



WATSONIAN NEWSLETTER OCTOBER 4, 2006

**NEW MEMBERS
CONDOLENCES**

**SPECIAL NOTICES
CDC LEADERSHIP PROFILE
RETIREMENTS
POSITION VACANCY**

**COMMITTEE NEWS
LEAVE DONATION
MEMBER NOTES
HAVE YOU HEARD?
SHARE**



HAPPY HALLOWEEN!

WELCOME TO OUR NEW MEMBERS

Ron L. Lindsey, (CDC/CCHIS/OD) FULL MEMBER

Chris Stansbury – FULL MEMBER

Margaret Brome, (CDC/CCEHIP/NCIPC) - FULL MEMBER

Dawn Holland (CDC/CCID/NCHSTP) (CTR) ASSOCIATE MEMBER

**John M. Flynn, (CDC/CCID/NIP) FULL MEMBER
{John sent us his bio}**

John Flynn is a Public Health Advisor at the Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Disease assigned to the Wisconsin Immunization Program. In his current position he is responsible for the development and execution of the program's continuous quality improvement initiative, including contract negotiations with local health departments, AFIX programmatic activities, and utilizing existing data to drive programmatic activities to meet Healthiest Wisconsin 2010 and Healthy People 2010 goals. Prior to joining CDC, he worked at a community-based organization in Chicago focusing on syphilis elimination. In 2002, he was part of a team of six that traveled to China to work with the Zhejiang Provincial Health Bureau and the

Ticket Sellers:

Clifton: Valerie Kokor (Bldg 21)

Corporate Center: Marcia Brooks (Bldg 11; ; Heather Duncan (Bldg 8); Bob Kohmescher (Bldg 8); Kathryn Koski (Bldg 10,)

Century Center: Kim Geissman

Koger Center: Michelle Rose Phyllis "Janie" Nichols; Chris Thomas

Executive Park: Dianne Ochoa

Retiree Sales: Fred Martich

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**HELP! HELP! HELP!**

**Folks, we need help for EVENTS planning.**

Our Events coordinator had to resign to take care of ill family, and I can't do it alone. We need new volunteers to comprise the committee. The mission of the committee is to:

**Purpose:** To develop and organize activities and special events bringing members, prospective members, friends, and families together.

**Key Activities:** Coordinate annual meeting, social events, receptions, picnics, etc

Out of 691 members, if a few dozen of you volunteer to do one half-hour shifts, we'll be covered. You get to socialize a little, and work a little, and you'll have fun at the same time. You don't have to volunteer for a lifetime, nor for EVERY activity.

**Here's a list of areas where just one half hour will make a difference:**

**PIG ROAST November 4**

**Help roast the pig** (we have a master BBQ champ who'll command this operation, but he needs a few folks to assist, and we'll keep the costs down)

Help set up

Help clean up

Ticket sellers for the pig roast

Ticket takers for the pig roast

Barkeeps for the Pig Roast

Drink coupon sellers for the Pig Roast

**Many hands make light work! !!!!** I saw how you all came together to help me make banners-what I thought would be a 12 hour job became a one and one half hour job! If you didn't make banners, then come take tickets or help clean up at an event for just a little while.

**And if you love the holidays, I have just the job for you-planning the December Holiday Party!!!!** So, contact me if you can help, and I'll be in your debt forever.

Thanks,  
Stacy

**COMMUNICATIONS COMMITTEE**



PRECEDED IN DEATH BY: His parents; sisters, Thelda M. Austin and Joyce M. Forsyth; brother, W.A. "Dub" Martin Joe Martin leaves a legacy of faithfulness and durability or, as they say in the Corps: Semper Fi.

[Joe Wray began his CDC Career in STD (when it was VD). His expected appointment position was in Charleston, SC on July 14, 1952. Other assignments included Baltimore, Trenton, and Raleigh. He was the program manager in Raleigh from 1966 until his retirement in 1978. He was greatly respected by his PHA comrades.]

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The Division of Foodborne, Bacterial and Mycotic Diseases sadly announces the death of **Lois E. Britt**. Lois passed away on September 6, 2006 after a long illness. Lois retired as a microbiologist from the Foodborne and Diarrheal Diseases Branch in 1996 after 37 years of service and also worked 2 1/2 years as a private contractor for her branch. In lieu of flowers, please make contributions to your local Humane Society in memory of Lois E. Britt.

For questions concerning this announcement, please contact James Scales at (404) 639-2623

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**ALBERT BALOWS, PH.D** January 3, 1921 to September 23, 2006 Our beloved husband and father, Albert, died unexpectedly Saturday morning following a short illness. The son of Lazarus and Anna (Kleiner) Balows, deceased, he is survived by his adored and devoted wife of 49 years, Patricia Ann Barker, and his loving children: Eve Ellen (Burbage) of Charleston, SC and son, Daniel Scott of Chicago. Dr. Balows received his BA in biology (Lowell scholar) from Colorado College in 1942. After serving in the U.S. Army medical corps from 1943-1946, where he served in Patton's 3rd Army and provided medical support to our troops after D-Day, Albert received his MS in Microbiology from Syracuse University in 1948 and his Ph.D. (Haggin fellow) from the University of Kentucky in 1952. His illustrious career as a microbiologist began at the St. Joseph Hospital in Lexington, Kentucky, where he served in the Lexington Clinic from 1952 to 1969, and ultimately took him around the globe, where he worked at the forefront of AIDS research, Toxic Shock Syndrome, Legionaire's Disease, the Ebola Virus and numerous other public health issues. From 1969 until 1981, Albert served as the Director, Bacteriology Division at the Centers for Disease Control (CDC) in Atlanta. He later served as the Assistant Director of Laboratory Science at CDC until he retired in 1988.

