

Knowledge Does Not Translate Itself!

how communication, advocacy and diplomacy can help bridge the know-do gap between evidence & impact

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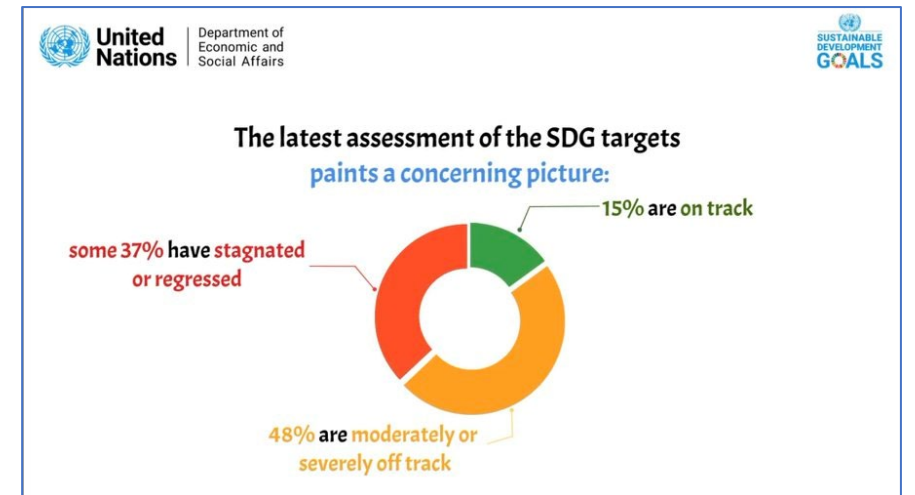


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et de santé mondiale

Know-do gap: the sad story of global health



Covid-19: failure to deliver on vaccine equity

EDITORIAL

Vax the world

Earlier this month, while the United Nations (UN) Climate Change Conference convened in Glasgow, countries also gathered at the Global Conference on Health and Climate Change to recognize the climate crisis as a global health crisis—a consequence of increased poverty, food and water insecurity, and infectious disease transmission, among other dangers. Unsurprisingly, both crises are worse in lower-income countries. These countries are also experiencing the greatest number of deaths and collateral damage from COVID-19.

Both climate change and pandemics require countries and people to act as global citizens and go beyond nationalism. If countries cannot share resources to end COVID-19 everywhere, it does not bode well for the world's ability to deal with the broad impacts of climate change. However, if nations can show global solidarity and vaccinate the world against COVID-19, it will give everyone much needed optimism to tackle climate change together.

Over 5 million people have died from COVID-19 so far, but the true death toll is probably three-fold higher. As severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) continues to rapidly spread, vaccine inequity is the biggest threat to conquering the pandemic. Whereas 66% of the people in high-income countries are fully

immunized are now being utilized for COVID-19 vaccinations. Data suggest that global routine immunization rates in 2020 dropped to levels last seen in 2005. This could well derail global efforts to eliminate polio and result in a resurgence of measles.

Health services for the continuing threats of tuberculosis (TB), malaria, and HIV have been severely disrupted by the pandemic as well. According to a recent World Health Organization (WHO) TB report, 1.3 million fewer people with TB were treated in 2020 than in 2019. According to the Global Fund, HIV testing declined by 22% in 2020. Progress against malaria has stalled as there was no year-on-year growth in provision of malaria services. People with noncommunicable diseases (NCDs) such as obesity, diabetes, and heart disease are more likely to have poor outcomes after COVID-19 infection. Disruption of health services has also adversely affected the treatment of many common NCDs, including cancer and mental health conditions.

Despite the devastating direct and collateral damage from COVID-19, world leaders have failed to ensure rapid and equitable distribution of diagnostics, vaccines, and therapeutics (e.g., monoclonal antibodies). Even as rich nations are administering booster shots, more than 3.5 billion people are waiting for their first dose. Last month, the G20 Rome Leader's Declaration endorsed the WHO plan to vaccinate

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“...ending the pandemic will... prepare us to face the ultimate test—climate crisis.”



Downloaded from https://www.sci



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Published: 15 August 2024

Mpox outbreaks in Africa—we must avert another failure of global solidarity

We need authentic global solidarity, equity, and urgent support for African countries to mitigate mpox outbreaks, write Ifedayo MO Adetifa and Madhukar Pai

Ifedayo MO Adetifa,¹ Madhukar Pai²

On 13 August 2024, the Africa Centres for Disease Control and Prevention (Africa CDC) declared the ongoing mpox outbreak a public health emergency of continental security.¹ This outbreak is driven by the emergence of a new clade 1b variant that is better adapted to human-to-human transmission. On 14 August, the World Health Organization (WHO) declared the current outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations (2005).²

Amid another widespread epidemic is another unfolding story of vaccine inequity, and yet another looming failure of global solidarity. We have seen this before, and it does not end well for anyone.³

including the strategy for equitable sharing of vaccines and medicines during emergencies. If a pandemic accord had been reached, it could have helped Africa during the current mpox crisis.

Following WHO's declaration of this mpox outbreak as a PHEIC, rich nations may resort to travel bans against the affected African nations, rather than offer genuine support. The unjust, racist travel bans that were imposed on some African nations during the SARS-CoV-2 omicron wave are stark evidence.¹⁴ We worry about a resurgence of stigma and racism aimed at African nations, as we saw during the omicron wave and the 2022 mpox outbreak.¹⁵

What would authentic solidarity look like?

Science should save all, not just some

Discussions around global equity and justice in science typically emphasize the lack of diversity in the editorial boards of scientific journals, inequities in authorship, “parachute research,” dominance of the English language, or scientific awards garnered predominantly by Global North scientists. These inequities are pervasive and must be redressed. But there is a bigger problem. The legacy of colonialism in scientific research includes an intellectual property system that favors Global North countries and the big corporations they support. This unfairness shows up in who gets access to the fruits of science and raises the question of who science is designed to serve or save.

