



WATSONIAN NEWSLETTER AUGUST 7, 2007
Have a happy and **SAFE SUMMER!**

COMMITTEE NEWS	AWARDS COMMITTEE
CONDOLENCES	Special Announcement
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PHOTO AWARD WINNERS	CDC CONNECTS
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RETIREMENTS	JOB ANNOUNCEMENT

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**COMMITTEE NEWS**

**EXECUTIVE COMMITTEE MEETING:**

**August 16, 2007 3:00 PM to 4:30 PM.**  
**LOCATION: Roybal Campus, Bldg 1, Room 6106**  
Dial-in: 877-213-9251  
Leader PC: 794789  
Participant PC: 740797

**YOUR CALL TO VOLUNTEER-**

**Ticket sellers needed:**

You've already save the date, Friday, September 28, 2007 6:00-9:00 p.m., for the annual banquet that will occur at the Atlanta Marriott Century Center, 2000 Century Center Boulevard NE, Atlanta GA 30345, with famed "Certain to Win" speaker Chet Richards, PhD.

Now, Prez-Elect **Fletcher** needs several of you to step up to sell ducats. If you can assist, ASAP please contact prez elect Fletcher.

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Greetings fellow Watsonians-

I hope this finds you all in hale and hearty health. It has been a busy month and as we head into the fall it looks like things will become even busier. While I'd like to regale you with various tales of PHA lore, I know your time is valuable, so let me dive right into our news.

Obviously the highlight of our Watsonian month was our **All-Hands meeting** with Dr. Gerberding. It was standing room only at Corporate Square, and we had another 80 phone lines full at the start of the event- many of them providing the conference to multiple people in field locations. While there were some glitches (that *1 button and getting questions from the field), my overall sense was that it went very well. We now have some follow-up work to do, and I have set up an initial meeting with the OD to see where we can go and intend to open this to your involvement once we have something established (think PHA task-force). The exceptionally good news to come out of the

meeting was the announcement of the **Apprentice Program** which just launched in Florida. This program has brought on 10 new employees through Title 42 hiring authority in an attempt to begin the process of refilling the PHA pipeline. Dr. Gerberding talked very positively of the program and the hope is that the 10 new hires are just the beginning of a new process that will provide future PHA's to CDC for years to come. Time will tell, but I think we can play an important and needed role in mentoring these new hires and working with Agency leadership to see to it that the commitment to hire and develop more PHAs is fulfilled.

Dr. Gerberding also spoke positively and candidly about issues such long-term training, relocation, increased opportunities for PHAs (Senior Management Officials) and some of the current issues with HR pertaining to PHAs being called deputies. A transcript of the meeting was made, but it's 63 pages and not as clean a read as one would hope. If a small group wanted to get together and go over the transcript to pull out salient points I would be happy to participate, so please let me know if you're interested.

Dr. Gerberding then joined a small group of us for a quick (she had to catch a flight) post-event drink at the Famous Pub and agreed with Franklin to do this again next year. I think it was the orchid we gave her.

I know Rita has sent out the save-the-date information already, but we have two more events in the next two weeks, and I hope many of you in the Atlanta area can participate. On 8/7 Beth Meyerson will be here to provide an update on the PHA History Project. A phone line will be provided for domestic callers, and we should also be able to make her slide deck available before the event. The meeting will run from 2-3:30 and we will have a punch and cookies reception immediately after.

We will be having a reception for the new Apprentices on 8/13 at the Famous Pub. This event will begin at 6PM, and Dr. Gerberding is currently scheduled to attend. We're providing free food, so I hope you can attend. Unfortunately I won't be able to make either event as I will be on travel status the next 10 days- but I feel rather certain you can all carry on without me. I hate missing both of these events, but, as you all certainly understand, duty calls.

Our Banquet will be on Fri., Sept 28 at the Atlanta Marriot Century Center and Franklin has been doing most of the leg work to get this organized. This promises to be a fun evening and we hope you can all join us. Not to get too soap-boxy, but the Society loses money on this event each year due to non-attendance. We could host this at a McDonald's each year and have everybody buy their own e coli-free Happy Meal, but having this event in a formal setting seems more appropriate. We really need to sell about 200 tickets to break even, but have only averaged about 120 or so the past few years. Please support and celebrate your organization by purchasing a ticket and then coming to this event. The banquet is ALWAYS fun, and I think it is one of the highlights of our year. We have a dynamic speaker scheduled this year, Dr. Chet Richards, who will be speaking on business practices- a slight break from what we've done in the past. We will also make a phone line available for those of you who wish to dial-in and hear the ceremonies (maybe those of you in the field who are located close to each other can get together for your own feast and join us?). Please support your Society by coming to this important event.

I should also mention that the Awards Committee- headed by Marcia Brooks did not receive a single nomination for the Outstanding PHA Award. We have extended the

nomination period to AUGUST 10th. PHAs across the world are doing outstanding work everyday, so please take the time to nominate one of your colleagues.

Dwan Hightower has also recently come aboard as our Events Chairperson and has begun to generate a whirlwind of activity. Having her with us has been tremendous, and I owe her a high debt of gratitude. You should soon begin to hear about our pig roast (another very fun event) and Holiday Party and I hope to see you all at those too so that you can personally tell her thanks.

This letter is obviously too long, but there's a lot going on. If you're still reading and want a laugh, check out the July EID podcast – I am featured..

<http://www2a.cdc.gov/podcasts/player.asp?f=6261>

Your President, Ted

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**SAVE THE DATES:**

**TODAY: Tuesday, August 7, 2007 2:00 - 3:30 pm**

**The PHA History Project: An Update on Current Status**

**LOCATION: Clifton Rd, Campus Bldg 19, Auditorium A**

**Presentation by: PHA History Project Team**

(Dr. Beth Meyerson, Jerry Naehr, & Fred Martich)

Punch and Cookies Reception to Follow Immediately After Event!

**Dial-in Information: Domestic- 800-988-0490, International- 210-234-0008**

**Passcode: 740797**

**We have 150 Domestic lines, and 20 international lines, so please buddy-up where possible.**

The PHA History Project completed 122 interviews associated with this project and has collected several hundred artifacts (photos, etc). The project team will be joining us to share current status, future plans and some Q&A.

This event will be open to all CDC personnel and a *dial-in line will be provided for domestic and international field staff*. Local area Watsonian Society retirees will be welcome to join us on campus.

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The Banquet Date: Friday, September 28, 2007 6:00-9:00 p.m.

Place: Atlanta Marriott Century Center

2000 Century Center Boulevard NE Atlanta GA 30345

Speaker: Chet Richards, PhD Author "Certain to Win"

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**AWARDS COMMITTEE:**

**Another year gone by so soon...once again, it's time to submit your nominations for Outstanding PHA! Recognize a PHA for the award! YOUR nominations are important.**

***2007 Watsonian Society Outstanding PHA Award - Call for Nominations***

The attached nomination form, with information about your nominee, should be returned to Marcia Brooks. The deadline for nominations is close of business, **August 10, 2007**. All nominations will be held in strictest confidence until the selection is made and announced. This year, in addition to the winner, we will also acknowledge all nominees, with a short description of their contribution to the mission of public health and the Watsonian Society.

REMINDER: Justification: Narrative 250 words maximum.

We have had exceptional nominees over the past 5 years, surely we will again this year. Thanks in advance for your participation in recognizing your much-to-be-admired colleagues!



2007 outstanding  
PHA Nomination Form

To view our past winners:

<http://www.cdc.gov/watsonian/outstandingPHA.HTM>

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SAVE THE DATE:

Reception for PHA Apprentice Group
August 13, 2007, Monday 6:00pm - ?
Famous Pub
2935 N. Druid Hills Road
Toco Hills Shopping Center
Atlanta, GA 30329

Famous Pub is located on the North Druid Hills Road inside of the Toco Hill Shopping Plaza.

