



**WATSONIAN NEWSLETTER MAY 9, 2006**

<b>COMMITTEE NEWS</b>	<b>CONDOLENCES</b>
<b>CONVALESCING</b>	<b>MEMBER NEWS</b>
<b>HAVE YOU HEARD?</b>	<b>PEOPLE IN THE NEWS</b>
<b>AWARD NOMINATIONS</b>	<b>TRANSFERS/ PROMOTIONS</b>
<b>RETIREMENTS</b>	
<b>SHARE ANNOUNCEMENTS</b>	<b>JOB OPPORTUNITIES</b>

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**COMMITTEE NEWS:**

**EXECUTIVE COMMITTEE**

Executive Committee Meeting is open to all

**Watsonian Society Executive Committee Meeting**

**Room:** 6B Bldg. 8 (Corp. Sq.)

**Time:** 5/16/2006 3:00 PM - 4:30 PM (

**CALL IN:** Call In: Toll free #: 866-732-9603, Passcode 873632

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**CONDOLENCES**

**Billy Litchfield's** sister died on 4/19/2006 in a car accident.

Condolence cards can be sent to Billy  
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The Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, sadly announces the death of **Robert J. (Bob) Uhler**. Since 1992, Bob had served as a statistician and computer specialist with the Division's Cancer Surveillance Branch. Bob collaborated with many DCPC colleagues in co-authoring various prominent publications, including articles on chronic disease prevention, access to health care, and the elimination of health disparities. Prior to working with CDC, Bob's federal service career included positions with the U.S. Forest Service and the Food and Drug Administration; Bob also served in the Marine Corps. Bob received his Bachelor of Science Degree (1969) and his Master of Science Degree (1972) from the University of Missouri.

Bob was an outstanding statistician, an exemplary employee, a valued colleague, and a strong personal friend to many in the Division. He leaves a legacy of integrity, quiet strength, and scientific leadership.

Bob is survived by his loving wife of over 35 years, Brenda; two sons, James and Chris; daughter-in-law, Joy; sisters, Jan and Shirley; cousin, Jerry; and extended family. Memorial tributes can be made to the American Diabetes Association: <http://www.diabetes.org>.

**CONVALESCING - In need of TLC**

Our former president, **Phil Talboy**, has been diagnosed with cancer and is undergoing radiation treatments. The prognosis is said to be good.

Anyone wishing to aid in taking goodies to Phil should contact Stacy Harper for details and schedule.

Cards can be sent to Phil at his work address and they will be hand delivered to him along w/ the food & goodies:

1600 Clifton Rd, MS E-10  
Atlanta, GA 30333

Cards and get well wishes can be sent to Aaron Zee, Ken Bell, and Mildred Perez who are home recuperating following hospitalizations and surgery:

**Aaron Zee**

**Ken Bell**

**Mildred Perez**

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Leave Donations for **Kenneth Bell**

WHO: KENNETH BELL  
ASSOCIATE DIRECTOR  
NCHSTP/DHAP/OD

REASON: MEDICAL EMERGENCY

ELIGIBILITY PERIOD: MAY 3, 2006 through JUNE 11, 2006

DONATION PERIOD: (Leave will be accepted through JULY 9, 2006)

HOW: Submit an approved OPM-71 to your timekeeper and latest earning and leave statement. Indicate name of recipient and the number of annual leave hours you wish to donate.

Have your timekeeper send them to the payroll office, MSK-15, so that a record of donated hours can be maintained. Then enter the number of hours you wish to donate in TAS Net.

FOR QUESTIONS,  
CONTACT: GEORGIA FONTANA  
404-639-5212

NOTE: The decision to donate annual leave is solely voluntary.

Thank you in advance for your participation.

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**MEMBER NEWS:**

Erin Edgar, daughter of **Gary Edgar**, will be graduating Magna Cum Laude from Clemson University, Friday May 12. Erin is a graduate of Brookwood High School and has been accepted to the Graduate School, University of Georgia, where she pursue her M.Ed in early childhood education. This is yet another example of kid who played soccer on Spencer and Schrader fields (both named after former PHA's) at Gwinnett Soccer Association doing well. This also means her retirement eligible Dad will be sticking around CDC for at least one more year.

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**Alan Bloch**, Associate Member, has set up an office in the round high-rise building at Spaghetti Junction to do part-time consulting.  
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**HAVE YOU HEARD?**

Dear Colleagues,

It is with great pleasure that I announce the selection of two Special Advisors to the NCHHSTP **Director, CAPT Robert S. Janssen** and **Melissa Shepherd**.

Dr. Rob Janssen will be joining the Office of the Director on 90-day detail as the Special Advisor for HIV prevention. Since 2001, Dr. Janssen has served as the Director of the Divisions of HIV/AIDS Prevention. He was previously Deputy Director of the Division of HIV/AIDS Prevention – Surveillance and Epidemiology and was Chief of the HIV Seroepidemiology Branch and Population Studies Section, Division of HIV/AIDS. Rob led the team that developed the “detuned assay” for use in measuring HIV incidence, and authored the first paper outlining the principles of CDC’s SAFE (Serostatus Approach to Fighting the HIV Epidemic) program, which is working to expand prevention to include people living with HIV. Rob has been the beneficiary of numerous honors and awards during his education and in the Public Health Service, published over 100 scientific articles in a variety of journals and publications and has served as a referee for leading scientific journals. Rob will be working with the NCHHSTP OD to advance our preparations in support of the recently announced President’s HIV Testing Initiative. During his detail, Dr. Tim Mastro will assume responsibilities as Acting Director DHAP.

I also would like to welcome Melissa Shepherd back to the Office of the Director as a Special Advisor for External Relations. Melissa's role will be to assist in the development and implementation of strategic internal and external partnership and communication plans and the creation of systems and processes that facilitate knowledge management and information sharing. In addition, she will assist the NCHHSTP Office of Communications, as needed, through the transition of the final stages of the CDC-wide reorganization of communication and policy functions. For the foreseeable future, Melissa will also continue to work a couple of days a week as an adjunct faculty member at Rollins School of Public Health and as one of the directors of Emory's Center for Global Health Communication. Both of these activities contribute to training the next generation of Public Health communication leaders – something that is important to me as well as Melissa. Before Melissa joined CDC in 1987, she worked for over a decade directing consumer research and marketing activities for several Fortune

500 corporations. She got involved in HIV/AIDS prevention while living and working in San Francisco in the early 1980s. Melissa was one of the founders of San Francisco's Stop AIDS Project and co-directed the first HIV/AIDS behavioral survey of gay and bisexual men in the city. During her tenure at CDC, Melissa has held positions of Team Leader for the America Responds to AIDS campaign, Branch Chief of the Prevention Communications Branch in DHAP, and Associate Director for Communications in NCHSTP.

I hope that you will join me in welcoming these two colleagues to our National Center OD.

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## **MARK YOUR CALENDAR! CELEBRATE CDC'S 60<sup>TH</sup>!**

I am very excited to announce our **CDC 60<sup>th</sup> Anniversary Employee Celebration** to be held Friday, **July 14**. I can think of no better way to celebrate this anniversary than to focus on you, our dedicated staff. Your accomplishments have sustained CDC for these 60 years, and have contributed to improving the health of our nation and that of so many citizens of the world.

I have asked Dr. Lynn Austin, CDC's Chief of Staff, to chair an agency-wide planning committee for this event. This committee is currently active. Many activities have already been suggested by employees. We are encouraging all employees on all campuses to be involved. The committee is identifying leaders for activities for CDC's other campuses both in Atlanta and outside Georgia, as well as involvement of field staff stationed in state health departments and other locations nationally and internationally.

The purpose of this e-mail is to ask you to:

- (1) **Volunteer** to assist us with the planning and implementation of the celebration.
- (2) **Submit your ideas and suggestions** about celebrating this important occasion on July 14 as well as throughout the year.
- (3) Vote on the commemorative poster (see in *CDC Connects* soon).
- (4) Help **spread the news** about our 60<sup>th</sup> birthday by personalizing your e-mail messages with the phrase "Celebrating CDC's First 60 Years."
- (5) Offer suggestions for items to place in a new **time capsule**.

I have established a special mailbox, [60anniversary@cdc.gov](mailto:60anniversary@cdc.gov), for you to use to send us your suggestions or to volunteer.

Because CDC has a wonderfully creative and diverse workforce, your involvement is crucial. I welcome your input and your ideas. While we cannot promise that all ideas will be used, please be assured that your ideas and suggestions will be carefully reviewed and considered.

Below is a list of activities for the July 14 celebration. Please send us, via the special mailbox, your name, phone number, e-mail address, and an activity area or campus you would like to volunteer for. Because there is much work for coordinating an event of this magnitude, please discuss your interest with your supervisor and ensure that they are aware and concur with your involvement in these activities. This may require some time away from your regular duties between now and July 14.

## Activities List

Field staff communications and involvement  
Accessibility/working with individuals who have special needs  
Health and Fitness Walks  
Games and Activities  
Set up on July 14  
Clean up on July 14  
New Time Capsule  
Communications  
T-shirts  
Shuttles  
Health Fair  
Balloon Set Up  
Talent Show  
Vendor Fair

Coordination with Atlanta and non-Atlanta campuses

- CDC-W
- NIOSH (Morgantown, Pittsburg, Spokane, Cincinnati)
- Anchorage, AL
- Fort Collins
- NCHS (Hyattsville, Research Triangle-NC)
- Puerto Rico
- Century Center
- Chamblee
- Corporate Square
- Executive Park
- Koger Center
- Lawrenceville
- Tucker (warehouse)
- Decatur

More information about the 60<sup>th</sup> Anniversary Employee Celebration is forthcoming and will be posted on *CDC Connects* and OD Announcements, such as:

- voting on our 60<sup>th</sup> year commemorative poster;
- signing up for the talent show;
- ordering special CDC 60<sup>th</sup> Anniversary Commemorative T-shirts;
- Commemorative, historic, and scientific events.

Thank you for all you do. Your work everyday improves the health of the people of this nation and around the world. I appreciate your involvement and enthusiasm and look forward to celebrating the many achievements and accomplishments of CDC over the past 60 years. Help us in "Celebrating CDC's First 60 Years."

