

**American Public Health Association
Injury Control and Emergency Health Services Section
APHA ICEHS Electronic News
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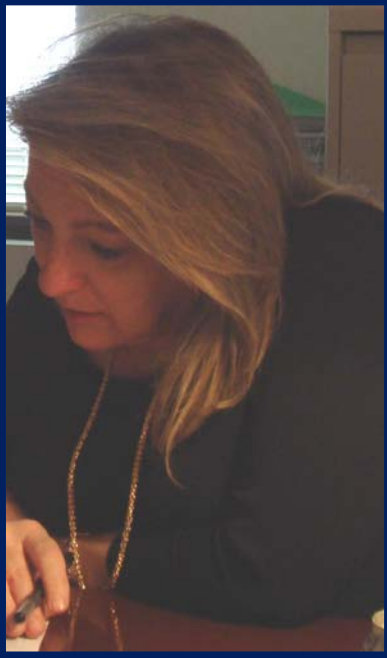
**State of Iowa Firefighter Memorial
Coralville, IA**

(Photo by John Lundell)

(Editor's note: Feel free to send me photos appropriate for inclusion in our newsletter and I will use them as space permits.)

Greetings from your new ICEHS Section Newsletter Editor John Lundell at the University of Iowa Injury Prevention Research Center. I am pleased to help share important information among the members of our section. Please send articles for future issues to me at john-lundell@uiowa.edu. Also thanks to Bella Dinh-Zarr with the MAKE ROADS SAFE organization for agreeing to distribute this electronic newsletter.

Notes from the Chair



It is my aim over the next two years as Chair of ICEHS to contribute to the advancement of the field of injury, violence, emergency health services and preparedness. I believe that the optimal approach to meeting such a lofty goal is to provide enhancements to the structure of ICEHS that will foster opportunities for each member of ICEHS to make their individual and collective contributions. Several changes are underway that aim to catalyze discussions, strategic planning, advocacy and action on key issues.

First, in an attempt to provide the structure and opportunity for more members to become engaged in section activities, we have begun an earnest attempt to reinvigorate the ICEHS committee structure. In support of this and other section activities, we will conduct what is believed to be the first ever survey of ICEHS member interests and expertise. I challenge each of you to complete the 10 minute survey indicating committees and working groups you would like to see within ICEHS; areas and activities in which you would like to participate; areas of expertise you would be willing to share through policy comment or as a scientific program reviewer.

This new approach is expected to foster the identification and development of new leaders in our field and to advance injury issues as more and more members take advantage of the collegial committee atmosphere. In addition to providing a mechanism for members to indicate their interest in getting involved with the section, this database is expected to provide information with which to make section appointments, enlist committee membership, match program abstracts to reviewers who bring expertise to the content areas they are reviewing and to answer policy-related queries from APHA, legislative and regulatory bodies, and the press.

While new substantive committees may be formed based on the interests of members conveyed in the survey, there are several existing standing committees that are essential to the functional operation of the section. I have requested that each committee chair enlist at least 5 or more volunteer members to participate in their committee's activities and that they work to engage members minimally conducting at least quarterly conference calls.

The membership and policy committees are off to a great start as Chairs Nancy Nachreiner and Sue Gallagher took the lead initiating monthly conference calls in December. I challenge other committee chairs to follow the lead of Nancy and Sue with building a committee and holding calls at least quarterly. This is a great way to build collaborative relationships and to get better acquainted with your fellow members of ICEHS.

Another such opportunity is the Ninth World Injury Conference which convenes in Merida, Mexico in mid-March. If you are planning on traveling to Merida and would like help organize a section networking social one evening or would like to have your name added to list to the invitees, do get in touch.

I look forward to seeing many of you in Merida and to working with all of you.

With sincerest regards,
Joyce Pressley, Ph.D., M.P.H.
ICEHS Section Chair

Call for Abstract Reviewers for APHA 2008

The Injury Control & Emergency Health Services (ICEHS) Section is preparing for the 136th Annual Meeting of the American Public Health Association, which will take place on October 25-29, 2008, in San Diego, CA. This year's theme is "Public Health Without Borders."

We would like to invite your participation by being a **member of the Abstract Review Committee**. This abstract review phase is crucial in the program development process, and we believe that your input and evaluation will be of great value in creating a good foundation and ultimately a meaningful program.

