



SPECIAL ISSUE

Epidemiology Consortium Speaks Out On The Well-Established Dangers of Asbestos

A joint policy committee with representatives from 13 epidemiology societies has finalized a statement concluding that exposure to all forms of asbestos causes mesothelioma, lung cancer, asbestosis, and other diseases. It is estimated that over 100,000 unnecessary and painful deaths occur each year due to asbestos. According to Stan Weiss, chairman of the Joint Policy Committee of the Societies of Epidemiology, "continued use

of asbestos will lead to a public health disaster of asbestos-related illness and premature death for decades to come, repeating the epidemic we are witnessing today in industrialized countries that used asbestos in the past." The paper notes that industrialized countries have virtually ceased using asbestos and over 50 countries have passed laws banning its use.

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Epidemiology Societies Exhibit Extraordinary Degree of Cooperation In Preparing Position Statement On Asbestos

The just released position paper by the Joint Policy Committee of the Societies of Epidemiology (JPC-SE) (see related article this issue) was created through a several month process beginning in 2011 which involved numerous hours of meetings and hundreds of emails and which may be unprecedented for the degree of collaboration

exhibited by the 13 participating organizations. Led by chairman Stanley H. Weiss of the University of Medicine and Dentistry of New Jersey - New Jersey Medical School, it appears that no stone was left unturned in seeking to verify and cross check all the reference sources

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“The use of asbestos not only causes a human tragedy, but also an economic disaster,”

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Contact Us

The EpiMonitor

2300 Holdomb Bridge Rd

Ste. 103-295

Roswell, GA 30076 USA

678.360.5170 / Phone

call or email for Fax#

office@epiMonitor.net

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Obstacles

Obviously, reporting on the dangers of asbestos is not news, nor is it news to document what control or prevention measures should be used. What is eye-opening, however, is that the paper goes further than a typical literature review and points out that unnecessary obstacles to prevention have been raised.

More specifically, the Committee asserts that the asbestos industry is promoting the use of asbestos in countries with a high proportion of low-to-middle income residents and has created lobby organizations to achieve this goal. As a result, the Committee reports that the use of asbestos is actually increasing in these countries because of limited awareness or weak regulations and, if unstopped, predicts a public health disaster of asbestos-related illness and premature death for decades to come. "The use of asbestos not only causes a human tragedy, but also an economic disaster," according to the Committee.

As an international group of epidemiologists, the Committee stated "we hereby express our grave concern that governments...are recklessly putting not only their own citizens in peril by allowing asbestos mining and trading to take place, but also those people in countries where asbestos products continue to be used.

More Obstacles

In addition to legal intimidation which is presently being used in.

India, Brazil, and Thailand, the Committee states that similar to the tobacco industry, the asbestos industry had funded and manipulated research to manufacture findings favorable to its own interests. Also, the Committee claims that the industry has prevented action in numerous countries and blocked international initiatives that would protect populations from asbestos harms. "Thus, although the scientific evidence is overwhelming that all use of asbestos should stop, the asbestos industry denies the science and uses its political influence...to defeat efforts by public health officials to end the use of asbestos," according to the Committee.

Remedies

To remedy the situation, the Committee called for a global ban on the mining, use, and export of all forms of asbestos and for assistance to the communities currently involved in mining. It called for increasing awareness of citizens and health care professionals in countries which have used asbestos and monitoring the health of exposed citizens, including an inventory of where asbestos has been used.

Finally, the Committee urged other epidemiology societies and public health organizations to support the right of scientists to carry out their work free of intimidation, and to denounce intimidation whenever appropriate to the circumstances. The full Statement can be accessed on the website of the JPC-SE www.jpc-se.org. ■

Interviews With Epidemiologists About The Asbestos Statement And The Joint Committee Which Produced It

"I am truly humbled by both the careful scientific work and real passion to protect the public's health contributed by those I have worked with on this policy. It is refreshing to me, even as a senior person in the field where one can easily lose hope that public health can make a difference to people in these rather cynical times, to be working so collaboratively across organizations like this," says Jim Gaudino, Multnomah County epidemiologist associated with the Joint Policy Committee, who shared his perspectives on the Asbestos Statement with The Epidemiology Monitor.

