

Robert S. Bernstein, MD, MS, PhD, MPH

Medical Consultant; California Department of Public Health
Licensing and Certification Program

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EXECUTIVE PROFILE

I am a performance-driven Public Health Physician with more than 30 years of successful professional experience that includes leadership, management, performance evaluation, teaching, and mentoring skills in Preventive Medicine, Public Health, Applied Epidemiology, Communicable and Non-Communicable Disease Prevention, Surveillance and Control, Environmental & Occupational Safety & Health. This includes extensive experience in Outbreak Investigation & Control, Health Literacy & Health Equity/Inclusiveness Communications, Academia, Public-Private Partnerships, Epidemiological and Pharmacological Surveillance, Preparedness and Response for Emergencies, Health Systems Development, and Capacity-building in the USA, Asia, Africa, Eastern Europe, and the Middle East. Extensive experience in monitoring, evaluating, and recommending Lean Six Sigma-based improvements in the design, management, performance, quality, and results of the public health, medical, nursing, pharmaceutical, and laboratory policies, programs, systems, and practices of USA states (Florida and California), and Ministries of Health in numerous low-, middle- and high-income countries. I have had highly successful high-profile assignments that included briefings for the CDC Director, the US President, the FEMA Director, and assistance for other top leaders of US and international government organizations, universities, and non-government community-based and faith-based partners, as well as with bilateral agencies (USAID and CDC), multilateral agencies (WHO, UNICEF, UNDP, ADB, and the World Bank), non-government agencies (Doctors Without Borders), and private sector agencies (Singapore Health Services Pte Ltd, Wyeth and Pfizer Pharmaceuticals, and Boehringer-Ingelheim Pharmaceuticals).

LANGUAGES

English (mother-language); **Bahasa-Indonesia** (excellent) and **Malaysia** (fair), with a set of personal and professional characteristics, including multi-cultural competencies and collaborative relationships with leaders and managers.

EDUCATION (DATE OF GRADUATION)

- Preventive Medicine Residency at Johns Hopkins University and CDC (1978-1987)
- Epidemic Intelligence Service (EIS) Graduate of U.S. Centers for Disease Control and Prevention (1979-1981)
- MPH (Health Services Research and Administration), Johns Hopkins University, Baltimore, MD, USA (May 1979)
- M.D. Medicine & Surgery, University of Connecticut, Farmington, CT, USA (May 1977)
- NIH Post-doc Fellow in Pharmacology, Yale University School of Medicine, New Haven, CT, USA (June 1973)
- Ph.D., Biochemistry, Pennsylvania State University, University Park, PA, USA (June 1971)
- M.S., Biochemistry, Pennsylvania State University, University Park, PA, USA (December 1967)
- B.A., Chemistry, University of Pennsylvania, Philadelphia, PA, USA (May 1965)

MEMBERSHIP & PROFESSIONAL ASSOCIATIONS

- American Public Health Association (APHA)
- Association for Prevention Teaching and Research (APTR)
- American College of Preventive Medicine (ACPM)
- American Evaluation Association (AEA)

LICENSES, TRAININGS & CERTIFICATIONS

- Medical License: Medical Board of California: G46522 Exp: 08/31/2025
- DEA Registration FB9848839, Exp 07/31/2026
- Specialist in Public Health & General Preventive Medicine (American Board of Preventive Medicine #40821)
- Top secret US DoS clearances for CDC and USAID assignments in 1997 and 2011

PROFESSIONAL EXPERIENCE OVERVIEW

- **MEDICAL CONSULTANT**, Center for Health Care Quality, California Department of Public Health, 4/23 to present.

I provide technical advice to Center staff on the medical aspects of hospital planning, construction licensing, research investigation and surveys conducted by the Center. In addition, I provide technical advice to committees; and consult with statewide professional organizations, community groups, public officials and participates in public forums. I assist with investigations of health facilities, including hospitals, extended care facilities and clinics to evaluate medical staff organization, patient care, utilization review activities, patient transfer agreement mechanism, medical records, and the health facility's peer review process. I write narrative reports based on findings and recommends corrective actions when necessary. I plan, develop, and coordinate activities to improve patient care and rehabilitation in nursing homes, hospitals, rehabilitation centers and clinics. Reviews, evaluates, and makes recommendations for improving medical care with special attention to long-term care problems. Plans and carries out demonstration projects, workshops, conferences, and training seminars for physicians, hospital administrators, nursing home administrators, and others concerned with quality of patient care. Coordinates with other consultants toward improving patient care in all categories of facilities.

