Program Intern (Oklahoma City, OK)
Public Health Alignment: RMACH, BSHES, Undergrad, Grad, Bachelor's, Master's

Natural Resource Defense Council, Community Science Partnerships Intern (Multiple Locations)
Public Health Alignment: EH, BSHES, HPM, Grad

MusiCares, Research and Wellness in Music Intern (Remote)
Public Health Alignment: BSHES, Undergrad, Grad

Clinton Health Access Initiative, Intern Program (Multiple Locations)
Public Health Alignment: GH, Grad

Analysis Group, HEOR Analyst Intern (Multiple Locations)
Public Health Alignment: EPI, HPM, BIOS, Undergrad, Grad

Boston Children's Hospital, Innovation and Digital Health Accelerator Intern (Boston, MA)
Public Health Alignment: RMACH, EPI, Grad

Children's Healthcare of Atlanta, Child Advocacy Program Intern (Atlanta, GA)
Public Health Alignment: RMACH, BSHES, HPM, Undergrad, Grad

LabCorp, Employee Wellbeing and Population Health Intern (Durham, NC)
Public Health Alignment: BSHES, Undergrad, Gra

Patient-Centered Outcomes Research Institute, Graduate Intern Program (DC)
Public Health Alignment: HPM, BIOS, EPI, Grad

Truth Initiative, Research Analyst Intern (DC)
Public Health Alignment: EPI, BIOS, BSHES, Grad

Stormont Vail Health, Community Engagement Administrative Intern (Topeka, KS)
Public Health Alignment: HPM, BSHES, Undergrad

AARP, Community Engagement Intern (Portland, OR)
Public Health Alignment: BSHES, Undergrad, Grad

State of KY, Data Analytics Intern (Frankfort, KY)
Public Health Alignment: RMACH, EPI, BSHES, Undergrad, Grad

National Grid, Occupational Health Intern (Albany, NY)
Public Health Alignment: EH, BSHES, Undergrad

Open Public Health Intern Positions

State of KY, Medical Cannabis Intern (Frankfort, KY)
Public Health Alignment: BSHES, HPM, Undergrad, Grad

State of KY, Medicaid Services Intern (Frankfort, KY)
Public Health Alignment: HPM, Undergrad, Grad

City of McKinney, Environmental Sustainability Intern (McKinney, TX)
Public Health Alignment: EH, Undergrad, Grad

City of Cupertino, Sustainability Intern (Cupertino, CA)
Public Health Alignment: EH, Bachelor's, Grad

City of Fort Collins, Wellness Intern (Fort Collins, CO)
Public Health Alignment: BSHES, Bachelor's, Grad

Marsh McLennan Agency, Health Management Intern (Golden Valley, MN)
Public Health Alignment: HPM, BSHES, Undergrad, Grad

Childhelp, Advocacy Administration Intern (Phoenix, AZ)
Public Health Alignment: RMACH, HPM, BSHES, Undergrad, Grad

State of NY, Health and Safety Intern (NYC)
Public Health Alignment: EH, BSHES, HPM, Undergrad, Grad

Vertex Pharmaceuticals, Community Affairs Intern (Boston, MA)
Public Health Alignment: BSHES, HPM, Undergrad, Grad

Sanofi, Patient-Driven Medicines Development Intern (Morristown, NJ)
Public Health Alignment: EPI, BIOS, Undergrad

DC United, Community Impact Intern (DC)
Public Health Alignment: BSHES, HPM, Undergrad, Grad

Regeneron, EHS Training and Analytics (Tarrytown, NY)
Public Health Alignment: EH, BSHES, Undergrad, Grad

Amazon, Workplace Health and Safety Intern (Multiple Locations)
Public Health Alignment: EH, Undergrad

Bionews, Advocacy and Communications Intern (Remote)
Public Health Alignment: BSHES, HPM, Undergrad, Grad

Open Public Health Flexible Positions

IQVIA, Clinical Trial Site Activation Specialist (CT) (London, UK)
Public Health Alignment: EPI, HPM, Bachelor's, Master's

Wafa House, Child and Family Coordinator (CT) (Woodland Park, NJ)
Public Health Alignment: BSHES, RMACH, GH, Bachelor's, Master's