At one point he even planned and provided surveillance for bioterrorist activity at the Los Angeles Olympic Games, and helped determine how safe the water supply to the White House was and how to make it foolproof against bioterrorism. Internationally known and acclaimed for his work in applied and clinical microbiology, Dr. Balows was a member of the ASM for more than 50 years. He was the founding editor-in-chief of the Journal of Clinical Microbiology (1974-1979), Current Microbiology (1982-2005), the editor of Applied Microbiology (1965-1974), Annual Revised Microbiology (1979), the Thomas medical microbiology series (1964-1990), the author and editor of over 75 books on microbiology and infectious diseases, a member of the editorial boards for six scientific journals, the senior editor of the Prokaryotes, 1981 and 1991, and general editor of Topley & Wilson's Microbiology & Microbial Infections, 9th edition 1998. Often recognized for his outstanding contributions to the science of microbiology, Dr. Balows was named the Lab World Microbiologist of the Year in 1980 and had numerous honors

bestowed on him throughout his career. They included the Becton-Dickinson award in clinical microbiology in 1981; the Silver Medallion for outstanding contributions to clinical microbiology from the Italian Society of Microbiology in 1983; The P.R. Edwards award for outstanding service furthering high professional ideals and standards in microbiology in 1987; The Louis T. Benezet Distinguished Alumni award from Colorado College in 1988; The Abbott Laboratories award for development of rapid laboratory diagnostic techniques in 1990; the Distinguished Professional Recognition award from the American Board of Medical Microbiology in 1997; the BioMerieux Sonnenwirth award for exemplary leadership in clinical microbiology in 1999. However, among his most cherished recognitions were the Palmer H.S. hall of Fame and the Colorado College Alumni Award in 1988.

Throughout his career, including his work with the World Health Organization, Albert advanced the concept that clinical microbiologists can make a vital contribution to improve the health of all peoples by establishing a cooperative network of collaborating laboratories. A humble man whom one coworker dubbed a "true Renaissance man", Albert will long be remembered as a dedicated and loving family man who was completely and forever devoted to his lovely wife, Ann, who would have celebrated 50 years by his side on October 7th. In lieu of flowers, please make a donation to the American Heart Association, P.O. Box 409410, Atlanta, GA 30384. Graveside services were held September 26, at Arlington Memorial Park, Sandy Springs, GA  
Published in The Atlanta Journal-Constitution on 9/25/2006.

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Charles DeGraw's father died September 13, 2006 at 10:00. His many years of battling Parkinsons are over. Services are to be held Saturday 9/16/6 10:00 am at the Southern Heritage Funeral Home, 475 Cahaba Valley Road, Pelham, Alabama 35124 (205) 988-3511. He will be buried in Kansas City, Kansas on September 18th.

He was the gentleman always and a great Father. He lives on in our memories.

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**LEAVE DONATION -- MEMBER IN NEED**

WHO:           **ROBERT SMALL**  
                  PUBLIC HEALTH ADVISOR  
                  NCHSTP

REASON:       MEDICAL EMERGENCY

ELIGIBILITY PERIOD:  SEPTEMBER 11, 2006 through JANUARY 5, 2007

DONATION PERIOD:  (Leave will be accepted through FEBRUARY 4, 2007)

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 donated hours can be maintained. Then enter the number of hours you wish to donate in TAS Net.





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Good Morning:

I am very pleased to announce that **Mr. Pete Starling**, Area 2 STD Manager, has been selected as the Statewide STD Field Operations Consultant with the Bureau of STD Prevention and Control, effective October 1, 2006. Mr. Starling brings over 20 years of STD Field Operations experience as a DIS, Frontline Supervisor, Field Operations Manager and Program Manager. His previous assignments placed him in STD Programs in Atlanta, St. Petersburg, Chicago, and Tallahassee. In his current assignment, Mr. Starling has gained considerable experience in program management, STD outbreak response, program restructuring assistance, program reviews, oversight of AIDS Surveillance, and TB outreach.

Given his KSAs and experience, I fully expect for Pete to "hit the ground running" shortly after his arrival.

Pease join me in congratulating and welcoming Mr. Starling to his new position!

Dan George
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As many of you know, our esteemed colleague **Dr. Jim LeDuc** is leaving the Centers for Disease Control and Prevention (CDC) to join the University of Texas Medical Branch (UTMB) at Galveston. Dr. LeDuc will join UTMB as director of the new Program on Global Health within the Institute for Human Infections and Immunity and as associate director for program development within the Galveston National Laboratory, a biocontainment facility under construction on the UTMB campus. Dr. LeDuc will also be a professor in UTMB's Department of Microbiology and Immunology and the inaugural holder of a new endowed chair, the Robert E. Shope Chair in Global Health. Jim is especially honored to hold the Shope Chair, which is being established in the name of his personal friend, the late UTMB professor Dr. Robert Shope, an internationally renowned specialist in virus diseases.