All reviewers will be asked to read and evaluate, using the online system, 3-8 abstracts within a month-long timeframe. Abstract assignments will be sent to reviewers on March 3 with reviews due by March 28, 2008.

Can you work with us on this important activity? If so, please notify Doug Wiebe at dwiebe@mail.med.upenn.edu

Doug Wiebe
ICEHS Program Chair

ICEHS Call for Nominations for 2008 ICEHS Award Recipients

For many, working in the field injury, violence, and emergency preparedness is a labor of love and commitment. Many significant accomplishments will go unrecognized or under recognized. Although the section has an awards mechanism to recognize individuals and organizations who have contributed significantly to the field, few members take advantage of this opportunity to nominate their accomplished colleagues for these awards.

The ICEHS Awards Committee for 2008 is currently seeking nominations for 2008 award recipients through March 31, 2008. The procedures, nomination form, and past recipients are on the ICEHS website at ICEHS.ORG. You can review the content of the awards nomination form at the end of this newsletter.

The ICEHS Section has authorized the following awards for recognition of individuals' outstanding contributions to injury control and emergency health services. Although not all awards may be awarded each year, nominations are currently being sought for all of the following awards:

Distinguished Career: To recognize an individual, near the end of his/her career, for outstanding dedication and leadership in injury control and emergency health services with contributions and achievements that have a significant and long term impact on the field. Recipient does not have to be a section member.



Linda Degutis, 2007 ICEHS Distinguished Career Award Recipient

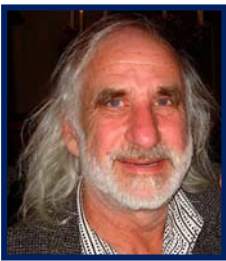
International Distinguished Career: To recognize an individual, near the end of his/her career, for outstanding dedication and leadership in injury control and emergency health services internationally with contributions and achievements that have a significant and long term impact on the field. Recipient does not have to be a section member

Excellence in Science: To recognize an individual, at mid-career, for outstanding dedication and leadership in the science of injury control and emergency health services with contributions and achievements that have a significant and long term impact on the field. Recipient must be a section member.



David Hemenway, 2007 ICEHS Excellence in Science Award Recipient

Public Service: To recognize outstanding dedication and leadership in injury practice and advocacy with contributions and achievements with a significant and long-term impact on the field of injury control and emergency health services. Recipient must be a section member.



Larry Cohen, 2007 ICEHS Public Service Award Recipient

Award nominations should contain the information requested below and be made to Joyce Pressley by e-mail, fax, or U.S. mail to: Joyce Pressley, Ph.D, M.P.H., Awards Committee, 722 West 168th Street, New York, NY 10032 E-mail jp376@columbia.edu Fax: (212) 342-0519 (Please accompany fax with an e-mail notification). The deadline for submission of a candidate for an award is March 31, 2008.

2008 ICEHS Section Award Nomination Required Information:

- A. Name of nominee
- B. Organization Represented
- C. Nominee's address, phone, e-mail
- D. Your name, phone, fax, e-mail

- E. Award Category (see descriptions above)

- F. Please comment on the nominee's achievements in each of the following areas:
 - 1) Specific contributions the individual has made to the field.

 - 2) Impact of these contributions and achievements.

 - 3) Reasons why this individual should be considered for the award at this time.

NOTE: Please submit a CV/resume for the nominee with this information. Application should be compete with CV or resume by March 31, 2008 to be considered for the 2008 ICEHS awards. View past winners at ICEHS.ORG.

APHA Supports United Nations Resolution on Road Safety



American Public Health Association

Working for a Healthier World

800 I Street, NW • Washington, DC 20001-3710

(202) 777-APHA • Fax: (202) 777-2534 • comments@apha.org • www.apha.org

January 16, 2008

H. E. Mr. Zalmay Khalilzad
Ambassador Extraordinary and Plenipotentiary
Permanent Representative of the United States of America to the United Nations
United States Mission to the United Nations
140 East 45th Street
New York, NY 10017

Dear Ambassador Khalilzad:

On behalf of the American Public Health Association, I write to encourage your support to make road safety a priority for the United Nations (UN). Founded in 1872, the APHA is the oldest and most diverse organization of public health professionals in the world. As the voice of public health, APHA represents a broad array of health providers, educators, environmentalists, policy-makers and health officials at all levels working both within and outside governmental organizations and educational institutions. As one of the first U.S. non-governmental organizations to become involved in global health, we continue a long-standing commitment to global health issues like road traffic safety. We support measures aimed at raising awareness and action in order to address the public health impacts associated with road safety.