- **TECHNICAL ADVISOR ON VERBAL AUTOPSY**, CDC Foundation; 4/22 – 3/23

Worldwide, fewer than one-third of deaths are assigned a cause, with the least information available in the most impoverished nations where there is a lack of complete-coverage civil registration and vital statistics (CRVS) systems for monitoring, evaluating, and improving interventions to prevent premature deaths. With the April 2022 release of the latest update, WHO has since the 1970s been developing continuously improved standardized verbal autopsy instruments for ascertaining, recording, verifying, and using data from interviews with caregivers of the decedent to estimate population-based cause-specific mortality rates and the distribution of deaths by cause and other demographic characteristics of Public Health importance.

In this one-year term assignment, I served as a Technical Advisor and verbal autopsy (VA) subject matter expert, working in collaboration with CDC/NCHS, the WHO Verbal Autopsy Reference Group (VARG: <https://www.swisstph.ch/en/about/eph/household-economics-and-health-systems-research/whova/>), other Data for Health partners (D4H: <https://www.bloomberg.org/public-health/strengthening-health-data/data-for-health/>), and developing country stakeholders to validate the 2022 WHO VA questionnaire, the updated symptom-to-cause algorithms for assigning cause of death, and the “probbase” of VA-derived symptom-cause-information which is used with public domain automated analytical software to assign cause of death, including COVID-19 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5154628/>) for integration in the CRVS systems of low- and middle-income countries (<https://www.who.int/standards/classifications/other-classifications/verbal-autopsy-standards-ascertaining-and-attributing-causes-of-death-tool>).

- **ADJUNCT ASSOCIATE PROFESSOR**, Dept. Global Health, Rollins School Public Health, Emory University; 7/87 – present.

Contributes to teaching, research, and mentoring of thesis activities of graduate and post-graduate students.

- **PROFESSORIAL LECTURER in Global Health and Applied Epidemiology**, Milken Institute School of Public Health at George Washington University (01/2022 – present) and Department of Public Health and Health Services Administration at the California State University in Chico (09/21 – 12/21).

Served as an asynchronous (online) lecturer and mentor in Applied Epidemiology and Infectious Disease Prevention, Surveillance, Investigation, and Control for Masters-level and Undergraduate students.

- **COUNTY HEALTH OFFICER**; Butte County Public Health Department; Oroville, CA; 8/20 – 9/21

Provided overall medical direction and guidance for the Public Health Department and was responsible for enforcing local health orders and ordinances, regulations prescribed by the California Department of Public Health, and State statutes relating to public health. Consulted on public health activities including, public health laboratory services, communicable diseases control including tuberculosis and sexually transmitted diseases, immunizations and health and sanitation measures. Planned, coordinated, and evaluated the effectiveness of the county public health program work of professional, managerial, and clinical staff in conjunction with the Public Health Director. In cooperation with the Public Health Director, developed long-range management and public health policy goals, objectives, and evaluations. Assisted with the review and approval of medical protocols utilized within the Public Health Department. Provided treatment and care for patients in the Public Health Department clinics. Supervised morbidity and epidemiological studies and their distribution to medical professionals, public agencies, and the public. Directed the issuance and recording of birth and death certificates and provided vital statistics information to the State Public Health Department.