Because of the unprecedented nature of the Statement, the Epi Monitor asked persons associated with the preparation of it to share their thoughts about both the statement itself as well as the process used to develop it. Here is more of what they had to say.

EpiMonitor: What do you think is most notable about the statement?

Ross Brownson (Washington University at St. Louis): It is a good example of a policy statement based on sound etiologic data (e.g., from IARC) and a growing problem, esp. in some parts of the globe. And the consensus process led by the JPC worked well with many rounds of revision, resulting in a better product. Let's hope it does some good!!

Robert Platt (McGill University): The degree to which the scientific evidence is consistent.

Phi Landrigan (Mt. Sinai School of Medicine): I think it is a strong

statement that addresses a well established carcinogen. It is very timely given that the Government of Canada has just announced that it is awarding a bail-out loan to sustain the Quebec asbestos mine.

I co-signed the letter.

Eduardo Franco (McGill University): As far as I know, this is a first example of joint advocacy by professional epidemiology societies. It could have been any topic among so many in which epidemiologists have contributed to identify harms or preventive strategies. It happened at this point that asbestos was chosen because we had Colin Soskolne and Kathleen Ruff who volunteered to do the massive amount of research work that was required.

Jim Gaudino (Multnomah County Oregon): Most notable to me is the very fact that this issue remains an extraordinary public health problem in the world and that there have been so many barriers for people, especially workers, to be free of the risks from the preventable illnesses caused by unsafe exposures to asbestos!

The policy itself is an amazing compendium of the science that supports the actions called for in the statement, and the government and industry policies and politics that have prevented having a world free from asbestos-related health risks.

Colin Soskolne (University of Alberta): Epidemiologists
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"... the Government of Canada has just announced that it is awarding a bail-out loan to sustain the Quebec asbestos mine."

"The policy itself is an amazing compendium of the science that supports the actions called for..."

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used, address and respond to all the objections, and to conduct the process in the most transparent fashion possible.

According to Weiss, the position statement approved by the Committee in June 2012 is actually the third version of a position statement which was initially completed earlier this year and further revised to incorporate additional details in response to comments. Weiss took his Committee back to the drawing board for two more rounds even after the statement was approved earlier this year before asking the Committee to declare the current statement “truly” final.

Evolution

The first statement was short and sought to make policy recommendations and assumed that the science around asbestos was not contested. When some objections to the science were raised, the Committee undertook a thorough review, including innumerable publications and a critical examination of the relevant science. The final Position Statement has been reviewed very favorably by asbestos experts not involved with preparation of the Statement and is the most thorough version, according to Weiss. Given its extended length, an Executive Summary was added.

Quality Review

Some of the data in the statement are so up to date that they have not

been published yet and are referenced as “personal communication” in the Position Statement. The final Statement was reviewed sentence by sentence in an effort to assure accuracy. Many of the references the Committee uncovered were not easily accessible to non-scientists, so the Committee has taken extra pains to make most of its sources easily available as clickable links in the Statement to enhance public access by all.

Lessons Learned

In discussing the process with the Epi Monitor, Weiss highlighted several important observations and/or lessons learned that may be relevant to future efforts by the Committee to speak out on key policy issues in epidemiology and public health. Among the observations or lessons were:

1) Epidemiology societies have different experiences and have something to learn from each other as a result of these differences. One easy to understand example of this is the different experiences which can be shared by epidemiologists in societies from other countries because some will have already addressed policy challenges which others are confronting for the first time.

2) The role of epidemiology societies in responding to public health problems is not fixed. Some of the epidemiology societies entered the overall organization or the preparation of the asbestos statement with a view that it is not advisable

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“The final Position Statement has been reviewed very favorably by asbestos experts...”

“Epidemiology societies have different experiences and have something to learn from each other...”