Road traffic crashes cause 1.2 million deaths and 30-50 million serious injuries annually and cost countries 1-3% of their GDP. Road traffic injuries are the leading cause of death for young people worldwide. Without immediate attention, it is anticipated that this figure will double in less than 20 years. Given the number of injuries and deaths due to road traffic crashes, it is clear that road safety is a critically important public health, transportation, and economic concern.

Supporting the UN road safety resolution is significant because it calls for a meeting of all Ministers responsible for road safety for their governments. The result of this high level meeting will draw necessary attention and investment to road safety and injury prevention projects worldwide. Official UN recognition of road safety will serve as a catalyst to push road deaths to the forefront of government and public priorities, resulting in saved lives, fewer injuries, and healthier people and economies.

APHA joins the other members of the Make Roads Safe Campaign for Global Road Safety in urging your support of the road safety resolution that will be debated in March of this year.

Sincerely,



Georges Benjamin, MD, FACP, FACEP (E)
Executive Director

Update on External Cause Coding - The Public Policy Committee Needs You!

The good news: APHA approved a revised position statement, “Improving external cause coding in hospital discharge data.” The even better news: This provides an opportunity for ICEHS members interested in policy or data issues to join in a wide array of collaborative efforts aimed at implementation of the recommendations.

The Public Policy Committee needs members of ICEHS to provide the infrastructure for the development and distribution of injury related policy initiatives. Our mission is to develop public positions on issues of relevance and benefit to members of ICEHS and advocate for their implementation as well as support relevant policy positions of other private organizations, public agencies or APHA sections.

In 2008, Morbidity and Mortality Weekly Report (MMWR) will publish an article on the “**Recommended Strategies to Improve E coding in State Based Hospital Discharge and Emergency Department Data Systems.**” In addition to recent external cause coding position statements by APHA, CSTE, ASTHO, STIPDA and SAVIR, the MMWR this article will be the catalyst to enhance and improve E coding in the United States. E coding rates have been essentially stagnant since the 1990’s. The article provides understanding of the role of E Coding in injury prevention and discusses need for high quality E coded data for injury surveillance and prevention. It highlights efforts in a few states and makes three sets of recommendations: (1) improving communication among stakeholders, (2) improving collections of E codes, and improving the usefulness of E coded data for injury prevention efforts.

For 2008, the focus of the Public Policy Committee will include:

1. Implementation of recently approved APHA policy resolution on “Improving external cause coding in hospital discharge data”
2. Promotion of awareness of the MMWR article devoted to external cause coding to be published in March 2008
3. Development of an external cause coding campaign tool kit
4. Promotion of ICEHS membership participation in relevant APHA advocacy initiatives.

According to Sue Gallagher, co-chair of the committee and a member of the Action Board of APHA, “This is the most important work in which the ICEHS section will engage to improve the quality of non fatal injury data for both practitioners and researchers over the next five years.”

The committee needs at least five highly energetic and collaborative ICEHS members to carry out these tasks:

1. Participate in a monthly conference call
2. Identify 20 organizations and draft a letter for APHA to send them re joining us on promoting external cause coding
3. Conduct follow-up phone calls with each recipient of the letter

4. Identify key organization responsible for hospital discharge data in each state and draft a letter for APHA to send them re promotion of external cause coding
5. In conjunction with STIPDA ask each state injury program director to do a follow-up call or meeting.
6. Develop three to five talking points relevant to external cause coding for dissemination at the national state and local levels
7. Develop one page fact sheet with what ICEHS members can do at the local and state level to promote external cause coding
8. Revise the external cause code brochure “E Codes – the Missing Link in Injury Prevention”
9. Solicit funds or voluntary support for printing and dissemination of campaign materials.
10. Send campaign tool kit to all ICEHS members and identified national organizations.