- **COUNTY HEALTH OFFICER** | Tuolumne County Department of Public Health | Sonora, CA | 4/18 – 3/20

Worked effectively and successfully with other leaders and managers in Public Health and with other key sectors of Tuolumne County, including the local Adventist Health Community Hospital, Emergency Medical Services, Law Enforcement, Environmental and Occupational Safety & Health, Behavioral Health, Social Services, Columbia College, the media, and Community-Based and Faith-Based non-government organizations. His leadership and work strengthened the role of Public Health policies, laws, and practices in the County's approach to addressing access to essential health services, the Opioid Epidemic, Adverse Childhood Experiences, e-Cigarette and Vaping-Associated Pulmonary Injuries, Communicable and Non-Communicable Diseases, wildfire smoke and extreme weather conditions in accordance with recommendations from the US CDC, CDPH, WHO and Disease Control Priorities (<http://dcp-3.org/>). While serving as the Chair of the Tuolumne County Opioid Safety Coalition, he obtained financial support from Anthem/BC and worked with Access Tuolumne Public TV, the CDC Public Health Law Program, and numerous local, state, and tribal government, non-government, community-based, and faith-based partners to organize two multi-sectoral seminars on (1) Lessons Learned and Best Practices on Addressing Adverse Childhood Experiences and the Opioid Epidemic (<https://www.tuolumnecounty.ca.gov/1153/Opioid-Safety-Conference>), and (2) Applying Public Health Laws in Preparedness and Response to Emergencies and Disasters, including Wildfires and Extreme Temperatures: Public Health Emergency Law 101 <https://reflect-tuolumne.cablecast.tv/vod/2777-Public-Health-Law-101-v1/vod.mp4>.

- **SENIOR PUBLIC HEALTH CONSULTANT** | International Business & Technical Consultants | Washington, DC | 11/16 to 3/17

Worked with USAID/OFDA staff to design the multi-million dollar non-experimental mixed qualitative-quantitative methodology that was used for an end-line evaluation of the performance, quality and results of the Ebola response carried out by all US agencies and international partners and funded by USAID/OFDA.

- **TEAM LEADER & PUBLIC HEALTH SPECIALIST** | Management Systems International | Islamabad, Pakistan | 6/16 to 11/16

Led a multi-disciplinary team of International Development Assistance and Evaluation Specialists in the design and conduct of a non-experimental mixed-method qualitative-quantitative performance evaluation of a 5-year USAID-funded Pakistani Essential Vaccines project activities. This included direct observation of the Pakistan government staff and a Logistics Management Information System, a desk review of project documents, secondary analysis of data, key informant interviews, and focus group interviews.

- **SENIOR PUBLIC HEALTH SPECIALIST** | MSF/Doctors Without Borders | Amsterdam, Netherlands | 5/15 to 9/15

Supported the development and implementation of quality assurance systems in MSF-OCA medical programs, and patient safety initiatives in MSF-OCA. Led management and monitoring of the medical incident reporting policy in MSF-OCA. Provided expertise on health service delivery, particularly for MSF-OCA projects with a significant health system-strengthening objective. Led in supporting and delivering of health service evaluations, and explored and developed research questions, with relevant specialists and health advisors, related to health service delivery. Explored the role of health economics within the design and delivery of health service models. Worked in collaboration within an OCA healthcare management team (consisting of the OCA Healthcare Management advisor and the MSF/Berlin healthcare quality advisor).

- **SENIOR MEDICAL EPIDEMIOLOGIST & TEAM LEADER** | QED Group/GH-Pro | Dar Es Salaam, Tanzania 1/15 to 3/15

Served as the leader of an evaluation team composed of a medical epidemiologist, a clinical HIV nurse practitioner, a health communications and outreach specialist and three research assistants. The evaluation team used a mixed-method performance evaluation approach to assess the quality and results of a 5-year Tanzania National Pediatric AIDS Program funded by USAID and managed by Baylor University.

- **MEDICAL EXECUTIVE & CHIEF OF INFECTIOUS DISEASE PREVENTION** | Florida State Department of Health | Tallahassee, FL | 12/12 to 6/14

Managed the Infectious Disease Prevention and Investigation Section and supervised/mentored a staff of two CDC Medical Epidemiologists and 15 MPH Environmental Epidemiologists within the Bureau of Epidemiology. Managed the design, development, research and publication of selected epidemiological studies related to communicable diseases and provided final medical/epidemiological review of acute epidemiology publications produced by the Bureau of Epidemiology. Reviewed and consulted on the publications of other department entities as requested. Served as the Program Owner for the Surveillance and Epidemiological Investigation Capability. Assisted in the training of epidemiology professionals state-wide, reviewed abstracts and presentations developed by junior epidemiologists for scientific content, and contributed to the development of a strategy for certification of epidemiologists in the state; participated in the development and implementation of performance standards in epidemiology for the county health departments and other entities of the department as required.