Julie Louise Gerberding, M.D., M.P.H.  
Celebrating CDC's First 60 Years"

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Ave atque vale

As I leave after a 2-year run as Associate Director for Science (ADS), I want to take this opportunity to thank all those who have helped make these years a success for the NCHSTP/OD/ADS office and for human subjects research protections in this Center. I would like to recognize the staff of the ADS office and the rest of the OD office, the NCHSTP support staff, the divisional ADS staff, the NCHSTP Senior Staff, fellow ADSs, those who have labored over OMB clearance, MMWR issues, Shepard Awards, EIS recruitment, EIS issues, and Commissioned Corps issues for the Center, and an assortment of Division Directors, Branch Chiefs, scientists and support staff, and members of CDC's Office of the Chief of Science and of the Coordinating Center for Infectious Diseases, all of whom have given support and guidance to assist us in our mission. Your help has always been appreciated. I would like to name you all and hold you up for recognition, but the numbers are great and I would not want to leave anyone out. It has been an honor and a pleasure working with you all. With your support, the ADS activities in NCHSTP will continue to flourish under the guidance of Dr. Salaam Semaan and continue to provide oversight and assistance to the necessary research and programmatic activities of this Center.

Thanks and best wishes always,

Terry

**Terence Chorba**, MD, MA, MPH, MPA, FACP  
CAPT, USPHS

Associate Director for Science (retiring)

National Center for HIV, STD, and TB Prevention Centers for Disease Control and Prevention (E-07), Atlanta, GA 30333

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Dear Colleagues,

It is with mixed feelings that I let you know that **Susan DeLisle**, Chief of our Program and Training Branch will be leaving the Division to take a position with CDC's Portfolio Management Project (PMP) sometime in mid-May. Susan has been Chief in the Branch since April 1998, and with the Division of STD Prevention for 11 years. During her tenure with the Division Susan has contributed greatly to our mission and been a tireless champion of STD prevention, a leader in program development, and a supporter of field staff. A strident supporter of all things related to STD prevention, Susan is also an innovator, which can be seen in her many contributions to the Infertility Prevention and Syphilis Elimination Programs. Her legacy is solid, but her day-to-day presence in this Division will be sorely missed. Susan has been a respected colleague and friend for several years, and I fully anticipate continuing this valued relationship despite her move to another position at CDC. And, of course, we couldn't ask for a smarter or more STD-dedicated person than Susan to be mindful of our issues within the PMP.

Initially, Susan will be the interim Senior Management Official for Louisiana, assisting with the re-building of public health infrastructure in the state. She will remain based in Atlanta and fortunately for DSTDP, be located in Century Plaza less than 1 mile away. I know that Susan has not made this decision easily, and know that her commitment to work if this Division remains strong. Please join me in wishing Susan all the best in her new position.

We will be moving quickly to announce and fill this critical leadership position within our Division. Upon Susan's departure, **Kim Seechuk** has graciously agreed to assume the

position of Acting Branch Chief. I am deeply appreciative of Kim's willingness to assume these extra duties again. While this transition will be difficult, I have complete confidence in Kim's knowledge, programmatic skills, and her leadership abilities to make this a success.

Thanks,

John M. Douglas, Jr., MD  
Director  
Division of STD Prevention

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**PEOPLE IN THE NEWS**

**CDC Connects**

Biomedical Research Building Named after **Bill Foege** 5/2/2006

Foege his remarks to an appreciative crowd, saying the new building, named in his honor, "will redefine creativity, and discovery and service and morality. This will be a place of inspiration...combining the talents of the scientific elite, with the vision of Melinda and Bill Gates. It will be, in the words of the poet, a love letter to the children of the future saying we loved you even when we knew we would never meet you."

This 1980 photograph taken at the CDC, shows three former directors of the Global Smallpox Eradication Program as they read the good news that smallpox had been eradicated on a global scale. From left to right, J. Donald Millar, MD, who was Director from 1966 to 1970; William H. Foege, MD, who was Director from 1970 to 1973, and J. Michael Lane, MD, who was Director from 1973 to 1981.

Former CDC Director Bill Foege, MD, MPH, was honored recently at a ceremony attended by two of his famous friends, former President Jimmy Carter and Microsoft Chairman Bill Gates. On a windy day in March, they gathered in Seattle to dedicate a new building at the University of Washington. That building is named after Foege, who graduated from the university's school of Medicine in 1961.

Foege, who worked for the Carter Center after his years at CDC, is world renowned for his work in the campaign to eradicate smallpox and international health.

President Carter, Bill Gates Praise Public Health Hero

President Carter delivered the keynote address, citing Foege as one of the three most influential men in his life. Carter said the former CDC director helped shaped his life and beliefs, calling his "friend and mentor" one of the most influential advocates and consensus builders in all of international health. Carter also praised Foege for helping to save millions of lives over the years.

Guided Gates

Gates chimed in as well, crediting Foege with helping to steer the Bill & Melinda Gates Foundation in its philanthropic mission. That foundation, known around the world for its focus on global health, donated \$70 million to the UW to build the Foege building. The

building will be the new home of the UW departments of genome sciences and bioengineering.

"There is something better than science," read an event notice that quoted Foege outside the crammed lecture hall. "That is science with a moral compass, science that contributes to social equity, science in the service of humanity."

Just as Foege prepared to address the crowd, wind whipped through the tent, lifting it and causing a flurry of activity by the Secret Service agents on hand. The event was quickly moved inside the new building, where Foege delivered the following remarks.

Remarks by Bill Foege, March 8, 2006, Building Dedication, Univ. of Washington  
The wonderful words of President Carter both move me and increase my apprehension. For what language is adequate to express my gratitude?

My parents raised six children...all here today. They did their best but totally failed to prepare me for this. The closest advice was when my mother told me that if I ever faced a person or group who left me in complete awe, paralyzed to speak, I should just remember that each person is 75% water. I can do the math and the fact that I am now facing 30 tons of water doesn't actually help me a bit.

One of my bosses in the past, Jim Curran, used to predict that the size of my funeral would be totally dependent on the weather. He called to say he could not be here because of the expected rain.

"....gratitude to the Gates family....for their vision....not diverted by ht etyranny of the acute from changing the future....."

First, my gratitude to the Gates family...to Melinda, Bill, Bill Sr., and Patty Stonesifer. Gratitude for how they have changed for all time what will happen in global health. In the last century it is clear that the combined efforts of global health agencies, governments, Universities, church groups, Non-governmental organizations, and countless individuals, made inroads on the problem, but never pushed the world to a tipping point. And then to see the last 6 years with a new interest in global health research, global health delivery, and social will, we now dare to have a vision of a time when global health equity will be expected...the social norm...rather than simply rhetoric.

Gratitude for their vision, large enough to worry about vaccines for children in an African village but not diverted by the tyranny of the acute from changing the future by strengthening Genomics and Bioengineering. The last six years have been a continuous and daily revelation of what science in the service of humanity can actually mean and what one family can do. One family that gave the lie to the old excuse, "I tried to change the world, but I was outnumbered."

"Gifts Too Big To Be Paid Back"

We are raised to think it is better to give than to receive. But we know, deep down, that the social contract makes an assumption. We will get paid back after we have given...and when we receive we will engage in reciprocity. Indeed, one of the first clear references that I can find to the Golden Rule is when Confucius was asked by a student if he could advise in a single word on how best to live and Confucius replied, "Is not reciprocity that word? That is how we are taught. But a friend, Tom Droege, while living through what he believed to be his final months of cancer, had the discipline to write a

book on what it is like, at the end, to receive help, and love, and assistance, knowing he could only receive and never pay back...never give. He concludes, that in the end, you have to break a life-long habit of reciprocity and with gratitude accept the fact that some gifts are simply too big to be paid back. And the biggest gifts, such as life itself...children and grandchildren...are not deserved.

This gift is in that category. Too big to ever pay back. It is like a kidney donation. Why would anyone do that? Since I can never pay back the gift of having my name associated with these buildings I now simply say to the Gates family, sincere thanks.

To quote Saul Bellows, the child in me is delighted; the adult in me is skeptical. The human side of me is bewildered but still pleased. I now understand the philosopher who once said, "He who says he hates every kind of flattery, and says it in earnest, certainly does not yet know every kind of flattery."

As an aside, it doesn't escape my attention that the scientific creativity these buildings will encourage is bound to be matched by creativity in the pronunciation of the building. "The Purpose Of Life Is A Life Of Purpose"

My gratitude next to President and Mrs. Carter who continue to teach that most valuable lesson "Let your life be your argument." They have changed for all time what this country will expect of its first family on departure from the White House. But it is not just in this country. They have convinced two former heads of state in Africa to work on health projects. They have defined for us how the purpose of life is a life of purpose. Like the Gates family, they have demonstrated an insatiable appetite for learning, experiences and life and they have translated that capacity to drink deeply of life to the belief that everyone should enjoy those gifts, starting with the most basic gift of health. I am absolutely humbled that President Carter would share his time to be here and to give the keynote talk.

You can tell the character of people by the way they treat those who can do nothing for them. I can do nothing for the Carters or the Gates. "Slipstream Of The Very Best"

My gratitude also to the University of Washington. I came to the medical school 50 years ago for an interview. My first interview was with a faculty member who asked this very nervous applicant why I wanted to go to medical school. Within my first few words he interrupted me to tell me why I wanted to go to medical school. It was never clear to me whether he did this because he was more nervous than I was or whether he was a surgeon, but his answer was so much better than mine that I used it with the subsequent interviewers...and it worked. [I was learning early to stay in the slipstream of the very best.]

I watched this remarkable institution grow. We miss today one of my teachers, Russ Alexander, who had hoped to be here but passed away last week, a major loss to public health. Rei Ravenholt is here and he was not only my teacher in school but I worked for him after school at the Seattle-King County Health Department as he quite deliberately converted me to the joys of global health. A member of my class, Wayne Crill, became a department chair. Those and many other teachers helped create the excellence of this place and I will never forget the late David Rutstein from Harvard telling me after a

sabbatical here that he could never say this in Boston but this was a better medical school than the Harvard medical school.

My gratitude goes to faculty, mentors, family, as well as to parents and a wife who approach sainthood. Thanks to my surgeon, Paul Lange, for agreeing to keep me alive until he retired. I wish him a very, very long career.