There will be heavy appetizers and a cash bar.

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**CONDOLENCES:**

Former PHA **Tom Smith** died on July 24 from COPD. He had struggled for some time with asthma and bronchitis. Tom was a long time PHA who co-oped as a CDC STD (VD) rep in Philadelphia in the early 60's and became one of the first CDC TB PHA assignees. He served for a number of years as the Senior CDC TB rep in Maine and then as the CDC Senior Philadelphia TB rep for 4-5 years before accepting an assignment in the Philadelphia PHS regional office in the Comprehensive Health Planning program. He retired from PHS about 14-15 years ago. He was well liked and often referred to as "Nerves," a nickname conferred by friend and PHA John Supinski who nick-named many of the reps of that era with nicknames that stuck. Many of us remember that, during Tom's assignment in Philadelphia, the city program became the first program in the country to use the then newly developed Rifampin as a first line routine drug for treatment of TB. Tom was widely respected and appreciated by his colleagues and a very good family man who loved being a Dad and a Granddad. He will be very much missed by his family and by so many of us PHA's and other public health workers who remember Tom fondly. May he rest in peace. Tom's wife Kathy is doing as well as can be expected and I am sure she would appreciate hearing from old friends. Her address is: Mrs. Kathy Smith, 1102 Livingston Drive, Turnersville, N.J. 08012

Below is the obituary from the Camden Courier Post:

**Camden Courier Post:**

**SMITH, THOMAS W.**

On July 24, 2007 of Washington Twp. Age 73. Beloved husband of Kathleen L. (nee Lubanski) Smith. Devoted father of Kathleen W. McLeer (Robert) and Douglas W. Smith (Alison). Loving grandfather of Robert, Nicole and Bryn. Relatives and friends are invited to attend his viewing Sunday eve 7:00 to 9:00pm and Monday morning 9:00 to 10:00am at the EGIZI FUNERAL HOME, 119 Ganttown Rd., Washington Twp. Funeral Service 10:00am. Entombment Hillcrest Memorial Park, Washington Twp.

Donations may be made in Thomas's memory to Samaritan Hospice, 5 Eves Drive Suite 300 Marlton, NJ 08053. Condolences may be shared with the family at [www.egizifuneral.com](http://www.egizifuneral.com).

'A Life Well Lived Is Worth Remembering.'

Publication date: 7/27/07



A friend to many in DTBE July 18, 2007

**George W. Comstock, 92, Dies; Leader in Fight Against TB**

By LAWRENCE K. ALTMAN

Dr. George W. Comstock, an epidemiologist who made major contributions to the treatment and prevention of tuberculosis and was regarded by many peers as the world's foremost expert on the disease, died Sunday at his home in Smithsburg, Md. He was 92 and had worked until last week.

The cause was cancer of the prostate, said the Johns Hopkins Bloomberg School of Public Health in Baltimore, where Dr. Comstock taught for more than 40 years.

Two sets of studies by Dr. Comstock in the 1940s and '50s had a critical impact on the federal government's response to tuberculosis. One set led public health officials to reject the tuberculosis vaccine known as BCG, which had been under consideration for routine use among American children.

The second series of studies led the health profession to adopt the use of the drug isoniazid (INH) as a mainstay in treating tuberculosis, which mainly affects the lungs and remains a leading killer in the world today.

Many BCG vaccines are used throughout the world. By the late 1940s, one such vaccine had been found effective in two trials in the United States. But the government wanted further research and dispatched a team led by Dr. Comstock to conduct studies among schoolchildren in Georgia and Alabama from 1947 to 1950. The studies found that the vaccine was largely ineffective. Public health officials then decided against routinely vaccinating children in the United States with BCG.

On receiving an award from the National Foundation for Infectious Diseases for his work, Dr. Comstock said he suspected he was the first person to be so honored for persuading people not to use a vaccine.

Dr. Comstock attributed the discrepancies among the trials to variations in different strains of the BCG vaccine and a lack of standard manufacturing techniques. Later,

genetics studies documented that there was no uniformity among BCG vaccines, said Dr. Richard E. Chaisson, a tuberculosis researcher at Johns Hopkins.

In 1957, the United States Public Health Service sought a doctor to study tuberculosis patterns in Alaska, where one of every 30 natives was in a tuberculosis hospital. Dr. Comstock volunteered, saying he saw an opportunity to study preventive treatment.

He conducted a controlled trial in 29 villages near Bethel, Alaska, where tuberculosis was rampant. Members of each household were given the drug INH or a placebo for a year, Dr. Chaisson said.

The study showed the effectiveness of INH in preventing tuberculosis: after a year, INH produced a 70 percent decline in cases of the disease; a follow-up study five years later showed the drug's benefit had been sustained.

In the trial, Dr. Comstock and his family took INH themselves to convince the participants of his belief in the therapy's safety, Dr. Chaisson said. After the trial, Dr. Comstock returned and gave INH to those who had received the placebo.

The federal Centers for Disease Control and Prevention's latest guidelines on INH therapy use Dr. Comstock's data to this day.

George Wills Comstock was born in Niagara Falls, N.Y., on Jan. 7, 1915, the son of George Frederick Comstock, a metallurgical engineer, and Ella Gardner Wills Comstock. He entered Antioch College planning to become a metallurgist.

While working eventually on the vitamin deficiency disease pellagra, for the pharmaceutical company Eli Lilly, he developed an interest in nutritional diseases. He went on to earn a medical degree from Harvard Medical School in 1941 and a master's degree and a doctorate in public health from the University of Michigan and Johns Hopkins, respectively.

In medical school, Dr. Comstock, a thin, considerate man who stood about 6 feet 6 inches, rejected his parents' wish that he study piano and instead bought a recorder, using money he had made by selling his blood for transfusions, a customary means of income for medical students in those days. Later, he took up the bassoon and played in symphony orchestras.

He interned with the Public Health Service and later became chief of its tuberculosis epidemiologic studies. After he retired from the agency in 1962, he moved to Johns Hopkins. He was editor of the American Journal of Epidemiology from 1979 to 1988.

Dr. Comstock founded the Johns Hopkins Training Center for Public Health Research and Prevention in Hagerstown, Md., where for 30 years he oversaw community-based research studies on cancer, heart disease and an eye disease known as histoplasmosis. The center was renamed for Dr. Comstock in 2005.

He was a lifelong advocate of public health efforts and expressed disappointment in later years that more doctors were not devoting their services to it. In an interview in 2003, Dr. Comstock said that members of medical school faculties had little contact with public health departments.

Dr. Comstock was preceded in death by his first wife, of 60 years, Margaret Karr Comstock, and his sister, Ruth Comstock Dunlap. He is survived by his wife, the former Emma Lou Davis; two sons, Dr. Gordon Frederick Comstock of Arcade, N.Y., and Dr. Lloyd Karr Comstock of Chapel Hill, N.C.; a daughter, Martha Wills Comstock Williams of Marietta, Ga.; five grandchildren; one great-granddaughter; two stepchildren, Jonathan Davis and Anna Davis; and two step-grandchildren.

[http://www.nytimes.com/2007/07/18/health/18comstock.html?\\_r=1&oref=slogin](http://www.nytimes.com/2007/07/18/health/18comstock.html?_r=1&oref=slogin)

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Condolence thank you

Sorry this is so late in coming but please thank the members of the Watsonian Society for there heartfelt contributions to UCC Church Choir in my Mothers name . Thank you for from the bottom of my heart

Dennis Dorst

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**Special Announcement:**

I'm not sure if this is the place to share this info but we have been working with manhunt.net and running banner ads for free raid HIV testing. They are super cool to work with and very supportive of public health efforts. If any health department needs help with a point of contact, or banner ad, and click thru suggestions, we will be glad to help.