Consider the COVID-19 pandemic, which gave already-known mRNA vaccine technology a global platform. But even as the world celebrated this achievement with a Nobel Prize, the stunning fact remains that COVID-19 vaccines failed to reach millions of people in the Global South in a timely manner, despite the public investments into making these technologies. Global North governments hoarded vaccines and were lobbied by pharmaceutical companies to block a patent waiver that could have enabled Global South countries to make their own mRNA vaccines as a short-term solution during a period of acute need. The

These examples reflect the importance of not only thinking about who does science and how, but also whether all people have a right to the fruits of science. The United Nations Universal Declaration of Human Rights (1948) stipulates that “everyone has the right...to share in scientific advancements and its benefits.” This declaration must be reaffirmed by all scientists and countries because lives depend on it. For this right to be realized, science must no longer be an enterprise that privileges profits and the elite. Communities most affected by problems must help drive the agenda on what science gets conducted, by whom, how, and who benefits the most from it. Advocates for HIV/AIDS demonstrated that communities can indeed influence the research agenda and push for access. Those

who have been historically marginalized, including Black and Indigenous people, people of color, and people in the Global South, must refuse to be seen as passive recipients of charitable and trickle-down science, and demand equitable partnerships.

Fortunately, self-determination and self-sufficiency in advancing science by Global South nations are emerging. India and China produced COVID-19 vaccines (non-mRNA based) that reached other Global South nations during the pandemic. An mRNA-vaccine hub in South Africa, hailed as a “decolonial aspiration,” and the

“...science must no longer be an enterprise that privileges profits and the elite.”

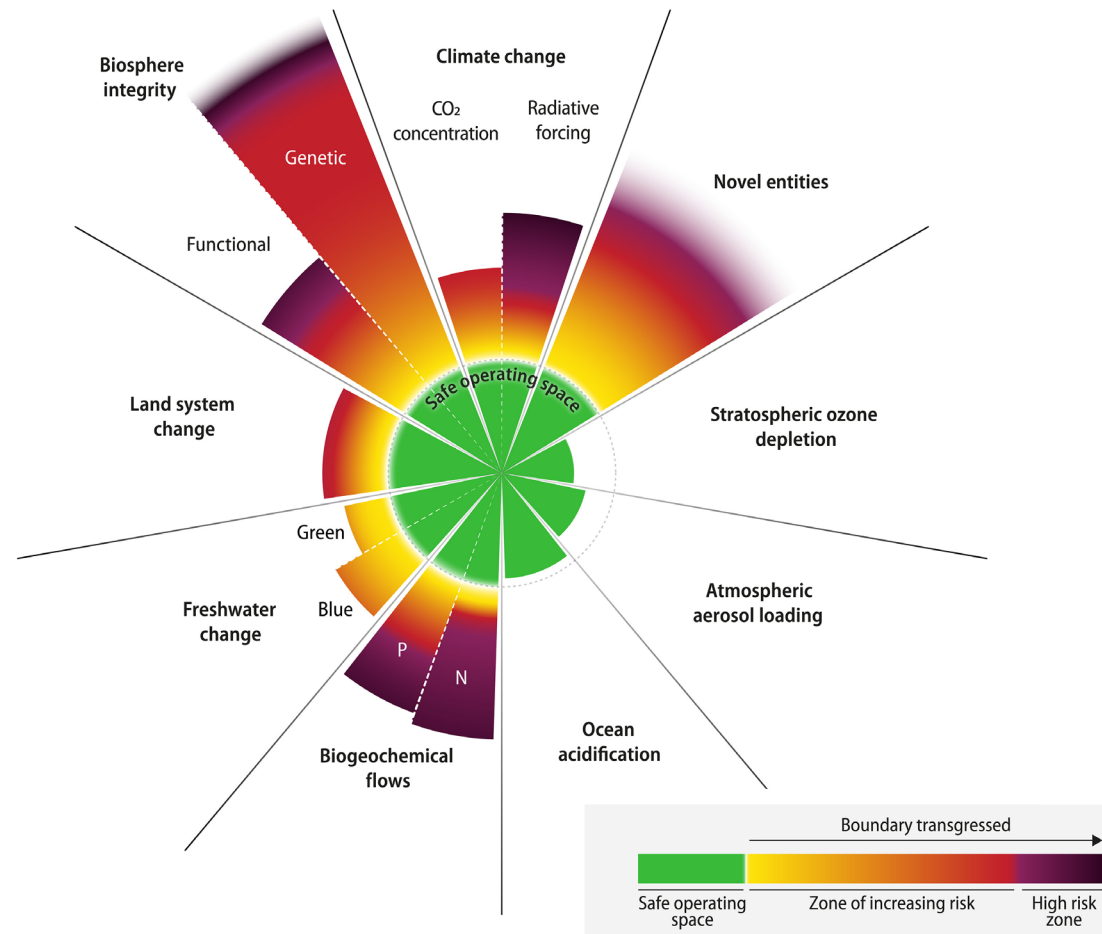
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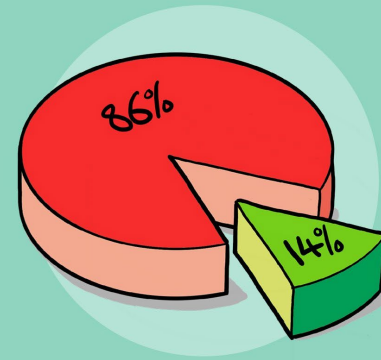
We are not acting fast enough on climate crisis