Dr. LeDuc joined CDC in 1992 after serving 23 years as an officer in the United States Army, with assignments in Brazil, Panama, and various locations in the United States, including the Walter Reed Army Medical Center and the U.S. Army Medical Research Institute of Infectious Diseases. Since late 2005, he has coordinated CDC's pandemic influenza preparation and response efforts, and from 2000-2005, he served as director of CDC's Division of Viral and Rickettsial Diseases (DVRD), National Center for Infectious Diseases (NCID). Jim's immeasurable expertise proved to be a valuable asset for DVRD. His candid approach and his facility for bringing together diverse groups to work toward a common goal enhanced his efforts to coordinate the Division's many research activities, prevention initiatives, and outbreak investigations for pathogens that cause a variety of known and newly emerging diseases. Before joining DVRD, Jim served from 1996 to 2000 as the Associate Director for Global Health in the Office of the Director, NCID, and from 1992 to 1996 he was an epidemiologist and medical officer at the World Health Organization in Geneva. He has received numerous awards during his career and last year was inducted into the UCLA School of Public Health Hall of Fame.

Jim looks forward to the opportunities presented by UTMB; however, he has also stated his expectation of remaining professionally close with his colleagues at CDC "as the new UTMB containment lab comes on line, and I look forward to working with them to make this lab a critical part of our national defense against bioterrorism."



- ensure coordination and synergy of CDC’s scientific and practice activities; and
- promote and protect the public’s health through science-based, practice-relevant
  - ❖ standards,
  - ❖ policies, and
  - ❖ legal tools.

The 17 staff members work in the Office of Standards and Emerging Issues in Practice and in the Public Health Law Program.

**First job at CDC:** Bailey's current position is her first position at CDC, however, she says “I have had a history of affiliations with CDC starting in 1999 that connected me with many of the areas and people of CDC, including co-chairing the National PH Workforce Taskforce, serving as a senior consultant for local practice to PHPPO, and serving on the National Advisory Committee for the Elimination of Tuberculosis, among others.”

**Path to public health:** “I grew up in a small town on the eastern shore of Maryland. My parents had six children (three girls and three boys); I am the second oldest and the oldest daughter. After graduating from high school, I went to Clark University in Worcester, Mass., where I earned a bachelor’s degree in psychology. During my sophomore year, my organic chemistry professor said to me, ‘You should apply to medical school.’ On his recommendation, I applied and got in. I graduated from MeHarry Medical College in Nashville, Tenn., and was matched to—what was then—Grady Memorial Hospital in Atlanta for my residency in Internal Medicine. The DHHS in 1977 called to service NHSC scholars to fulfill their public health service corps obligations. I did, and then joined the Metropolitan Nashville and Davidson County Health Department.

“When I started in the health department in 1981, I was a medical clinic adviser for one of the major clinics and really didn’t have an understanding of public health. That began to change in 1987 when our new director came and began to change the culture from being individually focused to one that began to embrace the overall mission of public health. Once I began to understand that mission, it changed the direction of my life and my personal passion. Being able to promote and protect health became clear to me and was a natural “fit” to who I am. I remembered when I was a little girl our family doctor making house calls. I remembered thinking that this was the kind of doctor I wanted to be – the kind who knows the community, has a sense of the person on this corner and that corner; and knows how it all comes together to affect change and health status in communities. Looking back and reflecting I know how I came to be in this place.

“I became director in 1995 and have served as director for 11 years. The department serves 585,000 residents who live in Nashville Davidson County. I also have worked with the National Association of County and City Health Officials, and was past president. I cherish that as Director of Health I created an environment where staff could thrive; and established the value of this department within the community.

"I moved us out of our four walls to understanding and addressing health issues as part of the neighborhoods. For example, our county was #1 in the country in terms of cases

of syphilis in 2000. Today, Nashville has moved out of the top 40 and is on its way to syphilis elimination. We also really worked hard with our partners to make inroads in addressing the issue of the uninsured.

"Our Bridges to Care Program linked more than 35,000 uninsured residents to healthcare through a private/public consortium. Relationships and communication are key to success because all of us innately want to be healthier – it is just a matter of knowing the places where people are starting from and all of us finding a common ground so we can affect health status.

"My work experiences have really given me insight into issues and barriers to healthcare of communities, preventing them, individually and collectively, from mobilizing to affect health status and the healthcare system. I have enjoyed being in national positions and having the same community-like relationships that, as well, have afforded me the look at the national system of unhealthiness. I believe that if we do these things right -- the policy, the partnerships, and all the essential services of public health, we can really make a difference and establish health as the "preferred state of being."

