Albert Sabin, M.D.
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Dear Dr. Sabin:

You may be interested in learning that the Communicable Disease Center is rapidly reorienting its program by placing increasing emphasis on problems of importance in the national defense. A limited number of positions for medical epidemiologists are now vacant. Additional positions may well become available in the near future.

I am writing to you and a number of other persons in academic medical centers because you may know of physicians with special qualifications or interest in epidemiology who would consider a commission in the Public Health Service and an assignment with the Communicable Disease Center.

Our responsibilities are outlined briefly, as follows:

1. **Epidemic intelligence**: In planning for civil defense at the national level, there is a recognized need for a well staffed mobile epidemiological service, not only for the control of natural epidemics, but also for preparing defense against possible biological warfare. This plan is a logical extension of the present responsibility of CDC in providing epidemic aid to the states.

2. **Field research projects**: At present, CDC is conducting group research on a number of communicable diseases of national importance, such as: infectious encephalitis, poliomyelitis, malaria, typhus fever, pulmonary mycoses, brucellosis, diarrhea and dysentery and others. Field stations and projects are now located in many parts of the country.
3. **Promotion of sound communicable disease control programs in the states**: The basic directive of CDC is to aid the states in the control of communicable diseases. Up to the present, our services have been seriously limited by the want of qualified medical epidemiologists to assist in this function.

4. **Appraisal and Surveillance**: A continuing need for epidemiologists exists in the evaluation of the major CDC operational programs in the eradication of malaria and the control of murine typhus.

We recognize the present dearth of trained epidemiologists and therefore plan to arrange appropriate programs of field training. These will be eminently practical and will emphasize active and varied field experience. They will be provided through the rather extensive resources now available at CDC and by cooperative arrangements with other federal, and with state and local health agencies. It is hoped that satisfactory arrangements for training can also be developed through CDC consultants, and through departments of epidemiology and preventive medicine in universities. Any such assignments, however, would be contingent upon the medical officers being immediately available for epidemic aid anywhere in the nation or overseas.

We believe that certain selected physicians with qualifications such as the following will be interested:

1. An expressed or latent interest in a career in epidemiology, preventive medicine or public health.

2. Experience and training in infectious diseases or microbiology.

3. Pediatric training.

We do not believe that physicians primarily directed toward the general practice of medicine or survey would be interested because the assignments would be largely devoted to field epidemiology with some laboratory work, rather than medical care.
While it should be clearly recognized that the greatest immediate need for physicians in the armed forces is to staff the military mobilization, we believe there is a limited but real need for epidemiologists in the Public Health Service. Selected individuals with special qualifications and interests should have an opportunity to make their maximum contributions in this field.

We are now in a position to offer commissions to a small number of physicians under terms and policies essentially similar to those of the armed services. If you know of men or women whom you feel to be qualified, I would be most interested in hearing from you.

Sincerely yours,

Alexander D. Langmuir, M.D.
Chief, Epidemiologic Services