Members interested in pursuing this exciting push forward for injury prevention are asked to contact Co-Chairs:

Sue Gallagher (sue.gallagher@tufts.edu) or

Fred von Recklinghausen (Friedrich.M.von.Recklinghausen@Hitchcock.org)

Proposed APHA Forum on Built Environment Standards and Law

As part of APHA’s effort to enhance crosscutting activity among various APHA sections, work is underway to establish a new Forum on Built Environment Standards and Law. APHA requires that at least 75 APHA members indicate an interest in being a member of such a Forum and, already, nearly this number have signed on, especially among those attending the APHA conference in November. Other interested members of the ICEHS are now specifically invited to add their names in support of this new Forum as they are counted on for significant input to the work of the new Forum. As we all appreciate, injury prevention can be affected by ones environment and the design, construction and use of built environments in the form of dwellings and many other facilities are impacted by laws and standards taking many forms.

Membership in a forum neither affects ones section membership(s) nor involves any cost. Interested members are asked to contact Forum organizer Jake Pauls at bldguse@aol.com to be put on the list of interested APHA members. Simply send an Email to bldguse@aol.com with “Forum” in the subject line and, in the body of the Email, your full name and your state of residence/work (as shown in your APHA membership file). Later this year you will have the opportunity to comment on the application being submitted to APHA so please take this first step to make sure that the interests of injury prevention are well represented in this new Forum.

New APHA Genomics Forum

The Genomics Forum would like to invite your members to join this new component of APHA. By joining the Genomics Forum, APHA members retain their affiliation with their Sections but also have the opportunity to with others outside of their primary affiliation.

The APHA website now has additional information on its website about Forums in general and the Genomics Forum specifically:

<http://www.apha.org/memborgroups/forums/>.

Jody Platt Garcia, Assistant Director
Life Sciences & Society Program
University of Michigan School of Public Health

Celebrate National Public Health Week 2008- Climate Change: Our Health in the Balance

The health effects of climate change will take center stage during National Public Health Week, April 7-13, 2008. As part of the weeklong observance, themed "Climate Change: Our Health in the Balance," APHA will lead the charge in helping people, communities, and families recognize that adapting to climate change and mitigating its impact is critical not just for the health of our planet, but for the health of the people in our nation and around the world.

Changes in our climate are causing more severe weather events. Extreme weather conditions such as, heat waves, high winds, snowstorms, floods and hurricanes have the potential to dramatically affect the health and safety of both individuals and our communities. Changing ecosystems allow for emerging or re-emerging infectious diseases such as, dengue or malaria which are changing the spectrum of disease risks affecting populations. In poorer parts of the world, drought and floods often force people to move away from lands no longer producing enough food often resulting in hunger and malnutrition. Moreover, contaminated drinking water can result in outbreaks of diarrheal diseases leading to dehydration or death.

Few Americans will ever see the melting Greenland ice cap up close, or interact with an arctic polar bear facing extinction as its habitat melts. But local public health professionals around the country increasingly will be dealing with the impacts of climate change on the ground, every day. Join APHA as we work to create a healthier planet. Visit the official National Public Health Week Web site at www.nphw.org to check out the climate change blog and brochure, sign up to be a National Public Health Week partner, or add your week's event to the national calendar. For more information about National Public Health Week, contact kaitlin.sheedy@apha.org.

Natasha Williams
Component Affairs Coordinator
American Public Health Association

STIPDA President Changes Jobs



On January 28 ICEHS member Shelli Stephens-Stidham became the Director of the Injury Prevention Center of Greater Dallas. Previously she served as the Director of the Injury Control Division in the Oklahoma State Department of Health where she has worked for 25 years. On January 1 she also assumed the role of President of STIPDA (State and Territorial Injury Prevention Directors Association).

Shelli's new contact information is:
Injury Prevention Center of Greater Dallas
5000 Harry Hines Blvd.
Dallas, TX 75235
214.590.4461
ssstephens.stidham@gmail.com

It's a Boy!!



Congratulations to ICEHS Secretary, Kathleen Carlson, and her husband Dennis, on their beautiful baby boy born January 17. Oliver made his appearance three weeks early; however, both Kathleen and Oliver are home and doing well.

Oliver Carlson

WISQARS Updated

WISQARS has now been update with 2005 mortality data from NCHS' National Vital Statistics System and is now available on the internet. Enjoy!!

<http://www.cdc.gov/ncipc/wisqars>

J. Lee Annest, Ph.D.
Director, Office of Statistics and Programming
NCIPC, CDC

WONDER Updated

For those of you interested in injury mortality data and how rates compare with other causes of death, I am really pleased to tell you about a new feature in CDC's WONDER.