Many Endorse New Asbestos Statement From Joint Policy Committee of the Societies of Epidemiology

Support Comes Quickly From 57 Organizations And More Than 80 Individuals From 20 Countries

As of the date of release of the new Asbestos Statement by the Joint Policy Committee of the Societies of Epidemiology, and compared to previous policy documents, it appears that record numbers of organizations and individuals have endorsed the new statement. According to Kathleen Ruff, a Canadian asbestos activist who helped to prepare for the release of the statement, 57 separate organizations from 20 countries have endorsed it. And at last count before this publication went to press, over 80 persons had signed on as individuals.

Response

Included among the high profile organizations endorsing the statement are the American Public Health Association, the Canadian Cancer Society, the Canadian Medical Association, the Canadian Public Health Association, and Collegium Ramazzini. The roster of organizational endorsers includes not only these health and professional groups, but trade unions, civil society organizations, and victims groups as well. These endorsers are located in Argentina, Belgium, Brazil, Canada, Denmark, France, India, Iceland, Italy, Japan, Lebanon, Mexico, Philippines, Scotland, South Africa, The Netherlands, UK, and USA.

Triggers

Asked what caused the large number of early endorsers from so many separate sectors of society, Ruff told

The Epidemiology Monitor there are several reasons. First of all, she said many have felt a need to do this to counter the denial, misinformation, and deception created by the asbestos industry. The statement is not abstract and bites the bullet on this, she said, because it deals with the real world and states why more progress has not been made in reducing the two million tons of asbestos traded each year. Second, she said the statement has all the up to date science on the topic and it is “completely overwhelming and irrefutable.” She said it re-establishes the paramount importance of science over political expediency.

Third, while there are no breakthroughs in terms of the information presented, it pulls everything together from many different scientific disciplines. Finally, asbestos is traded everywhere and is a global issue. There is widespread awareness about asbestos and this made it possible for a large number of groups to endorse quickly.

On Epidemiologists

According to Ruff, the activist community around asbestos has developed “enormous respect for the epidemiologists doing this” statement. While not victims themselves, epidemiologists have seen the harm being caused

“... it re-establishes the paramount importance of science over political expediency.”

“... the activist community around asbestos has developed enormous respect for the epidemiologists doing this.”

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advisable for epidemiologists to take a stand on policy matters. According to Weiss, that view evolved during the Committee deliberations such that some who were initially opposed to taking a stand came to believe it was not right to sit back and not speak out.

3) Epidemiology societies need to have conflict of interest disclosure rules and recusal rules for epidemiologists or others who may be serving as officers of the associations. Not all of the collaborating societies had such rules when the Committee's work began.

4) The lessons learned from understanding the earlier efforts of tobacco companies to block public health actions were helpful in understanding the efforts of the asbestos companies today. Weiss told the Monitor he became convinced of this after making a special point to read books about tobacco company efforts.

Earlier Vision

Weiss credited Michigan's Betsy Foxman for some of the learning which took place in the various societies during the process, noting that this was one of her long-term hopes in organizing the first multi-society (North American) Congress of Epidemiology. The current joint policy committee is an offshoot of the second of those Congress meetings, held in 2006.

Advocacy Clarified

Weiss was careful to make a distinction between the active

advocacy such as may be practiced by groups such as the Sierra Club and the policy involvement undertaken by the epidemiology societies in relation to asbestos. Epidemiologists came to better understand, said Weiss, that even when there may be a consensus about the facts, it does not necessarily move policy makers or decision makers as expected. To the contrary, obstacles can be created by interested parties, and epidemiologists need to understand how to deal with them, said Weiss.

-Interviews continued from page 3 have never before come together to evaluate what cancer agencies, labor groups and public health entities had previously agreed upon concerning the relationship of the various forms of asbestos to morbidity and premature mortality. Since vested, moneyed interests have long been using manufactured controversy around the epidemiological evidence to foment doubt, this statement exposes such arguments and lays such malfeasance to rest. Through this Statement, no longer can any illusion of controversy be maintained. For the first time, a Statement is available that puts forward, from an epidemiological perspective, the clear evidence confirming that all forms of asbestos should be banned.

