

Aanmelden lezing "Klimaatverandering in de spreekkamer"

Lezing "Klimaatverandering in de spreekkamer"

Heb jij je altijd afgevraagd wat luchtvervuiling nog meer kan veroorzaken behalve astma? ☐

☐ Of wat hittestress precies inhoudt? 🔥 Moeten we bang zijn voor malaria in Nederland?

✿ En wat is planetary health nou eigenlijk? 🌱

Kom dan 25 mei naar de lezing 'Klimaatverandering in de spreekkamer'! De CO₂-assistent, Green Future Promoters en IFMSA-Utrecht slaan de handen ineen met deze speciale avond. Verschillende sprekers zullen ons meer vertellen over de gezondheidseffecten van klimaatverandering:

- Dr. George Downward, assistent professor en onderzoeker environmental and planetary health, over de gevolgen van luchtvervuiling ➡

- Drs. Laurens Severijn Hondema, arts M&G Medische Milieukunde, over de effecten van hittestress 🤒

- TBA, over de toenemende verspreiding van infectieziekten 💧

De avond zal plaatsvinden op donderdag 25 mei van 19:00 - 21:30 uur in de Roze Collegezaal van het UMC Utrecht en is helemaal gratis.

In September, 2004, health experts from around the world met for a symposium organized by the Wildlife Conservation Society (WCS) and hosted by The Rockefeller University that focused on the current and potential movements of diseases among human, domestic animal, and wildlife populations. Representatives included specialists from the World Health Organization; the UN Food and Agriculture Organization; the Centers for Disease Control and Prevention; the United States Geological Survey National Wildlife Health Center; the United States Department of Agriculture; the Canadian Cooperative Wildlife Health Centre; the Laboratoire Nationale de Sante Publique of Brazzaville, Republic of Congo; the IUCN Commission on Environmental Law; and the WCS among others.

The product of the symposium—The Manhattan Principles— lists 12 recommendations for establishing a more holistic approach to preventing epidemic / epizootic disease and for maintaining ecosystem integrity for the benefit of humans, their domesticated animals, and the foundational biodiversity that supports us all:

The Manhattan Principles on “One World, One Health”

**THE RIO DECLARATION
ON
ENVIRONMENT AND DEVELOPMENT (1992)**

PREAMBLE

The United Nations Conference on Environment and Development,

Having met at Rio de Janeiro from 3 to 14 June 1992,

Reaffirming the Declaration of the United Nations Conference on the Human Environment, adopted at Stockholm on 16 June 1972, and seeking to build upon it,

With the goal of establishing a new and equitable global partnership through the creation of new levels of co-operation among States, key sectors of societies and people,

Working towards international agreements which respect the interests of all and protect the integrity of the global environmental and developmental system,

Recognizing the integral and interdependent nature of the Earth, our home,

RESOURCE | ENCYCLOPEDIA ENTRY

Biodiversity

Biodiversity refers to the variety of living species on Earth, including plants, animals, bacteria, and fungi. While Earth's biodiversity is so rich that many species have yet to be discovered, many species are being threatened with extinction due to human activities, putting the Earth's magnificent biodiversity at risk.

4. CLIMATE CHANGE AND BIODIVERSITY ARE INTERCONNECTED.

Climate change is causing biodiversity loss, and biodiversity loss is causing climate change. Here's how: Destroying and degrading ecosystems releases more carbon dioxide into the atmosphere than burning fossil fuels.

Meanwhile, the consequences of burning fossil fuels — rising global temperatures, an increase in wildfires, and ocean acidification, to name a few — are threatening habitats and wildlife alike. In late 2019 and early 2020, for example, more than 60,000 koalas were killed by wildfires in Australia so massive that nearly 3 billion animals died or were displaced as a result. Earlier this year, the Australian government officially listed koalas as an endangered species.

At COP 27 last year, world leaders reached a historic agreement to create a “loss and damage” fund to support communities that are already feeling climate change’s disastrous impact, including biodiversity loss and its impact on livelihoods.

6. LESS BIODIVERSITY MEANS A HIGHER RISK OF DISEASE.

For decades, the scientific community has warned that biodiversity loss [increases the spread of infectious disease](#). Why? Because extinction upsets the ecosystem in unpredictable ways, and the destruction of natural habitats increases interaction between humans and wildlife. Biodiversity essentially acts as a barrier between humans and animal-borne disease.

Species that tend to survive logging, farming, mining, wildlife trade and consumption, and other human activities behind widespread biodiversity loss are often “vectors of disease” like mice and mosquitoes, which host pathogens that are able to make the jump to humans. It’s one of the reasons why cases of [Lyme disease](#) in the northeast United States have spiked in recent decades: With fewer mammals to prey on, ticks are increasingly seeking out people. In fact, roughly 75% of emerging infectious diseases are [zoonotic](#).