In addition to my inexpressible gratitude allow me to say two other things. The first regards the challenge for the people who will work in these buildings and the second, a word about a few people who went before who are clamoring to be heard.

#### "The Gift Is More Than Buildings"

The gift is more than buildings. It is a gift from the Gates family for scientists to use their imaginations...to harness intellect and art and passion...to explore what has never been seen before, thought about before, available before. There is the challenge. It will require a building of learners. Eric Hofer said "it is the learners who inherit the future. The learned usually find themselves equipped to live in a world that no longer exists."

In 1872, Stephen Smith, at 49 years of age, helped to form the American Public Health Association. For the 50th anniversary he was invited back to speak and at age 99 he walked to the lectern and spoke on "The future of Public Health." In these buildings are planted the seeds for the future of global health. The buildings, the equipment, the budget...are on loan...first to you and then to others.

For me it was worth a 70 year journey to see this moment...but I hope I return for the 30th anniversary to say a few words about the future.

#### "Fast Forward One Hundred Years"

Fast forward one hundred years. As the centennial of these buildings is celebrated, a speaker will reflect on the history of global health, and that speaker will talk about the impact of the buildings. The speaker will talk about an auspicious start, with President Carter sending us forth to change the world. The speaker will talk about the Gates family and will speak directly to their children (and I do mean their children because they will have a significant chance of living beyond a hundred) and their grandchildren (incidentally I hope my three grandchildren who are here today, Max, Ella and Olya will also attend) rejoicing that they insisted that medical knowledge is not a gift to be hoarded, but to be shared, and the speaker will recount the origins of this grand adventure that married basic science to the liberation of global health.

So ultimately the gift is not even for those working here. It is a gift given to the people of the world. It is a gift that ripples out for as long as we will have a civilization.

It will encourage new interactions of bioengineering and genomics – Just as antibodies are really biological nano-robots, so the future may see the direct injection of nano-robots to be both curative and preventive.

And the most wonderful of all is the idea of social DNA. The sum total of the changes in future society, all traced to these two buildings.

Indeed...when I see the potential in this small foot print of land, in this exquisite corner of the world and think about software revenue coming from every part of the world, flowing to Microsoft, allowing the accumulation of capital and then the recycling of that capital for the construction of these buildings leading to knowledge, skills and tools flowing back to

every place that originally contributed to the software, I recognize the wisdom of Will Durant's statement that "Money is the root of all civilization."

Foege Quote, 2006

"There is something better than science. That is science with a moral compass, science that contributes to social equity, science in the service of humanity, science that makes current deeds responsive to future needs." Foege, 2006

#### Ghosts Attending This Dedication

Finally, a word about a few people who went before. I love history and see the ghosts of the past attending this dedication. If Polybius was correct that the world must be seen as an organic whole, with everything affecting everything, then the voices of 100 billion people who have preceded us are speaking right now as we launch these buildings. Some wrote their speeches in advance so we don't even have to guess about what they intended to say.

Many were classified as philosophers or theologians but they were actually scientists. The almost unbearable perfection of Confucius would emphasize morality and the Golden Rule in using these buildings for the good of all.

Amos, the prophet would introduce the need for a social conscience in these buildings. Imhotep, apparently the first scientist that we know by name, a physician and the builder of the Step Pyramid, would still urge us to combine art and science in every endeavor and in every scientist.

Lucretius, over 2000 years ago, is classified as a poet...but he was also a first-class scientist who attempted a rational interpretation of the universe, of history, of religion, of disease and you will recognize his insights when you hear his words "matter is not created or destroyed! -- All things that grow decay: organs, organisms, families, states, races, planets, stars; only the atoms never die." Will Durant calls this the most marvelous performance in all antique literature.

Nine centuries ago, Averroes, the great Islamic philosopher, lawyer and physician, who saved for us the works of Aristotle, and the first to recognize that an attack of smallpox confers immunity, would urge integration of the knowledge that comes from these buildings into everything, as he did while writing about medicine, philosophy, physics, psychology, law, theology, and astronomy.

One hundred years later, Arnold of Villanova, (1235-1311) physician to James II, went on diplomatic missions and was shocked by the poor health, misery and exploitation of the poor. He did not mince words, condemned the wealth of the clergy, was pursued by the Inquisition and still he was so sure of his positions that he repeatedly warned the King that unless he protected the poor from the rich he would go to hell. He would give a sermon today.

Roger Bacon would probably enjoy this as much as anyone and he would say he saw it coming 700 years ago. He seems to have seen everything else...cars, airplanes, submarines and telescopes. But his warning is still clear 700 years later. Science has no moral compass...so scientists must cultivate one.

Rabelais, born 300 years after Roger Bacon would repeat the 10 words that he has Gargantua saying to his son, "Science without conscience is but the ruin of the soul." Francis Bacon would start with his legendary words, "Knowledge itself is power." But then he would add, "Of all virtues and dignities of the mind, goodness is the greatest." Benjamin Franklin would be absolutely delighted by the science that will come from these buildings and he would say, as he did, "O that moral science were in as fair a way of improvement...and that human beings would at length learn what they now improperly call humanity."

Albert Schweitzer reminds us that ethics goes beyond people to include animals, plants, the environment and he would caution all those with any power, which includes everyone who will ever work in these buildings, to be mindful of the destiny that they are creating for others.

Einstein practiced his speech for today in front of the Cal Tech student body 75 years ago last month, "It is not enough that you should understand...science...concern for people themselves and their fate must always form the chief interest of all technical endeavors...in order that the creations of our mind shall be a blessing and not a curse."

And the quote from Einstein that I have used the most over the years is now 85 years old but was a relatively fresh 35 year-old quote when I first read it, "Nationalism is an infantile disease. It is the measles of mankind. "

And finally, Richard Feynman, guest lecturer at this University in 1963, became interested in nano-technology and genomics and prevention. He said that time moves in only one direction and that it takes very little energy to scramble an egg but all of science is incapable of reversing that simple process. Therefore, he would urge us to use this science for prevention.

And so the summary of these greats of the past is to say repeatedly that there is something better than science and that is science with a moral compass, science in the service of humanity, science that makes current deeds responsive to future needs. In 1932, Lincoln Steffens said, "What is true of business and politics is gloriously true of the professions, the arts and crafts, the sciences...the best picture has not yet been painted, the greatest poem is still unsung, the mightiest novel remains to be written." And so this place will redefine creativity, and discovery and service and morality. This will be a place of inspiration...combining the talents of the scientific elite, with the vision of Melinda and Bill Gates. It will be, in the words of the poet, a love letter to the children of the future saying we loved you even when we knew we would never meet you. Thanks to the Gates family for letting me be a part of it.

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**VD Investigators: Modern Pioneers, *CDC CONNECTS* 4/27/2006**

They were pioneers of modern public health, hitting the streets to educate and inform people about sexually transmitted diseases. They spent their days knocking on doors, delivering news which was often not welcome but frequently life-saving. Get tested. Get treated. Practice prevention.

April is National Sexually Transmitted Diseases Education and Awareness Month, and to mark the occasion, we journey back to one of CDC's important and early public health missions.

#### Gonorrhea, Sweet Potato Pie and Moving Around

**Phil Talboy** says the most rewarding experience in all the jobs he has held is making a difference and helping people. He says his attitude is the same as any other good public health advisor and that is "whatever it takes to get the job done."

Phillip Talboy is deputy director, Division of Tuberculosis Elimination, NCHSTP, CCID. He began his career at CDC with the STD control program as a disease intervention specialist assigned to Maricopa County (Phoenix) Arizona in 1983. In 1986, he moved to the Miami where he was a front-line supervisor as well as operations manager for the surveillance unit; then to the Broward County as the coordinator of a Training Center to numerous other positions. "In 1992, I moved to the Washington DC STD control program." From there he moved around CDC with tenures at NCEH, NCCDHP, and NCIPC prior to coming to DTBE.

He says the most rewarding experience in all the jobs he has held is making a difference and helping people. "Once in Miami, I was attempting to notify a 15-year-old she had tested positive for gonorrhea at the health department clinic she had recently visited. When I knocked on the door, her mother answered. I asked to speak to the daughter, but being a highly protective mother she demanded I tell her who I was and why I was looking for her daughter. After approximately 30 minutes of attempting to speak to the daughter alone for confidentiality purposes and being called every name in the book, the mother finally allowed me to speak to her daughter alone...but within her sight. Upon notifying the young woman of her positive test, she turned and yelled to her mother that, 'it was just that darn gonorrhea again.' I then convinced the mom to allow me to take her daughter to the clinic and get her treated. When I returned to the home, the mom was waiting for me. Much to my surprise, the mom had baked me a sweet potato pie for protecting her daughter's privacy. This was not only a challenge but also extremely rewarding, not to mention it was the first time I had ever tasted a sweet potato pie." Talboy's attitude is the same as any other good public health advisor, he says, and that is "whatever it takes to get the job done! I feel that working in STD control was an extremely important health mission."

#### A Mugging Built Determination for the Mission

**Joe Scavotto** is deputy chief of the Field Services and Evaluation Branch, Division of Tuberculosis Elimination, NCHSTP, CCID. He began his CDC career in New York City in 1974 as a co-op (equivalent to a GS-05) interviewing gonorrhea and syphilis patients in the clinic and then hitting the streets to find the people who may have been exposed by sexual contact to the infections. "We were called VDIs back then (VD Investigators). As a GS-09, I was transferred to Milwaukee, Wisconsin, as a team leader for a group of state VDI's."

After a year, he was reassigned to Oakland Co., Michigan, near Detroit. In 1980, he moved to the VD program at Herman Kiefer Hospital in Detroit as a GS-11 first-line supervisor of both state and federal VDIs, and later recruiting coordinator.

Scavotto has many memories from his work in the field, and one that is hopefully unique. "I am probably the only PHA who was mugged on the very first day of my new job. I had gone out to the field with a co-worker to learn the ropes, so to speak, and that's when it happened. I was not injured, just scared and then insulted (later angry) that someone demanded my wallet. My supervisor asked me anxiously if I was going to quit, thinking I was traumatized and would go back to my hometown in Connecticut. I thought to myself, this is not going to stop me from making a go of this job, so I told him, no, I was not quitting and I was determined to stay and do my job. I became infamous, to say the least. To this day, people with whom I worked back then laugh with me about that day. After 32 years at CDC, I can say that on that fateful day, I made the right decision, and I have had a terrific career."