Robert McKeown (University of South Carolina): The JPC-SE has done a number of policy statements that have had wide endorsement. One of the notable ones had to do with the impact
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"... even when there may be a consensus about the facts, it does not necessarily move policy makers or decision makers..."

"... vested, moneyed interests have long been using manufactured controversy..."

of HIPAA on epidemiologic research, which was published in JAMA in 2007 and so had pretty wide exposure. However, I don't think the committee has done one that has garnered some of the endorsements this one has (Epi Section of APHA is on JPC-SE, but the parent organization also endorsed this one, as did the Canadian Public Health Association), but I may be wrong. Also, I don't recall one that was as controversial or politically charged as this one.

EpiMonitor: *What do you think is most notable about the process that was used to develop the statement?*

Jim Gaudino: Representing the expertise of an impressive group of colleagues who are members within the over 11 professional societies of Epidemiology in North America, with other groups joining in, the policy serves as a major milestone for the international cooperation of scientists and public health practitioners working in the field of epidemiology who can now together call for the protection of people from public health hazards.

With this policy, the Joint Policy Committee of the Societies of Epidemiology has graduated to become a real voice for public health. Congratulations to my colleagues serving currently and previously on the JPC-SE!

Robert McKeown: The process was much more iterative and dialectic for this statement. There were people on both sides of the issue weighing in. Some of the concerns had to do

with people with conflicts of interest on both sides who had to declare those interests. That made the process more difficult, but getting everything out in open and involving folks without any such conflicts was essential for the statement to be accepted. The result was that the statement was somewhat more narrowly focused, certainly more solidly science based, and had more balanced, or less charged language. I think the result is a better document that may have more influence.

Robert Platt:

That several societies that have not in the past endorsed such statements have done so this time. SER in particular has not participated, but this time did.

Eduardo Franco: The fact that we, as an epidemiology community, went outside of our comfort zone as scientists who constantly wear the professional skeptic's hat and took a strong stance as advocates for a health promotion cause. The JPC-SE has typically tackled issues related to the practice of the epidemiology profession, e.g., ethics, placing data in the public domain, government-imposed restriction of census data, etc. These have required examining legislation, guidelines, and like documents and prompted our community's posturing against elements of these external documents that could represent potential threats to our trade. With the asbestos document we produced a review of evidence from secondary credible sources, such as the IARC's review of carcinogenicity for asbestos, country production data, practices by the

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“... a major milestone for the international cooperation of scientists and public health practitioners working in the field of epidemiology...”

“... we, as an epidemiology community, went outside of our comfort zone...”

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“...the activist community is deeply grateful to the scientists...”

and they are taking responsibility to try to prevent the harm, she said. The statement has been seen as “outstanding leadership”, and the activist community is deeply grateful to the scientists, she added.

To support her point, Ruff quoted Matt Myers, President of Tobacco Free Kids, from an article in last month’s issue of The Epidemiology Monitor who said that “...in epidemiology and public health it is rarely enough to produce science and assume that change will happen. Change requires leaders, leadership, dedication, and sustained commitment...unless individuals and scientists feel strongly enough about the need to translate evidence into action or policy, then it won’t happen.”

About Victims

She told the Monitor that many victims have a very hard time being listened to and have no real voice. She said many governments have put political interests ahead of health, and now victims will know that their life is worth something. She called the statement “inspiring and a landmark” coming at a critical time, especially in Asia where industry intimidation and lobbying is now being felt.

Potential Impact

Asked if she thought the statement would really make a difference, Ruff told the Epidemiology Monitor that she is hopeful. Every little bit counts,

she said, and it will add to the momentum now building to eliminate the use of asbestos. As a person respected in Canada and internationally as a human rights advocate, Ruff said this statement reinforces that everyone has a right to health and that no lives are disposable. ■

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asbestos lobby, and issued strong statements calling for a ban on asbestos mining, trade, and use.