It's a great free way to promote HIV testing and very targeted i.e. in our case its only people who log on from the Portland Oregon area will see the banner ad.

We have an example of it up on our Portland inspot.org page.

Thanks

Juan A MENDEZ

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MEMBER NEWS:

Michael Fraser became a grandfather for the fourth time. On Friday, at 12:01 am. At Northside Hospital, My daughter delivered a boy lbs. 3oz and 19 1/2 inches. This is her third child she has a set of twins who are 4 1/2 years. The baby and mom are doing well.

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**WEDDING BELLS:**

**Jim Lee**, STD/HIV Sr. PHA in Austin, TX, and Susan Barondes, formerly San Antonio STD Clinic Nursing Supervisor and DIS, were married on May 27<sup>th</sup>. The ceremony was held on board the Vanishing Texas River Cruise at Canyon of the Eagles, on Lake Buchanan. The Fall Creek Falls were in the background as the couple exchanged their vows. Jim's daughter, Whitney, served as best-person and Susan's three daughters were maids of honor. All four daughters are in college in four different states - potential PHAs? The bride is also the sister of Edward "Chip" Stehmeyer, formerly of CDC.

The couple's first date was fittingly at the STD Conference in Jacksonville, Fl. in May 2006 - the result of several cupids that moonlight as DIS.

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Service to America Medals

The Service to America Medals are presented annually by the nonprofit, nonpartisan Partnership for Public Service to celebrate excellence in our federal civil service.

2007 Finalists—International Affairs Medal

This award will recognize a federal employee for a significant contribution to the nation in activities related to international affairs (including diplomacy, foreign assistance, and trade). This medal is accompanied by a \$3,000 award.

Brenda Brown Doroski and John Mitchell

Position: Co-Directors, Partnership for Clean Indoor Air

Agency: U.S. Environmental Protection Agency

Location: Washington, D.C.

Residence: Springfield, Virginia (Doroski) and Washington, D.C. (Mitchell)

Achievement: Created a program to combat indoor air pollution that has reduced health risks for more than 300,000 people

Edward Peter Messmer

Position: Special Assistant to the Ambassador

Agency: U.S. Department of State

Location: Beirut, Lebanon

Residence: Alexandria, Virginia

Achievement: Averted an impending health crisis during the 2006 Lebanon-Israeli conflict by helping to get fuel reserves into the country, which kept major power plants open

Dr. Michael K. Trimble

Position: Supervisory Archaeologist

Agency: U.S. Army Corps of Engineers

Location: St. Louis, Missouri

Residence: St. Louis, Missouri

Achievement: Led a team of archeological specialists who investigated Iraq's mass graves and built the forensic case that helped convict Saddam Hussein of genocide

2007 INTERNATIONAL AFFAIRS MEDAL

Name: Dr. John F. Vertefeuille and **Brian D. Wheeler**

Position: Chief of Party (Vertefeuille) and Deputy Director (Wheeler), Global AIDS Program, Nigeria

Agency: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

Location: Abuja, Nigeria

Residence: Baltimore, Maryland (Vertefeuille) and Houston, Texas (Wheeler)

Achievement: Led a six-fold increase in the United States' AIDS relief efforts in Nigeria

U.S. Ambassador to Nigeria John Campbell says, "You don't come to Nigeria and work in the health sector for anything other than love ... it's just too hard." He adds, "It requires idealism that is also shaped by political savvy. Otherwise you won't get anywhere in this tough environment." John Vertefeuille and Brian Wheeler of the Centers for Disease Control and Prevention (CDC) have proven the Ambassador right. There is no question that Vertefeuille and Wheeler bring an uncommon passion and skills to their

work, without which they would be unable to survive in Nigeria, much less succeed. And these two civil servants have proven that with their talent and dedication, no challenge is too hard. You can always make a difference if you are immensely talented and do your best, and that's exactly what Vertefeuille and Wheeler are doing.

Vertefeuille and Wheeler were dispatched in March 2005 to lead the CDC delegation implementing the President's Emergency Plan for AIDS Relief (PEPFAR) initiative in Nigeria. Working with seven other federal agencies, their mission was to tackle the HIV/AIDS pandemic in the nation with the third highest number of HIV-positive people in the world. Building on CDC's work with PEPFAR, they also increased capacities for detecting and treating polio, tuberculosis and avian flu in Nigeria. Despite the seemingly overwhelming nature of the tasks and a steady stream of logistical, political and financial hurdles, they have thrived.

Vertefeuille and Wheeler's CDC team initially consisted of 8 people working with a budget of about \$50 million. But thanks to a combination of strategic vision and leadership, diplomacy and financial expertise, the two have expanded the staff to more than 50 and worked diligently to strengthen the interagency team that implements PEPFAR. These efforts resulted in a rapid expansion of HIV services for the Nigerian population and paved the way for a substantial increase in available funds for the program, which has a current annual budget of more than \$300 million. In just two years, their work has substantially expanded the ability of Nigeria's medical system to respond to HIV/AIDS, tuberculosis, avian flu and polio, directly affecting hundreds of thousands of HIV-positive Nigerians and indirectly helping millions more.

Much of Vertefeuille and Wheeler's success has depended on the strength of their working partnership and complementary abilities. Wheeler, the CDC Nigeria Deputy Director, successfully crafted a budget that reflected the compromises that evolved from a series of intense diplomatic negotiations between various agencies. Vertefeuille, a PhD in epidemiology and CDC Nigeria's Chief of Party, has cultivated a strong reputation for his strategic abilities and his consistent track record of securing top talent for the organization. The two invested significant effort and exercised high levels of diplomacy in fostering interagency relationships that are a cornerstone of PEPFAR implementation, resulting in streamlined planning and implementation of the program.

While the sheer magnitude of Vertefeuille and Wheeler's work is impressive, their accomplishments are multiplied many times over when one considers the difficulties of working in Nigeria, a nation in which electric utilities, transportation and communications work sporadically, at best. The HIV/AIDS statistics for Nigeria alone are staggering. At the end of 2005, an estimated 2.9 million Nigerians were living with HIV. That same year, 220,000 adults died of AIDS and the number children orphaned by AIDS reached 930,000.

The PEPFAR team in Nigeria wrote a country plan that lays out in extraordinary detail how hundreds of millions of dollars would be spent, along with the expected results. As part of this plan, Vertefeuille and Wheeler's CDC team acquired warehouses and worked through implementing partners to build a major operation to import, distribute and monitor the provision of retroviral drugs to treat thousands of Nigerians. The PEPFAR Nigeria program has supported HIV treatment for over 90,000 Nigerians and is enrolling more than 4,000 additional patients each month. A reduction of HIV transmission from mothers to children has further saved the lives of an estimated 2,000 children to date.

The team also instituted comprehensive controls to account for the vast resources poured into the effort.

In February 2006, avian bird flu was confirmed in Nigeria and spread rapidly. The first human case was confirmed in January 2007. The CDC team swung into action and has devoted tremendous time and attention to combating the avian flu outbreak. It provided training, supplies and oversight to laboratories and epidemiologists in Nigeria. Vertefeuille and Wheeler have spent countless hours in endless rounds of meetings with Nigerian officials, donors and UN agencies and in conference calls with Washington. The quality and impact of their work on avian flu is unmatched by any organization in Nigeria.

Ambassador Campbell said something else about the CDC team that rings true. Campbell said, "As good as John and Brian are as individuals, together, they are greater than the sum of their parts." This remarkable team has achieved remarkable things, and the lives of thousands of Nigerians are better for it.