CHEO, Youth Mental Health and Addictions Research Assistant (CT, PT) (Ottawa, CAN)
Public Health Alignment: BSHES, RMACH, Bachelor's, Grad, Master's

Univ of CA San Francisco, Lactation Policy Analyst (PT) (San Francisco, CA)
Public Health Alignment: RMACH, BSHES, EPI, Bachelor's, Grad, Master's

CDC Foundation, Epidemiologist (CT) (Phoenix, AZ)
Public Health Alignment: EPI, Master's

CDC Foundation, Program Infrastructure and Data Support Specialist (CT) (Charlotte, NC)
Public Health Alignment: EPI, BSHES, HPM, Master's

CDC Foundation, Health Educator (CT) (Dallas, TX)
Public Health Alignment: BSHES, Master's

CDC Foundation, Linkage to Care Coordinator (CT) (Carson City, NV)
Public Health Alignment: BSHES, HPM, Bachelor's, Master's

CDC Foundation, Data Analyst (CT) (Denver, CO)
Public Health Alignment: BSHES, EPI, HPM, Bachelor's, Master's

CDC Foundation, Program Coordinator (CT) (Santa Fe, NM)
Public Health Alignment: BSHES, HPM, Bachelor's, Master's

CDC Foundation, State Unintentional Drug Overdose Reporting System Abstractor (CT) (Santa Fe, NM)
Public Health Alignment: BSHES, EPI, Bachelor's, Master's

ICF, Disaster Recovery Public Assistance Specialist (PT) (Reston, VA)
Public Health Alignment: BSHES, EH, GH, Bachelor's, Master's

Girls on the Run, Program Coordinator (PT) (Miami, FL)
Public Health Alignment: RMACH, BSHES, Bachelor's, Master's, Grad

ORISE, New World Screwworm Modeling and Surveillance Fellow (Fort Collins, CO)
Public Health Alignment: EH, EPI, Grad, Master's

Open Public Health Flexible & Intern Positions

Civic Solutions Group, Analyst (CT) (Remote)
Public Health Alignment: BSHES, EPI, BIOS, Bachelor's, Master's

Cancer Care Inc, Grants Review Specialist (PT) (NYC)
Public Health Alignment: HPM, Bachelor's, Grad, Master's

The Chisholm Legacy Project, Participant Engagement and Outreach Manager (CT) (Remote)
Public Health Alignment: EH, BSHES, Bachelor's, Master's

Washoe County, Zoonotic Disease Intern (Reno, NV)
Public Health Alignment: EH, EPI, Grad

Center for Science in the Public Interest, Engagement and Capacity Building Interns (DC)
Public Health Alignment: BSHES, GH, HPM, Undergrad, Grad, Bachelor's, Master's

Center for Science in the Public Interest, Legislative Affairs Intern (DC)
Public Health Alignment: HPM, BSHES, Undergrad, Grad

OH State Univ, Infection Prevention and Clinical Epidemiology Intern (Columbus, OH)
Public Health Alignment: EPI, Undergrad, Grad

State of OH, Strategic Analytics Intern (Columbus, OH)
Public Health Alignment: HPM, EPI, BIOS, Undergrad, Grad

Advent Health, Foundation Intern (San Francisco, CA)
Public Health Alignment: EPI, HPM, GH, Undergrad, Grad

CareSource, Quality and Performance Outcomes Intern (Remote)
Public Health Alignment: EPI, Undergrad, Grad

Baptist Health, Health Services Research Intern (Memphis, TN)
Public Health Alignment: HPM, EPI, Undergrad, Grad

Emmes Group, Biostatistics Intern (Remote)
Public Health Alignment: BIOS, EPI, Grad

Vizient, Life Sciences Solutions Intern (Chicago, IL)
Public Health Alignment: HPM, EPI, BIOS, Undergrad

TEPA Companies, Environmental Data Analyst Intern (Denver, CO)
Public Health Alignment: EH, EPI, Undergrad

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:

Web Only
This provides you with a full page on our website along with banner ads in appropriate places for what you are advertising (e.g. our Job Bank or Events pages). In addition, these ads are also featured in our monthly email blast. Web ads normally appear on our site within 2-3 hours of your order.