**Last books read:** "The Great Influenza: The Epic Story of the Deadliest Plague in History," by John M. Barry; "A Purpose Driven Life," by Rick Warren; "Blink," by Malcolm Gladwell; "The Bear and the Dragon," by Tom Clancey; "Atlas Shrugged," by Ayn Rand; "SCAM," by Rev. Jesse Lee Peterson; "Health, Politics and Populism," by Mike McGee

**Family:** Bailey will divide her time between Atlanta and her horse farm in Nashville, where she resides with her husband of 30 years, Bill. They have three children, Dorian, 29, a marketing director, Kristen, 26, a litigation attorney, and Wryan, 22, a rising college senior majoring in criminal justice.

**Hobbies:** Reading, sewing, playing piano, learning guitar, collecting Christmas villages, all sports, and doing nothing.

**What are the top priorities for you in the next year?**

"My top priority next year is to get to know the CDC culture – CDC's processes, procedures, and the do's and the don'ts. A second priority for me is creating an understanding of and a value for the Office of Public Health Practice throughout the public health community, internally and externally. My third priority is to leverage that understanding for effective governmental public health practice and overall systemic performance. The "practice" is crucial to achieving health protection goals for America's citizens."

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CDC Connects > Inside Story > CDC Legacies: Stories of Relativity

"CDC is like family." You hear that over and over from people who work here. For most people it's just a feeling of closeness and camaraderie that has grown over the years. But for some, that family connection is literal.

Legacies abound at CDC. Many of you have parents or children who work here, brothers or sisters, and so on. We're seeking out those connections as CDC celebrates its 60th anniversary year. Today, some of you share your stories with us.

Ramsey Family: 100 Years of CDC Service

Lee Ann Brownlow Ramsey, public health analyst, NCCDPHP, says her family represents 100 combined years of CDC service. One family is a three-generation CDC family; the other a two-generation family. A marriage brought the two families together, she explains. "I am honored to be a third generation CDC'er and a member of an extended CDC family," she says. "We often refer to our CDC genealogy as 'The Reign of Queen Elizabeth!' My maternal grandmother, Elizabeth Ramsey, was often called 'Queen Elizabeth' of CDC/PGO. She worked in the same Buckhead office from 1974 until 1994."

"As a kid, I remember visiting her at work and playing on her Wang computer. In 1987, I began my career with CDC and, in 1990, my mother Theresa Ramsey Brownlow-McDonald began hers. In 1992, **Bill Ramsey** and I met while stationed with CDC in Florida. Our families share a name and a history with CDC. Bill's mother, Rosemary Ramsey, was also a long-time CDC employee, having been with NCID from 1976 until 2005. When Bill and I married, we both knew well that one day our kids would remember visiting us and their grandmothers at work and playing on Compaqs the way we played on Wangs! What a good life! Thanks, CDC!"

CDC is a Family Affair

For Michele Owen, PhD, acting associate director for laboratory science, NCHSTP, CDC has been much more than a job. "I just wanted to share that I met my husband at CDC (Chris George) in 1988. He no longer works here, but was a temporary employee in the former International Health Program Office while in college.

"However, there is more to the story. My in-laws, Richard and Velma George, both retired from CDC in the 90s. They each had over 30 years of service at CDC. At the time of their retirement, Velma (biologist) worked in the Biological Products Branch of SRP and Richard (microbiologist) worked in what was then the Laboratory Investigations Branch of the Division of HIV/AIDS. Interestingly, Richard and Velma also met at CDC. Obviously, CDC has played a big role in my life and that of my family."

Mother-Daughter Stories: Their Moms Were Role Models

Patricia Efraimson, Information Technology Services Office (ITSO), OD, came to CDC after leaving the military. "I moved back to my hometown of Atlanta where my mother, Yvonne Wallace, was working for CDC. She was working in the Division of AIDS Prevention, NCHSTP, when she retired in 2003. She first came to work with CDC in 1990, working in NCID."

As the centers were reconstructed and NCHSTP was formed, Wallace worked with the development of the Information System Services helpdesk, Efraimson recalls. "In 2005, she came back to CDC as a contractor and is currently working with the Global Activities Team in ITSO."

"It's really great to be able to talk with someone else in the family who can directly relate to the unique issues that I deal with each day at work. My mother and I are each other's sounding board," Efraimson says.

She says she is always proud to tell people that she works at CDC. "To know that I am working in support of those individuals who are on the forefront for discovering new ways to control and even prevent widespread disease and illness on a global level is very gratifying."

Jennifer Rapier, who began 22 years ago when HIV work was done in the "AIDS Program," is now a microbiologist/inspector for COTPER/Division of Select Agents and Toxins. Her mother Sally Moore worked at CDC from 1970-1979 as a secretary in the serum bank and then a lab technician.

"I'd say she gave me excitement for science," Rapier says. "I keep two photos of her in my office from when she worked in rabies at the Lawrenceville facility. She is holding a young chimp. Mom always shared the latest news about rabies, told us stories of the animals at the Lawrenceville field station and spoke about George Baer, Jean Smith, and all her coworkers with great admiration."

Smith gave Rapier (then a rising high school senior) her first opportunity in the lab at Emory. Rapier says, "I ended up working with the same researcher the years I attended college there. As a teen, I recall having a blast with mom's coworkers on social occasions."

Later, those folks were like family, she says, when the rabies group relocated to building 15, Clifton Road. "Many donated leave to my mom during her fight with cancer when she was working at a military drug-testing lab in Jacksonville, Florida, before her death in 1993." The link to public health stretches beyond CDC, notes Rapier. "My grandfather, CAPT Jerome Moore was a career flight surgeon in the Navy from the early 1940s to 1976."