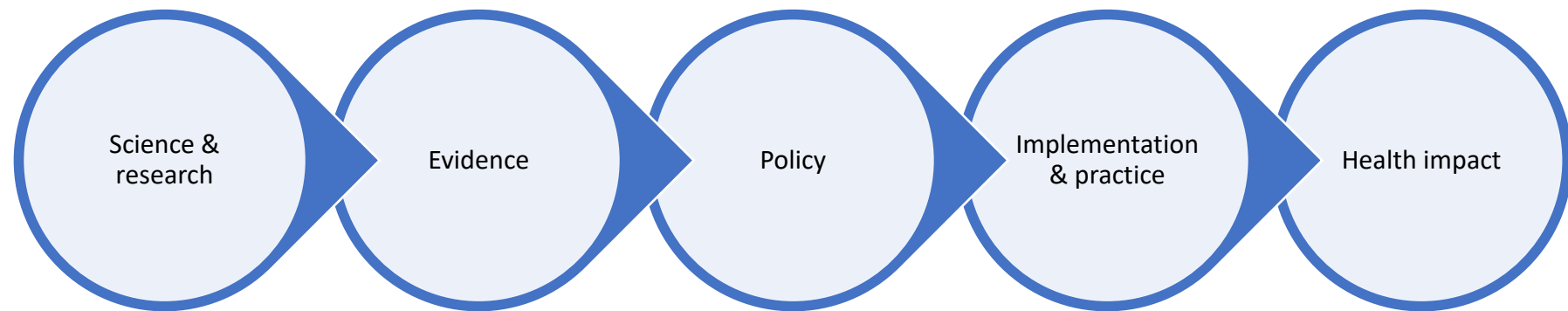
"Earth is now well outside of the safe operating space for humanity"

6 of the 9 planetary boundaries are transgressed

A staggering
86% of all
applied health
research is **not**
translated into
policies, products
and technologies.



Yet, we still teach this ideal model of knowledge translation



We should be teaching this instead



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from science to evidence



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from evidence to policy



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from policy to practice

USA: 1.1+ million Covid deaths

Why? Politics

HOW THE PANDEMIC DEFEATED AMERICA

A virus has brought the world's most powerful country to its knees.

By Ed Yong

How COVID, Inequality and Politics Make a Vicious Syndemic

Overlapping diseases and social conditions in the U.S. continue to dictate who is hurt most badly by the novel coronavirus

NEWS FEATURE | 04 August 2020

Two decades of pandemic war games failed to account for Donald Trump

The scenarios foresaw leaky travel bans, a scramble for vaccines and disputes between state and federal leaders, but none could anticipate the current levels of dysfunction in the United States.

U.S. life expectancy falls to its lowest level since 1996

Overall life expectancy at birth in years

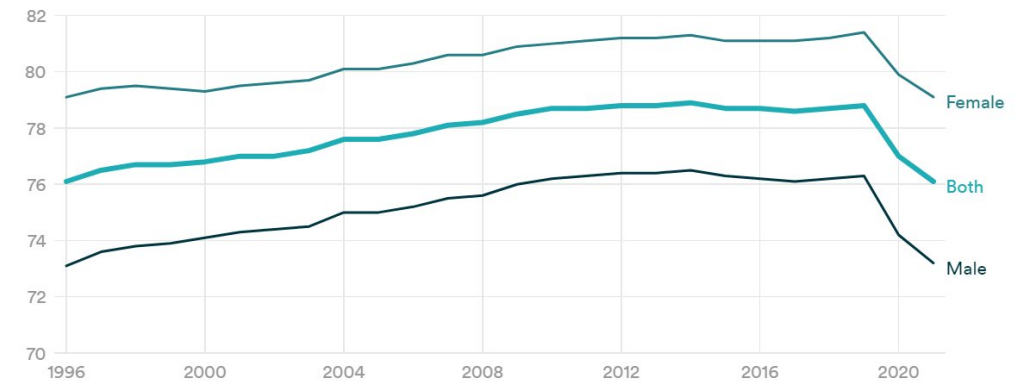


Chart: J. Emory Parker/STAT • Source: National Center for Health Statistics, National Vital Statistics System, Mortality

Inside the Fall of the CDC

How the world's greatest public health organization was brought to its knees by a virus, the president and the capitulation of its own leaders, causing damage that could last much longer than the coronavirus.

by James Bandler, Patricia Callahan, Sebastian Rotella and Kirsten Berg, Oct. 15, 2020, 1:12 p.m. EDT

Politics & populism trumped all concerns during Covid

Original Article



Political Studies
Association

BJPIR

The British Journal of Politics and
International Relations
1–20

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COVID-19 vaccine apartheid and the failure of global cooperation

Stephen Brown^{1,2} 
and Morgane Rosier³ 

Abstract

The equitable distribution of COVID-19 vaccines is one of the most important tests of global cooperation that the world has faced in recent decades. Collectively, global leaders failed that crucible abysmally, creating a 'vaccine apartheid' that divided the world according to income into countries with widespread access and those without. Why, given that leaders were fully aware of the risks and injustice of vaccine inequity, did governments of wealthy countries hoard doses, impede the expansion of vaccine manufacturing and otherwise prevent equitable access to vaccines? We argue that their decisions to act selfishly are best explained by governments' accountability to domestic constituencies, their lack of leadership and commitment to multilateralism and their adoption of short-term perspectives, as well as their unwillingness to curb the influence of profit-oriented global pharmaceutical companies and, to a certain extent, of an additional private actor, the Bill and Melinda Gates Foundation.