Web + Digital Print
This option provides either a full or half page digital print ad in this publication monthly along with all of the services included in the "Web Only" option.

Social Media
We also have social media add-on options for our web and print advertising programs.

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Do you have a job, course, conference, book or other resource of interest to the epidemiology community? Advertise with The Epidemiology Monitor and reach 35,000 epidemiologists, biostatisticians, and public health professionals monthly.

Advertising opportunities exist in this digital publication,
on our website and social media pages,
and in our Epi-Gram emails.

For more information please contact:

Michele Gibson / 770.309.7937 / michele@epimonitor.net

Postdoctoral Fellow – Cardiovascular Disease Epidemiology & Prevention Research Fellowship

University of Minnesota, School of Public Health

Division of Epidemiology and Community Health

The Division of Epidemiology and Community Health at the University of Minnesota School of Public Health is accepting applications for a **Postdoctoral Research Fellow** in Cardiovascular Disease (CVD) Epidemiology and Prevention.

Funded by an NIH T32 training grant, this long-standing program provides multidisciplinary research training in the etiology, primary prevention, and clinical epidemiology of cardiovascular and related chronic diseases (including stroke, subclinical atherosclerosis, hypertension, diabetes, and obesity). Fellows work closely with primary faculty mentors across major cohort studies, clinical trials, and population-based research projects.

Key Program Features:

- Up to 3 years of funded post-doctoral research training.
- Individualized mentoring tailored to career development and independent grant writing.
- Advanced coursework opportunities in epidemiology, biostatistics, and CVD prevention.
- Support for travel, research expenses, and conference presentations.

Qualifications & Eligibility:

- PhD, MD, or equivalent doctoral degree in epidemiology, biostatistics, behavioral health, medicine, or a related discipline.
- **Per NIH T32 guidelines, candidates must be U.S. citizens or permanent residents** at the time of appointment.

To Apply:

Review of applications begins immediately and continues on a rolling basis until the position is filled. Interested candidates should visit **SPH CVD Fellowship Program Page** for full application instructions and submission details.

More information about the department can be found here:

https://www.sph.umn.edu/academics/divisions/epich/research/cardiovascular-disease/

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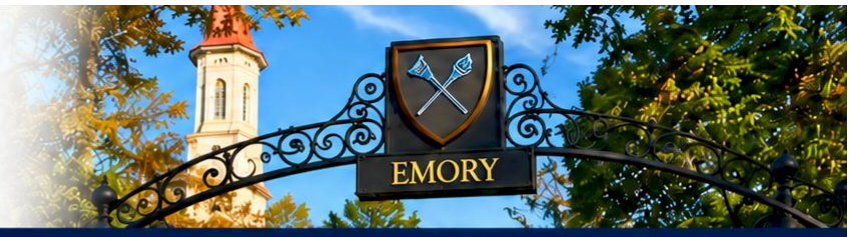

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December 11 and 18, 2026

$400

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December 14–15, 2026

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INTERMEDIATE TO ADVANCED LEVEL R STUDIO

December 16–17, 2026

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pvaleri@emory.edu

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University of Rochester Medicine

School of Medicine & Dentistry

Tenure-Track Faculty Position - Epidemiology

University of Rochester School of Medicine
Department of Environmental Medicine and Public Health Sciences

The Department of Environmental Medicine and Public Health Sciences (EMPHS) at the University of Rochester School of Medicine invites applications for a tenure-track faculty position in **Epidemiology** at the Assistant or Associate Professor level.

Qualifications

Applicants must hold a doctoral degree in Epidemiology or a closely related field, and have a strong emphasis on research design, epidemiological methods, and data/statistical analysis in their research. Applicants with interests in environmental exposures, aging, cancer, or neuroepidemiology are particularly encouraged to apply, although we will consider applicants with all areas of research focus.

The successful candidate is expected to demonstrate the ability to pose and answer novel research questions, communicate complex concepts effectively, develop and maintain an extramurally funded research program, and have a strong record of peer-reviewed publications. The candidate will also be expected to participate in the teaching and service missions of the Department and affiliated programs and contribute to collaborations and leading-edge research across disciplinary boundaries.