If you go to <http://wonder.cdc.gov/> and click on Mortality- underlying cause of death and then choose Mortality for 1999 - 2004 with ICD 10 codes you will be taken to what appears at first to be the traditional mortality pages for WONDER...but if you scroll down you will find a brand new Section 5 that will allow you to select injury categories either by intent or by mechanism (or both) according to the external cause of injury matrix for ICD-10 (we will soon be working with the wonderful WONDER team to add the ICD-9 version).

What this allows you to do is not only compare injury deaths and rates by mechanism and/or intent categories with each other but also among other categories in the 113 standard cause of death list. For example, comparisons can readily be made between motor vehicle traffic deaths, poisoning deaths, cancer deaths and heart disease deaths. This is a tremendous asset to those of us the injury epidemiology field who have not had this simple interactive tool before. Both the mechanism and the intent groupings are in Section 1- Organize table layout. You will notice that all of the non-injury categories are listed in the category of Injury mechanisms and all other leading causes to allow the user to select what comparisons are wanted. Likewise, all non-injuries are combined into one group in the Intent category. HELP screens are available throughout the section.

Most importantly, none of the original capabilities of the underlying cause of death part of WONDER have been lost--this is an add-on feature.

Lois Fingerhut, MA; Special Assistant for Injury Epidemiology
Chair, International Collaborative Effort on Injury Statistics
National Center for Health Statistics

2008 PREVENT Child Maltreatment Institute Participants Sought

The 2008 PREVENT Child Maltreatment Institute: Enhancing Leadership for Child Maltreatment Prevention* offers state of the art training to experienced teams from across the country, who are working to stop child maltreatment before the first victimization or perpetration occurs. The Institute will expand skills to lead evidence-based efforts in the primary prevention of child maltreatment and provide teams with an intensive and supportive environment in which to work together with a trained coach on a prevention initiative. Participants can expect to enhance core competencies in the primary prevention of child maltreatment at the state and/or national level, including:

- * planning and evaluating effective policy interventions and programs;
- * stimulating organizational and social change;
- * critically evaluating the literature and translating science into practice;
- * effectively communicating with media and policy makers through media and legislative advocacy,
- * implementing promising practices, and
- * enhancing skills in achieving program sustainability.

The PREVENT Child Maltreatment Institute will include two (2) intensive three-day, on-site sessions separated by six months of working as a team at home, with selected distance education calls and guidance from an experienced coach focused on a team-developed project. The first three-day session will be held April 21-23, 2008 for Cohort 1 and April 22-24, 2008 for Cohort 2 at the Sheraton Chapel Hill Hotel, Chapel Hill North Carolina. The second session will be conducted in October, 2008.

Multi-organizational teams of up to 5 people will be selected based on their experience working together, demonstration of leadership in child maltreatment prevention AND readiness to take an increased leadership role in making social and organizational changes to prevent child/ maltreatment./ While we will consider multidisciplinary teams from local communities, the most successful applicants will be teams working in large metropolitan areas, or at the state, regional or national level that have already established working relationships. Selected teams are responsible for travel, lodging, evening meals, and a one-time non-refundable \$750 team registration fee. For more information and to submit an application, please see the attached flyer and visit <http://prevent.unc.edu/education/>.

The 2008 PREVENT Child Maltreatment Institute is supported by the Doris Duke Charitable Foundation and is operated by The University of North Carolina Injury Prevention Research Center, a partner in the National Training Initiative for Injury and Violence Prevention (NTI).

PREVENT was launched in 2003 with support from the National Center for Injury Prevention and Control at CDC and has trained more than 900 violence practitioners in 44 states in the primary prevention of different types of violence.

POSITION ANNOUNCEMENTS

National Park Service Internship

National Park Service

Job Type: Internship

Location: Virgin Islands National Park, Virgin Islands

Dates: 2-3 months during the summer of 2008

Site Visitor Safety Assessment Internship

Established in 1916, the National Park Service (NPS) has more than 390 park units covering over 84 million acres in 49 states, the District of Columbia, American Samoa, Guam, Puerto Rico, Saipan, and the Virgin Islands.

With over 266 million visitors enjoying the parks every year, the NPS holds safety as a core value for both its employees and its visitors. The Public Risk Management Program is working to enhance the ability of parks to address public risk management through injury surveillance, incident investigation, risk assessment, and risk mitigation strategies.