Martin Duo: Father and Daughter

Pam Martin works in the CDC Library and Information Center. "There have been two members of my family at the CDC," she says. "Daddy (John E. Martin) started when we were still in Chapel Hill, North Carolina. There was a venereal disease laboratory there and it became absorbed by the CDC in 1961, so we were transferred to Atlanta when I was starting the fourth grade. Whoops . . . that dates me, doesn't it?"

Her father worked primarily with gonorrhea and wrote articles for publication from the mid-1960s into the early 1980s. "He also had several patents having to do with transport medium for gonorrhea. He retired in 1985, two years after I started working at the CDC. I didn't start out to be a medical librarian, but when the opportunity dropped in my lap I took it. I started out at the Chamblee facility library when we still had Quonset huts and the old Lawson General Hospital buildings. The library was in building 36 and was a really nice, airy location even if it was old."

The five years she spent there was "a joy that has never been equaled," Martin says. "I was moved to Clifton Road to the library in Building 1, fourth floor, in 1987, and have been at Clifton ever since. At Chamblee, I did just about everything in the library there, but at Clifton I became the interlibrary loan librarian, a position I still hold today. I have no articles or patents in my name, but the pleasure I derive by helping the researchers at the CDC has been of enormous satisfaction to me over the years."

She says she's "proud to be a second-generation CDC'er too, like Stacy Harper and many others."

Childhood Memories Include CDC

Some at CDC grew up with the agency. They visited the facility as children. They heard about it over dinner from their parents. Inspired or curious, they followed their parents on the path of public health, sooner—or later.

Stacy Harper, public health advisor, NCHSTP, says, "In my case, even though my grandfather and my dad both were in public health, I denied that I was called to the profession until I was in my 30s."

"Dad, Arthur B. Harper, better known as Art, was in the second wave of PHAs hired, the class right after **Bill Watson**, in 1948," Harper explains. "Dad was the first Exemplar of the Watsonian Society, in 1984 (the Exemplar is always the PHA who has been in service the longest, and is still IN service). He was, like most of the early PHAs, a flyboy in WWII, flown in the Army Air Corps. He had always told me I'd be good at the PHA, Venereal Disease Investigation (VDI) work, now known as DIS (Disease Intervention Specialists), but being like most kids, I never listened, and went about being a musician, then went onto Optometry for years."

Harper shares a story familiar to many who knew her father. "When asked how he was, he would always say, 'well, pretty good for a country boy.' Which, if you knew him, was really funny, as he was pretty sophisticated. Also, in meetings, I hear when he disagreed with a decision or statement, he would always preface things by saying, 'well, now, I'm just a country boy, but I think instead we may want to. . . .' He passed away in 1989 and, in 1991, I was hired as a Public Health Associate (formerly known as co-ops). He has a tribute brick in the WWII Museum in New Orleans, which reads: Arthur B. Harper, Our Country Boy. I bought a brick for the path at CDC which will say the same thing. I can't get away with saying 'I'm doing pretty well for a country girl'—it just doesn't have the same impact with me."

Morie M. Higgins, visual information specialist, NCCDPHP, DACH, says "My father's name is Joe Miller and he retired from CDC after a 30-year career. When he retired he was a Deputy Director in the Center for Environmental Health (before it became the Center for Environmental Health and Injury Control). My father started as a public health advisor in the VD Branch. During his time at CDC, he worked on projects related to 'Love Canal' and he also had the opportunity to work with WHO in India in the eradication of smallpox. I didn't have a public health calling when I started working at CDC. My degree is in fine arts. My dad suggested I see about getting a job at CDC and I've been here ever since, 21 years. My father passed away in June of 2005. He was very proud of his work at CDC, and he received many honors/awards for his work. I'm proud to be his daughter."

Donna Williams, FMO budget analyst, is a second generation CDC'er. "I have very fond memories of my mother, Joyce Myers, working over in the original red brick building at 1600 Clifton Road. As a child, I remember riding with her to work one Saturday and I was so impressed with what seemed at the time a huge work facility. I was always so proud to tell people who saw news stories featuring the CDC (which were many times filmed right outside the front doors by the CDC sign), that my mother worked for CDC and in that very building. I will very much miss seeing such a warm and familiar sight (that's why I purchased one of the historical bricks)."

Juanika Mainor-Harper, MPH, public health analyst, NCCDPHP, says "I always joke and say my first job at CDC was when I was in elementary school. Shortly after we moved to

Contractor must: have: Master's degree in Microbiology or Molecular Biology.
Experience must reflect the knowledge, skills, and abilities listed above.