The Department

EMPHS includes 42 primary faculty whose expertise and interests span basic and public health research. The Department administers several interdisciplinary research programs, including the Environmental Health Sciences Center, Institute for Human Health and the Environment, Lake Ontario Microplastics Center, Center for Inhalation and Flavoring Toxicology Research, and the Tobacco Cessation and Prevention Program. Faculty also lead programs in qualitative and mixed methods, dissemination and implementation, and community engagement related to improving health and health care delivery.

The Department is home to graduate and postgraduate education programs, including a Preventive Medicine Residency, PhD programs in Toxicology, Epidemiology, and Health Services Research, as well as a Master of Public Health and Masters of Clinical Investigation, Epidemiology, and Health Services Research programs, and five Advanced Certificate programs.

The Department environment is collaborative, welcomes different perspectives, and encourages innovation. In addition to research and education, faculty lead numerous community-based clinical and non-clinical programs, including the Aging Institute, Wilmot Cancer Institute, Del Monte Neuroscience Institute, Clinical and Translational Science Institute, and the Center for Community Health & Prevention.

How to Apply

Applicants must submit: 1) curriculum vitae, 2) a statement of research interests and career goals (1–2 pages), 3) description of teaching experience (one page), and 4) contact details for four references to Patricia_Noonan@urmc.rochester.edu. Evaluation of applications will commence immediately and continue until the position is filled.

UAMS

Chair - Department of Epidemiology

The next Chair will join the department at an important point in its evolution and will have the opportunity to shape its future in partnership with faculty, staff, students, College leadership, and collaborators across UAMS and throughout the state. The Chair will articulate and advance a compelling vision for the department, strengthen its academic and research programs, cultivate an environment in which faculty, staff, and students can thrive, and expand the department's contributions to the College, UAMS, and the broader public health community.

The successful candidate will be an accomplished scholar and collaborative academic leader with a record of achievement commensurate with appointment at the rank of professor. The Chair will bring transparent and inclusive leadership, strong administrative and organizational skills, and a commitment to excellence across the department's research, education, service, and public health practice missions.

The Chair will have the opportunity to build on the department's existing strengths while establishing priorities for its future growth and impact. For an accomplished academic leader interested in advancing epidemiologic science while connecting scholarship, education, and public health practice to meaningful population health challenges, the Department of Epidemiology offers a compelling opportunity to help shape the future of the department and expand its impact in Arkansas and beyond.

TO APPLY:
Department Chair: Department of Epidemiology | UAMS Fay W. Boozman College of Public Health

Salary is commensurate with education and experience.

Website: Department Chair: Department of Epidemiology | UAMS Fay W. Boozman College of Public Health

Workday Link: https://tinyurl.com/yf6umchw

MORE DETAILS: https://www.epimonitor.net/2026-4071-Epidemiology-Job-Opening.htm



DARTMOUTH GEISEL SCHOOL OF MEDICINE

Assistant / Associate Professor - Tenure Track

The Department of Epidemiology at the Geisel School of Medicine at Dartmouth and the Molecular Epidemiology Center for Biomedical Research Excellence invites applications for a tenure track faculty position at the Assistant or Associate level. We seek candidates with a strong track record of leading innovative, independent research programs in molecular epidemiology over the lifecourse. Priority areas include experience in the design and conduct of large-scale prospective molecular epidemiologic investigations, studies with global impact focusing on the environment and planetary health, use of geospatial methods, and addressing rural populations. Outstanding candidates working in other areas of molecular epidemiology are also encouraged to apply. The department further has emerging strength in Implementation Sciences and is also interested in applicants with independent research programs in implementation research using molecular epidemiology. The Department offers a dynamic, interdisciplinary, and highly collaborative setting with a commitment and infrastructure to support rigorous and impactful research and career advancement.

Dartmouth faculty benefit from close collaborative relationships with other departments across the medical school, university, and medical center, including with the College of Arts & Sciences, Thayer School of Engineering, and Tuck School of Business. In addition, Dartmouth is home to an NCI Designated Comprehensive Cancer Center with four research programs, including Cancer Population Sciences, and the Dartmouth Center for Implementation Science. As a part of success in this role, there are expectations for teaching and mentoring. Individuals will have opportunities to participate in multiple graduate programs (e.g., the Program in Quantitative Biomedical Sciences, Implementation Science, Integrative Neuroscience, the Dartmouth Institute for Health Policy and Clinical Practice, and the Program in Molecular and Cellular Biology).