The NPS is seeking an individual to work on site with a Park team to refine a draft safety assessment tool, conduct a visitor safety risk assessment for the Park, and work with park staff to develop a visitor safety plan. The intern would also work with park staff to identify a mechanism and methodology for collecting injury data so that the Park staff can easily identify injury patterns and trends to better target their efforts.

REQUIREMENTS:

This individual should have excellent analytic skills, have risk assessment experience or experience in safety, and be able to work with a multi-disciplinary group to do a hands-on injury prevention project in our parks. The individual should be highly organized, be able to take initiative and work independently. Ideally the candidate has training in public health and/or the social/behavioral sciences.

COMPENSATION:

Housing and a per diem will be provided and all travel expenses will be paid.

This position will remain open until filled.

CONTACT INFO:

Send a resume and cover letter to Gabrielle Fisher at gabrielle_fisher@nps.gov or fax 202-513-7160.

Senior Research Scientist



The Traumatic Brain Injury Laboratory at Kessler Medical Rehabilitation Research and Education Center (KMRREC), located in West Orange, NJ, is seeking PhD-level candidates for a research position within a non-profit rehabilitation research organization. The Senior Research Scientist will conduct independent, externally funded clinical research and will assume an active role on the TBI Model Systems grant. The Candidate will also direct the Mitchell Rosenthal Memorial TBI post-doctoral fellowship.

Responsibilities will include developing and submitting applications for grant support to external funding agencies; recruiting, training, and mentoring students, junior-level scientists, and research assistants; managing grant-supported projects and developing inter-institutional collaborations.

Qualifications include at least five years of related research experience; experience leading a research program with a national reputation, directly relevant to traumatic brain injury; a history of external grant funding; strong organizational, leadership, and interpersonal skills; excellent scientific qualifications, including scientific writing; and a current academic rank of Associate Professor, Professor, or equivalent.

We offer a competitive salary, comprehensive benefits package, and recommendation for faculty appointment at the University of Medicine and Dentistry of New Jersey-NJ Medical School, in the Department of Physical Medicine and Rehabilitation.

Qualified candidates should submit a letter outlining their career goals and interests, CV, three letters of recommendation, sample reprints, and salary expectations to careers@kmrrec.org. For further information, please contact Anna Barrett, M.D., Director, Stroke Rehabilitation Research at abarrett@kmrrec.org or Elie Elovic, M.D., Director, Traumatic Brain Injury Research by e-mail at eelovic@kmrrec.org.

KMRREC is the research division of The Henry H. Kessler Foundation. We are committed to creating a diverse, cooperative work environment. Women, members of under-represented minority groups, and individuals with disabilities are encouraged to apply.

For more information about KMRREC, please visit our website at www.kmrrec.org.

EEO/M/F/D/V.

Injury and Violence Prevention Postdoctoral Fellowship



UNC
INJURY PREVENTION
RESEARCH CENTER

The University of North Carolina Injury Prevention Research Center (UNC IPRC) has funding to support 1-2 postdoctoral fellows, starting immediately for twelve months, with the possibility of extending for a second year and/or a permanent position, pending availability of funds.

Candidates should have completed a doctorate (or be able to confirm a final defense date of no later than April 1, 2008) in a field of relevance to injury and/or violence prevention and be committed to a career addressing one of the key topics of focus within the UNC IPRC (see: www.iprc.unc.edu).

The person in this position will be encouraged to complete papers from their dissertations (if injury or violence related) and develop new funding proposals to advance their careers, as well as to work on data available at the Center and developing new projects with key UNC IPRC faculty. Preference will be given to candidates whose expertise and interests areas are in conducting research in one or more of the areas mentioned below. However strong experience in other areas of injury prevention and control will also be considered. Areas of preference:

- Policy or program evaluation methods related to any injury and/or violence topic.
- Training of professionals in injury and violence prevention, including in international settings.
- Home safety topics, including falls, fires, poisoning, drowning, child supervision.
- Violence topics, including child maltreatment, youth violence, suicide, workplace violence.
- Occupational injury prevention, particularly among young workers.
- Sports and recreational injury.
- Injuries and/or violence in specific population groups (i.e., children, adolescents, older adults, minorities, international populations)

Application process: Applicants should submit a CV and letter describing their long term career goals, goals for the postdoctoral fellowship and topics of particular interest. They should include an abstract of their dissertation as well as names of three academic references, of which one must be the dissertation chair. Applications will be accepted until the position is filled. Start date is negotiable between March 1 and April 15, 2008. Selection will be made by a committee of IPRC-affiliated faculty.