Scavotto says the rewards of the job have been "getting to explore different parts of the US, and in some cases, the world, meeting new people and learning what is important to them. The reward is also attaining a strong sense of accomplishment in the job you are doing at that time, using all of the knowledge, skills, and abilities you accumulated throughout your career to plan or manage a program, put it in motion, and see it progress, and successfully problem solve when it doesn't. As a senior program manager here at CDC, I take pride in hiring new PHAs and overseeing their career development and watching them move up through the system. We all see ourselves in those new PHAs."

Looking back, he says the hard work and long hours the early PHAs put in was important. It was a vital public health mission, he explains. "Our job of interviewing patients with VD<sub>s</sub> (STDs now) and going out into the community to find others who may have been exposed was very important because we were treating existing infection and stopping transmission. Our competitive zeal to find the people with STDs, or who were exposed to STDs, in the shortest amount of time and advise them of their condition, benefited the community in general and certainly affected the individuals in particular."

### Shoe Leather Epidemiology Was Life-Changing Experience

**Louise Galaska**, Deputy Director, NCIPC, started with CDC in STD 1978. "I did field work and patient interviewing in Chicago, talked with patients treated for STDs in public or private healthcare facilities about their diagnosis, treatment, identified their sex partners and others who might be at risk for their STD; conducted contact tracing to refer at-risk individuals for exam and treatment," she says.

### Flexibility, Self-Confidence, Problem Solving, Adaptability

The rewards, especially of field positions, include immediate impact, Galaska, says. "Each day I saw the results of my work and the impact it had in terms of identifying and stopping STD infections and almost immediate improvement in peoples' health. I learned so much about how public health is done at the community level, and the key role of the community providers, health workers and systems in public health. I developed the ability to be flexible from moving to different states every one to two years, working in new systems with new people. And I developed self-confidence and ability to work independently from successfully adjusting to new places, people, and resolving problems."

"That's [funding] a perennial challenge in almost every public health program but traditionally people with STDs are subject to stereotyping and value-judgments that

many people with other illnesses are not, so selling the importance of effective services for people with STDs was an even greater challenge than for other at-risk populations..."

When Galaska started in STDs in Chicago all of her friends were in more lucrative areas of private industry, including sales, commodity trading, etc. "They wore expensive clothes and worked with wealthy businessmen. Their challenges and rewards were very different from mine. A few of us got together and as they talked about their accomplishments for the day – in making strides towards conquering office politics, earning a bigger paycheck, a big quarterly bonus, or promotion to a more exalted job title, I silently reviewed what I'd accomplished that day – I spent almost all day trying to find and then persuade a pregnant young mother to come into the public health clinic for treatment for gonorrhea. To do this I had to first convince her to come to the clinic (two hours in her un-air-conditioned apartment) and then face-off with her potentially violent boyfriend when she sought his permission to come in for treatment, all the while keeping her need for STD treatment confidential from him (30 minutes in my un-air-conditioned car)."

There was as usual an interminably long wait at the clinic (also un-air-conditioned), recalls Galaska, "so to help motivate her to wait for her turn, I babysat her fussy toddler, for two hours. The mother was finally examined and found to have both gonorrhea and syphilis – more dangerous to her unborn child than gonorrhea alone which could lead to permanent disabilities and even death. After her exam and treatment, I talked extensively with her about her illness and sex partners (another two hours) and then drove her home. She never said thank you for any of it."

As Galaska's friends talked about what they did at work that day, she realized that she had had the best day of any of them. "I saved a baby's life that day. From that day I knew I was in the right job for me."

She shares another story, which shows the value of persistence and passion. "Anyone who knows me and how much I talk won't be surprised at this story!," she laughs. "I spent a long time talking with a man with syphilis to educate him on his illness and persuade him to tell me who his sex partners were, so I could locate them and refer them for therapeutic or preventive treatment. He wasn't interested in talking to me about them but I talked and talked ...and finally, he said, 'Lady, I really don't care what happens to the people I had sex with, but if it means this much to YOU, I'll tell you what you want to know,' and he did!"

Galaska says the training and experience she gained from performing "shoe-leather" epidemiology in STDs over several years, in a variety of settings, "was one of the most important life-changing and defining experienced of my life. It helped shape my character and personality, and gave me fundamental life, interpersonal and job skills that allowed me to contribute something unique to public health. I will always be grateful for my years in STD prevention and control with CDC."

Talking Loud is Not Speaking Clearly: Communication Challenges

**Darien Ogburn** is a supervisory health scientist and deputy director of the Division of STD Prevention. He began his career in 1990 at the Broward County (Fort Lauderdale) STD Training Center as a Public Health Associate/Advisor. "I did all the things new DIS

(disease intervention specialists) do – interviewing, contact tracing, surveillance work, etc.," he recalls.

"As a DIS I had several patients that made a lasting impression on me. One 15-year-old boy, 6'6" tall with all the possibility in the world to use basketball to get him through college, was particularly difficult for me to handle. I was responsible for giving him his HIV results, and the diagnosis made all of his dreams disappear.

"Another patient, a 19-year-old girl, had just lost her unborn twins (her first pregnancy) a few days before I received test results indicating she had syphilis. This case specifically made me hypersensitive to how important this work really is and how even a few days can make a difference. I will always wonder if the surveillance system had been working more efficiently, would we have been able to save this family the heartache of losing these children to a treatable disease?"

Not every experience was tragic, however. One was memorable, but embarrassing, Ogburn recalls. "Not being a fluent Spanish speaker, but with some limited memories from high school Spanish class, I had several occasions to make a fool of myself by trying to converse in a language that was not my mother tongue. On one field visit I had prepared myself for the stop by completing a referral slip (in Spanish, of course) prior to going into the field. My hope was that if I couldn't communicate verbally with the person, I would just simply give them the letter and he would understand what he needed to do. However, when I made it to his house a woman answered the door. Thinking back to high school I said '¿Esta casa de Michael es'. I can only surmise that her response was something like 'Yes, but he isn't home right now.' I only knew the si part and she didn't go back into the house to retrieve the fellow. So my response was truly brilliant, [having exhausted his vocabulary] as I simply said very slowly and loudly 'PLEASE GIVE HIM THIS NOTE.' So many years later, I still do not remember how this situation turned out, but I like to think that he came in and his test was negative."

Ogburn moved to Greenville, North Carolina, in September 1992, to function as a rural DIS. "In this assignment I moved into a front-line supervisor position, and then into a Management Information Systems-PHA. I'm sure this change was a turning point in my career, as I diverted from the 'traditional' path most PHAs follow. I became North Carolina's PHA responsible for implementing a statewide data management system for case management and reporting (STD\*MIS)."

#### Personal Tragedy Affirms CDC's Heart, Help

"In September of 1996 my wife and I lost our first child shortly after he was born," shares Ogburn. "In the months (years actually) following this difficult time in our lives, we had the comfort in knowing that my CDC family was supporting us in ways that I could never even imagine or understand. From the cards and letters, to covering for me when I was unable to come to work, to making donations to the organ procurement organization that accepted Jon-Michael's heart valves and pericardium, and attending the funeral, I will never be able to say thank you to every one enough to really show my gratitude. I am incredibly proud to be a part of an organization that has not only the brightest minds in the world, but the biggest hearts."

#### Atlanta and International Assignments

In 1998, Ogburn accepted a position in Atlanta, where he supported and provided technical assistance to state and local areas data management applications. "During the

next few years I became more involved in things more broad than just supporting STD\*MIS (i.e., syphilis elimination, development of training courses related to STD data management and interpretation, etc.)"

In 2002, Ogburn became deputy branch chief for the Statistics and Data Management Branch in DSTDP and then acted as SDMB chief for about a year. "I had two international details to Mali, West Africa where I helped develop two data systems designed to track patients for a non-governmental organization providing STD services to commercial sex workers and their main partners. I also assisted in the development of a data system that maintained records for a voluntary counseling and testing site in the capital, Bamako."

#### Dream Realized: Career Rewards and Challenges

After managing several large division-wide contracts and cooperative agreements Ogburn became the Deputy Director for DSTDP in July, 2000 "A career-long dream was realized when I was selected to take the position previously held by mentor, Jack Spencer. I do have one thing in common with Jack, besides occupying the same position: I am a career STDer as Jack was prior to his retirement several years ago." Ogburn says the rewards of the work have been "becoming friends with other PHA's whom I now consider family, and learning how to help folks make better choices in life." The rewards and challenges continue today for these modern pioneers of public health. Despite the fact that a great deal of progress has been made in STD prevention over the past four decades, the United States has the highest rates of STDs in the industrialized world. The rates of STDs are 50-100 times higher in the United States than in other industrial nations, even though rates of gonorrhea and syphilis have recently been brought to historic lows. In the United States alone, an estimated 15.3 million new cases of STDs are reported each year.

Despite the fact that STDs are extremely widespread and add billions of dollars to the nation's healthcare costs each year, most people in the United States remain unaware of the risk and consequences of all but the most prominent STD-HIV, the virus that causes AIDS. For more information, head to [www.nchstp.cdc.gov/std/](http://www.nchstp.cdc.gov/std/).

This Inside Story by **CDC Connects** reporter Kathy Nellis.

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**AWARD WINNERS & NOMINATIONS:**

O'Toole Honored for Life Science Work

**Thomas E. O'Toole**, MPH, Deputy Director and Chief Licensing Officer of CDC's Technology Transfer Office recently received the 2006 Life Science Award from Biolink USA-Ireland.

BioLink USA-Ireland is an association of scientists and others from Ireland working in biotechnology in the US. The aim of the organization is to connect and foster relationships to develop links to and resources for the Irish biotech community. The BioLink USA-Ireland Life Science Awards are presented at the annual meeting.

O'Toole was nominated by Enterprise Ireland for his "...outstanding work and invaluable contribution to the Life Science Industry..." He was one of ten awardees, and the only US Government official, selected from approximately 100 nominees. Previous US

Government recipients of this award include Secretary Tommy Thompson (DHHS) and Commissioner Lester Crawford (FDA).