- **CDC RESIDENT ADVISER & ACTING U.S. CDC COUNTRY REPRESENTATIVE** | US CDC | Riyadh, Saudi Arabia | 4/11 to 11/12

Helped the Saudi Arabia Director of a CDC-supported Field Epidemiology Training Program (FETP) evaluate and improve the curriculum, teaching, performance, quality, accreditation, institutionalization, sustainability, and results of the FETP (a CDC-like institution located within the Ministry of Health and affiliated with the University of Saudi Arabia). In doing so, he mentored and helped to supervise a 21-person team comprising the Director, 7 Medical Epidemiologist staff members, and 13 Medical doctor residents. Provided technical leadership for strengthening Saudi Arabia's Public Health Institutions, public health systems, and technical capacity to use evidence and information for evaluating and improving the performance, quality, results, and cost-effectiveness of essential public health services. Advised the Deputy Minister of Health and his staff on developing, pilot-testing, and implementing a new national Health Electronic Surveillance and Response Network. Provided senior-level advice to the Deputy Minister of Health and the U.S. Embassy on public health policies, programs, and

practices. Carried out a series of seminars for FETP residents and staff. As two examples of his work, (1) he assisted WHO, CDC and the Saudi MoH to strengthen surveillance, prevention, and control of healthcare-associated infections (HAIs) caused by the outbreak of MERS Coronavirus (<https://www.tephinet.org/fetp-activities-in-response-to-coronavirus-disease-19-covid-19> and <https://www.youtube.com/watch?v=nyhMDFY7yuA&feature=youtu.be>), and (2) he led his FETP trainees in a field investigation of a highly sensitive situation involving HIV transmission among patients undergoing hemodialysis, and mentored and supervised FETP staff for follow-up research, necessary public health actions, and submission of the report which was accepted for publication in Clinical Infectious Diseases.

- **SENIOR PUBLIC HEALTH CONSULTANT** | Wyeth (Singapore) and Pfizer (China) | Singapore & Shanghai | 1/09 to 8/10

Drew on epidemiological and pharmaco-economic analyses while leading a team of consultants to successfully engage with the Health Ministries of Singapore and China and other public and private sector stakeholders in advocacy to increase access and use of the Wyeth-Pfizer pneumococcal conjugate vaccine which WHO recommends for all countries.

- **SENIOR PUBLIC HEALTH ADVISER** | Asian Development Bank | Indonesia | 9/08 to 12/08

Analyzed and recommended improvements in national and subnational priorities, policies and practices in accordance with the findings and recommendations of Disease Control Policies in Developing Countries (<http://dcp-3.org/>) for the use of evidence and information in planning, budgeting, managing, monitoring evaluating, and improving the performance, quality, equity, and results of essential health services to accelerate achievement of the Millennium Development Goals. Assisted the health ministry in finalizing its strategy and plan for HIV/AIDS prevention, surveillance, treatment, and care for 2009-2014.

- **SINGHEALTH TEAM LEADER FOR ADB REGIONAL TECHNICAL ASSISTANCE PROJECT** | Asian Development Bank | Indonesia, Malaysia and Philippines | 6/06 to 9/08

As Director for an ADB Regional Technical Assistance Project (2008-2009), I assisted WHO and the Ministries of Health of Indonesia, Malaysia, and the Philippines to review and contribute to updating and strengthening the procedures for declaring a Public Health Emergency of International Concern (“PHEIC”) under the 2005 update of the International Health Regulations (“IHR”) while helping to strengthen the Epidemiological Surveillance and Response capacities of countries in the Southeast Asia region. I managed all project activities aimed at strengthening each country’s Epidemiological Surveillance Capacity, provided guidance and direction of the project and was responsible for timely delivery of milestones.

- **DIRECTOR OF INTERNATIONAL MEDICAL AND PUBLIC HEALTH ACTIVITIES (IMPACT** | Singapore Health Services (SingHealth) | Singapore | 3/05 to 9/08

Led consultants providing international technical assistance to Indonesia, Malaysia, the Philippines and Vietnam in clinical and public health functions, technologies, and services defined as essential by WHO, the World Bank, and bilateral donors.