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### **AWARD WINNERS:**

#### **Check Out the Photo Contest Winners - 7/12/2007**

And the winners are...

**CDC Connects** announces the winners of the Third Annual Public Health in Action Photo Contest. We were impressed by the submissions, an amazing array of pictures which showcase CDC's programs and people and highlight our wide-ranging public health work at home and abroad, bringing public health to life.

The photos were judged on aesthetic quality of the photograph, the public health story told by the photo, completeness and quality of the caption, and originality of the subject. The winners were selected by a panel of judges from CDC, with photography, communication, and public relations experience.

In addition to being featured in **CDC Connects** and archived in the [Public Health Image Library](#), the winning photos will be hung in a public location at CDC later this year.

**CDC Connects** wants to thank everyone who submitted photos. And if you are not one of our winners this time, you may still see your photo in **CDC Connects** in the coming year. We'll be featuring some of the wonderful photos we received in our *In a Snapshot* section from time to time...

#### **Category: Domestic People - First Place Winner Glenn Acham**

**Glenn Acham** wins first place in the category Domestic People with this photo of a group preparing for their HIV Prevention Street Smart Outreach activity in front of the Hispanic Office of Planning and Evaluation (HOPE).

Acham has nearly 36 years of service for two agencies within the Department of Health and Humans Services (23 years with CDC and 12 years with Health Resources and Services Administration (HERSA)).



*Photo by Glenn Acham*

He presently serves as a Project Officer for the DHAP, Prevention Program Branch monitoring the implementation of prevention strategies and behavioral interventions for two states and six community based organizations.

“In my career, at HRSA, I served for nine years as a Project Officer for the Ryan White CARE Act’s HIV/AIDS Bureau and for two years with HRSA’s Office of Minority Health. My CDC background includes service for eleven years each in the STD, TB Control Divisions serving as a CDC Public Health Advisor assigned in five states and the District of Columbia. I have extensive experience in surveillance, monitoring, implementing, and evaluating programs, grants management, and providing technical assistance,” says Acham.

He says his most exciting experience occurred in the early 1980’s, during a three-month TDY assignment at a Cuban-Refugee Program Camp at Ft. Chaffee Army Base in Ft. Smith, Arkansas. “During my service processing Cuban Refugee to their Catholic Charities locations, the clinic staff and I were held hostage, by several hundred rioting refugees.”

His winning photo, he says, captures the success in the completion of the ten-week CDC funded, Street Smart Behavioral Intervention in the excited faces of at-risk Latino teenagers as they prepare for their Street Outreach Prevention Activity in the Jamaica Plains community in Boston, Massachusetts.

HOPE is in the fourth year of CDC HIV Prevention funding for both Street Smart and Healthy Relationships, says Acham. “Street Smart is an HIV/AIDS and STD prevention program for runaway and homeless youth. HOPE's target population for the Street Smart intervention are Latino youth at very high risk of HIV infection, ages 13 - 18.”

After completing the eight 2 hour group sessions, one individual counseling session and one visit to a community resource, the Outreach Activity is geared to practice the group prevention messages within the community, Acham explains. “The group was assigned areas at-risk for HIV infection within the community to hand out packages (i.e.; as seen in the photo one of the youth is holding up one of the packages) of HIV/AIDS Prevention messages, safer sex educational messages, condoms, and a flyer with information regarding HOPE, Inc. The group included 21 Street Smart members, the CDC Project Officer and senior peer leaders and the two Peer Facilitators (i.e.; not pictured). The group was divided into smaller groups of 3-4 youth. The group that I traveled with walked approximately four blocks away from the HOPE center to a community business district on a major street in the Jamaica Plains' community. The business section was populated by barber shops, beauty parlors, grocery stores, gas stations, bars and liquor stores. Although reluctant at first to greet and engage residents and business owners with safer sex educational messages, the adolescents warmed up to their tasks and overall were well received

Other winners in the contest include:

Category: International People First Place Winner Stephanie Schwartz

Category: International: People Second Place Winner Tove Ryman

Category: International People Third Place Winner Sureyya Hornston

Category: International Programs First and Second Place Winner Aaron Sussell

Category: International: Programs Third Place Winner Alford Williams

Category: Domestic Programs First Place Winner Robert Castellan

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CDC Connects 8/1/2007 [Leadership Profile: Meet Ed Trevathan](#)

As part of our series of leadership profiles, we continue with a profile of Ed Trevathan, MD, MPH, director NCBDDD. (Go to ***The Inside Story*** and select Category/Leadership Profiles to read earlier profiles in this series.)

Name: Edwin Trevathan, MD, MPH

Title: Director, National Center on Birth Defects and Developmental Disabilities

Responsibilities: Lead the National Center on Birth Defects and Developmental Disabilities (NCBDDD), which includes CDC's primary activities in birth defects, developmental disabilities (e.g., autism, mental retardation, cerebral palsy, blindness and hearing impairment), blood disorders, disability in all ages, and various genetic disorders.

First job at CDC: Epidemic Intelligence Officer in the Division of Birth Defects and Developmental Disabilities (1987-89). "Although I was already a fully-trained clinician with an MPH by the time I started EIS, I quickly learned that 'shoe leather epidemiology' was different and more exciting than anything I had done previously. From working to help describe [Rett Syndrome](#), to setting up a surveillance system for childhood epilepsy, to conducting investigations of a campylobacter gastroenteritis outbreak in Kansas, EIS was the best educational experience of my life."

Path to public health:

MD-MPH Student at Emory "When I was interviewing for medical school at Emory in 1977 I discovered that the CDC was next door. I walked to the CDC-Clifton Road cafeteria with another student and ate lunch with epidemiologists who told stories of their great adventures during outbreak investigations. Immediately after that, Emory became my first choice. Once accepted to Emory, I enrolled in the joint MD-MPH program, and chose mentors at CDC in reproductive health and sexually transmitted diseases. I learned about infectious disease epidemiology, cancer epidemiology, and reproductive health from some very effective CDC epidemiologists whose teachings influence me to this day."

The Power of Prevention in Rural Honduras "In 1990 I made my first trip to Olancho, Honduras – at the time the poorest and most isolated area of Central America. Although initially I wanted to work as a clinical pediatric neurologist, the very high prevalence of epilepsy in the region triggered me to use my EIS training. With our Honduran colleagues, we learned that the prevalence of active epilepsy in Olancho was about 2-3 times higher than in the US, and that up to half of epilepsy in rural Honduras was due to neurocysticercosis – preventable by good hygiene and basic public health interventions. The importance of prevention in rural Honduras was reinforced by seeing the toll of water-borne diseases, malaria, malnutrition, and other preventable disorders on this very poor population. Our NGO placed an emphasis on community-based prevention activities. Now after over 15 years of prevention programs, I can see major sustained improvements in the lives of Olancho communities whose people I have come to know and love."

Distinguished Career

Trevathan's career in medicine and in public health has bridged subspecialty academic medicine, community-based public health, international health, and private medical practice.

After receiving a B.S. in biochemistry and math at Lipscomb University, he received both his MD and his MPH from Emory University as one of the first students enrolled in Emory's MD-MPH program. His MPH thesis work, completed with mentors at CDC, focused on the epidemiology of cervical cancer and was published in *JAMA*.

After completing his residency in pediatrics at Yale, he moved to Boston where he completed his residency and fellowship training in neurology and child neurology at Massachusetts General Hospital and his fellowship training in neurophysiology at Boston Children's Hospital.