Rate of pay: \$50,000 for twelve months from start date, including fringe benefits (i.e., health insurance, 12 days sick leave, and 10 days paid vacation) and travel to one conference to present IPRC work.

NCIPC/CDC Division Director Division of Unintentional Injury Prevention (DUIP)

Unintentional injuries are the leading cause of death for persons ages 1 to 44 years. DUIP is dedicated to reducing the number and severity of unintentional injuries through science-based programs and applied research. DUIP focuses activities in the following two overarching areas:

Home and Recreation

- Residential fire prevention
- Falls among older adults
- Unintentional poisoning
- Water safety/drowning prevention
- Sports and recreation

Motor Vehicle

- Alcohol-involved driving
- Adolescent drivers
- Child passenger safety
- Older drivers
- Pedestrian safety

Two of the three NCIPC priority areas are based in DUIP – the prevention of residential fires and preventing falls among the elderly. Currently, a focus on teen driving fits broadly into the CDC focus on adolescent health.

DUIP has a budget of approximately 7.5 million dollars and a staff of 35 full time employees and contractors.

Division staff includes professionals with expertise in epidemiology, public health, medicine, behavioral and social sciences, health education/communication, toxicology, and administration.

The duties/responsibilities of the Division Director include but are not limited to providing the overall leadership and direction for DUIP.

- Planning, organizing, and overseeing the programmatic and research activities of DUIP.
- Developing goals and objectives for Division activities that integrate into broader NCIPC and CDC-wide priorities.
- Establishing, revising, or reviewing policies, procedures, and processes for DUIP staff, as necessary, to enable mission accomplishment.
- Reviewing and structuring financial and personnel resources to maximize the efficiency and effectiveness of DUIP.
- Developing and maintaining relationships among a variety of national and international public health and medical organizations associated with unintentional injury, other government agencies, academic institutions, and state and local health departments.
- Serving as a senior member of the NCIPC management team.

For more information about NCIPC and the Division of Unintentional Injury Prevention, visit www.cdc.gov/ncipc.

For questions or additional information contact the chairperson of the search committee Dr. Grant Baldwin at gfb3@cdc.gov or (770) 488-4694.

The announcement will be posted shortly on USAJobs.com webpage. CDC is an equal employment opportunity employer.

ARCHIVIST ATTIC

Archivist Attic: Childhood Injury Deaths - My Pottsville, PA, Coal Mines Shafts and Strippings

Injury control archives continually portray the acceptable tragic injury deaths and disability of children during the European Victorian and the “American Guided” Ages. Injury deaths from poor housing, flammable sweatshops, and on railroads, in coal mining and later, with automobiles (see for example, my copyrighted registered, Millennium Monograph at Members’ only, www.icehs.org)... And on and on to today’s seemingly ‘thunder of history’ of injury scourges.

But, I will first unravel one of those archival echoes of history: my haunting child coal mining deaths memories from my hometown in NE Pennsylvania, Pottsville, the southern gateway to the hard coal, anthracite region. Pottsville is also known as the estate home of Yuengling Beer, the oldest brewery (1829) in America, as a route of the Underground Railway for Southern Black slaves Civil War escape to Canada, for its 60 foot monument to Senator Henry Clay, as a home of 1940’s John O’Hara’s Pulitzer Prize short story winner (Pal Joey, Ten North Fredrick, On the Terrace- books and films). On Map Quest Pottsville is near US 81 and PA route 209.

Here’s just a glimpse of the 1920’s historical setting from www.ajph.org , child miner injuries archives. APHA has given our Section permission to reprint and distribute: Greene D, Tobet JA, Homer HN/ Public Health Notes. American J of Public Health, and Accidents among Children. July 1922.12; 625-634.

“On May 15, 1922, United States Supreme Court held that Child Labor Law Unconstitutional-The Federal Child Labor Tax law which provided a tax on all manufacturing establishments in which children under 14 years were employed or children between 14 and 16 years employed more than eight hours a day or more than 6 days a week, was held unconstitutional” (page 625).