<https://journals.sagepub.com/doi/10.1177/13691481231178248>



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RESEARCH ARTICLE



Vaccine politics: Law and inequality in the pandemic response to COVID-19

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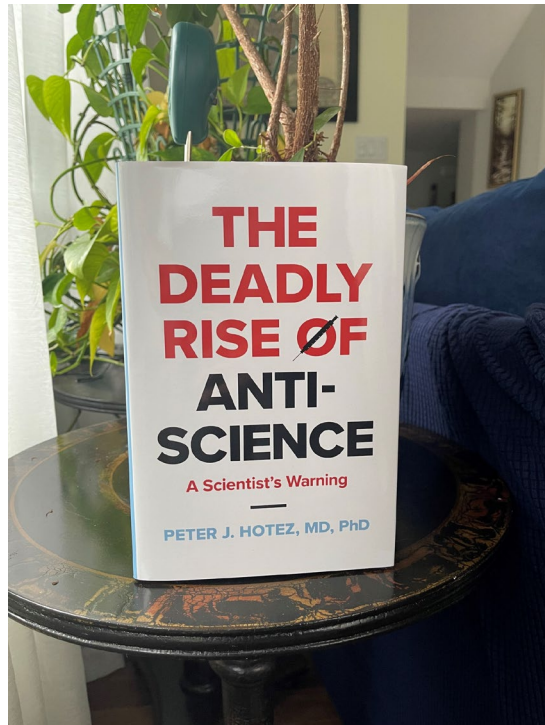
Matthew M. Kavanagh, Department of Global Health, School of Health, Georgetown University, Washington, DC, USA.
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Abstract

International mechanisms failed to achieve equitable distribution of COVID-19 vaccines—prolonging and deepening the pandemic. To understand why, we conduct process tracing of the first year of international policymaking on vaccine equity. We find that, in the absence of a single venue for global negotiation, two competing law and policy paradigms emerged. One focused on demand and voluntary action by states and firms, while the alternative focused on opening knowledge and expanding production through national and international law. While these could have been complementary, power inequalities between key actors kept the second paradigm from gaining traction on the global agenda. The failure of the prevailing policy paradigm to secure equity is explained, not by unforeseen technical and financing challenges as some suggest, but by a fundamental misalignment with the political environment. While norm entrepreneurs encouraged sharing, political incentives pushed governments towards securing and hoarding doses. Firms responded to the latter. Mechanisms like COVAX proved incapable of countering these predictable international and domestic political forces. Earlier funding would not likely have changed the behaviour of states or firms in the absence of legal commitment. Barring significant geopolitical changes, a shift to include open/supply-focused policies will be necessary to achieve equity in future pandemics.

<https://onlinelibrary.wiley.com/doi/epdf/10.1111/1758-5899.13203>

Why are we dealing with measles and whooping cough in 2024?



“Misinformation makes it sound like it’s random junk that appears out of nowhere on the Internet. It’s not: it’s an organized, well-financed, politically motivated campaign that’s meant to tear down the fabric of science. And we have to frame it as ‘anti-science aggression’”

Peter Hotez

“Globally, anti-science is a key part of the far-right, autocratic, populist playbook. Hotez’s terrifying but profoundly important book shows how deep the anti-science rabbit hole goes, who is thriving on chaos, and why anti-science is surging everywhere. The book is an eye-opening exposé of the catastrophic consequences of anti-science.”

MADHUKAR PAI, MD, PHD, Professor of Epidemiology
and Global Health, McGill University

While they cannot solve all problems, comms, advocacy and diplomacy can help bridge some know-do gaps



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from evidence to policy



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from policy to practice

Why communication matters

Why You Should Not Use Ivermectin to Treat or Prevent COVID-19

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Why the WHO took two years to say COVID is airborne

Early in the pandemic, the World Health Organization stated that SARS-CoV-2 was not transmitted through the air. That mistake and the prolonged process of correcting it sowed confusion and raises questions about what will happen in the next pandemic.

By [Dyani Lewis](#)