After completing his clinical training he moved back to CDC as an EIS officer, working in the Division of Birth Defects and Developmental Disabilities – at that time part of the Center for Environmental Health. As an EIS officer he chaired an international group of pediatric specialists who developed diagnostic criteria for a newly-recognized neurogenetic disorder – Rett Syndrome. Trevathan also led the development of a surveillance system for childhood epilepsy, and assisted with the development of Metropolitan Atlanta Developmental Disabilities Study – CDC's first surveillance system for developmental disabilities.

From 1989 to 1995, Trevathan was a partner in a child neurology private practice in Atlanta based at Scottish Rite Children's Hospital, while he also was on the clinical faculty at Emory. While there, he consulted with state health departments and with private industry, and designed and directed clinical trials of anti-epileptic drugs.

In 1995 he moved back to a fulltime academic position at University of Kentucky College of Medicine where he directed the Comprehensive Epilepsy Center, was appointed Associate Chief of the Neurology service, and was active in teaching clinical epidemiology. Trevathan was recruited to Washington University in St. Louis in 1998, where he was promoted to full professor and was appointed Neurologist-in-Chief at St. Louis Children's Hospital and Director of the Division of Pediatric and Developmental Neurology at Washington University in St. Louis.

Trevathan has directed and published the results of clinical trials, and has published in clinical pediatric neurology and in the epidemiology of epilepsy and developmental disabilities. Recently he has worked closely with the Missouri Department of Health and Senior Services as a principal investigator of the CDC-funded Autism and Developmental Disabilities Monitoring Network (ADDM) in Missouri. He has also been a principal investigator for an NIH-funded clinical trial investigating the pharmacogenomics of childhood absence epilepsy. Recently Trevathan helped develop a consortium of three universities (Washington University in St. Louis, St. Louis University, Southern Illinois University) for the National Children's Study.

Trevathan serves on the Editorial Board of *Neurology*, and lectures nationally and internationally. He has received several honors, including election to *Alpha Omega Alpha* and to the American Neurological Association. He has been elected to *Best Doctors in America*® for five consecutive years. He has recently focused on expanding child neurology training programs, and has been elected Counselor of the Professors of Child Neurology - an organization of pediatric neurology program directors in North America. He has recently received the Arthur Prensky Award for excellence in child neurology teaching.

Last book read: *Team of Rivals: The Political Genius of Abraham Lincoln*, by Doris Kearns Goodwin. "The author paints the picture of a man who through hard work and a clear understanding of his own strengths, weaknesses, and convictions was able to lead our nation during perhaps its most challenging time. Of greatest interest to me was how Lincoln was confident enough in his own values and beliefs to actively listen and learn from his political rivals – rivals whom he put into positions of authority in his administration, and who eventually became his friends and admirers."

“Yes, I am a history buff and a political junkie. I come from a family of political scientists, history professors and lawyers, and political debate is a popular sport in our family.”

Family/Hobbies/Interests:

Married to Linda Trevathan – a family nurse practitioner. Will celebrate 30th wedding anniversary in December 2007.

Three children – Scott (24), Daniel (20), and Luke (17), as well as a daughter-in-law (Libby, married to Scott). English bulldog – Esther.

“While raising three boys, our ‘free time’ has tended to be focused on their activities – ball games, PTA, church activities, and hosting groups of hungry teenagers in our home. We enjoy travel and experiencing other cultures, and so we have spent time with our children in Central America, Europe, and Africa. I love baseball and football. I’ll try to recover from being a fan of the St. Louis Cardinals, 2006 World Series Champions, by attending Braves games. Now that our children are almost grown, Linda and I are looking forward to being ‘empty-nesters’ and spending time with our adult children and our daughter-in-law”.

What are the top priorities you are working on:

“My main priority will be learning the organization. I have spent much of the last couple of months studying the National Center on Birth Defects and Developmental Disabilities, and I am now beginning to understand the depth of talent and potential in our center. Now I want to learn more about other areas of CDC where we have major opportunities for collaboration. I am already impressed with the potential for collaboration across centers, and I will make identifying and encouraging these potential collaborations a priority.

Soon we must increase translational public health research in areas related to birth defects, developmental disabilities, blood disorders, genetic disorders, and disabilities, building upon the advances in areas such as genetics/genomics and imaging. Over the past few years CDC’s investments in epidemiological research of neural tube defects has paid big dividends as supplementation of food supplies with folic acid in the US and throughout the world has started to reduce the incidence of neural tube defects. The NCBDDD must take the lead in the epidemiologic science and research required for the eventual prevention of other birth defects and neurodevelopmental disorders, and in the secondary prevention of additional morbidity among adults and children with chronic disability and blood disorders.”



CDC QUARANTINE OFFICERS EVER ON WATCH

By CARLA K. JOHNSON, Associated Press Writer Sat Jul 14, 1:07 PM ET

A day's work for **Lt. Cmdr. Rendi Murphree Bacon** can mean face time with lab rats, frozen specimens or a baboon-hunting trophy. It can bring refugees from far-flung nations where the crippling polio virus has resurfaced or a traveler with a human skull souvenir.

The 40-year-old biologist with the U.S. Public Health Service is a quarantine officer for the Centers for Disease Control and Prevention at O'Hare International Airport, one of the busiest hubs in the world.

Her duties include investigating reports of illness on international flights, checking the health of arriving refugees, inspecting animal products and screening cargo. She can seize articles that lack proper permits.

Once there were hundreds of officers like her working on the front lines to prevent potential health threats from entering the U.S. Now there are fewer than 100 — a

number the CDC has been rebuilding since the Sept. 11 terror attacks and the 2003 SARS outbreak.

The recent international scare involving Andrew Speaker, the Georgia lawyer with drug-resistant tuberculosis who flew to several countries before being ordered into isolation, has focused fresh attention on health threats on airlines. The quarantine order in Speaker's case was the first issued by the federal government since a patient with smallpox was isolated in 1963, according to the CDC.

CDC quarantine officers have the legal authority to detain anyone who may have cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers, SARS and pandemic flu.

In an emerging influenza pandemic, Bacon could force the hospital isolation of ill passengers — and quarantine even healthy passengers.

"In my lifetime I may never see that, which is fine with me," Bacon says.

The officers don't provide medical care themselves, leaving that to local emergency personnel.

On one recent day, Bacon greeted 35 refugees arriving from Kenya, where polio recently surfaced among Somali refugees.

"How are you feeling?" Bacon asks the crowd, with help from a Kenyan woman who spoke English. "Any sickness in your group? Welcome."

This group was healthy.

Every year, about 120 million people enter and leave the United States through 474 airports, seaports and land border crossings, according to the private Institute of Medicine.

With triumphs in public health such as the eradication of smallpox, the U.S. quarantine system shrank from 600 employees in 1953 to 70 employees in 2004. It now has 83 workers and an \$11 million budget.

Last year, Bacon's office handled 311 reports of illness on international flights. It also helped with 14 investigations that involved tracking down passengers who sat near people whose illnesses arose after their flights.

The staff monitored 7,356 refugees and cleared paperwork on 10,125 dogs, 1,767 cats, 4,520 rodents and one turtle.

"There's an art in what they do," says Dr. Georges Benjamin, executive director of the American Public Health Association. "This is detective work at the highest level."

The international effort to track SARS cases turned a spotlight on the system's inadequacies, including under funding and a lack of medically trained officers, says Benjamin, who led a 2005 Institute of Medicine study on the issue.

Significant progress has been made since then, Benjamin says. But no matter how much money is allocated to the quarantine system, he says, the speed of air travel outpaces the incubation period of many diseases — meaning a contagious person can cause an outbreak without so much as a warning sniffle aboard a plane.

In her leisure hours, Bacon is reading "The Great Influenza," the account of the 1918 flu pandemic that killed 50 million to 100 million people worldwide. "We've allowed ourselves to be vulnerable to a repeat of the 1918 influenza because we take our good health for granted," she says.