Avian Influenza (AI) Advisor, Rwanda

Under this task order, the contractor will provide support services to satisfy the overall operational objectives of the CDC, GAP, Rwanda and the Avian Influenza Division. Coordinate technical and programmatic areas in AI activities. Work with COP to define priority areas for AI implementation. Serve as point of contact with Rwanda Government AI preparedness and response activities. Coordinate AI activities of other AI team members. Define long term needs for AI implementation with Rwandan government, donor community and other US Government agencies in conjunction with the COP. Serve as primary technical consultant, advising on crosscutting functions related to the implementation of AI activities (e.g., M&E, epidemiology, data collection and analysis, health care delivery systems, community-based programs, and BCC)

Contractor must have: DVM, MD, PhD with at least 1 year direct work experience in outbreak response for AI surveillance as well as disease response and planning in developing countries. Experience with implementing or managing public health programs in the developing world, as is an interest in issues related to AI and a solid background in coordinating a wide range of organizations and activities. Must have the ability to develop and assist in the implementation of strategic plans involving multiple international partners; skills to conduct critical analyses and evaluation of technical and programmatic aspects of programs; and an understanding of programs and organizational aspects of major international donors, multilateral agencies, and NGOs/private voluntary organizations. Extensive travel assignments in difficult field situations. Viral Epidemiology -Basic epidemiological understanding of avian viruses, including an understanding of the dynamics of the spread of the avian virus in a developing country and significance of mutations in H5N1 AI viruses Ability to assess the laboratory capacity of developing countries to detect and identify AI. Preparation of samples for international shipment to renowned reference laboratories. H5N1 Expertise- Current expertise in the prevention, detection, eradication of the H5N1 strain in developing countries (experts who have been involved in the surveillance, detection, cleanup programs of afflicted SE Asian countries)

Senior Program Advisor, Tanzania

Under this task order, the contractor will independently provide support services to satisfy the overall operational objectives of Tanzania's influenza activities.

Provide technical and programmatic assistance in support of influenza activities conducted by CDC-Tanzania in conjunction with other US Government agencies in Tanzania, e.g., USAID, the Tanzania MOHSW, Epidemiology Unit, the Ministry of Livestock and Development, and other in-country partners. Works closely with the AI surveillance officer in the MOHSW, Epidemiology Unit to monitor and assist CDC's activities, in conjunction with USAID supported surveillance activities. Advises CDC on the implementation of a table-top simulation of Tanzania's influenza emergency preparedness and response plan with the National Institute of Medical Research. Updates the Strategic Information and Human Capacity Development Program Director

Contractor must have: Masters in Public Health with minimum of 2 years experience in infectious disease epidemiology with a working knowledge of virology, with emphasis on influenza. Experience must reflect the knowledge, skills, and abilities listed above.

Please submit your CV (with position title) to emyers@comforce.com Due to the volume of resumes received, we are unable to accept phone calls. Should your qualifications meet our requirements, we will contact you.

Epidemiology Resident Advisor, South Africa

Under this task order, the contractor will provide support services to satisfy the overall operational objectives of the CDC, Division of Epidemiology and Surveillance Capacity Development (DESCD), Coordinating Office for Global Health (COGH). The primary objective is to provide contractor services and deliverables through performance of technical assistance to the Ministry of Health and the National Institute of Communicable Diseases (NICD).

Provide expert medical guidance to health professionals related to the control and prevention of the spread and outbreak of disease and other adverse health events, working with programs that are a major component in the world-wide effort to control and prevent the spread of the introduction of infectious diseases and other health hazards. Responsible for providing assistance to the National Department of Health (NDoH), Provincial Departments of Health (PDoH), and the National Institute of Communicable Diseases (NICD) regarding project activities and training programs to continue the institutionalization process. Serve as the technical advisor in all aspects of project implementation, with the project consisting of three components: communicable and non-communicable disease surveillance; a training program for field epidemiologists; and in-service training program for sub-national public health officers and central program managers. Work to strengthen the surveillance of infectious and chronic diseases, including mortality surveillance utilizing the South African Field Epidemiology and Laboratory Training Program (SAFELTP) as the major training approach in providing trained field epidemiologists and mid-level public health professionals in order to improve human capacity in the country. Advise and assist a variety of officials and trainees in the conduct, management, and implementation of on-site epidemiologic investigations of public health problems – including chronic diseases, acute outbreaks and clusters of illness, environmental, occupational and other threats to health – in an international setting. Prepare technical and periodic reports on projects and training efforts under the training program and materials for marketing of the program within the country and internationally. Serve as team leader of on-site epidemiologic investigations of public health problems – including acute outbreaks and clusters of illness, including infectious chronic, environmental, occupational, and other threats to health in the region. Provide advice and assistance in the development and implementation of procedures, methods and strategies for obtaining and using data which describes the prevalence of major health risks. Evaluate and analyze data collection, quality control, and data utilization methods; and develop strategies and methods to improve the quality of the data collected.

Contractor must have: A doctoral degree or equivalent education in medicine, epidemiology, or a public health field. **At least two years' experience in the Epidemiology Intelligence Service, a Field Epidemiology Training Program, or similar field epidemiology service.** Four years of additional education/training or field

epidemiology experience in public health. A Master's of Public Health or an equivalent degree will also be considered but must include extensive experience in field epidemiology and experience in running international public health training. Experience must reflect the knowledge, skills, and abilities listed above.

Clinical Laboratory Coordinator (Clinical Trials), Botswana

Under this task order, the contractor will independently provide clinical laboratory support services to satisfy the overall operational objectives of the HIV Prevention Research Unit (HPR). The primary objective is to provide contractor services and deliverables through performance of clinical laboratory services required for the conduct of HIV prevention research, including FDA-compliant clinical trials.