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ECDC TECHNICAL REPORT

Towards One Health preparedness

Expert consultation 11–12 December 2017



<https://www.ecdc.europa.eu/sites/default/files/documents/One-Health-preparedness-24-May-2018.pdf>

Annex. Participants

Country	Surname	Name	Organisation
SE	Artursson	Karin	National Veterinary Institute
AU	Baekkeskov	Erik	University of Melbourne
UK	Baylis	Matthew	University of Liverpool
IT	Beltran-Alcrudo	Daniel	Food and Agriculture Organization of the UN
NL	De Vries	Danny	University of Amsterdam
DK	Esenamanov	Vasily	WHO Regional Office for Europe
LU	Fanos	Margherita	Directorate-General for Health and Food Safety , C3
DE	Grunow	Roland	Robert Koch Institute
NL	Haagmans	Bart	Erasmus Medical Center
US	Jacobsen	Kathryn	George Mason University
US	Kahn	Laura H.	Princeton University
SE	Lindberg	Ann	National Veterinary Institute
DE	Mari sáez	Almudena	Robert Koch Institute
DK	Melbak	Kåre	Statens Serum Institut
US	Munoz	Olga	University of Florida
AT	Nowotny	Norbert	University of Veterinary Medicine, Institute of Virology
HU	Páldy	Anna	National Public Health Institute
IT	Riccardo	Flavia	National Institute of Health
FR	Sindair	Julie Rae	World Organisation for Animal Health
NL	Timen	Aura	National Institute for Public Health and the Environment
CH	Wannous	Chadia	UNISDR

Abbreviations

AMR	Antimicrobial resistance
EPIS	Epidemic Intelligence Information System
EU	European Union
EWRS	Early Warning and Response System
FAO	Food and Agriculture Organization
FWD	Food- and waterborne disease
IHR	International Health Regulations
MERS-CoV	Middle East Respiratory Syndrome
MLVA	Multiple-locus variable number tandem repeat analysis
OIE	Office International des Epizooties
RASFF	Rapid Alert System for Food and Feed
TBE	Tick-borne encephalitis
WGS	Whole genome sequencing
WHO	World Health Organization

Conclusions

The One Health concept faces a number of challenges. For one thing, One Health, does not have a single strategy. The concept also lacks support from a sufficiently large number of initiatives that engage in a unified effort.

Now is the time to embrace One Health as a framework for public health action: climate change and the spread of zoonotic diseases speak a clear language. The successful implementation of the One Health concept – and, arguably, progress in fighting zoonotic diseases – requires coordination and collaboration across the entire human–animal–environmental interface, right where infectious disease risks originate. This requires better networks, increased awareness, overcoming silo mentality, clear roles, collaborative actions, and clearly defined preparedness methodologies within coordinated frameworks.

This consultation identified many potential action points. These action points are relevant for ECDC, the public health community, animal health organisations, and the research community. ECDC's forthcoming actions related to One Health preparedness will focus on methods on how to enhance cross-sectoral preparedness planning. ECDC will also consider some suggestions for inclusion into future annual work plans, but can only do so in consultation with the European Commission, EFSA, WHO, the ECDC Advisory Forum, the ECDC Coordinating Competent Bodies and the ECDC Management Board.



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One Health



Zoonotic outbreaks emphasise the need for a systematic One Health approach of sharing and assessing signals of (emerging) zoonotic infections between veterinary and medical professionals



Our research



[Home](#) » [Research](#) » [PhD Research Programme](#) » [Vector-borne diseases](#) » [One Health PACT - Predicting](#)

One Health PACT - Predicting Arboviruses Climate Tipping points

The Netherlands, with its dense population of humans and livestock, international transport and travel hubs, and water-dominated landscape is particularly vulnerable to infectious disease outbreaks. The One Health Consortium aims to understand if and how changes in climate, farming, water management and travel lead to mosquito-borne disease outbreaks, to be better prepared.

University network

Partners

NCOH brings together Dutch academic research institutes active in various complementary fields of One Health research together with other leading parties. In this way, NCOH forges an open innovation network with the capacity to take joint responsibility for finding answers to global One Health challenges. The 10 Partners aim to cooperate closely with other public or private sector organisations, the so-called Associates.

NCOH: an open innovation network of excellent One Health research



Van infectieziekten via gezondheidsbescherming naar One Health

Gezondheidsbescherming kijkt naar de relatie tussen mens, dier en omgeving



Rochelle Walensky, MD, MPH

@CDCDirector

In 2018, CDC and @HHSgov charged global stakeholders to take meaningful actions to address #AntimicrobialResistance through the #AMRChallenge: bit.ly/2OLFhJy #YearinReview

[Tweet vertalen](#)

8:25 p.m. · 31 dec. 2018

13 Retweets 25 Vind-ik-leuks



Rochelle Walensk... @C... · 31 dec. 2018

No one knows what the next health threat will be, or where it will arise. What is certain is there will be future health threats – and that CDC will be on the front lines to respond to them, in 2019 and beyond. go.usa.gov/xEaJk #YearinReview

8

25

70



The AMR Challenge

[Print](#)

Held September 2018 to September 2019

The Antimicrobial Resistance (AMR) Challenge was a yearlong effort by the U.S. government to accelerate the fight against AMR. The Challenge resulted in more than 350 organizations across the globe committing to slow AMR.

The AMR Challenge encouraged a [One Health](#) approach, recognizing that the health of people is connected to the health of animals and the environment. CDC, on behalf of the U.S. government, encouraged commitments that focused on at least one of the five commitment areas:



Tracking and data: Share data and improve data collection



Infection prevention and control: Reduce the spread of resistant germs



Antibiotic use: Improve antibiotic use, including ensuring people can access these medicines when needed



Environment and sanitation: Decrease antibiotics and resistance in the environment, including improving sanitation



Vaccines, therapeutics, and diagnostics: Invest in development and improved access

The Challenge kicked off and concluded at United Nations (UN) General Assembly side events in 2018 and 2019. The events were attended by representatives from governments, private industry, and organizations committed to keeping AMR a priority.