- **SENIOR MEDICAL EPIDEMIOLOGIST & PROGRAM OFFICER** | Management Sciences for Health | Indonesia | 2/02 to 12/04

Worked with USAID and a consortium of other donors (WHO, UNICEF, UNDP, the World Bank, ADB, AusAID and DfID) to assist MoH/Indonesia with planning, monitoring, evaluating, and strengthening policies and human and institutional capacities for planning, monitoring, evaluating, and strengthening Health System policies, intervention strategies, programs, and practices for addressing public health emergencies (including the SARS Coronavirus outbreak and the Tsunami disaster) while implementing decentralized health programs across all provinces and districts of Indonesia (see: <https://msh.org/resources/health-systems-in-action-an-e-handbook-for-leaders-and-managers/?keywords=health%20systems%20in%20action> and <https://msh.org/resources/managers-who-lead-a-handbook-for-improving-health-services/>).

- **SENIOR MEDICAL EPIDEMIOLOGIST & PROGRAM OFFICER** | CDC, DHHS Office of Global Health & USAID | 1/91 to 1/02

Worked with USAID/HPN AIDS Division and USAID/Africa to assist USAID Field Missions and their government and non-government partners in Asia and Africa to evaluate and strengthen their policies and their use of resources for programs and practices to prevent and control the spread and the health and socio-economic impact of HIV/AIDS.

- **SENIOR MEDICAL EPIDEMIOLOGIST & PROGRAM OFFICER** | CDC Global Health | Asia & Africa | 9/85 to 12/90

Worked with WHO and the Ministry of Health of Indonesia to help develop competency-based curricula, lead and mentor trainee investigations of epidemic outbreaks, and manage their on-the-job Field Epidemiology & Laboratory Training Programs which are designed to perform like the CDC Epidemic Intelligence Service (EIS) Program from which I graduated in 1981 (see: [cdc.gov/globalhealth/healthprotection/fetp/index.htm](https://www.cdc.gov/globalhealth/healthprotection/fetp/index.htm) and [cdc.gov/eis/index.html](https://www.cdc.gov/eis/index.html)).

PEER REVIEWED PUBLICATIONS & SELECTED PRESENTATIONS

- GBD 2021 Respiratory Disease and COVID Collaborators, including **Robert Bernstein**: Global, regional, and national burden of chronic respiratory diseases and the estimation of excess mortality due to the COVID-19 pandemic, 1990-2021: a comprehensive systematic analysis for the Global Burden of Disease Study 2021. Under internal peer review for submission to *The Lancet*.
- Ali H Mokdad, Stein E Vollset, Christopher JL Murray, and GBD 2021 Collaborators, including **Robert Bernstein**: Burden of disease scenarios by state in the USA, 2022–2050: a forecasting analysis for the Global Burden of Disease Study 2021. Under internal peer review for submission to *The Lancet*.
- GBD 2021 Africa NCD Collaborators, including **Robert Bernstein**: Burden of Noncommunicable disease and its attributable to risk factors in Africa from 2010 – 2021: systemic analysis from global burden of disease, 2021. Under internal peer review for submission to *The Lancet*.
- Ali H Mokdad and GBD 2021 Collaborators, including **Robert Bernstein**: The burden of diseases, injuries, and risk factors by state in the USA, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. Under internal peer review for submission to *The Lancet*.
- GBD 2021 HIV Collaborators, including **Robert Bernstein**: Global, regional, and national burden of HIV/AIDS, 1990-2021, and forecasts to 2050, for 204 countries and territories: the Global Burden of Diseases Study 2021. Available in *The Lancet HIV* at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00933-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00933-4/fulltext). Updated submission 2024-06-19.
- Simon Hay and GBD 2021 Forecasting Collaborators, including **Robert Bernstein**: Burden of disease scenarios for 204 countries and territories, 2022–1 2050: a forecasting analysis for the Global Burden of Disease Study. Available in *The Lancet* at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00685-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00685-8/fulltext).
- Michael Brauer and GBD 2021 Risk Factors Collaborators, including **Robert Bernstein**: Global burden and strength of evidence for 88 risk factors in 204 countries and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. Available in *The Lancet* at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00933-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00933-4/fulltext).
- Alize J Ferrari and the GBD 2021 Diseases and Injuries Collaborators, including **Robert S. Bernstein**. Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories and 811 subnational locations,

1990–2021: A systematic analysis for the Global Burden of Disease Study 2021. Available in *The Lancet* at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00757-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00757-8/fulltext).