Must have significant experience managing clinical trial labs – in all aspects: Understand the planning, budgeting and procurement process associated with lining up reagents, equipment, and supplies. Clear understanding of how lab tech schedules should be structured to ensure that there is sufficient coverage for running 20+ assays & monitoring runs & temperatures required in the clinical trails. Know the importance of and be well versed in GCLP (Good Clinical Lab Practices) and would be expected to manage the HPR Labs according to GCLP standards. He/she would also be familiar with a Laboratory Information Management system (LabWare or experience with any LIMS) – Understand the function and importance in maintaining data & specimen flow from the clinics & turning the specimen results around & generating accurate & timely reports using the LIMS. Allocate sufficient time to the needs of 5 labs & be familiar with matrix management – working closely with another senior level lab individual to manage the lab infrastructure. Identify problems in the lab & come up with potential solutions for resolving them and will be expected to bring these to the attention of the HPR director. Well versed in validating clinical results (i.e. chemistry, hematology, serology assays). Immediately identify results that either do not make sense or fall out of the expected range and understand what would need to be done in order to rectify the problem. Must understand FDA CFR 21 Part 11 regulations and compliance. This individual would be expected to work with two external monitors in providing details needed and resolving any issues raised during the monitoring process.

Contractor must: have a medical degree, master's, or doctoral degree in a laboratory science. Be eligible for license in Botswana. Have at least 3 years experience in a senior management position, directing a clinical laboratory. Knowledge of ethical conduct of human subjects research. Knowledge of safety procedures for working with biohazardous materials. Knowledge of computer data management. Experience must reflect the knowledge, skills, and abilities listed above.

Statistical Analysis and Data Management Oversight, Botswana

Under this task order, the contractor will independently provide support services to satisfy the overall operational objectives of the HIV Prevention Research Unit (HPR). The primary objective is to provide contractor services & deliverables through performance of statistical analysis & data management oversight for the conduct of research. Collaborate with investigators in the design & implementation of research, including clinical trials, surveys, observational studies, & operations research. Provide management direction for all data collection, data management, and data analysis activities for HPR research. Provide management direction for system development, training, & maintenance, including all software used for data collection. Provide

management direction in the design & implementation of data quality management procedures and reporting. Identify, characterize, and identify methods to resolve, and monitor resolution of, problems with: data validity, completeness, coding, timeliness, or data system efficiency. Collaborate with trial statisticians in preparing DSMB reports. Provide clean and complete datasets for timely analysis by investigators & statisticians. Operate data collection and management procedures in compliance with FDA Good Clinical Practice standard. Evaluate, guide, or implement possible alternative approaches to data collection and data management

Contractor must have a Doctoral degree in biostatistics, statistics, or related statistical field. 3 years+ experience in a statistical leadership position involving data management for biomedical health research (clinical trials, observational studies). Demonstrated experience in development of computer software systems for data collection & data quality management. Ability to communicate statistical ideas in plain English & to work well with interdisciplinary research teams. High degree of competency in SAS, or similar statistical analysis software. Experience must reflect the knowledge, skills, & abilities listed above.

Local Avian Influenza Surveillance Officer, Nigeria (Local Hire Only)

Under this task order, the contractor will independently provide support services to satisfy the overall operational objectives of the CDC, GAP, Nigeria and the Avian Influenza Division. Implement surveillance initiatives and recommends priorities to the AI Team Lead, CDC Nigeria and the Nigeria FMOH for program activities. Implement surveillance-related systems in conjunction with FMOH, CDC, WHO, and other donors. Implement surveillance strategies to decentralize surveillance from the federal to the state level. Interact with individual state ministries of health to implement national plans for influenza surveillance at the state level. Define evaluation activities that can inform mechanisms for improving coverage and sensitivity of the IDSR surveillance system as it is rolled out for influenza surveillance throughout Nigeria in conjunction with WHO. Develop appropriate data management systems to monitor objectives and indicators for human AI surveillance activities. Represent CDC Nigeria in the area of Influenza Surveillance and attempts to influence other collaborative organizations engaged in AI programs to adopt appropriate surveillance strategies for their program activities.

Contractor must: have: MBBS or Doctoral degree in Medicine or Epidemiology. Professional training and extensive knowledge in communicable disease surveillance programs. At least five years experience in the communicable disease surveillance programs at the local, state or international levels that entailed responsibility for the evaluation of program activities. Experience in use of measurement methods required for M&E of large populations and health programs, including quantitative and qualitative research. Knowledge of WHO's Integrated Disease Surveillance and Response (IDSR) is preferred. Fluency in Level IV English, both written and oral. Basic computer skills with experience/training for word processing and spreadsheets. Experience must reflect the knowledge, skills, and abilities listed above.