NBC NEWS ISRAEL-HAMAS WAR 2024 ELECTION POLITICS U.S. NEWS WORLD BUSINESS NBC NEWS TIPLINE VIDEO WATCH LIVE

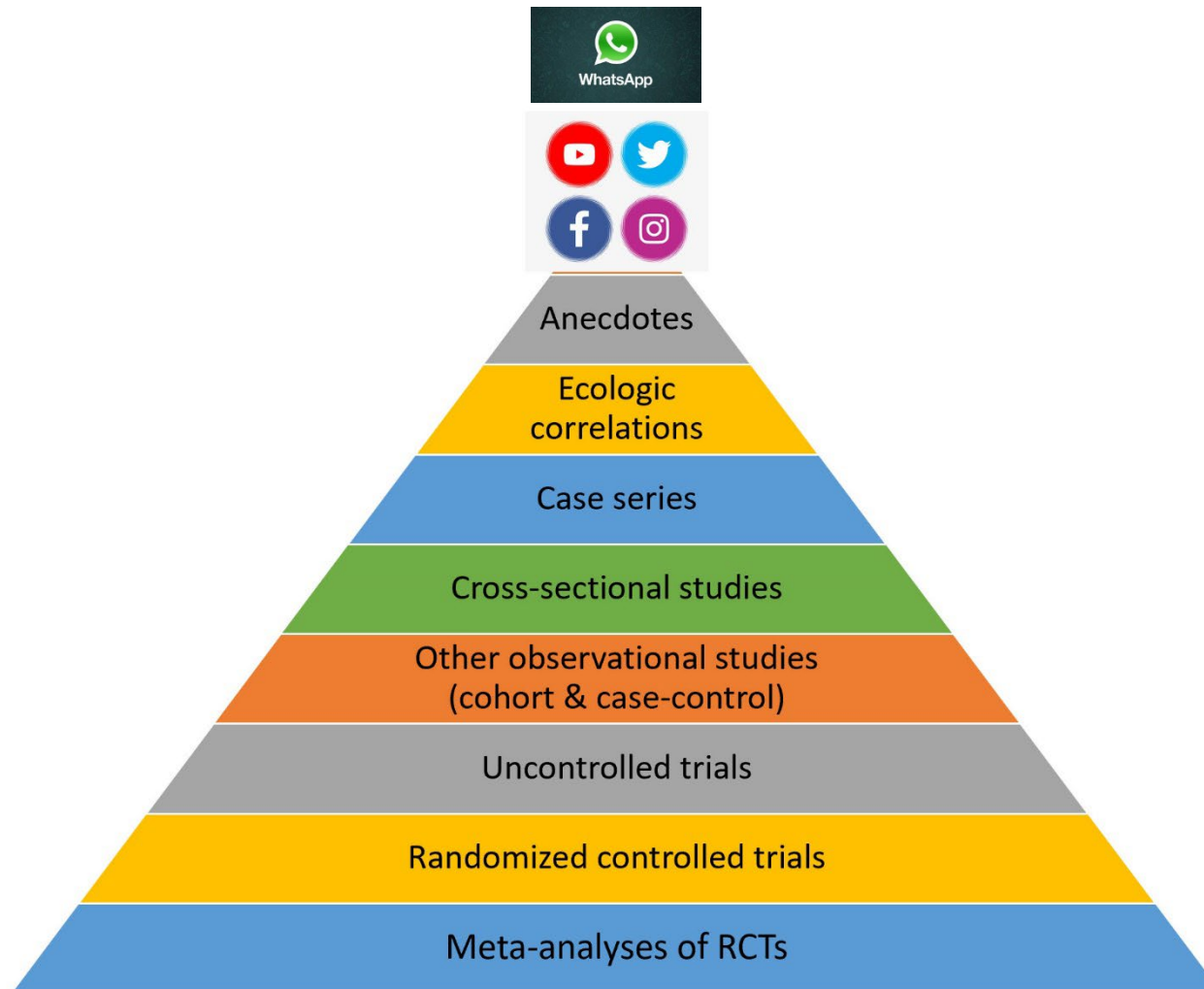
CORONAVIRUS

How the CDC's communication failures during Covid tarnished the agency

Frustrations still run high at the CDC, but staffers remain hopeful that the agency will regain its credibility with the public.



During Covid, people were trusting Whatsapp more than WHO!



BCG Against Coronavirus: Less Hype And More Evidence, Please



Madhukar Pai Contributor 
Healthcare

I write about global health, infectious diseases, and equity



Close up of reaction of Bacillus Calmette Guerin or BCG vaccination infants. GETTY

<https://www.forbes.com/sites/madhukarpai/2020/04/12/bcg-against-coronavirus-less-hype-and-more-evidence-please/?sh=1ee9eed6b4f>

A Skeptic's Guide To Ecologic Studies During A Pandemic



Madhukar Pai Contributor 
Healthcare

I write about global health, infectious diseases, and equity



24 January 2020, Bavaria, Munich: A face mask and protective goggles are displayed in front of a map ... [+] DPA/PICTURE ALLIANCE VIA GETTY IMAGES

<https://www.forbes.com/sites/madhukarpai/2020/04/22/a-skeptics-guide-to-ecologic-studies-during-a-pandemic/?sh=25aa8a868941>

Epidemiology for Health Journalists

Webinar series for health journalists



Description

Webinar series on epidemiology for health journalists presented by Dr. Madhukar Pai

- Session 1 – Epidemiology: the big picture [Slides] [Video]
- Session 2 – Causality & causal inference [Slides] [Video]
- Session 3 – Epidemiologic study designs [Slides] [Video]
- Session 4 – Measuring disease occurrence and association [Slides] [Video]
- Session 5 – Bias in epidemiological studies: the big picture [Slides] [Video]
- Session 6 – Selection bias in epidemiological studies [Slides] [Video]
- Session 7 – Information bias in epidemiological studies [Slides] [Video]
- Session 8 – Confounding in epidemiological studies [Slides] [Video]
- Session 9 – Randomized controlled trials [Slides] [Video]
- Session 10 – Cohort studies [Slides] [Video]
- Session 11 – Case-control studies [Slides] [Video]
- Session 12 – Cross sectional studies [Slides] [Video]
- Session 13 – Ecologic studies [Slides] [Video]
- Session 14 – Diagnostic studies [Slides] [Video]
- Session 15 – Systematic reviews & meta-analysis [Slides] [Video]
- Session 16 – Mathematical modeling [Slides] [Video]

<https://www.teachepi.org/courses/epidemiology-for-health-journalists/>

Journalists Need To Get It Right: Epidemiology Training Can Help

Madhukar Pai Contributor @

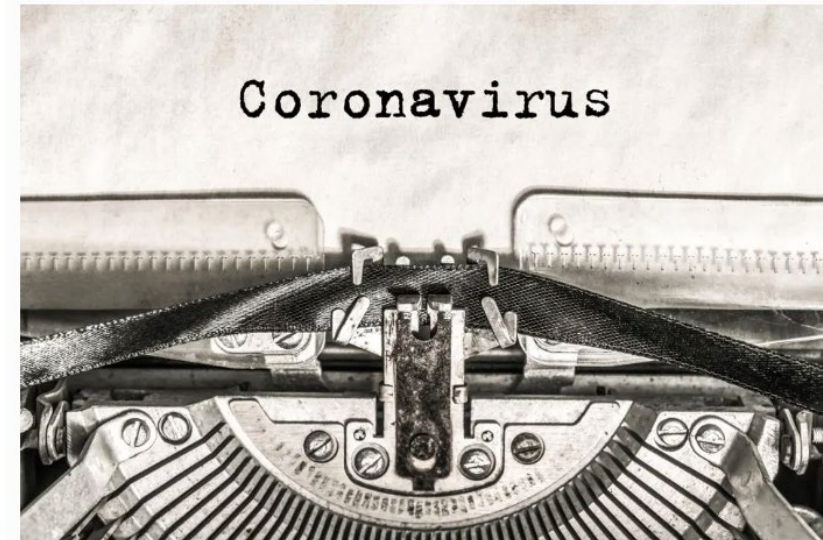
I write about global health, infectious diseases, and equity

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Aug 9, 2020, 07:38am EDT

This article is more than 3 years old.