- Mohsen Naghavi and the GBD 2021 Causes of Death Collaborators, including **Robert S. Bernstein**. Global burden of 288 causes of death and life expectancy decomposition in 204 countries and territories and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. Available in *The Lancet* at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00367-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00367-2/fulltext).
- Cecilia Anza-Ramirez and the GBD 2019 Collaborators, including **Robert S. Bernstein**: Acute versus chronic care needs: An analysis of the Global Burden of Disease Study 2019. Submitted to *Nature Communications*.
- Katrin Burkart and the GBD Chronic Respiratory Disease Collaborators, including **RS Bernstein**. Estimates, trends, and drivers of the global burden of type 2 diabetes mellitus attributable to particulate matter (PM_{2.5}) air pollution from 1990 to 2019: an analysis of data from the Global Burden of Disease Study 2019. *The Lancet Planetary Health*, 2022; 6: e586–600, available at: <https://www.thelancet.com/action/showPdf?pii=S2542-5196%2822%2900122-X>
- Faisal Mashragi, **Robert S. Bernstein**, Mohammad Al-Mazroa, *et al.* HIV Transmission at a Saudi Arabia Hemodialysis Unit. *Clinical Infectious Diseases* 2014;59 (15 September); 897-902, available at: <https://academic.oup.com/cid/article-pdf/59/6/897/17352117/ciu373.pdf>.
- Kirsten E. Wiens, Simon I. Hay, Robert C. Reiner Jr., and the Local Burden of Disease Diarrhoea Collaborators, including **RS Bernstein**: Mapping geographic inequalities in oral rehydration therapy coverage in low- and middle-income countries, 2000–2017. *The Lancet Global Health*, VOLUME 8, ISSUE 8, E1038-E1060, AUGUST 2020, available at [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30230-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30230-8/fulltext)..
- Joan B Soriano, Parkes Kendrick, Katherine Paulson, Vinay Gupta, Theo Vos, and the GBD Chronic Respiratory Disease Collaborators, including **RS Bernstein**. Prevalence and Attributable Health Burden of Chronic Respiratory Diseases from 1990–2017. *Lancet Respir Med* 2020; 8: 585–96, available at: [https://www.thelancet.com/pdfs/journals/lanres/PIIS2213-2600\(20\)30105-3.pdf](https://www.thelancet.com/pdfs/journals/lanres/PIIS2213-2600(20)30105-3.pdf).
- GBD 2019 UHC Collaborators, including **RS Bernstein**: Measuring UHC effective coverage index in 204 countries and territories, 1990–2019: a systematic analysis from the Global Burden of Disease Study 2019. *The Lancet* VOLUME 396, ISSUE 10258, P1250-1284, OCTOBER 17, 2020, available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30750-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30750-9/fulltext).
- James Matthias, Philip Cavicchia, Scott Pritchard, and **Robert Bernstein**. Polymicrobial Injection-Site Abscesses Associated with Contaminated Methylprednisolone Injections in Florida, available at: https://www.researchgate.net/publication/322274215_Polymicrobial_Injection-Site_Abscesses_Associated_with_Contaminated_Methylprednisolone_Injections_in_Florida
- **Bernstein RS**: Building Essential Leadership & Management Capacity in the Health Sector – Education & Training in Applied Epidemiology. Management Development Institute of Singapore, *Horizons*, March 2010.
- **Bernstein RS**: Lot Quality Assurance Sample Surveys (LQAS Surveys): A Quick Method Available for Districts/Cities to Evaluate the Performance of Obligatory Authority and Essential Health Services. *Health Decentralization Bulletin* Vol. II, No. 4, 2004, 7-13.
- **Bernstein RS**: Multi-level simulation analysis: A methodology for planning and evaluation in public health. In: *Research in Multi-Level Issues Volume 1: The Many Faces of Multi-Level Issues*, edited by Yammarino FJ and Dansereau F. Elsevier Science, pp. 381-386, 2002. Available at: [https://www.emerald.com/insight/content/doi/10.1016/S1475-9144\(02\)01043-3/full/html](https://www.emerald.com/insight/content/doi/10.1016/S1475-9144(02)01043-3/full/html).
- Stoneburner, R; Carballo, M; **Bernstein, R**; Saidel, T: Simulation of HIV incidence dynamics in the Rakai population-based cohort, Uganda. *AIDS*. 1998, Vol. 12 (2): 226-228.