Colin Soskolne: A transparent, thorough, respectful, and accountable process involving all member societies of the Joint Policy Committee of the Societies of Epidemiology (JPC-SE) has resulted in a Statement that is now (i.e., after July 24, 2012) accessible on the JPC-SE website <www.jpc-se.org>. This Statement will not be easily dismissed by government and industry groups alike, which persist in denying the science of cause and effect relating to all forms of asbestos exposure, regardless of the occupational or environmental setting.

The process was inclusive of all JPC-SE member society boards/councils,

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which necessitated addressing a broad range of critique, reflective of the diversity of the various board member constituencies. Being respectful of these critiques has resulted in a robust, definitive Statement of which all member societies can be proud.

Epi Monitor: *What other comment would you like to make, if any?*

Jim Gaudino: This is only the beginning. The rubber meets the road as we present the evidence and let colleagues and the public know about the risks and how these can be mitigated. The work continues even more when the policy statement is issued!

Finally, with increasingly shrinking resources in public health, we, working in public health, must work even harder across organizations and across disciplines to have any hope of making real impacts to improve the public's health.

Robert McKeown: The American College of Epidemiology has a long history of engagement with policy issues with emphasis on the importance of making evidence-based, responsible statements and providing guidance and workshops on the move from epidemiologic evidence to policy recommendations. A number of articles has been published in our journal, *Annals of Epidemiology*, on this topic and we are pleased to be an active supporter of JPC-SE and to partner with other epidemiology societies in making statements that impact the practice of epidemiology and the health of the people.

Eduardo Franco: The choice of asbestos was also one of opportunity. The asbestos industry lobby has become quite aggressive and had made inroads in some countries by succeeding in opening mines and having legislators accept that proper safeguards can guarantee safety for workers. We felt that we needed to counter these actions as quickly as possible. All forms of asbestos are harmful and no production or processing safeguards can decrease risk to acceptable levels.

The statement comes with a dissemination plan to align all professional bodies that care for the promotion of human health. We are particularly targeting sister societies in countries that produce asbestos or are major end users.

Colin Soskolne: Any group or person wishing to lend their support by endorsing the Statement will be welcome to do so by following the procedure as outlined in the Appendix to the Statement.

Robert Platt:

I think this marks an interesting point for the epidemiology societies. We need to have a serious discussion of the role of epidemiologists as advocates. My personal bias is to be very cautious with these sorts of statements, because it's rare that the epidemiologic evidence is as concentrated and decisive as it is in this case. Most other cases will be much less clear cut.

■

"... the work continues even more when the policy statement is issued!"

"We need to have a serious discussion of the role of epidemiologists as advocates."

From the JPC-SE

(The Joint Policy Committee of the Societies of Epidemiology)

The Joint Policy Committee (JPC) of the Societies of Epidemiology (SE) is a consortium of epidemiology societies and organisations, national and international in scope. The JPC-SE originated in 2006 at the 2nd North American Congress of Epidemiology to coordinate and unify joint policy actions globally among epidemiology societies. The lead organisers of that Congress (the American College of Epidemiology, the Society for Epidemiologic Research, and the Epidemiology Section of the American Public Health Association), in conjunction with the Canadian Society for Epidemiology and Biostatistics, took the leading roles in the formation of the JPC-SE, which now numbers 13 member organisations. The American College of Epidemiology provides substantial administrative and logistical support to its activities.

This Position Statement on Asbestos was developed by representatives of 12 of our member societies, in consultation with these societies. On June 4th, 2012, the JPC-SE approved this Position Statement. Each member organisation then followed its own endorsement process, such as the recusal of its leadership members when appropriate or necessary, such as for some government employees or for those with conflicting interests. Some individual epidemiologists hold the position that epidemiologists should not play any role in advocacy. Some of our member organisations, as per their own internal policies, do not issue or publicly endorse any specific statements.

Position Statement on Asbestos – Executive Summary

A rigorous review of the epidemiologic evidence confirms that all types of asbestos fibre are causally implicated in the development of various diseases and premature death. Numerous well-respected international and national scientific organisations, through an impartial and rigorous process of deliberation and evaluation, have concluded that all forms of asbestos are capable of inducing mesothelioma, lung cancer, asbestosis and other diseases *1. These conclusions are based on the full body of evidence, including the epidemiology, toxicology, industrial hygiene, biology, pathology, and other related literature published to the time of the respective evaluations.

