

## **Edwin M. Kilbourne, MD**

### **Biographical Career Sketch**

Born in 1953 in New Orleans, Louisiana, and raised in the New Jersey suburbs of New York City, Dr. Kilbourne graduated with honors from the Cornell University College of Arts and Sciences in 1974 and from Cornell University Medical College in 1978. He trained in internal medicine at the University of Alabama in Birmingham (1978-80 and 1982-83) and in epidemiology at the Centers for Disease Control and Prevention (CDC), in Atlanta, Georgia (1980-82).

In 1983, after completing postgraduate training, Dr. Kilbourne accepted a staff position in environmental epidemiology at what is now the National Center for Environmental Health (NCEH) of the CDC. Dr. Kilbourne's first work at CDC was a methodologically advanced study of the health effects of environmental heat, reported in a 1982 manuscript that won CDC's coveted Langmuir Prize.



In subsequent years (including 2-1/2 years on a solo assignment overseas in Madrid), he did research focused on the etiology and ultimate consequences of the Spanish toxic oil syndrome (TOS) epidemic, which caused 20,000 cases, hundreds of deaths, and disability among thousands of surviving Spaniards. A particularly important study, directed by Dr. Kilbourne showed a dose-response association of TOS with aniline-based contaminants in illegally marketed food oil. The study provided key evidence on the basis of which prominent British epidemiologist Sir Richard Doll, together with Spanish experts, offered conclusive testimony identifying contaminated oil as the vehicle of the substance causing toxic oil syndrome, resulting in the conviction of oil merchants in the TOS legal case and providing definitive clarification of the confusing medical situation, in which alternative hypotheses were rampant.

Upon his return to the United States, Dr. Kilbourne was named Chief of the Health Studies Branch in NCEH and was responsible for leading the CDC's epidemiologic research on the severe illness and fatalities caused by the newly identified illness now known as the "eosinophilia-myalgia syndrome" (EMS), which was epidemic in the United States in 1989 and which he and others linked to consumption of contaminated L-tryptophan amino acid nutritional supplement imported from Japan. Shortly after completion of this work, Dr. Kilbourne received one of the highest honors of the U.S. Public Health Service, early promotion to the rank of O-6 (CAPT; equivalent to Navy Captain), based on exceptional capability.

Moving to CDC's centrally located Epidemiology Program Office (EPO) in 1990, Dr. Kilbourne distinguished himself in the application of emerging information technologies to public health, particularly in the areas of electronic publication (creating an electronic version of MMWR, CDC's flagship publication), as well as in surveillance, and non-traditional techniques for data analysis, including methods involving artificial intelligence.

In June 1996, Dr. Kilbourne joined the staff of CDC's National Immunization Program as Director of its Data Management Division. His work involved management of the National Immunization Survey (the federal government's largest telephone survey), ongoing national assessment of immunization coverage, the national vaccine ordering system (through which half a billion dollars flow annually), analysis of vaccine safety, and the promotion of immunization registries.

Following a brief return to NCEH in 1998, Dr. Kilbourne served for one year as Acting Deputy Director of EPO, the organization then responsible for the Epidemic Intelligence Service and for public health informatics training, notifiable diseases surveillance, publication of the MMWR, and related activities.

In December of 2000, he joined the Agency for Toxic Substances and Disease Registry (ATSDR) as Associate Administrator for Public Health, where he had a central role in such medically complex and politically sensitive projects as the evaluation of purported cardiac health effects among residents of Vieques, Puerto Rico, argued by some to show an adverse impact of the Navy's artillery and bombing practice on its military reservation there. He organized an internationally recognized panel of experts in cardiology and epidemiology. Half of the panel were from Spain and Mexico, forestalling any accusation

of mainland U.S. bias, a point that was critical in generating public acceptance of the conclusion that there was no clear evidence of any cardiac disease in Vieques residents.

In 2002, he led a 30-person contingent from ATSDR and CDC to the anthrax-contaminated AMI Building in Boca Raton, Florida where they assisted some 60 FBI agents and scientists in a forensic analysis of the building. This effort remains the largest-ever hazardous evidence-gathering operation in FBI's history. Dr. Kilbourne's group assisted FBI with logistics, sampling for anthrax spores, laboratory analyses, and real-time data analyses while still in the field, permitting the most efficient use of field time and resources.

Over the course of his career, Dr. Kilbourne played a leadership role in many aspects of public health surveillance and early warning systems. His was a key participant in a federally funded project conducted in collaboration with the American Association of Poison Control Centers. This project resulted in the first comprehensive nationwide real-time surveillance system for health outcomes. In this project reports and analysis of emergency calls to all of the nation's poison control centers became available within minutes and were reviewed by automated monitoring programs that triggered alerts for pre-determined findings.

Dr. Kilbourne was named Chief Medical Officer of CDC's National Center for Environmental Health (NCEH) and of ATSDR when the leaderships of these centers were consolidated in 2003 under the Director of the CDC. As Chief Medical Officer, he led an office that contained CDC's principal GIS and geospatial analysis group and providing federal leadership in toxicology and environmental health for NCEH/ATSDR's key clinical partner-organizations.

Dr. Kilbourne retired from CDC and the U.S. Public Health Service in July of 2005 and immediately accepted a position with the U.S. Department of State as Director of the Weapons Scientist Redirection Program and Director of the Iraq Interim Center for Science and Industry. In this role, he worked with Saddam's former WMD and advanced weapons scientists in an effort to assist them both economically and in their transition to typical civilian work, thus minimizing any attraction of their working for the insurgents or for unfriendly governments in the region. Dr. Kilbourne was based in Baghdad for one year (August 2005 - August 2006).

Undertaking private sector work upon his return from Iraq, Dr. Kilbourne is now Partner in the firm of Martin, Blanck, & Associates, which is a leading healthcare consulting firm that brings a team of partners with unparalleled leadership experience – as health executives, policy makers, physicians and other providers – who have served throughout the federal government and the private sector. His work covers projects in Biodefense and public health.

Dr. Kilbourne is a frequent consultant to the World Health Organization and the United Nations' International Programme on Chemical Safety. In addition, he recently served the World Bank as consultant to conduct a review of environmental and toxicological surveillance in the country of Brazil. Moreover, Dr. Kilbourne speaks fluent Spanish and lectures and gives seminars in that language. He has taken part in numerous consultations in Spain and Latin America.

Dr. Kilbourne has been elected fellow in three major medical organizations, the American College of Physicians, the American College of Preventive Medicine, and the American College of Medical Toxicology. He is board-certified in these specialties (internal medicine, preventive medicine, and medical toxicology), and he holds clinical privileges at Grady Hospital and the Georgia Poison Center. At Emory University he is Clinical Assistant Professor of Medicine and Adjunct Associate Professor of Occupational and Environmental Medicine. He was also elected to membership in the American Epidemiological Society and was selected by his medical colleagues to serve a seven-year term on the medical toxicology subspecialty board, which writes the certifying exam and determines requirements for U.S. physicians who wish to practice as toxicological specialists. He is the author of over 100 scientific publications, principally in the fields of epidemiology, toxicology, and environmental health. Dr. Kilbourne lives in Atlanta with his wife and 4 children.