O'Toole graduated from the University of Pittsburgh with a Bachelor of Science Degree in 1978 and went on to receive a Masters in Public Health from the University of North Carolina. During his 27 years with CDC, O'Toole has held a range of senior management positions while working for several CIOs. O'Toole has served as CDC Chief Licensing Officer since 1997 where he has negotiated several landmark licenses. He is also involved with developing the CDC Innovation Fund at the CDC Foundation.

O'Toole is a Director on the Georgia Biomedical Partnerships board and a voting member on the DHHS Technology Transfer Policy board. He has participated in and supported many events sponsored by the Georgia Research Alliance, and the State of Georgia Department of Economic Development. He has been active in many domestic and international trade missions and has helped a number of Irish companies (e.g., Biotrin and Trinity Biotech) license CDC technologies. O'Toole's links to Ireland include his Irish-born grandparents.

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### **NCHSTP Staff Selected for 2006 Atlanta Federal Employee of Year Award**

Two staff members from the Division of HIV/AIDS Prevention and 11 staff members of the Global AIDS Program were nominated for the 2006 Atlanta Federal Employee of the Year Award. The winners will be announced at a luncheon on May 3 at the Georgia International Convention Center in College Park, Georgia.

#### **Division of HIV/AIDS Prevention**

**Megan Foley**, MPH, public health analyst, was nominated in the Outstanding Customer Service category for her role as the Extramural Funding Team Leader in the NCHSTP Office of the Director. Recently, Foley moved to the NCHSTP Division of HIV/AIDS Prevention to coordinate the African-American HIV/AIDS initiative.

**Yulonda B. Williams**, administrative officer in the NCHSTP Division of HIV/AIDS Prevention, was nominated in the Outstanding Supervisor category for her role in strengthening the Administrative Services Office in the DHAP OD by improving staff morale and performance, cutting costs through increased efficiencies and improving communications with her implementation of the administrative update.

#### **Global AIDS Program**

**Lynn Mercer**, MPA, MPH, acting branch chief of the International Field Program Development Branch, was nominated in the Outstanding Manager category for her role in finding creative solutions to the many administrative and management challenges GAP has faced since the advent of the President's Emergency Plan for AIDS Relief in 2003. Mercer was honored with the [NCHSTP Director's Recognition Award for April](#).

**Kevin DeCock**, MD, director of GAP Kenya, was nominated in the Outstanding Supervisor category. Throughout his 20-year career, DeCock has shown visionary leadership and dedication to improving the lives of people with HIV/AIDS. He established Project Retro-CI to address HIV/AIDS in Côte d'Ivoire and served as its

director from 1988–1993. In 1997, he returned to Atlanta to serve as director, Division of HIV/AIDS Prevention, Surveillance and Epidemiology, with responsibility for all domestic HIV/AIDS surveillance and research at CDC. In 2000, DeCock was appointed director of GAP Kenya.

**Elizabeth Marum**, PhD, MS, senior public health adviser with GAP Kenya, was nominated in the Outstanding Scientific category. Marum is an internationally recognized expert in the field of HIV/AIDS prevention who spearheaded the start-up and expansion of voluntary HIV counseling and testing (VCT) services throughout sub-Saharan Africa. She has served as a CDC HIV/AIDS behavioral scientist and technical adviser in African countries since 1991 and colleagues often comment on her inspirational leadership, referring to her affectionately as "Mama VCT."

The **GAP PMTCT and Training teams** were nominated in the Outstanding External Partnership Award category for their collaboration with WHO to develop the Prevention of Mother-to-Child Transmission of HIV (PMTCT) Generic Training Package, a standardized evidence-based [PMTCT training curriculum](#) that can be used globally and adapted to individual countries. The training package supports the efforts of Ministries of Health to scale-up PMTCT services in resource-constrained settings.

Those honored include: **Omotayo Bolu, Cheryl Mayo, Nathan Shaffer, Andrea Swartzendruber, Halima Dao, Tracy Creek, Thomas Finkbeiner, and Michelle McConnell.**

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**PROMOTIONS/ TRANSFERS/ NEW EMPLOYEES**

**Scott Tulloch** has accepted a transfer to Albuquerque, NM, effective March 19, 2006.

**Paul Moffat** has been selected for a TB public health advisor (PHA) position with the Los Angeles County Health Department in Los Angeles, California. Paul will be departing Atlanta, Georgia, where he has been working for CDC's Coordinating Office for Global Health, Division of Epidemiology and Surveillance Capacity Development (DESCD). Paul began his CDC public health career with the STD program, working as a Disease Intervention Specialist. His additional assignments included serving as a TB PHA in New Orleans, Louisiana and later as a Immunization PHA. Paul will begin his assignment in Los Angeles effective May 1, 2006.

**Deborah Carr** was appointed public health adviser (PHA) in the Field Services and Evaluation Branch, Division of TB Elimination. Carr will serve in a TB PHA position with the Austin/Travis County Health Department in Austin, Texas. She will be moving from Los Angeles, where she has been working for CDC's Division of STD Prevention.

**Hazel D. Dean**, ScD, MPH, NCHSTP associate director for Health Disparities, is starting a rotational assignment at the Administration for Children and Families, as part of the Senior Executive Service Candidate Development Program. Dean will be working on the Healthy Marriage Initiative. In February, she completed a rotation with Reggie Mebane in the CCID Office of the Director where she worked on governance issues and leadership priorities. She will return to NCHSTP in June.

The Division of STD Prevention, NCHSTP, recently welcomed seven new staff members. **Catherine Lindsey Satterwhite** joined the DSTDP Epidemiology and

Surveillance Branch as an epidemiologist. **Sheldon Black, David Byrum, Tracey Hardy**, and **David Johnson** joined the DSTDP Program Development and Support Branch (PDSB) as project officers. **Steve Shapiro** also joined PDSB as national infertility coordinator. **Delicia Carey** joined the DSTDP Statistics and Data Management Branch to serve as a mathematical statistician.

**Jo Valentine**, MSW, is keeping up the momentum for the National Syphilis Elimination Effort as Kevin Fenton, MD, PhD, transitions into his new position as NCHSTP director.

**CDR Anthony Fiore, MD, MPH**, is serving as the acting associate director for science in the Division of Viral Hepatitis. Before his detail as ADS, Dr. Fiore served as a senior medical epidemiologist in the Epidemiology and Surveillance Branch, where he worked on a variety of hepatitis A and B vaccination studies as well as foodborne hepatitis A outbreak investigations and prevention.

**Megan Foley, MPH**, public health analyst, has moved to the Division of HIV/AIDS Prevention to coordinate the African American HIV/AIDS initiative. Previously, Foley served as the extramural funding team leader in the NCHSTP Office of the Director. John W. Ray, MPH, public health adviser, is currently serving as acting extramural funding team leader.

**Niki Keiser, MA**, is serving as the acting associate director for communication science (ADCS) for the NCHSTP Office of Communications. NCHSTP ADCS John Anderton, PhD, has accepted a minimum 90-day detail to CDC's Office of Enterprise Communication.

**Peter Kilmarx, MD**, is the new chief of the Epidemiology Branch in the Division of HIV/AIDS Prevention. In this position, Dr. Kilmarx oversees a staff of more than 60 who work on HIV prevention, vaccine, and biomedical research activities in the United States and overseas. Before serving as epidemiology branch chief, Kilmarx served as the director of the BOTUSA Project in Botswana and chief of the Sexual Transmission Research Section, Thailand MOPH—U.S. CDC Collaboration, in Chiang Rai, Thailand.

**Kathryn Koski, MEd**, is serving as the acting chief of the Financial & Administrative Services Office (FASO) in the NCHSTP Office of the Director. Koski, who is on a career development detail in the position, oversees a staff of more than 25 men and women who perform the financial and administrative duties required to manage NCHSTP. She previously served as a public health advisor in the former Training and Health Communication Branch in the Division of STD Prevention.

**Elvin Magee, MPH, MS**, was appointed to a health scientist position on the Surveillance Team of the Surveillance, Epidemiology, and Outbreak Investigations Branch in the Division of TB Elimination. From 1999 to 2006, Magee worked as a health scientist and information technology specialist in the Statistics and Data Management Branch in the Division of STD Prevention. Before that, he worked with the HIV/AIDS Reporting Systems (HARS) in the Division of HIV/AIDS Prevention (DHAP). Magee also worked as data manager for the Young Men's Survey Project in DHAP.

**Barb Marston, MD**, recently joined the Care and Treatment Branch in the Global AIDS Program (GAP), NCHSTP. Marston also is a member of the staff at the Veterans' Affairs (VA) Medical Center. She recently returned from 4 years in Kenya, where she

coordinated HIV care and treatment programs for GAP Kenya. She works at CDC half-time and conducts one clinic a week at the VA's HIV clinic.

**Michael Melneck, MPH**, has been appointed management official in the NCHSTP Office of the Director (OD). Since April 2004, Melneck has served as the acting associate director for management and operations (ADMO). As part of the restructuring of the national center's offices of the director, the ADMO positions have been redesigned and are now referred to as management officials. Before joining OD, Melneck served as the deputy director of the former Division of AIDS, STD, and TB Laboratory Research.

**CDR Catherine McLean, MD**, is on detail in the Office of the Associate Director for Science in the NCHSTP Office of the Director. In this capacity, McLean is providing technical assistance to NCHSTP staff regarding protection of human subjects in research projects. She also is acting as liaison between the Department of Health and Human Services and program staff for Office of Management and Budget clearances. She is permanently assigned to the Epidemiology and Surveillance Branch in the Division of STD Prevention.

**Bharat S. Parekh, PhD**, recently joined NCHSTP's Global AIDS Program International Laboratory Branch as team leader of the Serology/Incidence and Diagnostics Team. Previously, Parekh was a unit lead on the Incidence and Diagnostics Team, Laboratory Branch, Division of HIV Prevention, NCHSTP. He spearheaded the development of HIV-1 BED Incidence Assay and has extensive experience in the HIV immunology/diagnostic field, with more than 16 years at CDC.