U.S. Secretary of Health and Human Services Alex Azar speaking at the 2018 AMR Challenge.

.Resolution 2012/2041 - 11 December 2012
.- on the Microbial Challenge - Rising threats from Antimicrobial Resistance

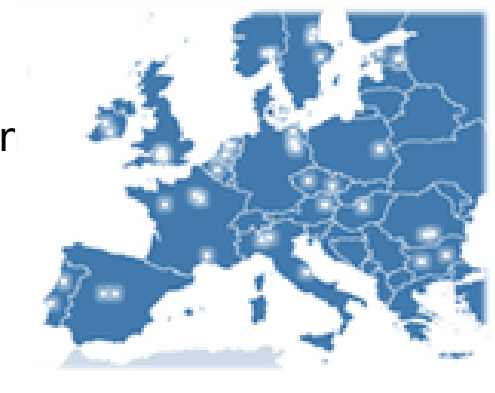
.Resolution 2017/2254 - 13 September 2018
.- on a European One Health Action Plan against Antimicrobial Resistance

.Regulation 2021/522 - 24 March 2021
.- Establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021-2027

.COM/2021/576 - 16 september 2021
.- Introducing HERA, the European Health Emergency preparedness and Response Authority, the next step towards completing the European Health Union

.Regulation 2022/2371 - 23 November 2022
.- On serious cross-border threats to health

.COM/2023/190 – 26 april 2023
.- Reform of the pharmaceutical legislation and measures addressing AMR



EU4Health and the European Health Union

EU4Health will pave the way to a [European Health Union](#) by investing in urgent health priorities:

- [response to the COVID-19 crisis](#) and reinforcing the EU's resilience for [cross-border health threats](#)
- [Europe's Beating Cancer Plan](#)
- [Pharmaceutical Strategy for Europe](#)

Other areas, such as health systems' [digitalisation](#), reducing the number of [antimicrobial-resistant infections](#) and improving [vaccination](#) rates will also be boosted.

The EU will expand successful initiatives like the [European Reference Networks](#) for rare diseases and continue to pursue [international cooperation](#) on global health threats and challenges.

Work programmes

EU4Health is implemented by [annual Work Programmes](#) supporting a broad range of actions that are clustered under four overarching "strands" with a cross-cutting focus on cancer.

- Crisis preparedness
- Health promotion & disease prevention
- Health systems & healthcare workforce
- Digital

The programme provides funding to eligible entities, health organisations and NGOs from EU countries, or non-EU countries associated to the programme.

https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union_en

Human Health – respons

Health Emergency Preparedness and Response Authority

🌐 6 languages ▾

Article [Talk](#)

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From Wikipedia, the free encyclopedia

The **Health Emergency Preparedness and Response Authority (HERA)** is a directorate-general^[1] of the [European Commission](#) created to prepare the EU for a future [pandemic](#) and to avoid the mistakes made during the [EU's response to the COVID-19 pandemic](#).^{[2][3][4]} [European Commission President Ursula von der Leyen](#) first announced plans for such a body in 2020.^[2] On 15 September 2021, the EU announced the launch of HERA^[3] and the service was established as a directorate-general of the European Commission on 16 September.^[5] HERA has been operational since early 2022.^{[2][4]}

HERA will assess potential health threats, promote research, ensure the availability of critical production and help build stockpiles. During a health crisis, the authority would activate emergency funding and help coordinate monitoring, acquisition and purchase of [medical equipment](#) or treatments.^[4]

Health Emergency Preparedness and Response Authority

Agency overview	
Formed	16 September 2021
Jurisdiction	European Union
Key document	Commission Decision 2021/929 [↗]

<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52021DC0576&qid=1684577115559>

Proposal on authorisation and supervision of medicinal products for human use and establishing rules governing the European Medicines Agency

- amending
 - 1394/2007 (Advanced Medicinal Therapeutic Products)
 - 536/2014 (clinical trials)

- repealing
 - 2001/83 (medicinal products)
 - 726/2004 (EMA)
 - 141/2000 (orphan medicinal products)
 - 1901/2006 (medicinal products for paediatric use)

Agriculture/Animal health



The strategy sets out both regulatory and non-regulatory initiatives, with the common agricultural and fisheries policies as key tools to support a just transition.