She's never bored. Recently she fielded a question from another airport about a man who wanted to enter the country with his own amputated leg bone. She learned that the leg was amputated 17 years ago in a hospital because of an injury. She reasoned that any hospital would have incinerated the limb if the man had an infectious disease. And time made a difference.

"Those germs would have been long dead with 17 years of drying. So we allowed him to bring his bone in," she says. "I tell you, there's stuff like that all the time."

On the Net: CDC Quarantine: <http://www.cdc.gov/ncidod/dq/>

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### **HAVE YOU HEARD?**

I am very pleased to announce the appointment of **Captain Bradley Arthur Perkins, M.D., M.B.A.**, (CAPT, USPHS), as Director of CDC's Office of Strategy and Innovation (OSI). He has been serving as OSI's Acting Director since January 2006, and prior to that, as OSI's Deputy Director.

Capt. Perkins joined CDC in 1989 as an Epidemiologic Intelligence Service officer and quickly became a key leader in some of our nation's most significant public health challenges. By 1997, he had received an exceptional capability promotion to the rank of CAPT and had also been named Chief of the Meningitis and Special Pathogens Branch, Division of Bacterial and Mycotic Diseases, where he served from 1997 to 2001. The Division has technical responsibility for the CDC epidemiologic and laboratory aspects of *Bacillus anthracis*, and selected other bacterial agents of public health importance. Capt. Perkins led the field team in the investigation of the index case of inhalation anthrax in Florida and participated broadly in the 2001–2002 anthrax investigation and response. In October 2003, was nominated and competed successfully for entry into the tenured Research Officer Group, U.S. Public Health Service.

Capt. Perkins brings to the directorship research interests that have included vaccine evaluation, bacterial meningitis, bioterrorism, and emerging infectious diseases, and he has worked extensively on the control and prevention of meningococcal disease in the United States, Africa, and around the globe. Among his many accomplishments, he co-discovered the bacteria that cause cat-scratch disease. He has authored or co-authored more than 120 scientific publications and textbook chapters, and was recently elected to the American Epidemiologic Society.

CDC is fortunate to have this opportunity to retain Capt. Perkins through permanent appointment. I know that I can count on your support as he expands his commitment to leadership in this vital position at CDC/ATSDR.

Julie Louise Gerberding, M.D., M.P.H.

### **CDC: Retiree Moments**

[CDC Connects](#)

8/6/2007

Between wrapping up their CDC careers and preparing to begin the journey into their “second life,” this month’s featured retirees Meredith Hickson and Debbie Lanier took the time to share with CDC Connects a few memories of their time at CDC.

**Meredith Hickson, MPH**, became convinced of the value of public health during two years in Thailand. “When I was working in Thailand and saw what an enormous difference simple public health interventions made in the quality of life for so many people there, I came back to the US and got my MPH in health education.

“There was only one place I wanted to work—the best place—CDC. I came down from the University of Tennessee immediately after graduation, interviewed with the Immunization Program, and was hired—as a clerk-typist!

“But it didn’t make any difference to me—I felt victorious just to be employed at CDC. Six months later, Jack Kirby helped me land a job as one of the few female public health advisors—I think there were seven of us back then—and my career in public health was launched.”

As someone who liked to travel and experience new places, Hickson hadn’t initially planned to stick around to retirement. “I was kind of a globetrotter in my early years,” she says. “Hand me a plane ticket and an assignment, and I was off.”

It became clear fairly soon, however, Hickson says, that she had stumbled onto a special group at CDC. “My first supervisors were Dave Heymann, the chief of infectious diseases at WHO, Walt Orenstein, who everybody already knows, and Neal Halsey, one of the nation’s top specialists in pediatric infectious diseases.

“They were EIS officers, and it was a lively group that immediately made me feel at home. We’d all go out for lunch at wooden picnic tables in the front yard of a small boarding house in Virginia-Highlands once a week. The lunches were delicious and cheap, and the conversation was friendly and fascinating. With a start like that, who wouldn’t have stayed at CDC for 30+ years?”

After over 30 years at CDC, pinning down some of Hickson’s fondest memories proved a challenging task. “There are so many—there isn’t enough room to capture even the top ten on that list,” says Hickson. “But most recently, I am grateful that I’ve been able to spend my last year at CCID participating in the health protection goals work, with Mitch Cohen, Reggie Mebane, and Blake Caldwell, so I could see where CDC will be headed in the next few years, and have a chance to influence that.”

Like her list of memories, Hickson’s list of accomplishments is lengthy. **“Probably the personal accomplishment I’m proudest of is accepting Jack Kirby’s early challenge of going out to the field as a public health advisor to ‘earn my stripes’ in the 685 series. He and many other individuals that I admired believed that no 685 was fully trained, unless she’d had field experience.**

“So, I headed to Tallahassee to work with Max Pesses, John Witte, and Hank Janowski, and ended up having a blast and learning an incredible amount about the practice of public health and conducting immunization status surveys of two-year-olds. In my work, I traveled the length of the state and confirmed that Jack was right: there was no better frontline experience for a rookie MPH than several years in a state health department. I was terribly homesick and returned to Atlanta at least once a month, but never regretted having that experience on my resume.”

Hickson's top professional accomplishment came after she returned from Florida. "I worked with Walter Williams on the first team to introduce what had formerly been an all-childhood vaccine program to the concept of a life-long vaccination program. Walter was a great partner—he never let my not having a medical degree get in the way of his teaching me enough to handle my share of on-call questions from the public. We shared a commitment to getting the program off the ground, and now claim credit, very modestly, for laying the foundation for the successes it has achieved today."

Hickson has worked in a variety of communications positions in infectious diseases at CDC, starting as chief of the technical information activity in the first AIDS division, working for Jim Curran and Wilmon Rushing, and eventually becoming the chief of communications for the old NCID, working with Ruth Berkelman. She remembers fondly the wealth of bright, young communications talent she hired in NCID's Office of Health Communication.

"There is communications staff now in leadership positions all over CDC that got their start in OHC, and it was one of the greatest continuing pleasures of my career to mentor them and watch them take on more responsibilities as CDC grew in communications capacity. I can say I knew them when."

Come August 10, Hickson will leave Atlanta. "Not the wonderful friends I've made here, but the smog, the traffic, and the heat. My husband, Tim, and daughter, Elizabeth, and I are retiring to a tiny one-stoplight town called Horse Shoe, in the mountains of North Carolina—kind of our version of Mitford. We'll be back and forth to Atlanta a lot, however, because our house is still for sale."

In parting, Hickson says, "I've recognized staff by name, because they, and many others, are the main reason I am proud to have spent my professional career at CDC. I've been here a long time, been in a lot of different divisions, centers, and bureaus, and will miss the sense of family that was the glue that held us together when we faced challenges: working long hours in the blimp hangar in Miami for the Marielito boat lifts, at temporary command centers in north Florida during the measles outbreaks, and during emergencies, in cloth cubicles in Auditorium B of Building 1—the early version of the DEOC.

"I would tell new and yet-to-be-hired PHAs and others to keep that kind of friendship and dedication alive by treating each other well and remembering that those of us in public health are working on the side of the angels."

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Debbie Lanier began her federal career in July 1970 as a clerk-typist with the US Army Corps of Engineers in St. Louis, Mo. She chuckles at what she thought would be a short-lived career.

"I thought I would start and end my federal career with that agency, until my husband came home from work one day saying his company was transferring him to Atlanta. Atlanta? We didn't know anyone in Atlanta!" says Lanier. "All our family and friends were in St. Louis. We left St. Louis kicking and screaming, made the move to Atlanta, and then quickly fell in love with the South, as most do."