Dartmouth is committed to academic excellence and encourages the open exchange of ideas within a culture of mutual respect. Dartmouth welcomes people with different backgrounds, life experiences, and perspectives and believes that diversity in all its forms enhances academic excellence. Applicants should address in their cover letter how their research, teaching, service, and/or life experiences prepare them to serve Dartmouth's commitment to academic excellence in an environment that is welcoming to all.

Qualifications

Candidates must have a Ph.D. and/or M.D. degree and relevant teaching and extramural research experience to meet the qualifications of a tenure track assistant or associate professor at Dartmouth. Applicants with a track record of extramural research support are preferred.

Application Instructions

Applicants should upload a cover letter, a curriculum vitae (without impact factors), a description of proposed research (3 pages or less), a teaching statement, and a statement on how their teaching, research, service, and/or life experiences prepare them to advance diversity, equity, and inclusion at Dartmouth through the Interfolio link provided. Three referees should provide letters of recommendation. *Consideration of applications will begin on December 1, 2026, and continue until the position is filled.*

Please contact Dr. Caitlin Howe with any questions: caitlin.g.howe@dartmouth.edu, (603)-646-5419

Application Process

This institution is using Interfolio's Faculty Search to conduct this search. Applicants to this position receive a free Dossier account and can send all application materials, including confidential letters of recommendation, free of charge.

Apply Now

Equal Employment Opportunity Statement

Dartmouth College is an equal opportunity employer under federal law. We prohibit discrimination on the basis of race, color, religion, sex, age, national origin, sexual orientation, gender identity or expression, disability, veteran status, marital status, or any other legally protected status. Applications are welcome from all.

Dartmouth is committed to accessibility for its community. If you are an applicant with a disability and would like to request a reasonable accommodation to aid in the job application and/or interview process, please email: ADA@Dartmouth.edu. In the subject line, please state application accommodations and include the job number or title. Someone from the ADA/504 Office will be in touch within 2 business days.

KAISER PERMANENTE® | DIVISION OF RESEARCH

Translational Research Fellows

The Division of Research (DOR) at Kaiser Permanente Northern California (KPNC) is recruiting fellows for the Translational Research Fellowship Program. This two-year multidisciplinary fellowship program will train the next generation of researchers to conduct research embedded within an integrated healthcare delivery system. The program is designed to support post-doctoral fellows interested in research across the translational and population sciences research continuum spanning epidemiology, outcomes research, intervention research, disease prevention, and care evaluation and improvement.

Investigators and Fellows in the DOR have well-developed research programs in behavioral health and aging, infectious diseases, cardiovascular and metabolic conditions, cancer, health care delivery and policy, and women's and children's health. The DOR is the home for over 60 Investigators and 600 staff members overseeing numerous research projects with funding from the National Institutes of Health, other Federal agencies, non-profit organizations, industry, and internal sources. The successful applicant will have opportunities to develop research, writing, and grant preparation skills and enhance presentations and publications under the mentorship of an experienced DOR investigator. Investigators have access to rich clinical data sources from one of the nation's leading integrated healthcare delivery systems inclusive of more than 4.65 million members. KPNC and the DOR provide a unique research environment with a diverse patient population, robust longitudinal electronic health record data, comprehensive data capture, and a long-standing history of clinical research from real-world data sources and populations that can lead to higher quality care and outcomes.

The two-year, full-time program includes:

- Individualized scientific and career mentorship
- Works-in-progress meetings with DOR faculty and fellows
- Training in grant writing, manuscript development, and presenting science to scientific and lay audiences
- Experience writing at least two first-authored publications based on KPNC DOR projects
- Seminars on career and skill development topics
- Core competency training in research and biostatistial methods utilizing electronic health records data, including journal clubs

Qualifications: We seek talented candidates who earned a doctoral degree (such as PhD, DrPH, ScD, MD) within the past 3 years in epidemiology, health services research, medicine, informatics, biostatistics, or related field. Preference will be given to applicants with strong analytic, writing, and oral communication skills and a demonstrated ability to publish manuscripts in peer-reviewed journals. **Applicants must be eligible for U.S. employment**. Individuals from all backgrounds, especially those from historically underrepresented groups, are encouraged to apply.