<https://food.ec.europa.eu/horizontal-topics/farm-fork->

Environmental health

'Towards Zero Pollution for Air, Water and Soil' (COM/2021/400 final)



Zero Pollution Stakeholder Platform

The EU's zero pollution ambition was set out in the European Green Deal to protect Europe's citizens and ecosystems.

https://environment.ec.europa.eu/strategy/zero-pollution-action-plan_en

Vaccination passports

.COM 2018/244 – 26 april 2018

.- on Strengthened Cooperation against Vaccine Preventable Diseases

.COM 2020/1475- 13 october 2020

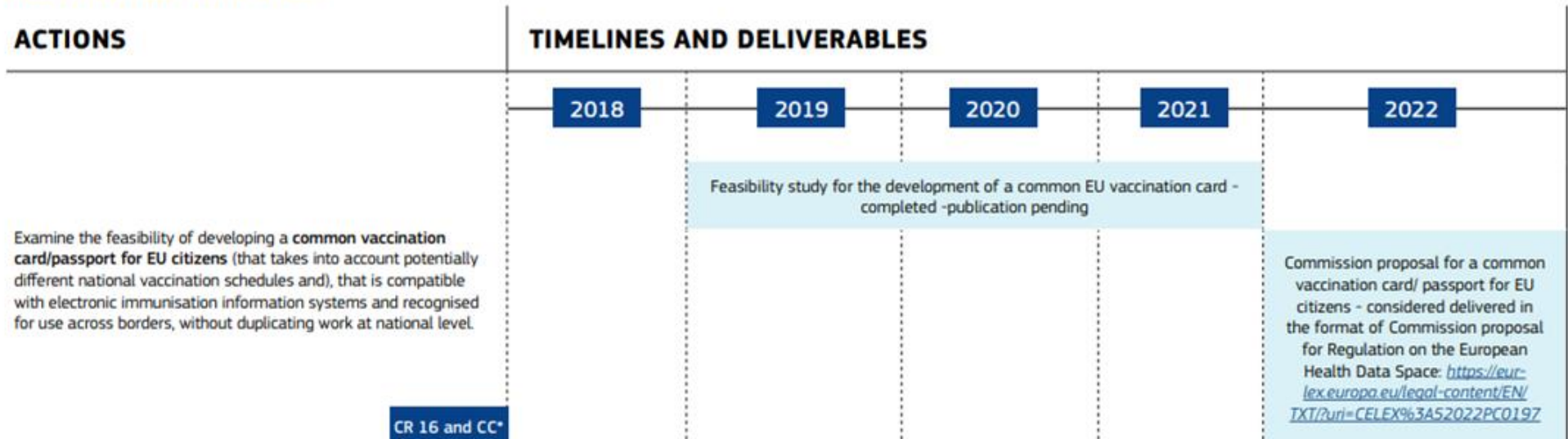
.- on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic

.REGULATION 2021/953 - 14 June 2021

.- on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic

<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52018DC0244&qid=1684585644660>

ROADMAP FOR THE IMPLEMENTATION OF ACTIONS BY THE EUROPEAN COMMISSION BASED ON THE COMMISSION COMMUNICATION AND THE COUNCIL RECOMMENDATION ON STRENGTHENING COOPERATION AGAINST VACCINE PREVENTABLE DISEASES



WRITTEN QUESTION No 303/80

by Mrs Schleicher

to the Commission of the European Communities

(30 April 1980)

Subject: Developments with regard to infectious diseases and inoculation in the European Community

Can the Commission say

- what is the prevalence of infectious diseases in the individual Member States of the European Community and whether the number of these diseases is increasing or decreasing?
- what arrangements exist in each country for inoculating those at risk;
- for which diseases inoculation is compulsory in each country?
- what proportion of the population is uninoculated?
- whether it is planned to introduce a vaccination card or an international vaccination passport for citizens of the European Community and what preparatory work has been carried out by the Commission?

Answer given by Mr Vredeling on behalf of the Commission

(19 June 1980)

In its answer to Written Question No 1590/79 ⁽¹⁾ by Mr Glinne on compulsory inoculations, the Commission stated its position on the subject in the light of the decisions taken by the Council, and by the representatives of the Member States meeting within the Council, at its meetings on public health of 13 December 1977 and 16 November 1978.

In this answer, the Commission also explains why it does not intend to take action to introduce a vaccination card in the Community.

⁽¹⁾ OJ No C 140, 10. 6. 1980, p. 9.

https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:JOC_1980_164_R_0001_01&qid=1684585828219

Foundation for cattle vaccination

https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:JOC_1980_164_R_0001_01&qid=1684585828219

IV – Public Health Requirements

3.11 In cases where evidence of protection against yellow fever or smallpox is required from persons travelling by air, Contracting States shall accept the International Certificates of **Vaccination** or Revaccination in the forms set out by the World Health Organization in Appendices 3 and 4 of the International Health Regulations (1969).

15/7/74

4

PART VI — HEALTH DOCUMENTS

Article 76

Bills of health, with or without consular visa, or any certificate, however designated, concerning health conditions of a port or an airport, shall not be required from any ship or aircraft.

Annex VI

MODEL OF A CORRECTLY COMPLETED INTERNATIONAL CERTIFICATE OF VACCINATION

To be valid in international traffic, vaccination certificates must be printed in English and French; a third language may be added. The certificate must be fully and correctly completed in English or French; completion in another language in addition is not excluded. — Pour être valable dans les voyages internationaux, les certificats de vaccination doivent être imprimés en français et en anglais; une troisième langue peut être ajoutée. Le certificat doit être complètement et correctement rempli en français ou en anglais, avec addition facultative d'une autre langue.

<https://apps.who.int/iris/bitstream/handle/10665/96616/9241580070.pdf?sequence=1&isAllowed=y>

Appendix 2*

Appendice 2

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIÈVRE JAUNE

This is to certify that } date of birth } sex }
 Je soussigné(e) certifie que } né(e) le } sexe }
 whose signature follows }
 dont la signature suit }

has on the date indicated been vaccinated or revaccinated against yellow fever.
 a été vacciné(e) ou revacciné(e) contre la fièvre jaune à la date indiquée.