Coronavirus on a typewriter type text on old vintage paper. Epidemic virus GETTY

<https://www.forbes.com/sites/madhukarpai/2020/08/09/journalists-need-to-get-it-right-epidemiology-training-can-help/?sh=5a33dc8466a27>



Why Advocacy Matters



Advocacy is necessary, because things rarely happen on their own



AIDS Activism, A Playbook For Global Health Advocacy



Madhukar Pai Contributor @ Healthcare

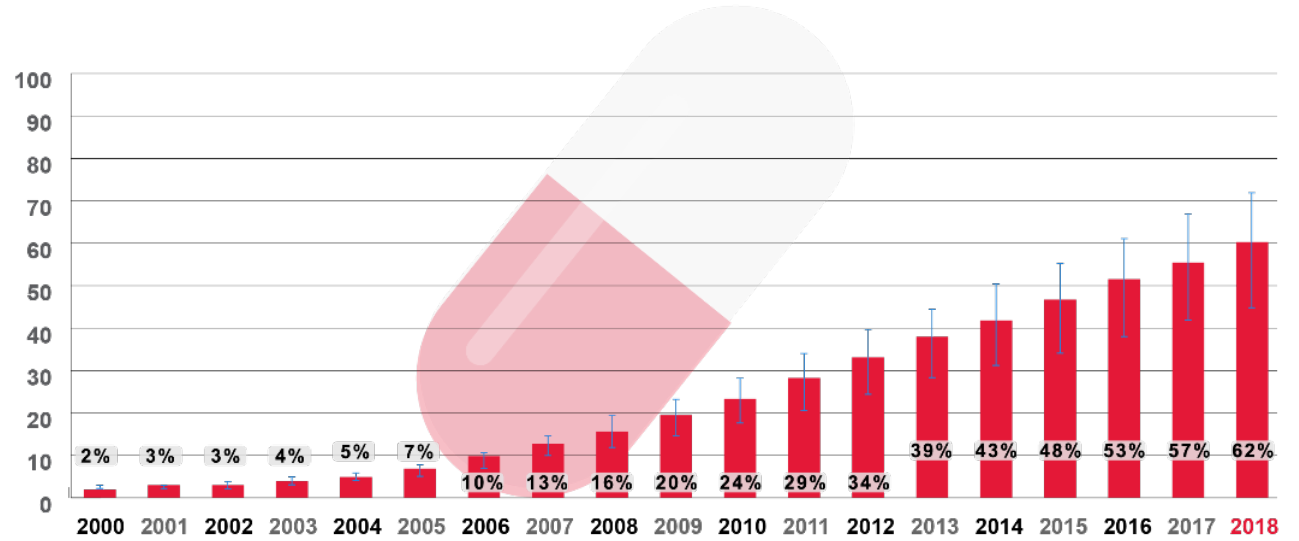
I write about global health, infectious diseases, and equity

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NEW YORK CITY AIDS MEMORIAL, NEW YORK, UNITED STATES - 2017/03/30: Hundreds gathered on a rally at ...