Application Procedures: We aim to admit 2-4 qualified candidates. Each fellow will be co-funded by their primary scientific mentor and the fellowship training program. Potential candidates are required to identify a Research Scientist I, II, or III (not affiliates or adjunct) from DOR's >60 highly experienced investigators in their area of interest who is committed to being a primary scientific mentor and providing co-funding. Faculty research portfolios can be found at: https://divisionofresearch.kaiserpermanente.org/our-team/scientific-sections/.

Applications will be accepted from November 2, 2026 through January 11, 2027 at: https://tinyurl.com/4zwn92jy**.**

Applicants must submit: 1) Letter describing areas of research interest and potential research projects to be conducted at DOR, 2) Letter of support from potential DOR scientific mentor, 3) Curriculum Vitae, 4) Writing sample (e.g., first-authored manuscript), 5) Contact information for three individuals serving as references. For more information: https://divisionofresearch.kaiserpermanente.org/research/fellowships/

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

Tenure-Track Investigator

The Epidemiology Branch (EB) within the Division of Population Health Research (DiPHR), Division of Intramural Research (DIR), at the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) in Bethesda, Maryland, is recruiting a Tenure-Track Investigator to develop an independent research program in the area of reproductive, pregnancy, and infant and child health.

The mission of EB is to conduct high-impact epidemiologic research across reproductive, pregnancy, infant, and child health. Scientists within EB investigate a wide range of topics in reproductive and perinatal health, perinatal mental health, child growth and development, and nutritional and genomic epidemiology from preconception through childhood. Cross-cutting themes include disease prevention and identification of modifiable risk factors, nutrition, and global health.

The successful candidate is expected to establish an innovative, independent research program within the NIH Intramural Research Program while contributing to collaborative population health research. They are expected to conduct high-impact research, provide outstanding mentorship to postbaccalaureate, predoctoral, and postdoctoral trainees, and contribute service to NIH and to the fields of epidemiology and population health sciences.

NICHD resources for a tenure-track Investigator include full salary support, an ongoing commitment to research space, funding for staff and trainees, and support for original population-based research initiatives and collaborations.

Qualifications

Candidates must have a Ph.D., M.D., or equivalent doctoral degree and extensive experience in epidemiology research.

Competitive candidates will have at least 3 years of postdoctoral research experience in their field, an outstanding publication record of innovative, productive research; demonstrated potential to establish and lead an independent research program; and evidence of excellence in mentorship and professional service.

Candidates who integrate innovative epidemiologic methods to address methodological challenges in measuring reproductive, perinatal, and pediatric exposures and outcomes using observational and experimental study designs are encouraged to apply.

How to Apply: Interested candidates should email the following application materials to:
Ms. Adrienne Lonaberger, Program Analyst, DiPHR, NICHD
greenad@mail.nih.gov

- Cover letter (2 pages maximum);
- Curriculum vitae;
- A Research statement describing past research experience, future research plans, and potential synergy with research conducted in EB (4 pages maximum); and
- Three letters of reference.

Questions about the position may be addressed to the Search Committee Chair, Dr. Katherine Grantz (katherine.grantz@nih.gov).

Complete applications received by February 15, 2027, will be considered for the first round of interviews. Applications will be accepted until the position is filled.

Salary/Benefits

Candidates may be U.S. citizens, permanent U.S. residents, or non-U.S. residents who hold or are eligible to obtain valid employment authorization. Salary is commensurate with education and experience. A full federal benefits package is available, including retirement, health insurance, life insurance, annual and sick leave, and the Thrift Savings Plan (401k equivalent). This position is subject to a background investigation.

DHHS and NIH are equal opportunity employers. Visit https://eeo.nih.gov/ for more information on NIH Equal Employment Opportunity.

MORE INFORMATION: https://www.epimonitor.net/2026-4070-Epidemiology-Job-Opening.htm

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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