Date	Signature and professional status of vaccinator Signature et titre du vaccinateur	Manufacturer and batch no. of vaccine Fabricant du vaccin et numéro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination	
			1	2
1			1	2
2				
3			3	4
4				

Sebastian Smith • April 22, 2021 • Alternative Column

The Revelations Of Dr Richard Day: An Ever Unveiling Prophecy

In 1932, Aldus Huxley wrote the famed literature Brave New World, describing humanity's ignorant enslavement to an establishment primarily focused on exploiting labour. In the novel, the world is governed by 10 world controllers, who have successfully replaced the family unit with 'state hatcheries' and condemned everyone to hard labour relieved by sex and drugs.

<https://thealternativecolumn.com/featured/the-prophecy-of-dr-richard-day/>

The 12-year oxygen-related epidemic blinded approximately 10,000 infants worldwide; this horrendous experience played a role in convincing Dick Day that a narrow focus on the all-out rescue of all marginally viable neonates was socially irresponsible. He left Columbia in 1953, and for the

In 1965 he was asked to take the post of medical director of Planned Parenthood International, and he accepted because of his strong conviction that the issue of overpopulation was arguably the most important problem faced by this planet. In 1968 Dick Day returned to pediatrics at the invitation of Horace Hodes at the then-new Mount Sinai School of Medicine. He became one of the most popular teachers in the school; the first yearbook published by the medical students was dedicated to "Doctor Richard Day."

1994

William H. Gates
Foundation Formed

The William H. Gates Foundation launches, supporting scientific research, global health, and local philanthropic efforts.



Rutgers

Division
Gender Equality

Date
NOVEMBER 2017

Region served
GLOBAL +1

Committed amount
\$3,381,284

Grant topic
Family Planning

Duration (months)
70

Grantee location
Utrecht, Netherlands

Rutgers Foundation

The **Rutgers Foundation** was successful in the seventies of the twentieth century with its contraception consultancies, the Rutgershuizen. The organization consisted of more than sixty [consultancies](#), spread all over [Netherlands](#). The head office was located in [The Hague](#). The Rutgers Foundation gave [sex education](#) about [contraception](#) and [sexual abuse](#).

After several mergers, the foundation was merged into the knowledge center [Rutgers](#).

History [[edit](#) | [edit source text](#)]

The Rutgers Foundation was the successor to the **Dutch Foundation for Consultation Agencies for Marriage and Sex Life**. She was in [1969](#) founded and named after the Dutch [neomalthusianist Jan Rutgers](#) ([1850-1924](#)). In the late 1960s, the question changed [abortion provocatus](#) to legalize strongly. There were no possibilities in the Netherlands to carry out this intervention: it was prohibited and punishable. [Amsterdam](#) took a leading position in the abortion issue. The Dutch Association for Sexual Reform ([NVSH](#)) did not want to cooperate in performing an abortion. That is why almost all doctors and employees from the Amsterdam department of the NVSH then performed. In 1970 the independent MR70 foundation was established for abortion. They had the zeitgeist and were offered help from many sides. In the early days, MR70 employees regularly provided information about this [contraception](#) in schools and training.

Neo-Malthusianism is the advocacy of [human population planning](#) to ensure resources and environmental integrities for current and future human populations as well as for other species.^[3] In Britain the term 'Malthusian' can also refer more specifically to arguments made in favour of [family planning](#), hence organizations such as the [Malthusian League](#).^[9] Neo-Malthusians differ from Malthus's theories mainly in their support for the use of [birth control](#). Malthus, a devout Christian, believed that "self-control" (i.e., abstinence) was preferable to artificial birth control. He also worried that the effect of contraceptive use would be too powerful in curbing growth, conflicting with the common 18th century perspective (to which Malthus himself adhered) that a steadily growing population remained a necessary factor in the continuing "progress of society", generally. Modern neo-Malthusians are generally more concerned than Malthus with [environmental degradation](#) and catastrophic famine than with poverty.



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POPULATION CONTROL OR
RACE TO OBLIVION?

THE POPULATION BOMB

WHILE YOU ARE READING THESE WORDS
FOUR PEOPLE WILL HAVE DIED FROM
STARVATION. MOST OF THEM CHILDREN.

DR. PAUL R. EHRLICH



Foreword by David Brower

In the 1960s and 1970s, neo-Malthusian panic about overpopulation overtook eugenics as the primary motivation behind coercive policies aimed at limiting childbearing. Neo-Malthusian ideas spread among senior technocrats and government leaders in some developing countries, resulting in human rights abuses that Western development professionals encouraged and that Western aid often funded. Those abuses peaked in the form of China's one-child policy (1979–2015) and India's forced sterilizations during its "Emergency" (1975–77), a period in India when civil liberties were suspended and the prime minister ruled by decree.

<https://www.cato.org/policy-analysis/neo-malthusianism-coercive-population-control-china-india-overpopulation-concerns>

Eugenics

Article [Talk](#)

From Wikipedia, the free encyclopedia

For the album, see [Eugenics \(album\)](#).