**Melissa Shepherd**, the former director of communications for NCHSTP, has returned to NCHSTP OD to serve as a special adviser to the director on external relations. Shepherd will be on-site initially 2 days a week to provide strategic consultation and assistance to the NCHSTP Office of Communications. When not at NCHSTP, she teaches at Rollins School of Public Health at Emory University and is helping RSPH establish a center for global health communications.

**Brigette Ulin, MPH**, is on detail in the Office of Communications, NCHSTP Office of the Director, from the Division of Viral Hepatitis (DVH). In this capacity, Ulin is assisting the OC with the integration of viral hepatitis activities into HIV, STD, and TB projects as DVH joins NCHSTP. She is collaborating on various projects related to the integration and services provided by CDC's National Prevention Information Network (NPIN). Before this detail, Ulin served as behavioral scientist on the Education and Training Team, Prevention Branch, Division of Viral Hepatitis.

**Susan A. Maloney, MD, MHSc**, acting chief of the Immigrant, Refugee, and Migrant Health Branch, Division of Global Migration and Quarantine, NCID, has been named director of the International Emerging Infections Program in Bangkok, Thailand. Dr. Maloney, who is a Captain in the United States Public Health Service, will leave for her post toward the end of summer 2006.

Thailand is the site of the first International Emerging Infections Program (IEIP), a series of centers of excellence CDC plans to establish as part of a global strategy. The centers will integrate disease surveillance, applied research, prevention, and control activities in a partnership between a local ministry of health and CDC. Additional partners may include local universities, medical research institutes, Field Epidemiology

Training Programs, or U.S. military laboratories. Planned to maintain close ties with WHO country and regional offices, the IEIP sites will strengthen national public health capacity and provide hands-on training in laboratory science, epidemiologic science, and public health administration.

IEIP-Thailand focuses on four main pillars of activity—surveillance, research, training, and outbreak support. IEIP is part of the overall Thailand Ministry of Public Health (MOPH) and U.S. CDC Collaboration that also includes the Global AIDS Program (GAP) and HIV/AIDS research activities. The priorities of the IEIP are developed in weekly meetings of the Thai MOPH working group. IEIP-Thailand has headquarters on the campus of the Thai MOPH, 30 minutes north of downtown Bangkok.

**Aaron Fleischauer**, PhD, has been named team lead, Epidemiology and Surveillance Team, Epidemiology Surveillance and Response Branch, Bioterrorism Preparedness and Response Program.

**Mark Frank, MPH**, and **Stephen Papagiotas, MPH**, have joined the Bioterrorism Preparedness and Response Program (BPRP) in the Epidemiology Surveillance and Response Branch.

Previously, Frank was a public health adviser in the National Immunization Program's Office of Preparedness and Emergency Response and an emergency coordinator in the Food and Drug Administration's (FDA) Office of Crisis Management. Before joining FDA, he spent 2 years with CDC's Division of Healthcare Quality Promotion working on the Dialysis Surveillance Network. With BPRP, Frank primarily is working on response planning issues, such as the standardization and updating of the agent-specific response plans.

Papagiotas is working on issues related to the utilization of an Emergency Use Authorization (EUA) during emergency response activities. Before joining CDC, he was an emergency coordinator in the Office of Crisis Management/Office of Emergency Operations at the Food and Drug Administration. While at the FDA, he was responsible for coordinating emergency response activities for incidents involving FDA-regulated products.

**Janet (Jan) Nicholson, PhD**, began serving as acting deputy director for the National Center for Infectious Diseases (NCID) December 12, according to Rima F. Khabbaz, MD, NCID director. Dr. Nicholson received her doctorate from Emory University, Atlanta. She is currently the NCID associate director for laboratory science. In previous positions at CDC, she was involved in HIV research, which included prognosis markers and immune response measures (CD4 cell enumeration). In her current position, she has played key lead roles in the design and construction of new NCID laboratory buildings, the development of the NCID Comprehensive Safety Program, continuity of operations (COOP) and the Integrated Emergency Management Plan, issues regarding specimen transport and management, biosecurity, compliance with FDA regulations for diagnostics developed in NCID, and coordination of bioterrorism laboratory activities within CDC and with other partners. She currently manages the ASM/NCID postdoctoral program and has been active in many activities related to laboratory science for CDC and for HHS

**Dr. Gary Clark**, chief, Dengue Branch, Division of Vector-Borne Infectious Diseases, San Juan, Puerto Rico, will be joining the Mosquito and Fly Unit of the U.S. Department

of Agriculture in Gainesville, Florida, as research leader. Dr. Clark plans to leave CDC in February 2006. DVBID has begun recruiting for the chief of the Dengue Branch position. For more information, interested candidates should contact Dr. Roger Nasci at DVBID.

**Benita Minor**, formerly a management and program analyst in the NCID Office of the Director, left CDC in November for a position at the U.S. Fish and Wildlife Service. Before coming to NCID, Minor had worked in the Human Resources Management Office.

**Zuzanne Bristow, MPH**, has joined the Division of Global Migration and Quarantine (DGMQ) as a quarantine public health officer. A native of El Paso, Bristow is stationed at the CDC El Paso (Texas) Quarantine Station. A former Americorp-VISTA volunteer, Bristow joined Tobacco Free El Paso, an American Legacy Foundation initiative under the Center for Border Health Research, as a program coordinator. She organized and facilitated tobacco cessation trainings for community health workers and health care providers along the U.S.-Mexico border. She also helped to develop and implement a research initiative to identify smoking trends and behaviors among their low-income, Spanish-speaking patients. Bristow most recently worked as a clinical research associate for the Center for Integrative Cancer Medicine (formerly the Center for Cancer Medicine and Blood Disorders), where she helped to plan its new research center.

**Zanju Wang** recently began work with the Surveillance and Epidemiology Team of the Immigrant Refugee and Migrant Health (IRMH) Branch of DGMQ. Terry Comans is deputy chief of IRMH. Wang received a BA in economics from Beijing University in China, an MA in economics from Beijing University, and an MS in information systems from Northeastern University in Boston. She served as a research assistant for the Institute of Latin American Studies at the Chinese Academy of Social Sciences in Beijing.

**Nicki Pesik, MD**, now serves as a team lead in the Epidemiology Surveillance and Response Branch, Bioterrorism Preparedness and Response Program (BPRP) and is an assistant professor in the Department of Emergency Medicine at the Emory School of Medicine. Before joining BPRP, Dr. Pesik was the senior medical officer for CDC's Division of Strategic National Stockpile. Pesik also has conducted research in BL-4 labs with viral hemorrhagic fevers at USAMRIID from 1986–1989.

**Pamela Diaz, MD**, has joined the Epidemiology Surveillance and Response Branch (ESRB) in the Bioterrorism Preparedness and Response Program (BPRP). Dr. Diaz comes to BPRP from the Chicago Department of Public Health, where she helped to begin the bioterrorism program. Diaz has held other infectious disease positions including medical director of the immunization program and medical director of communicable diseases. She also has been on the faculty of both the University of Chicago and Stanford University as a professor of pediatric infectious diseases. Diaz will be serving ESRB as a senior medical adviser and providing clinical consultation for the BioWatch Program as well as for pediatric preparedness issues.

**Zuzanne Bristow, MPH**, has joined the Division of Global Migration and Quarantine (DGMQ) as a quarantine public health officer. A native of El Paso, Bristow is stationed at the CDC El Paso (Texas) Quarantine Station. A former Americorp-VISTA volunteer, Bristow joined Tobacco Free El Paso, an American Legacy Foundation initiative under

the Center for Border Health Research, as a program coordinator. She organized and facilitated tobacco cessation trainings for community health workers and health care providers along the U.S.-Mexico border. She also helped to develop and implement a research initiative to identify smoking trends and behaviors among their low-income, Spanish-speaking patients. Bristow most recently worked as a clinical research associate for the Center for Integrative Cancer Medicine (formerly the Center for Cancer Medicine and Blood Disorders), where she helped to plan its new research center.

**Zanju Wang** recently began work with the Surveillance and Epidemiology Team of the Immigrant Refugee and Migrant Health (IRMH) Branch of DGMQ. Terry Comans is deputy chief of IRMH. Wang received a BA in economics from Beijing University in China, an MA in economics from Beijing University, and an MS in information systems from Northeastern University in Boston. She served as a research assistant for the Institute of Latin American Studies at the Chinese Academy of Social Sciences in Beijing.

**Nicki Pesik, MD**, now serves as a team lead in the Epidemiology Surveillance and Response Branch, Bioterrorism Preparedness and Response Program (BPRP) and is an assistant professor in the Department of Emergency Medicine at the Emory School of Medicine. Before joining BPRP, Dr. Pesik was the senior medical officer for CDC's Division of Strategic National Stockpile. Pesik also has conducted research in BL-4 labs with viral hemorrhagic fevers at USAMRIID from 1986–1989.

**Pamela Diaz, MD**, has joined the Epidemiology Surveillance and Response Branch (ESRB) in the Bioterrorism Preparedness and Response Program (BPRP). Dr. Diaz comes to BPRP from the Chicago Department of Public Health, where she helped to begin the bioterrorism program. Diaz has held other infectious disease positions including medical director of the immunization program and medical director of communicable diseases. She also has been on the faculty of both the University of Chicago and Stanford University as a professor of pediatric infectious diseases. Diaz will be serving ESRB as a senior medical adviser and providing clinical consultation for the BioWatch Program as well as for pediatric preparedness issues.

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## RETIREMENTS

**Linda Moyer**, chief of the Education and Training Team in the Division of Viral Hepatitis, NCHSTP, retired January 31, 2006. Moyer had worked in the division since 1988. Currently, she is consulting with the Immunization Action Coalition, St. Paul, Minnesota.

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**Terence (Terry) L. Chorba, MD, MPH, MPA, MA**, associate director for science (ADS) for the National Center for HIV/AIDS, STD, and Tuberculosis Prevention (NCHSTP) and a captain with the U.S. Public Health Service (USPHS), is retiring after 28 years of federal service, 25 of which have been in the U.S. Naval Reserve and the USPHS. During his 2-year tenure as NCHSTP's ADS, Dr. Chorba has been responsible for scientific and ethical oversight of the center's research and programmatic work, including the design, implementation, evaluation, and dissemination of intramural and extramural research, surveillance and programmatic activities in HIV, STD, TB, and the Global AIDS

Program. In recent months, Chorba has helped assist with NCHSTP's integration into the Coordinating Center for Infectious Diseases (CCID), one of CDC's four new coordinating centers.