Industrialised countries have virtually ceased using asbestos and over 50 countries have passed laws banning its use. Consequently, the asbestos industry, to establish new markets, is promoting the use of asbestos in low-to-middle income countries, particularly in Asia, and has created lobby organisations to achieve this goal.

In spite of the scientific evidence and calls to end all use of asbestos by many organisations including the World Health Organization, the World Federation of Public Health Associations, the International Commission on Occupational Health, the International Social Security Association, the International Trade Union Confederation and the World Bank, the use of asbestos is increasing in low-to-middle income countries. There is little awareness in these countries of the risk that asbestos poses to health; in addition, safety regulations are weak to non-existent. If unstopped, this continued and increasing use of asbestos will lead to a public health disaster of asbestos-related illness and premature death for decades to come in those countries, repeating the epidemic we are witnessing today in industrialised countries that used asbestos in the past.

Position Statement on Asbestos – Executive Summary, cont.

Therefore, the Joint Policy Committee of the Societies of Epidemiology (JPC-SE), comprising epidemiologists from around the world:

- Calls for a global ban on the mining, use, and export of all forms of asbestos;
- Calls specifically on the major asbestos exporting countries – Brazil, Canada, Kazakhstan, and Russia – to respect the right to health by ceasing the mining, use, and export of asbestos, and providing transition assistance to their asbestos-mining communities;
- Calls specifically on the major asbestos-using countries – Brazil, China, India, Indonesia, Iran, Kazakhstan, Russia, Sri Lanka, Thailand, Ukraine, Uzbekistan, and Vietnam – to cease use of asbestos;
- Urges sister societies of epidemiology and/or public health organisations and agencies, particularly in those countries that continue to mine, use and/or export asbestos, such as Brazil, Canada, China, India, Indonesia, Iran, Kazakhstan, Russia, Sri Lanka, Thailand, Ukraine, Uzbekistan, and Vietnam, to adopt a position calling for a ban on the mining, use, and export of all forms of asbestos;
- Urges all countries that have used asbestos to inform their citizens and their healthcare professionals of the hazards of asbestos and to implement safety measures to monitor the health of exposed citizens. To facilitate this, an inventory of asbestos already in place is needed, particularly in schools and places where children are present; and
- Urges all sister societies of epidemiology and/or public health organisations and agencies to support the right of scientists and academics to carry out their work free from intimidation. In situations where the asbestos industry files legal cases to silence scientists and academics, societies of epidemiology and/or public health organisations and agencies are urged to examine the situation and, if warranted by the facts, to support the scientists or academics being threatened and to denounce such tactics of intimidation. The procedure developed by the International Society for Environmental Epidemiology for dealing with beleaguered colleagues could be followed as a model. It is available at:

<http://www.iseepi.org/About/Docs/iseeprocedurefordealingwithbeleagueredcolleagues.pdf>

*1, IARC, 2012; LaDou et al, 2010; ATSDR, 2001; NTP, 2011; NIOSH, 1972.

Additional Information

A full copy of the JPC-SE statement along with related information provided by that organization and a PDF version of this newsletter designed for electronic distribution is available on our website at:

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Member Organizations of the JPC-SE That Have Endorsed the Position Statement on Asbestos

<u>Member Organisation</u>	<u>Organisation contact(s):</u>
JPC-SE Chair	Stanley H. Weiss
American College of Epidemiology (ACE)	Robert A. Hiatt Robert E. McKeown
American Public Health Association (APHA), Epidemiology Section	James A. Gaudino, Jr. Wiley D. Jenkins Robin Taylor Wilson
Canadian Society for Epidemiology and Biostatistics (CSEB)	Colin L. Soskolne
Council of State and Territorial Epidemiologists (CSTE)	Pat McConnon
International Epidemiological Association (IEA)	Eduardo Franco
International Society for Environmental Epidemiology (ISEE)	Wael Al-Delaimy
National Association of County & City Health Officials (NACCHO) Epidemiology Workgroup	E. Oscar Alleyne
Society for Epidemiologic Research (SER)	Mary Haan
Society for the Analysis of African American Public Health Issues (SAAPHI)	Rebecca Hasson

* For some organizations, board members may have abstained from voting; the reader may obtain such names, if any, directly from the organisational contact listed. Organisation names are alphabetic, along with their designated contact(s).