Local Avian Influenza Laboratory Specialist, Nigeria (Local Hire Only)

Under this task order, the contractor will independently provide support services to satisfy the overall operational objectives of the Centers for Disease Control and Prevention, Global AIDS Program, Nigeria and the Avian Influenza Division Provide technical expertise to assess laboratory systems of implementing partner laboratories

conducting avian or seasonal influenza testing for human surveillance. Evaluate quality and consistency of laboratory standards practiced, make recommendations for improvement, and provide the necessary technical assistance or training to implement these recommendations. Regularly provide laboratory support to the AI lab, including receiving, logging, testing and reporting results for specimens collected through rapid response or surveillance activities. Conduct central and on the job training of laboratory technicians, other laboratory staff and laboratory managers to address skill deficiencies. Provides guidance in the implementation of quality laboratory systems and directs technical staff to professional resources pertinent to assigned tasks as needed. Implement laboratory-related systems in conjunction with FMOH, CDC, WHO, and other donors.

Contractor must have: MS degree or higher degree in Chemistry, Microbiology, or related laboratory science degree. Four years work experience in a multi-disciplinary hospital or health department laboratory. The incumbent should possess training in laboratory management and laboratory systems with specialized training in testing and viral diagnostic tests supporting related to viral isolation, and identification. Knowledge of advanced laboratory procedures, diagnosis and management related to viral isolation and identification. Skill in providing leadership, direction, and technical expertise in the laboratory systems to include being able to analyze and interpret the spectrum of laboratory medicine services related to viral identification. Possess basic computer skills with experience/training for word processing and spreadsheets. Experience must reflect the knowledge, skills, and abilities listed above.

Local Avian Influenza Surveillance Officer Seconded to Ministry of Health, Nigeria (Local Hire Only)

Under this task order, the contractor will independently provide support services to satisfy the overall operational objectives of the CDC, GAP, Nigeria and the Avian Influenza Division. This position will be housed at the Nigeria Federal Ministry of Health (FMOH) to assist the Government of Nigeria in building its capacity to implement AI preparedness and response infrastructure.

Implement surveillance-related systems in close collaboration with the CDC, WHO, and other donors. Move AI activities from federal to state level and work with individual ministries of health to implement national plans for influenza surveillance at the state level. Help define evaluation activities that can inform mechanisms for improving coverage and sensitivity of IDSR surveillance system as it is rolled out throughout Nigeria. Develop appropriate data management systems to monitor objectives and indicators for human AI surveillance activities. Serve as an expert in the area of influenza surveillance and attempts to influence other collaborative organizations engaged in AI programs to adopt appropriate surveillance strategies for their program activities.

The contractor must have: A doctoral level degree in: Medicine, Public Health; Epidemiology; Behavioral Sciences or strongly related discipline. Professional training and extensive knowledge in communicable disease surveillance programs. The incumbent should have at least five years experience in public health surveillance programs at the federal, state or international levels that entailed responsibility for the evaluation of program activities. Experience in use of measurement methods required for M&E of international populations and health programs, including quantitative and

qualitative research. Incumbent should have two years of supervisory experience. Experience in use of measurement methods required for M&E of large populations and health programs, including quantitative and qualitative research. Knowledge of WHO's Integrated Disease Surveillance and Response (IDSR) is highly preferred. Fluency in Level IV English, both written and oral.. Basic computer skills with experience/training for word processing and spreadsheets. Experience must reflect the knowledge, skills, and abilities listed above.

Local Avian Influenza Surveillance Officer Seconded to Ministry of Health, Nigeria (Local Candidates only)

Under this task order, the contractor will independently provide support services to satisfy the overall operational objectives of the CDC, GAP, Nigeria and the Avian Influenza Division. This position will be housed at the Nigeria Federal Ministry of Health (FMOH) to assist the Government of Nigeria in building its capacity to implement AI preparedness and response infrastructure. Provide technical expertise to assess quality of laboratory systems at the federal and state level conducting avian or seasonal influenza testing for human surveillance. Move AI activities from federal to state level and work with individual ministries of health to implement national plans for influenza laboratory diagnostic testing at the state level. Evaluate quality and consistency of laboratory standards practiced at the federal and state level, make recommendations for improvement, and provide the necessary technical assistance or training to implement these recommendations. Regularly provide laboratory support to the AI lab, including receiving, logging, testing and reporting results for specimens collected through rapid response or surveillance activities. Conduct central and on the job training of laboratory technicians, other laboratory staff and laboratory managers to address skill deficiencies. Provide guidance in the implementation of quality laboratory systems and assist technical staff with professional resources pertinent to assigned tasks as needed. Implement laboratory-related systems in conjunction with FMOH, CDC, WHO, and other donors.

The contractor must have: A Masters of Science degree or higher in: Chemistry, Microbiology, or related laboratory science degree. Four years work experience in a multi-disciplinary hospital or health department laboratory. Should possess training in laboratory management and laboratory systems with specialized training in testing and viral diagnostic tests supporting related to viral isolation, and identification. Knowledge of advanced laboratory procedures, diagnosis and management related to viral isolation and identification. Skill in providing leadership, direction, and technical expertise in the laboratory systems to include being able to analyze and interpret the spectrum of laboratory medicine services related to viral identification. Possess basic computer skills with experience/training for word processing and spreadsheets. Experience must reflect the knowledge, skills, and abilities listed above.

Please submit your CV (with position title)to emyers@comforce.com Due to the volume of resumes received, we are unable to accept phone calls. Should your qualifications meet our requirements, we will contact you.