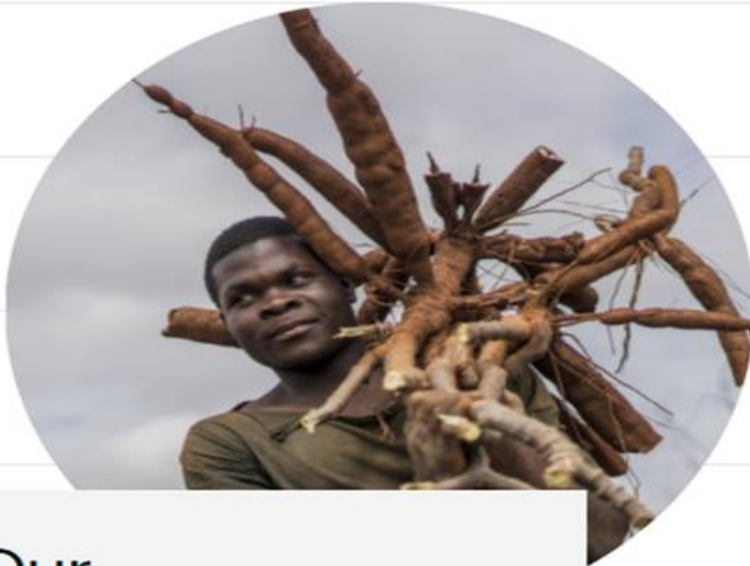
Eugenics (/ˈjuːˈdʒeɪnɪks/ *yoo-JEN-iks*; from [Ancient Greek](#) εὖ (*eú*) 'good, well', and -γενής (*genḗs*) 'come into being, growing')^[1] is a [fringe](#) set of beliefs and practices that aim to improve the [genetic](#) quality of a [human population](#).^{[2][3][4]} Historically, eugenicists have attempted to alter human gene pools by excluding people and groups judged to be inferior or promoting those judged to be superior.^[5] In recent years, the term has seen a revival in bioethical discussions on the usage of new technologies such as [CRISPR](#) and [genetic screening](#), with heated debate around whether these technologies should be considered eugenics or not.^[6]

The concept predates the term; [Plato](#) suggested applying the principles of [selective breeding](#) to humans around 400 BC. Early advocates of eugenics in the 19th century regarded it as a way of improving groups of people. In contemporary usage, the term *eugenics* is closely associated with [scientific racism](#). Modern [bioethicists](#) who advocate [new eugenics](#) characterize it as a way of enhancing individual traits, regardless of group membership.

Rockefeller foundation



Covid-19 Response [C](#)



Our Commitments

[SEE ALL COMMITMENTS](#)



Nourish People and Planet

Achieve Health for All

End Energy Poverty

Expand Equity and Economic Opportunity

Seize Upon Emerging Frontiers

Social engineering

Social engineering is a top-down effort to influence particular **attitudes** and **social behaviors** on a large scale—most often undertaken by **governments**, but also carried out by **media**, **academia** or private groups—in order to produce desired characteristics in a target population. Social engineering can also be understood philosophically as a deterministic phenomenon where the intentions and goals of the architects of the new **social construct** are realized. Some social engineers use the **scientific method** to analyze and understand **social systems** in order to design the appropriate methods to achieve the desired results in the human subjects.^[1]

Open Society – Soros

The Open Society Foundations are active in more than 120 countries around the world. Our national and regional foundations and thematic programs give thousands of grants every year toward building inclusive and vibrant democracies.

Democratic Practice

Early Childhood and Education

Economic Equity and Justice

Equality and Antidiscrimination

Health and Rights

Higher Education

Human Rights Movements and Institutions

Information and Digital Rights

Journalism

Justice Reform and the Rule of Law

At the 2020 World Economic Forum in Switzerland, famed primatologist Jane Goodall opined, “All these [environmental] things we talk about wouldn’t be a problem if there was the size of population that there was 500 years ago.”⁵ The world population 500 years ago is estimated at 420–540 million people, or around 6.7 billion fewer people than today.

Goodall is far from alone in her belief that population growth is an urgent problem. In August 2019, the United Kingdom’s Prince Harry subtly suggested that children are a burden to the planet and that responsible couples should have “two, maximum.”⁶ Bill Nye, “the Science Guy,” supports the introduction of special taxes or other state-imposed penalties for having “too many” children.⁷ And popular television host Bill Maher in April 2019 declared: “I can’t think of a better gift to our planet than pumping out fewer humans to destroy it... . The great under-discussed factor in the climate crisis is there are just too many of us... . We don’t need smaller carbon footprints, we need less [sic] feet.”⁸

Fertility Regulating Vaccines

Report of a meeting between women's health advocates and scientists
to review the current status of the development of
fertility regulating vaccines

Geneva, Switzerland
17-18 August 1992

Antifertility vaccines

Vaccines to regulate fertility differ from traditional ones in several important aspects. Contraceptive vaccines prevent pregnancy rather than disease. They induce immune responses against internal self antigens, one's normal molecular constituents, rather than against external non-self antigens. (The exceptions to self in this context would be anti-sperm vaccines designed for women.) Because their immunological targets are self, they carry the potential for inducing disease, i.e., auto-immunity, rather than preventing it. Lastly, vaccines to regulate fertility are intended to induce a functionally reversible response rather than the irreversible memory generally induced by traditional vaccines.