Chorba came to CDC in 1983 as an EIS Officer with the Division of Host Factors in the Center for Infectious Diseases where he worked on AIDS surveillance for the U.S. hemophilia population during the early phase of the HIV epidemic. In 1986, he received the Alexander Langmuir prize for work elucidating rates of transmission of human parvovirus B19 and supporting the hypothesis that B19 infection caused erythema infectiosum (a common childhood rash) and red cell aplasia (in persons with chronic hemolytic anemias). From 1985 to 1987, he was assigned to the State Health Department in North Carolina by the Epidemiology Program Office (EPO). From 1987 to 1995, he worked in EPO and in the National Center for Injury Prevention and Control.

From 1995 to 1999, with EPO's Division of International Health, Chorba established CDC's Central Asian Office in Kazakhstan, coordinating technical assistance regarding diphtheria, polio, hepatitis, tuberculosis, malaria, typhoid, acute respiratory illnesses, and diarrheal diseases in five former Soviet republics. From 1999 to 2002, he was director of NCHSTP's research field station in Abidjan, Côte d'Ivoire (Projet Retro-CI). Despite four coup d'etat attempts, one successful coup, and multiple curfews, this site became a pacesetter in the Global AIDS Program, expanding HIV testing and care to thousands of patients.

In 2001, Chorba was named Researcher of the Year by the National Hemophilia Foundation for continued work on many aspects of HIV infection among persons with hemophilia. From 2002 to 2004 with the Division of STD Prevention, he developed and obtained funding for an evaluation of health care providers' adherence to national guidelines for provision of STD and hepatitis services to HIV-infected men who have sex with men. An author of more than 130 peer-reviewed articles and book chapters, Chorba is assuming a position as vice president with Macro International, Inc., with a focus on global public health issues. His new office is in Building 3, Corporate Square. Before he begins his new job, he plans to spend some quiet time with his wife, Lindy, and their four children.

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After 37 years of federal service, **Emmett Swint** retired on January 3, 2006. Swint's government career began in 1964 with 4 years in the U.S. Navy. After completing a master's degree in experimental psychology from Georgia Tech in 1973, he began work at the Knoxville, Iowa, Veterans Administration Hospital as a psychology research technician. His VA career spanned 17 years with research, management analyst, and health planning positions in Portland, Oregon, Marion, Indiana, Madison, Wisconsin, and Atlanta.

In 1990, Swint began work at CDC in the National Immunization Program as a computer specialist, providing data management support to several measles and vaccine safety studies. In 1995, he transferred to the Division of Sexually Transmitted Disease Prevention (DSTDP) as a scientific information specialist. During the past 10 years, he was instrumental in many DSTDP projects including syphilis elimination, STD performance measures, STD surveillance reports and requests, and Indian Health Service activities

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**CAPT David G. Addiss, MD, MPH** is retiring from CDC and the Commissioned Corps of the US Public Health Service after 21 years of service on June 1, 2006. Dr. Addiss is a medical epidemiologist with the Division of Parasitic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC). During his 21 year career at CDC, Dr. Addiss has investigated and done research on a variety of infectious and parasitic diseases including Legionnaires' disease, measles, pertussis, hepatitis A, *Chlamydia trachomatis*, chronic diarrhea, botulism, cryptosporidiosis, giardiasis, infectious diseases in day care settings, foodborne and waterborne diseases, schistosomiasis and most recently lymphatic filariasis.

After his undergraduate work at the University of California - San Diego, he received his MD degree from the Medical College of Georgia in 1981, completed an internship in ob-gyn at Valley Medical Center in Fresno, CA, and was a general practitioner in a migrant health clinic in the San Joaquin Valley for two years. After completing an MPH at Johns Hopkins University in 1985, he began his career in public health as an EIS Officer with the Wisconsin Division of Health, in Madison, where he focused on infectious disease epidemiology. He completed a residency in Preventive Medicine at CDC in 1988 and joined the Division of Parasitic Diseases, where he has been involved in research and prevention of parasitic diseases, both in the United States and abroad.

Dr. Addiss is a co-author of over 130 scientific articles and publications on infectious diseases. He has served on the Mectizan Expert Committee as the CDC liaison since 1996, was a member of the board of trustees of Health and Development International from 1999 to 2003, and has been a member of the WHO Technical Advisory Group on the Elimination of Lymphatic Filariasis since 2004. During the span of his career, Dr. Addiss has been an instructor at Johns Hopkins University, the Rollins School of Public Health at Emory University, the University of Wisconsin School of Medicine, and the Medical College of Georgia.

During the last 15 years, Dr. Addiss has increasingly focused on the epidemiology and treatment of lymphatic filariasis, a parasitic disease that causes lymphedema (elephantiasis) of the leg. His work on new treatment strategies, both for persons infected with the parasite as well as those affected by the disease, helped provide a foundation for the development of global efforts to eliminate lymphatic filariasis. Since 1997, Dr. Addiss has been co-director of the World Health Organization's Collaborating Center for Control and Elimination of Lymphatic Filariasis in the Americas, based at CDC.

Dr. Addiss has plans to continue his career as senior science program officer at Fetzer Institute in Kalamazoo, MI. His friends at CDC and those of us who have had the privilege of working with David will miss his kind and gentle spirit and his passion for helping others. We wish him well in his new endeavor.

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**SHARE**  
[Services to Help All Regular Employees](#)

**The Fox Theatre**

**Presents**

**Disney Live! Mickey's Magic Show**

**Saturday, June 10<sup>th</sup>, 2:00p, \$26**

**Sunday, June 11<sup>th</sup>, 2:00p, \$26**

**Parking: \$10+**

**Cue the footlights! Raise the curtain! Mickey, Minnie, and a host of Disney friends are performing live on stage in a one-of-a-kind magic show! It is laughs, cheers and magic tricks in this onstage adventure of Donald and Goofy, Cinderella and the Fairy Godmother, Alice and the mad Hatter, and many more. Put them together and what have you got? A whole new way to experience Disney Magic with your family. For more information, contact Youlanda Outin, Ticket sales end on May 12th.**

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**The Fox Theatre Presents**



Saturday, July 29<sup>th</sup>, 2:00pm, \$61

Sunday, July 30<sup>th</sup>, 6:30pm, \$56.50

Parking is \$10.00+

A mother. A daughter. Three possible dads. And a trip down the aisle you'll never forget. A mother confronts her past as three men return to the Greek Island they've not visited for 21 years just as her 20-year old daughter is about to be married. A story-telling magic of ABBA's songs propels this enchanting tale of love, laughter and friendship. For more information, contact Diana Cronin, Ticket sales end on May 24, 2006

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**The Annual CDC/ATSDR Tennis Round Robin is coming up!!**

The Annual CDC/ATSDR Tennis Round Robin event is sponsored by SHARE, and will be held on Friday, May 19, 2006 starting at 1:00 p.m. at the DeKalb Tennis Center. In the event of rain, the event will be held Friday, June 2. All current or former CDC employees, contractors, volunteers, their spouses, and children are invited to participate. This round robin doubles event is voluntary, and is an off-duty event. Players must have approved leave to participate. The tournament will be eight rounds of four games each and play will conclude between 4:00 -5:00 P.M.

Entry fee for this non-profit event is \$25.00 per person, which includes court fees, balls, a tennis trinket, T-shirt, and refreshments. Door prizes will be given in a drawing for all tournament participants, and trophies will be awarded to the male and female winner for each level of play—advanced, intermediate, and beginner.

The registration deadline is May 12 and registration is limited to the first 48 players, so register early. You MUST complete a registration form and pay the entrance fee to

participate. Mail your entry fee and completed form to Michael Campsmith, Mailstop: E-47, by the May 12th deadline. Your check should be made out to the CDC Tennis Round Robin. Note: if you register and then can't play, we will return your registration fee if you cancel before the May 12 deadline.

This is for fun, so come on out and enjoy some time away from the office - don't worry about skill level! And spread the word among your tennis-playing CDC colleagues.

For further information or to receive a registration form, you may contact:

|                   |              |
|-------------------|--------------|
| Michael Campsmith | 404-639-5174 |
| Harriet Brown     | 404-639-8391 |
| Henry Hunter      | 770-488-1941 |
| Bob Kohmescher    | 404-639-1914 |
| Catherine McLean  | 404-639-8467 |

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### **JOB ANNOUNCEMENTS:**

Here is the link to the PEPFAR coordinator on the Fed Biz Opps website.

<http://www.fbo.gov/spg/HHS/CDPC/PGOA/2006%2DN%2D08484/Combine%20Synopsis%5FSolicitation.html>

### **R -- PEPFAR Coordinator PSC**

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#### **General Information**

Document Type:	Combine Solicitation
Solicitation Number:	2006-N-08484
Posted Date:	Apr 28, 2006
Current Response Date:	May 15, 2006
Current Archive Date:	May 30, 2006
Classification Code:	R -- Professional, administrative, and management support services
Naics Code:	561110 -- Office Administrative Services

#### **Contracting Office Address**

Department of Health and Human Services, Center for Disease Control and Prevention, Procurement and Grants Office (Atlanta), 2920 Brandywine Road, Room 3000, Atlanta, GA, 30341-4146

#### **Description**

The Department of Health and Human Services, Centers for Disease Control and Prevention, is seeking applications from qualified applicants for a PEPFAR Coordinator position located in Abidjan, Cote d'Ivoire. The resultant contract shall be a Personal Services Contract (PSC).

SOLICITATION NUMBER: 2006-N-08484

POSITION NUMBER: IV-PSC-01

ISSUANCE DATE: April 28, 2006

CLOSING DATE/TIME: May 15, 2006 at 10:00AM Eastern Standard Time

POSITION TITLE: PEPFAR Coordinator

MARKET VALUE: \$63,700 to \$101,500 -- Final compensation will be based on individual salary history, work experience, and educational background.

PERIOD OF PERFORMANCE: 5 Years (1 Base Year and 4 Option Years)

PLACE OF PERFORMANCE: Abidjan, Cote d'Ivoire

SECURITY CLEARANCE: Top Secret

AREA OF CONSIDERATION: United States Citizens only. Foreign nationals are not eligible for this position. U.S. citizens who are permanent residents of the host country may not fill this position under this contract.