[+] LIGHTROCKET VIA GETTY IMAGES

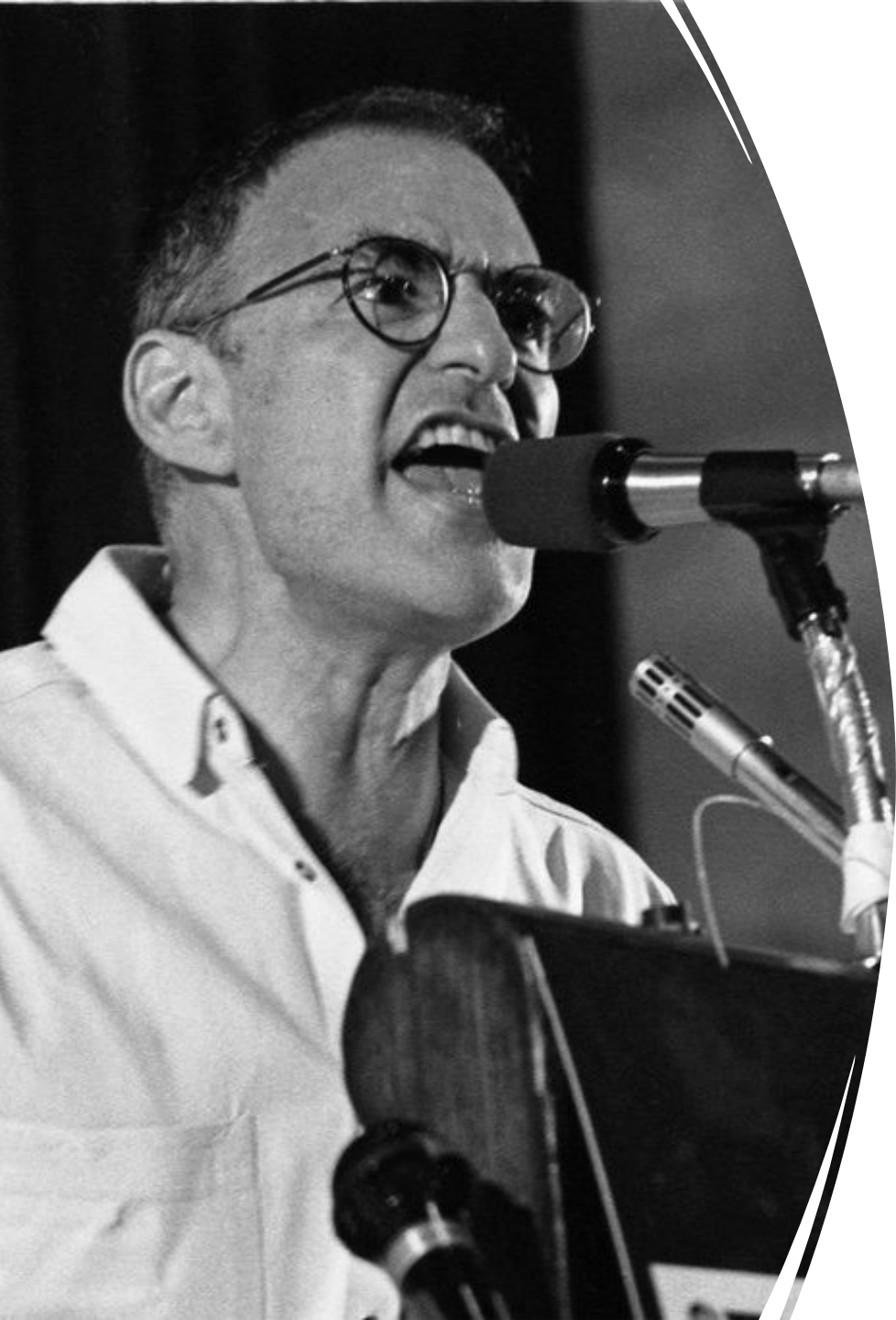


<https://www.forbes.com/sites/madhukarpai/2019/11/30/aids-activism-a-playbook-for-global-health-advocacy/#289c014840a1>

AIDS activists built on other movements

- Gay rights
- Civil rights
- Anti-apartheid...





They channeled the fear and outrage

- “What makes activism work is [patients’] anger and fear...somehow you have to be able to capture that, put it in a bottle and bottle it and use it.”
- Larry Kramer

They
mobilized and
organized



They played
good
cop/bad cop



A NATIONAL AIDS TREATMENT RESEARCH AGENDA

V International Conference on AIDS
Montreal, June 1989

REVISED: SEPTEMBER, 1989

ACT UP

AIDS Coalition to Unleash Power / New York

ACT UP is a diverse, non-partisan group of individuals united in anger and committed to direct action to end the AIDS crisis.



They knew their stuff & got involved with R&D,
funding, trials, regulation, and pricing/access

While AIDS offers a good playbook, single-issue advocacy has its perils

PLOS GLOBAL PUBLIC HEALTH

OPINION

Single-issue advocacy in global health: Possibilities and perils

Katri Bertram¹, Madhukar Pai^{2*}

¹ Partners of Impact, Berlin, Germany, ² McGill School of Population and Global Health, McGill University, Montreal, Quebec, Canada

we must advocate for UHC, stronger health systems, and greater investments in issues that affect health outcomes overall, in addition to advocating for whatever we are most passionate about


Why Diplomacy Matters

SERIES | POLITICAL SCIENCE AND HEALTH | VOLUME 399, ISSUE 10341, P2156-2166, JUNE 04, 2022

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Global health diplomacy—reconstructing power and governance

Ilona Kickbusch, PhD   • Austin Liu, MA

Published: May 17, 2022 • DOI: [https://doi.org/10.1016/S0140-6736\(22\)00583-9](https://doi.org/10.1016/S0140-6736(22)00583-9) •  Check for updates

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00583-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00583-9/fulltext)

Panel 1: Seven dimensions of global health diplomacy

Negotiating to promote health in the face of other interests

Upholding health interests in the face of geopolitical, ideological, or national interests, which might stand in the way of solutions that benefit all countries, especially in terms of global health diplomacy at WHO, which sets global norms and standards

Establishing new governance mechanisms in support of health

Creating new organisations (eg, UNAIDS, Global Fund, and Gavi, the Vaccine Alliance) in response to health challenges, or new governance models within intergovernmental organisations (eg, changing the modalities for the election of the Director-General of WHO, or establishment of the WHO Health Emergencies Programme)

Creating alliances in support of health outcomes

Forming alliances for mutual benefits or to achieve some common purpose, including political alliances (eg, Alliance for Multilateralism and the Non-Aligned Movement) using a system of bloc politics, or coming together as a regional group (eg, the EU and the Caribbean Community and Common Market), within which there is consensus on defending a common position in negotiations or votes

Building and managing donor and stakeholder relations

Global health diplomacy increasingly requires establishing and maintaining relationships with a wide array of actors in the global health arena, including a special relationship with key donors, which might be countries, private foundations, or other organisations or individuals

Responding to public health crises

As global interdependence and integration increase, health diplomacy is used increasingly often in dealing with public health crises in times of heightened threat and uncertainty

Improving relations between countries through health

Supporting health programmes, notably the US President's Emergency Plan for AIDS Relief or the engagement in medical diplomacy from China and Cuba, has been one common way to increase political reputation, improve relations with other states and actors, and help build alliances

Contributing to peace and security

Efforts to mitigate the effects of armed conflict on health, such as negotiating ceasefires to allow immunisation campaigns or other health interventions to take place

FROM POLITICO PRO

Why the world's first pandemic treaty may never happen

With less than six months to go, countries are still not really negotiating, say diplomats.



The pandemic treaty was conceived as a chance for countries to work together to monitor and prepare for disease threats and prevent the rampant inequity | Chip Somodevilla/Getty Images

BY ASHLEIGH FURLONG

JANUARY 3, 2024 | 6:00 AM CET | 6 MINUTES READ

<https://www.politico.eu/article/pandemic-treaty-negotiations-countries-risking-failure-covid-who-sharing-mechanism/>

Public Health Professionals Must Engage The Public. Communications Training Is Key

Madhukar Pai Contributor ©

I write about global health, infectious diseases, and equity

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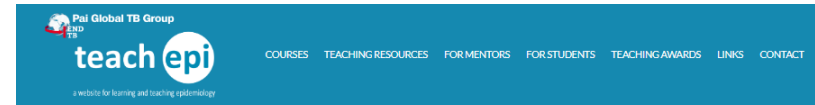


May 8, 2024, 01:11pm EDT

Updated May 8, 2024, 01:35pm EDT



<https://www.forbes.com/sites/madhukarpai/2024/05/08/public-health-professionals-must-engage-the-public-communications-training-is-key/>



Knowledge translation and communication

PPHS-614: Knowledge translation, communications, and evidence-informed public health leadership



Course Overview

All health professionals, especially those in public and global health, must learn about media, journalism, communications, advocacy and diplomacy.