To: Baric, Ralph S[rbaric@email.unc.edu]
From: zlshi[zlshi@wh.iov.cn]
Sent: Thur 2/13/2020 3:26:25 AM (UTC-05:00)
Subject: virus name

[A unique and unified name is needed for the novel coronavirus from Wuhan_SJ_clean.docx](#)

Dear Ralph,

We heard that the 2019-nCoV was renamed as SARS-CoV-2. We had a fierce discussion among Chinese virologists. We have some comments on this name, I'm wondering if the CoV study group would consider a revision.

I attached the comments from me and my Chinese colleague.

Best regards,
Zhengli,

SHI Zhengli, Ph. D
Senior Scientist & Professor
Wuhan Institute of Virology, Chinese Academy of Sciences
44 Xiao Hong Shan
430071 Wuhan, Hubei
China
Tel & Fax:
Email: zlshi@wh.iov.cn

-----Original Messages-----

From: "John Ziebuhr" <john.ziebuhr@viro.med.uni-giessen.de>

Sent Time: 2020-02-14 22:26:34 (Friday)

To: guodeyin@mail.sysu.edu.cn, shibojiang@fudan.edu.cn, zlshi@wh.iov.cn

Cc: "Isabel Sola" <isola@cnb.csic.es>, "Leo Poon" <llmpoon@hku.hk>, "Baric, Ralph S" <rbaric@email.unc.edu>, "A.E.Gorbalenya@lumc.nl" <A.E.Gorbalenya@lumc.nl>, "b.haagmans@erasmusmc.nl" <b.haagmans@erasmusmc.nl>, "Sbaker1@luc.edu" <Sbaker1@luc.edu>, "bneuman@tamut.edu" <bneuman@tamut.edu>, "stanley-perlman@uiowa.edu" <stanley-perlman@uiowa.edu>, "R.J.deGroot@uu.nl" <R.J.deGroot@uu.nl>, "llmpoon@hkucc.hku.hk" <llmpoon@hkucc.hku.hk>, "christian.drosten@charite.de" <christian.drosten@charite.de>

Subject: virus name

Dear Deyin, dear [Zhengli](#), dear Shibo, dear colleagues,

Thank you very much for sharing your thoughts with me and other members of the CSG. Obviously, I (personally) cannot speak for other CSG members but would like to tell you and your colleagues that I am very grateful for your very thoughtful and balanced statement.

Am 15.02.2020 um 07:32 schrieb 郭德银 <guodeyin@mail.sysu.edu.cn>:

Dear Dr. John and CSG members,

Thank you very much for your prompt reply and for your willingness to listen to us, the representatives of Chinese virologists in coronavirus studies.

After discussing with many members of the Chinese Society for Virology of Chinese Society for Microbiology, and the Sub-Society for Medical Virology of Chinese Medical Association, we still believe that SARS-CoV-2 is not the most appropriate name for 2019-nCoV.

You claimed that the CSG does not intend to make any reference to a specific disease (for example a severe respiratory disease in humans) when introducing yet another virus name derived from the term "SARS".

However, "SARS" is a disease name, and if the new virus is called SARS-CoV-2, it actually implies for SARS, especially for non-corona virologists and the public domain. In such sense, it is truly misleading. It is clear that there are significant differences in viral genome, transmissibility, and pathogenicity and pathogenesis of the diseases caused by 2019-nCoV and SARS-CoV. We are concerning about the name of a natural virus in one virus species, and we think that the natural virus should have its unique name to show some of its own properties. This is similar to the situation for Betacoronavirus 1, where the species includes several distinct natural viruses with their unique names, e.g. human OC43 and bovine coronavirus, and Alphacoronavirus, which includes distinct natural viruses like feline infectious peritonitis coronavirus, canine CoV and transmissible gastroenteritis coronavirus. It is not appropriate to use one disease-based virus' name (like SARS-CoV) to name all other natural viruses that belong to the same species but have very different properties.

To the best of our knowledge, none of the virologists from mainland of China attended the CSG's discussion on 2019-nCoV, and CSG had not consulted with virologists including the first discoverers of the virus and first describers of the disease from mainland of China before making the decision. It is our wish that the CSG can take our opinion into the consideration.

It appears to us (as from the News reports of Science and Nature) that the CSG and WHO did not consult with each other in naming the virus and the disease. It will be very confusing to use totally different or unrelated names for the virus and its disease. We hope that the CSG of ICTV, the WHO and the Chinese side can have a trilateral negotiation on the naming issues.

Because of these reasons, we still hope CSG being able to reconsider naming 2019-nCoV. Our suggestion is to name it as TARS-CoV, but not SARS-CoV-2.

Thank you very much for your help!

Sincerely yours,

Deyin Guo, on behalf of the group:

Cancer-causing virus discovered in Pfizer injection: Scientists raise concerns about „ Simian Virus 40 “ a cancer pathogen in Pfizer areas

🌐 uncut-news.ch | 📅 May 22, 2023 | 📌 Tip / Must read / Top topic / Current



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Japanese professor Murakami from Tokyo University is concerned about the alarming discovery of Simian Virus 40 (SV40) in Pfizer bottles. SV40 has been associated with the development of cancer in humans in the past. This finding raises questions and concerns about the potential risks that could arise from the use of such vials. It is important to note that further research and research is needed to understand the exact connection and possible effects of SV40 on humans.