Duties and Responsibilities:

Under the Chief of Mission or his/her designee, the PEPFAR Coordinator serves as the operational coordinator for PEPFAR activities for the Emergency Plan for HIV/AIDS Relief in Cote d'Ivoire. S/he serves as a key resource person for the Cote d'Ivoire Country Team chaired by the Ambassador as well as to the State Office of Global AIDS Coordinator Country team.

Principal responsibilities include:

- \* Facilitate development and implementation of a unified PEPFAR program for the Ivory Coast that makes best use of the comparative advantages and competencies of participating USG agencies, achieves maximum results related to the PEPFAR 2-7-10 targets and Govt. of Ivory Coast's objectives for HIV/AIDS, and is optimally responsive to the needs of citizens at risk for or infected with HIV.
- \* Serve as the primary liaison for the Ivory Coast in-country team with the Office of the Global AIDS Coordinator (S/GAC), and particularly with the Ivory Coast interagency Core Team.
- \* Ensure that COM/DCM and other interested/affected units at the Embassy are apprised of key PEPFAR developments and timelines.
- \* Coordinate with named representatives of the USG PEPFAR implementing agencies, i.e, the Department of Health and Human Services (Centers for Disease Control and Prevention (CDC), US Agency for International Development (USAID), and other relevant USG agencies.
- \* Coordinate with leadership in selected or limited Government of Ivory Coast ministries/offices to ensure consistent communication related to PEPFAR to promote maximum complementarity between the Government's HIV/AIDS programs and those being planned and implemented by USG agencies and their partners
- \* Program management support for specific USG projects as delegated by the

relevant agency representative (CDC/HHS and/or USAID)

- \* Technical leadership in designated areas complementing those assigned to other members of the USG integrated team
- \* Liaise with the Public Affairs office on PEPFAR communications

Duties shall include:

- \* Organizing, disseminating and retaining records of regular and ad hoc meetings of the Ivory Coast PEPFAR Planning Group chaired by the Chief of Mission.
- \* Organizing, disseminating and retaining records of regular and ad hoc meetings of the Ivory Coast PEPFAR senior technical staff.
- \* Organizing, disseminating and retaining records of regular communications with PEPFAR core team.
- \* Serve as secretariat for USG/Govt. of CI meetings related to PEPFAR.
- \* Coordinating and facilitating the development of the country operational plan including identification and facilitation of technical assistance from the core team and other international staff, and liaising with the Strategic Information coordinator to facilitate completion of reports and other key PEPFAR documents.
- \* Working with the press attach\*/Public Affairs Office and technical staff to prepare and disseminate periodic internal and external updates/status reports on PEPFAR in Ivory Coast. Internal audiences shall be limited to USG participants, including HQ. External audiences shall include Government partners, non-governmental implementing partners, and Ivorian/International media and the general public
- \* Providing program management to selected projects as part of a joint USG senior project management team, including technical/administrative oversight of implementing partners, the regular monitoring of activities in the field to ensure the maintenance of reasonable reserves of funds (pipelines), and preparing internal USG documents and procedures needed to provide partners with required funds in a timely manner each year.

Drawing on his/her technical expertise and comparative advantage the Coordinator will be assigned as the lead in one or more designated technical areas.

Minimum Qualifications:

- a) Familiarity with USG (either CDC or USAID) administrative, management, and reporting procedures & systems.
- b) Demonstrated ability in strategic planning, program management and implementation, especially within a developing country context.
- c) Advanced degree in public health project management or related field required \* e.g. international health, social work, medicine, nursing, or midwifery: or international

relations, public administration/policy or management with a concentration of public health or international health; or selected social/behavioral science.

d) At least 3 years working in public health with focused experience in HIV/AIDS programs with knowledge of prevention, care and treatment services.

e) Fluent French (speaking/reading), minimum 3/3. Level 5 English written and spoken required.

f) Candidates meeting the minimum educational requirement must have at least 1 year of professional experience in monitoring and evaluation or other public health program management. Candidates who do not meet the minimum educational requirement must have 5 years of professional experience in monitoring and evaluation or surveillance.

e) Proficiency in the Microsoft Office suite of programs (Word, Excel, PowerPoint).

#### Desired Qualifications:

a) At least 3 years working in public health with focused experience in HIV/AIDS programs with knowledge of prevention, care and treatment services in Africa.

b) Field experience in managing and coordinating PEPFAR programs in Francophone Africa

#### Benefits/Allowances:

Overseas allowances and differentials similar to those available to U.S. Government employees assigned abroad may be payable under this PSC, subject to eligibility. Actual benefits may vary from one candidate to the next and/or from one country of assignment to the next. A summary of the overseas allowances and differentials available to U.S. Government employees assigned abroad may be found at the following Internet URL: <http://www.state.gov/m/a/als/4311.htm>. Specific benefit, allowance, and differential information will be provided in the "Offer of PSC Employment" letter sent to the successful applicant.

Additionally, country specific information useful for U.S. Government employees assigned abroad may be obtained from Department of State Post Reports available at the following Internet URL: [http://foia.state.gov/MMS/postrpt/pr\\_view\\_start.asp](http://foia.state.gov/MMS/postrpt/pr_view_start.asp) and Travel Warnings concerning certain countries, in

many of which CDC conducts its international program activities, may be obtained at the following Internet URL: [http://travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_1764.html](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html).

Federal Taxes: Personal Service Contractors who are either United States citizens or Permanent Resident Aliens (i.e., \*green card\* holders) of the United States are not exempt from payment of Federal Income and, in some cases State, income taxes on salaries earned abroad while working for the U.S. Government.

#### How to Apply:

A complete application shall consist of a completed Optional Form 612 (Optional Application for Federal Employment) or resume or curriculum vitae that provides the same information required in a OF 612, as well as references, current (or highest recent) salary documentation, and Benefit Eligibility Form.

Optional Form 612, Optional Application for Federal Employment:

The Optional Form (OF) 612, Optional Application for Federal Employment, can be located at: <http://www.opm.gov/Forms/html/of.asp>.

References:

Each applicant shall submit three Professional references other than family members. Two references shall be from a current and previous supervisor. The following information is required: Name, Address, telephone Number, Title, and Email Address.

Current (or Highest Recent) Salary Documentation:

Each applicant shall submit supporting documentation that reflects their current or highest recent salary. Examples of such supporting documentation are the most recent earning statement, an official letter from current employer signed by the applicant\*s current supervisor or Human Resources Representative, or the applicant\*s most recent U.S. Federal tax return. Each applicant shall also include a letter indicating the minimum salary in U.S. dollars the applicant would accept for the position.

Benefit Eligibility Form:

Each applicant shall submit the attached Benefit Eligibility Form with the application.

Submission of Application:

A complete application package (OF 612 or equivalent, references, salary documentation, and Benefits Eligibility Form) must be received at the following location no later than the closing date and time identified above:

Centers for Disease Control and Prevention  
Procurement and Grants Office  
Mailstop K75, Branch 7  
Attn: John Ebanks, Contract Specialist  
Solicitation 2006-N-08416  
2920 Brandywine Road  
Atlanta, GA 30341-5539

Complete application packages may be emailed to the attention of John Ebanks. Facsimile copies will not be accepted.

Applications received after the closing date and time will not be accepted. Refer to Federal Acquisition Regulation 15.208 regarding submission of late proposals ([http://www.acqnet.gov/far/current/html/Subpart%2015\\_2.html#wp1125227](http://www.acqnet.gov/far/current/html/Subpart%2015_2.html#wp1125227)).

All applications must be legible and submitted in the English language.

The solicitation number identified above must be included on all documents submitted with the application package, as well as any other correspondence regarding this solicitation.

Selection Factors:

The applicant that represents the best value to the Government will be considered for award of this Personal Service Contract (PSC). To determine best value, the following factors will be considered:

1. The extent an applicant meets the minimum and desired qualifications based on information obtained through the application package and interviews. Note that interviews may or may not be conducted; therefore, the application package should clearly identify how well the applicant meets the minimum and desired qualifications of this position. Interviews, if conducted, may be either in-person or via telephone.
2. Information collected from reference checks. References will only be verified for those applicants determined to have a reasonable chance of being selected for award.
3. Results of a cost assessment. The cost assessment will determine the total cost (salary plus benefits and allowances) of the applicant for the complete term of the contract (base period plus any option years).

In determining best value, paramount consideration shall be given to technical merit (applicant qualifications and reference checks) rather than to cost. In cases where applicants are determined to be essentially equal, then cost may become the determining factor.

PLEASE SEE web link for this Attachment A

Here is the link to the PEPFAR coordinator on the Fed Biz Opps website.

<http://www.fbo.gov/spg/HHS/CDCP/PGOA/2006%2DN%2D08484/Combine%20Synopsis%5FSolicitation.html>

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Grants Manager, Teen Tobacco Use Prevention and Cessation – 4 Positions

Four newly created teen tobacco use prevention and cessation grants managers are being sought to provide local grant development, management and evaluation for the NC Health and Wellness Trust Fund (HWTF) Commission's community/schools and college grantees funded under the Teen Tobacco Use Prevention and Cessation (TTUPC) initiative.

The grants manger will be responsible for the development, evaluation, and negotiation of grantee annual action plans and budgets addressing program goal areas for tobacco use prevention. Specific job responsibilities include: grant coordination, contract management, local program evaluation, report preparation, training and technical assistance related to budgeting and reporting, coordination of services with state technical assistance providers, and other duties as assigned.

Successful candidates should demonstrate training in, knowledge of, and/or experience with, tobacco prevention or other closely related public health field best practices as well as grant administration. A commitment to maintaining current knowledge of best practice and trends in public health policies, public health delivery systems, and grants administration is also necessary.

The four positions are time-limited, permanent positions with a salary range of \$40,000 - \$55,000 DOE. A masters degree in public health, public administration, closely related field, or equivalent mix of education and experience is required. A letter stating the reasons for interest in the position and a resume must be received by 5:00pm (EST) on June 16, 2006. Send to: Laura McCormick, Health and Wellness Trust Fund, 7090 Mail Service Center, Raleigh, NC 27699-7090.