“Accidents among Children.-The Metropolitan Life Insurance Company reports that during 1921 there was a high rate of injuries sustained by children in mines and factories. In spite of safety devices and safety campaigns, one death out of every three of boys thirteen to seventeen years of age who had been gainfully employed, was due to accidents. Of the 199 deaths in this group 43 were from industrial accidents resulting directly from the work in which the boys were engaged. Among those not gainfully employed, one death out of every four was due to accident. The records of the Metropolitan Company are limited to fatal accidents only, but other sources of information bring out clearly the fact that there are a large number of accidents causing permanent and temporary disability of young workers. Some of these sources are cited in the American Child, Nov., 1921. The number of children engaged in industry in the United States is steadily growing. "If," states the Metropolitan Life Insurance Company,

"a further analysis of mortality and accident disability of adolescents bears out the findings of this small study that the chief difference between working children and those not gainfully employed lies in their susceptibility to accidents, it certainly is necessary to intensify our safety campaigns in the factories and mills, safeguard our dangerous machines and entirely prohibit minors from engaging in those pursuits, where industrial accident hazard is greatest." - Statistical Bulletin, Metropolitan Life Insurance Co., March, 1922. (J. A. T.)” (Les’ Note: Above op cite, page 634, 1922).

I will comment on these archives from personal injury experiences in Pottsville:

‘To turn over the black coal (“black gold”) ,slate piles on the coal mining hills nearby; perhaps to find a impression some millions of years old , an ancient fern central vein branches, and some a bit younger, rounder small leaves with veins swirling from the base. Primitive slate fossils of my own history, long before my

parent's perception. And yet, those same Pennsylvania hills have even more recent imaging and stripping stories to explore - of life, of growth and of sad deaths.' LF

I was born in a small depressed hard coal mining (see: for pictures, et al, my brother Scott's web site, www.scottfisher and www.coalmining.com) community in NE Pennsylvania, Pottsville.

That coal mining area was the scene of many lost lives, drowning and concussions. My first grade classmate did not come on the second day of school, he had fallen into a mine shaft the day before and drowned, not uncommon in coal mining shaft holes covered by brush and leaves and the open stripping that were often filled with water. But the safety issue was more common to children because they worked at very young ages in the mines. Generations of coal miners and children had worked and died for years under unsafe conditions in the deep mines of the Anthracite, hard coal, region stretching from my home town (about ninety miles NW of Philadelphia, PA) up to Scranton, PA, some 60 miles North of Philly. The coal barons of the 1800's would profit and be prosperous from that loss of lives and limbs, much like the history of the safety movements' sweat shops or lack of food sanitation . (See also: Lives of miners and prominent leaders of the coal industry (www.readinganthracite.com) e.g. F.B. Gowen, 1902, lawyer for the industry, who committed suicide in Washington, DC).

A large statue of Henry Clay on the hill over the town, founded in 1803 after Necho Allen lit a camp fire in a hill, went to sleep and found in the a.m. that the whole mountain was on fire from the burning surface and under seams of hard coal. Henry Clay supported the Coal Baron by having Congress make a tariff on any imported coal from England. Safety reform would follow but the towns would never be prosperous again, as John O'Hara, Pulitzer Prize winner of 1930's in his many books, such as Ten North Frederick, would portray.....

Week in Review (NYT-Dec 31, 2001) stories my home hard coal grounds in Pottsville, PA. The Molly McGuire's who fought for benefits and the coal owner barons who really didn't care for the safety of the miners, many of them just teenagers. The barons just cared the profits of "black gold". The losses in young kids and their father miners lives was staggering from cave ins, suffocation etc. (and in my time, elementary school classmates kids would die, falling into those covered- with- leaves- coal mine shafts and mine stripping, as my young friends played on the mountains near my home on Norwegian Street). But, the losses to the Coal Barons took place, too: they kept producing coal inefficiently, only caring about the profit dollar (an occurring historical theme) and some safety reform, under Teddy Roosevelt, finally took place..

The 'black diamond' boom, started when hunter Necho Allen lighting a campfire, slept and awoke finding the hill top he camped a blazed the next morning, circa 18th century, pre- Pottsville, PA.

My young injury prevention and control themes linked by childhood experiences would be echoed in my career and probably had greatly influenced my work to prevent or reduce the toll of injury to the public's health. I hope our SPH students will also become involved; and I offer to be the 'in residence research-practitioner and bus tour guide' for our next ICEHS – APHA Annual Conference meeting in Pottsville, PA. The topic? Older and newer scourges to the public health injury control!

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