Course Description

Why? We are living in an era of epidemics and infodemics. Fake news travels faster than true news. Everything, including junk science, is getting airtime. The public is getting more information from Whatsapp and social media than trusted health agencies and scientists. For example, WHO considers the anti-vaccination movement among the 10 biggest threats to global health. Bad science, combined with poor science communication and reporting, is eroding public faith in research and the deadly rise of anti-science is a scary phenomenon that everyone in medicine and healthcare must learn to manage. With science under attack, scientists have little choice but to step into the limelight. This includes writing in the media, giving interviews, speaking at public meetings, whether it is giving a TED talk, speaking at a neighborhood community meeting, addressing parliament, or delivering a speech at the UN or World Health Assembly. All health professionals must learn about media, journalism, communications, advocacy and diplomacy. They should also learn about how to simplify public health messages, how to engage with media, the public, as well as politicians. Knowledge translation in global and public health is a dynamic and iterative process that includes synthesis, dissemination, exchange, and ethically-sound application of knowledge to policy and programming. This introductory, graduate-level course is designed to provide students with an overview of knowledge translation processes for effective evidence-informed public health leadership and to build knowledge translation, media, communications and advocacy skills. Classes include discussions of background readings, lectures, small group discussions, student presentations, and interactive, hands-on exercises. Several journalists, advocates, policy makers and diplomats will join the class and deliver guest lectures. Hands-on skill development would be emphasized throughout the course.

Course agenda

- Lecture 1.1: The Know-Do Gap in Global and Public Health: how communication, advocacy and diplomacy can help (by Madhukar Pai) [Slides] [Video to watch] [Additional reading]
- Lecture 1.2: Health communication in the era of disinformation (by Gabby Stern) [Video to watch] [Additional reading]
- Lecture 2.1: How to write for science journals (by Julia Robinson) [Slides] [Additional reading 1] [Additional reading 2]
- Lecture 2.2: How to write a media or press release (by Jason Clement) [Slides] [Additional reading]
- Lecture 3.1: Op-ad writing workshop (by Rowanne Khamsi)
- Lecture 4.1: How to prepare a policy brief for policy makers (by Andrew Bresnahan) [Slides] [Additional readings and tools]
- Lecture 4.2: How to co-create research with communities and stakeholders and how to prepare policy briefs for policymakers (by Cate Hankins) [Slides] [Additional readings and tools]
- Lecture 5.1: How to give TV interviews (by Chris Labos) [Slides] [Additional readings and tools]
- Lecture 6.1: The global trust crisis in public health and how to mitigate it (by Robert Steiner) [Slides] [Additional reading 1] [Additional reading 2]
- Lecture 7.1: How policy makers and politicians think and what is necessary to convince them (by Elise Legault) [Slides]
- Lecture 7.2: Importance of advocacy in global and public health (by Madhukar Pai) [Slides] [Additional reading 1] [Additional reading 2]
- Lecture 8.1: How to organize an advocacy campaign (by Erica Lessem & Madlen Nash) [Slides] [Additional reading and video to watch]
- Lecture 9.1: How to effectively use podcasts for public health (by Garry Aslanyan) [Slides] [Podcasts]
- Lecture 9.2: Why You Should Care About Global Health Diplomacy (by Garry Aslanyan) [Slides] [Additional reading]
- Lecture 10.1: Journalist roundtable (by Annalisa Merelli & Stephanie Nolen) [Additional readings]
- Lecture 10.2: How to use social media for advancing public health (by Diya Banerjee) [Slides]
- Lecture 11.1: Narrative strategy and storytelling (by Maryn McKenna) [Additional readings]
- Lecture 11.2: How to deliver a public speech (by Madhukar Pai) [Slides]
- Lecture 12.1: How to communicate scientific uncertainty, and confront misinformation (by Amy Mazmen) [Slides and additional reading]
- Lecture 13.1: Health diplomacy (by Peter Singer) [Additional readings]

<https://www.teachepi.org/courses/knowledge-translation-communications-and-evidence-informed-public-health-leadership/>

Key lessons from the course

- Invite journalists
- Emphasize practice, not theory
- Teach students advocacy & invite professional advocates
- Teach diplomacy & invite diplomats
- Teach students how to deal with misinformation

The course was NOT about theory!

- Students learnt **practical** skills on how to:
 - Engage with media
 - Write op-eds
 - Write for journals
 - Write media releases
 - Write policy briefs
 - Develop advocacy materials
 - Do TV interviews
 - Podcasts
 - Launch an advocacy campaign
 - Give a short, impactful speech

Opinion: How an app can help fight Islamophobia

Gaining insight into the sources and impacts of hate allows researchers to plan for preventive interventions and better inform policymakers.

Neha Mohammad, Samira Rahmatullah, Sehar Gul, and Claudia Meszaros

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Potential risks deserve attention but must be weighed against the tangible benefits — particularly for the marginalized.

Swetha Rajah • Special to Montreal Gazette

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Mariane Saroufim, Meghan Pritchard, Gabrielle Gosselin, Charlotte Serrano

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Mar 5, 2024 by Claire Healey, Elly Kühne, Francesca Lee, Samuel Retta

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Milica Meconnen • Tasmin Adel and Kari Guo

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**THE
DEADLY
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ANTI-
SCIENCE**

A Scientist's Warning

PETER J. HOTEZ, MD, PhD

Anthony Fauci, M.D.

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Thank you! Merci!