During Lanier's first year in Atlanta she became a stay-at-home mom to her three sons. When the youngest started school the next year, she decided to continue what she had started in St. Louis.

"I knew there was a Corps of Engineers office downtown but was not thrilled with making the daily commute from Snellville to downtown every day. During a conversation with a friend from church, I found out about the CDC and how it was closer to Snellville than the Corps of Engineers office."

Lanier applied for an administrative position with CDC and within a month was hired as a travel clerk for the Administrative Services Office, Office of the Director, (former) Center for Prevention Services.

As a travel clerk, she processed 50-75 relocations a year for *public health advisors* moving from one of four training centers to their first position in a state or local health department or from one health department to another.

"This position introduced me to the public health advisor field and the sacrifices they gave in the interest of public health," says Lanier. "Interesting enough, several years later I was responsible for marketing and recruitment of the prevention specialists for the Public Health Prevention Service, which is a revised form of the former public health advisor training program."

Lanier moved around quite a bit during her CDC career, holding positions in NCEH, NCHSTP, the Epidemiology Program Office, and NCIPC.

Each move, she says, gave her the opportunity to learn a little more about, and actively participate in, the many programs CDC develops and manages to improve the health of "not just our nation, but the world. Each move also gave me the opportunity to meet and grow to love the many diverse, interesting, and dedicated people who make up the CDC. If given the opportunity to go back in time and revise my career path, I would not change a thing."

So, what's in the cards for Lanier as she moves into her second "career" on August 3? "I have no plans to return to work in the near future," she shares. "At first I would like to just experience the retired life and see what the word 'bored' means. Then I may travel a little—visit family and friends in St. Louis and take trips with my husband on our Harley. I also plan to get together with several of my retired CDC friends who have been waiting for it to be 'my turn' to retire.

"And even though a retiree, I will still consider myself a part of the CDC family and will want to come back and visit occasionally."

RETIREMENTS:

Dupree L. (aka DL) Gunter is re-retiring from the California state health dept. DL started his PHA career in 1951 in Florence, SC and later was the state rep for the California STD Program in Sacramento where he served as a 'Fed' from '73-'86 when he 'retired' and started with the state in April '87. He and his wife, Joan, will remain in California.

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**J Steven McDougal** MD retired from CDC/NCHSTP/DHAP/LB on July 7, 2007 after 33 years of service, 30 years as a Commission Corp officer and 3 years as a Distinguished Consultant. After receiving a BA from Amherst College, MD from Columbia University and a rheumatology fellowship at Cornell University Medical Center, Steve came to CDC in 1974 as a Medical Officer in the USPHS. From 1983-2004, he served as a Branch Chief through various reorganizations of the HIV Immunology and Diagnostics Laboratory and most recently he has served as Team Leader of the HIV Incidence and Diagnostics Team in the HIV Laboratory Branch.

Steve has been a widely recognized leader in HIV research since the epidemic in the US began in 1981, when some unusual blood samples from a few immunocompromised patients in Los Angeles arrived in his lab. Over the years, he has made numerous contributions to the understanding of HIV infection and to improving diagnostics. He was among the first to prove that CD4 is the primary receptor for HIV and identified gp120 as the viral binding protein. His studies of thermal and chemical inactivation of HIV in 1984 led to a process for treating Factor Concentrates that effectively halted the exploding HIV epidemic among persons with Hemophilia. Other contributions include: molecular mapping of the domain of CD4 involved in virus binding; construction of soluble forms of CD4 as inhibitors of infection; demonstration that monocytes are also targets for HIV infection; deciphering the mechanisms of HIV neutralization and inactivation by antibodies; and numerous studies assessing the relationship of CD4 cell levels, immune cellular subsets, antibody specificity and titer to disease progression. His contributions to HIV diagnostics are equally impressive from the application of the Western Blot technology to HIV testing, (which to this day remains the "gold standard" for HIV antibody testing) to the BED test for HIV incidence.

Steve also served as a member of the Arthritis Foundation Subcommittee on ANA Serology and oversaw the production of 10 ANA reference sera in 1983 which continue to be distributed worldwide as controls for antinuclear antibody determinations. To date and still counting, Steve has published over 190 articles and has received numerous awards including: two Charles Shepard Awards for scientific excellence, the Dr Murray Thelan Award from the National Hemophilia Foundation, The PHS Meritorious Service Medal, Commendation Medal, PHS plaque and Unit Citation, The Walter Dowdle Award for Achievement in Public Health Laboratory Science and most recently was the NCHSTP nominee for the Charles Shepard Lifetime Achievement Award for 2006.

Steve will truly be missed by his many colleagues at CDC. He is known for his frankness, his quiet but effective manner, his willingness to cooperate, his utter lack of ego and dedication to see others excel, and of course his vast knowledge. He has no specific plans immediately after retirement. He currently has Guest Researcher status and will be available as needed for consultation and to finish up a few loose ends.

In keeping with Steve's wishes that we keep everything low key, we will have an informal gathering celebrating Steve's career on August 14th, 2:00-4:00 in the Tom Harkin Global Communications Center (building 19) Room 247/248.

Cards, letters, pictures, donations for a gift may be sent to:  
Michele Owen 404-639-1046 Mailstop A25  
Susan Kennedy 404-639-2724 Mailstop A25

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Benjamin W. (Ben) Moore will retire on August 3, 2007, after 31+ years of dedicated government service. In April 1980 Ben began his CDC career as a Disease Intervention Specialist Co-op in CDC's STD Prevention Program in Greenville, NC. Here, Ben was involved in contact tracing, patient testing and treatment, establishing quality control through adequate training for the nursing staff to perform quality laboratory procedures. In 1983, Ben was reassigned to Miami, FL where he was a front line supervisor in the STD program during the Miami Blitz. In 1986, Ben transferred to Tampa, FL as an Assistant Program Manager and front line supervisor over state and federal staff. The

rest of his STD field assignments involved Jacksonville, FL as the Program Manager and then as an Operations Manager in Chicago, IL where he served as coordinator of its Training Center, supervised STD activities at Cook County Jail, Cook County Hospital, and four neighborhood (area) clinics. In January 1990, Ben accepted a position in Atlanta where he worked under James Belloni in the Office of State and Community Activities performing the functions involved in objective reviews, suspensions, and development of program announcements. Ben has been involved with grants and cooperative agreements in the Office of State and Community Activities as it evolved into the Extramural Resources Team in 2002.

Ben has enjoyed his work and experiences as a Public Health Advisor. He fondly remembers the opportunities of mentoring and watching the development and growth of staff members and his involvement in STD intervention. Ben wishes all of his fellow Public Health Advisors the continued advancement and rejuvenation of the PHA's purpose to public health.

Please join us in wishing Ben and his family well as he begins this new phase of his life. Ben plans on spending more quality time with his grandchildren and says he'll see you in the mountains.

Per Ben's request no fanfare is needed.

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**Captain Scott M. Presson** will retire from the Commissioned Corps of the U.S. Public Health Service on August 1, 2007, after 30 years of dedicated service. After graduating summa cum laude from The Ohio State University School of Dentistry, Scott entered the PHS with assignment to the Indian Health Service (IHS) at the Osage Health Center, Pawhuska, Oklahoma. He then served as dental program chief of one of the first tribally-managed health centers (Keshena, WI). In 1980, Scott began an Advanced General Practice Residency at the Gallup (NM) Indian Medical Center, and upon its completion, stayed to direct the residency program for two years. These community-level experiences prepared him to guide 29 tribal programs in Minnesota, Michigan, and Wisconsin out of the Bemidji (MN) area office, after which he was selected by IHS for long-term training. After receiving a Master of Public Health degree from The University of North Carolina at Chapel Hill, and completing a dental public health residency at the IHS Headquarters in Rockville, Maryland, Scott guided 23 tribal programs in 11 eastern states out of the Nashville (TN) area office for 10 years. During this time, Scott served as chair of the IHS oral health promotion/disease prevention committee and as a member of the planning team for two national IHS oral health surveys.