- **Bernstein RS**; Sokal DC; Seitz ST; Auvert B; Stover J Naamara W. Simulating the control of a heterosexual HIV epidemic in a severely affected East African city. *INTERFACES*. 1998 May-Jun; 28(3):101-26. Available at: <https://pubsonline.informs.org/doi/abs/10.1287/inte.28.3.101>.
- Evenson ML; Hinds MW; **Bernstein RS**; Bergdoll MS. Estimation of human dose of staphylococcal enterotoxin A from a large outbreak of staphylococcal food poisoning involving chocolate milk. *International Journal of Food Microbiology* 1988 Dec 31; 7(4):311-316. Available at: <https://pubmed.ncbi.nlm.nih.gov/3275329/>.
- **Bernstein R**, Harkins J, Mwanza M, and Nandi S: Performance Evaluation of the Program on Strengthening Pediatric HIV and AIDS Services In Tanzania; March 2015; USAID Agreement number: 621-A-OO-OS-00022-00; Evaluation mechanism number: *AID-OAA-C-14-00067*. Available at: https://pdf.usaid.gov/pdf_docs/PA00KJFF.pdf.
- Burstein R, Hay, SI, and The GBD 2017 Risk Factor Collaborators, including **Robert S. Bernstein**. Mapping 123 million neonatal, infant, and child deaths between 2000 and 2017. *Nature* volume 574, pages 353–358 (2019), available at: <https://www.nature.com/articles/s41586-019-1545-0>.
- A J Cohen, and The GBD 2017 Risk Factor Collaborators, including **Robert S. Bernstein**. Estimates and 25-year trends of the global burden of disease attributable to ambient air pollution: an analysis of data from the Global Burden of Diseases Study 2015. *The Lancet* VOLUME 389, ISSUE 10082, P1907-1918, MAY 13, 2017, available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30505-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30505-6/fulltext).
- GBD 2016 Occupational Chronic Respiratory Risk Factors Collaborators, including **Robert Bernstein**. Global and regional burden of chronic respiratory disease in 2016 arising from non-infectious airborne occupational exposures: a systematic analysis for the Global Burden of Disease Study 2016. *Occup Environ Med* 2020; 77:142–150 (<https://oem.bmj.com/content/oemed/77/3/142.full.pdf>).
- Aniruddha Deshpande, Simon I. Hay, Robert C. Reiner Jr, and the Local Burden of Disease WaSH collaborators, including **Robert S. Bernstein**. Mapping geographic inequalities in access to water and sanitation in low-income and middle-income countries, 2000-2017. *The Lancet* VOLUME 8, ISSUE 9, E1162-E1185, SEPTEMBER 2020, available at: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30278-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30278-3/fulltext).
- The GBD 2017 Risk Factor Collaborators, including **Robert S. Bernstein**. Global, regional, and national incidence, prevalence, and mortality of HIV from 1980 to 2017 with forecasts to 2030, for 195 countries and territories: a systematic analysis for the Global Burden of Diseases, Injuries, and Risk Factors (GBD) 2017 Study. *The Lancet HIV*, VOLUME 6, ISSUE 12, E831-E859, DECEMBER 2019, available at: [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(19\)30196-1/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(19)30196-1/fulltext).
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- **Bernstein RS**: Presented to the Butte-Glenn Medical Society, 26 October 2020: The COVID-19 Pandemic – Essential Roles for Healthcare Providers. Available at: <https://www.youtube.com/watch?v=YNHgX50j73g>
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