Note: Jobs with a number in parentheses after the position name indicates multiple openings.

Location	Position	Employer	Contact
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MD	Director of Epidemiology	Cystic Fibrosis Foundation	http://epimonitor.net/2012-1340.htm
France	Post-Doctoral Fellowships	IARC	fel@iarc.fr
WA	TT Quantitative Epidemiologist	Washington State University	griffinj@vetmed.wsu.edu
NC	Chair, Dept of Epi & Prevention	Wake Forest School of Medicine	mkiger@wakehealth.edu
TX	Pre/Post-Doc Comp Effect Res	Unv. TX Medical Branch	kaprevou@utmb.edu
PA	Faculty Positions	Univ of Pennsylvania	http://epimonitor.net/2012-1333.htm
MI	TT Faculty - Epidemiology	Michigan State University	https://jobs.msu.edu/
AL	Asst Professor - Epi (2)	Univ Alabama - Birmingham	jcarson@ms.soph.uab.edu
AL	Research Assistant Professor	Univ Alabama - Birmingham	jcarson@ms.soph.uab.edu
W VA	TT Faculty - Epidemiology	Univ. West Virginia	epi-search@hsc.wvu.edu
MD	Asst Prof- Epi - Ophthalmology	Johns Hopkins University	rwhite58@jhmi.edu
CA	Pediatric / Perinatal Epi Prof	UC San Diego	https://apol-recruit.ucsd.edu/apply

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

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

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

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

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

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

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abberens@utmb.edu*

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Department of Epidemiology

Position: Associate or Full Professor, Tenured

The Department of Epidemiology at the University of California, Irvine is seeking applicants for a position at the level of Associate or Full Professor 1.0 FTE (tenured), who will lead nutritional epidemiology research including body composition and physical activity. The position also includes teaching of nutritional sciences and Physical activity of non-communicable and chronic diseases (NCDs). The successful candidate must have strong training and skills in nutritional sciences and in particular nutritional epidemiology of NCDs such as cancer, cardiovascular disease, diabetes and obesity. Candidates must have track record in conducting nutritional epidemiology research with experience in the conducting epidemiologic studies in populations and communities. Candidates must also have experience in studying the influences of factors that modify the effect of dietary intake such as physical activity and other lifestyle factors of disease outcome. The successful candidate is expected to establish an independent research program on the roles of nutrition in NCD risk assessment and prevention, with a focus on prevention. Candidates are expected to demonstrate future promise for establishing and maintaining vibrant, independent and extramurally-funded research programs. The research by the faculty in the Department of Epidemiology is multidisciplinary and encompasses a wide spectrum of non-infectious diseases in genetic epidemiology, environmental epidemiology and biostatistics. The successful candidate is expected to establish the research agenda in nutritional epidemiology and build academic linkages with other departments and centers throughout the university and with the community. A publication track record and prior NIH funding success in nutritional epidemiology and NCDs is essential.

Minimum Requirements - Applicants must hold a PhD or MD, PhD, preferred in nutritional sciences epidemiology, physical activity/body composition or related fields such as public health and epidemiology. Minimum of 5 years work experience in an academic setting with success in obtaining extramural research funding in nutritional epidemiology of NCDs

TO APPLY: Please log onto UC Irvine's RECRUIT located at <https://recruit.ap.uci.edu/apply>. Applicants should complete an online application profile and upload the following application materials electronically to be considered for this position:

1. Statement of Interest
2. Curriculum Vitae
3. Names of at least three references

The University of California, Irvine is an equal opportunity employer committed to excellence through diversity and strongly encourages applications from all qualified applicants including women and minorities. UCI is the recipient of a National Science Foundation ADVANCE award for gender equity.