In 1998, Scott joined CDC as leader of the Division of Oral Health's Program Services in the National Center for Chronic Disease Prevention and Health Promotion. During the past 9 years, Scott has developed programs to address the challenges faced by state programs in efforts to improve the Nation's oral health, and guided the team through improvements in service and program development. He has represented CDC to the American Dental Association National Fluoridation Advisory Committee and its Council on Access, Prevention, and Interprofessional Relations. Scott also contributed in several capacities to the production of the Surgeon General's Report on oral health in 2000, planning for the associated workshop and conference, and implementation of the 2003 Call to Action.

Scott's commitment, professional knowledge, and supportive attitude toward others will be missed by CDC, as well as by the state programs that have benefited from his

dedicated service. Scott is Chair-elect of the oral health section of the American Public Health Association and intends to remain active in disease prevention and health promotion efforts.

If you need further information please contact Karen Sicard.

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Leslie Campbell is retiring on September 3, 2007, after nearly 30 years service in CDC and ATSDR. She began her public health service career as a chemist in the Structure Chemistry Laboratory in hemoglobinopathies research, followed by duties as a research chemist in the Inorganic Toxicology Laboratory, Clinical Chemistry Division (now part of NCEH), and antimalarial drug analysis in the Division of Parasitic Diseases at CDC.

In 1990 she transferred to ATSDR and has worked as an Environmental Health Scientist in various programs there. Her duties related to hazardous chemical exposures evaluations at ATSDR have focused on development of collaborations with other Federal, state, tribal, and local health and environmental agencies, nonprofit organizations and community groups. Ms. Campbell has worked on many environmental health projects throughout the nation including a two year on-site project in Tucson, AZ where she first became involved with US/ Mexico border environmental health issues; lead exposures in a minority community in Oakland, CA; establishment of an environmental clinic project with universities in Los Angeles; community and tribal responses to exposure concerns at the DOE Hanford facility; and a national response to illegal indoor spraying of the pesticide methyl parathion.

She established the ATSDR Office for Tribal Affairs and has assisted with the development of numerous community outreach programs. She was a project manager for the Alaska Traditional Diet Project, served as the Designated Federal Official to the Community Tribal Subcommittee to the NCEH/ATSDR Board of Scientific Counselors, the ATSDR Petition Coordinator, and the ATSDR/NCEH point of contact for environmental justice issues.

Leslie will be stepping back from the active, public health arena and join her husband, Dr. Gary Campbell (a recent retiree from CDC/ATSDR) at their retirement home in Green Valley, AZ, where she will focus on grandchildren, travel, and learning to garden in a desert environment!

Leslie's retirement celebration will be held August 14 from 2:00 pm to 3:30 pm in Conference Room 3A, 1825 Century Center

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**JOB ANNOUNCEMENTS:**

**Safety Management and Coordination Team**

1. Serves as advisor to CCID management on issues of laboratory safety, including biosafety, chemical safety, and radiation safety
2. Oversees the implementation of CCID Comprehensive Safety Plan
3. Serves as the principal CCID liaison to the Office of Health and Safety and CCID Lab Planning Team
4. Coordinates CCID Safety Program
5. Provides guidance, planning and communication in identification of safety training
6. Develops new employee laboratory safety training

7. Coordinates CCID Occupational Health and Safety Committee and Institutional Biosafety Committee, including meeting arrangements, structuring the agenda and communication with members
8. Provides guidance regarding disposition of damaged packages containing infectious materials. Must have cell phone to perform these services. The government will furnish this equipment.
9. Deliverables for Safety Management and Coordination Team:  
Provide monthly reports on activities related to annual safety audits, calls regarding damaged packages, and training activities on relocation activities, including meetings held and issues encountered

#### **Extramural Non-Research Team**

1. Supports the SSPU Extramural Non-Research Team Coordinator in the stand-up of all team functions;
2. Assists in organizing and coordinating logistics for panel reviews and assists in the conduct of review panels;
3. Assists in non-research review activities pertaining to IMPAC II (pulling applications from PGO share drive or IMPAC II, developing reviewer assignment proposal, delivering applications to reviewers, etc...);
4. Assists in the drafting of summary statements of applications;
5. Sends out approved, but unfunded (ABU) letters to unsuccessful applicants;
6. Assists in generating QVR module and produces reports necessary for CCID management to monitor CCID-wide non-research grant/cooperative agreement portfolio;
7. Assists in data requests of extramural non-research activities that can be produced by IMPAC II;
8. Provides liaison support to the Team Coordinator and CCID programs, PGO, and CCID SSPU.
9. Deliverables for Extramural Non-Research Team  
Provide monthly extramural non-research grant portfolio summary document including, review activities in IMPAC II and reports summary document.

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Project A: Evaluation of State Prescription Drug Monitoring Programs

1. Compile information on state PDMPs already compiled by the National Alliance for Model State Drug Laws for other purposes. Identify those states initiating PDMP operations from 2000 through 2004. Match these states with comparison states that experienced similar increases in unintentional drug poisoning mortality rates during the preceding five years but did not initiate a PDMP during those five years or during the time period from 2000 through 2004.
2. Compile exposure information from the DEA on the distribution of controlled substances for the selected states by year (1999-2005) and drug. (The DEA routinely collects this information in their ARCOS program.) This consists of rates of milligrams per 100,000 people for drugs in all schedules. Using census figures, calculate per capita drug distribution rates by state by year. Calculate such rates for opioid analgesics as a group and subtypes of opioid analgesics.

3. Compile outcome information from national mortality files from 1999 through 2005 on the rate of unintentional and undetermined poisoning mortality for each specific T code in the range from T40 through T44 for the selected states. Multiple-cause, de-identified mortality files needed for this analysis are available at the National Center for Injury Prevention and Control.
4. Compile information on potential confounding variables from the US Census such as but not limited to: the rural-urban distribution of the population, the race and age distributions, and state income levels. Additionally, examine the DEA ARCOS data by individual zip code to determine whether single zip codes are affecting overall state sales significantly.
5. Conduct data entry and multivariate analysis to determine whether the observed drug overdose fatality rates during the year(s) following PDMP implementation were lower than those expected based on the experience of the comparison states not implementing PDMPs.
6. Prepare a report on the complete analysis and a manuscript for publication.

B. Project B- Case Control Study of Drug Overdoses Fatalities

1. Travel to the selected state to meet with the staff of the medical examiner and the prescription drug monitoring program and become familiar with their databases and procedures. Work out procedures for reimbursing them for their expenses related to data collection, which would involve abstracting medical examiner records of drug overdose deaths.
2. Oversee the creation and population of a database that will contain the required data elements on prescription drug overdose fatalities from state medical examiner records.
3. Oversee the creation and population of a database that will contain the required data elements on the fatalities and a control group from the state PDMP. Oversee the procedures used for control selection, including matching, as needed.
4. Set up procedures to link the medical examiner and PDMP information on the cases locally using a unique identifier created for the purpose. Add to this file the information on the controls. (All files of data sent to the CDC are to be have been stripped of personal identifiers such as name, address, social security number, or medical examiner case number. CDC will not receive any personally identifiable data.)
5. Using multivariate methods, analyze the data to produce odds ratios for exposures of interest. Additional analysis comparing the decedents with PDMP records with those without any PDMP records will also be necessary.
6. Write up the results of the analyses in one or more peer-reviewed publications.

POC:

Krys Morris

Phone interviews will likely be conducted based on availability of time prior to proposing.

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