<https://uncutnews.ch/krebserregender-virus-in-pfizer-injektion-entdeckt-wissenschaftler-aeussern-bedenken-von-simian-virus-40-ein-krebserreger-in-pfizer-flaeschchen/>



Kevin McKernan 
@Kevin_McKernan

**

The discovery of SV40 promoters in the vaccine set off alarm bells.

We DID NOT detect the 5kb SV40 viral genome. Just the aggressive SV40 promoter and a 72bp enhancer.

However, the SV40 promoter will be more active in patients with SV40 infections.

ncbi.nlm.nih.gov/pmc/articles/P...

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Abstract

The early promoter of the simian virus 40 (SV40) has been used as a model eukaryotic promoter for the study of DNA sequence elements and cellular factors that are involved in transcriptional control and initiation. Site-directed mutagenesis and cell-free transcription systems have enabled the dissection of the functional domains within the 21 bp upstream sequence element and the 72 bp enhancer, and a number of protein factors that bind to various "motifs" within these domains have been identified. This article summarizes recent observations that have led to the conclusion that the SV40 promoter, and particularly, the enhancer region, is composed of multiple sequence elements. Some of these elements are present in cellular genes, and may exhibit tissue-specificity in their action. Furthermore, the proteins that are being identified (e.g., Sp1) may have binding sites within these elements that are sufficiently specific to ensure that only certain sets of genes will be selectively expressed.

Importance of Simian Vacuolating Virus 40

Simian Vacuolating virus 40 was originally introduced into the human population with contaminated poliovirus vaccines in the 1950s and '60s. SV40 is an oncogenic virus in many laboratory animals, meaning that, in some cases, it leads to cancer. Inoculating SV40 into small mammals like hamsters and rats have demonstrated that the virus is tumorigenic and can lead to malignancy. In humans, there is new evidence establishing links between SV40 and cancers, especially rare cancers. The virus has been observed to be semi permissive to human cells in vitro: the virus propagates in some cells while others resist the virus. Cells that resist the virus can still coopt the viral genome, which can lead to cell immortalization. Further studies have shown a correlation between SV40 infection and cancer formation in vivo.

Transformation of mammalian cells to antibiotic resistance with a bacterial gene under control of the SV40 early region promoter

P J Southern et al. J Mol Appl Genet. 1982.

Show details



Cite



Abstract

A bacterial gene (neo) conferring resistance to neomycin-kanamycin antibiotics has been inserted into SV40 hybrid plasmid vectors and introduced into cultured mammalian cells by DNA transfection. Whereas normal cells are killed by the antibiotic G418, those that acquire and express neo continue to grow in the presence of G418. In the course of the selection, neo DNA becomes associated with high molecular weight cellular DNA and is retained even when cells are grown in the absence of G418 for extended periods. Since neo provides a marker for dominant selections, cell transformation to G418 resistance is an efficient means for cotransformation of nonselected genes.

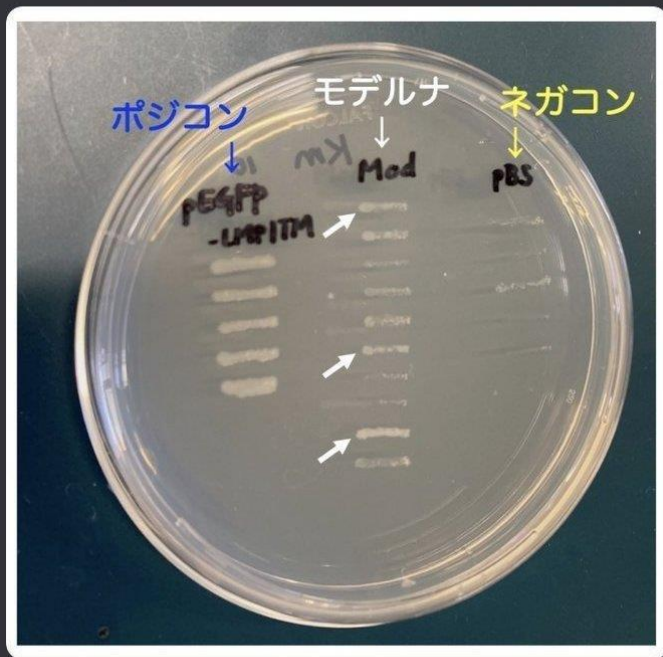
2023/03/19 10:38

【続報】昨日のコロニーをKm (10ug/mL)プレートに植え継ぎました。

ポジコンはKm耐性プラスミドを入れた大腸菌。

ネガコンはAmp耐性プラスミドを入れた大腸菌。

真ん中がモデルナmRNA-1273を入れた大腸菌です。ポジコンよりは生育が遅いですが、矢印で示したようにいくつかのクローンは明確にKm耐性だと思われます。



!! 2 😬 1 😬 1 🤔 1

I (NITTA Takeshi) transferred the colony I showed yesterday to Km (10ug/mL) plate. The positive control on the left is E. coli with Km-resistant plasmid. The negative control on the right is E. coli with Amp-resistant plasmid. The middle one is E. coli with Moderna mRNA-1273. Some clones are clearly Km resistant as indicated by the arrows, though the growth of them is slower than the the positive control.