

General Health – Global Issues- Lobbying

Document 1 - America's departure from the WHO would harm everyone

Whether it is a negotiating ploy remains to be seen

The Economist, January 22nd, 2025

Donald trump has once again set his sights on the World Health Organisation (WHO). On January 20th America's newly inaugurated president signed an executive order signalling that his country would withdraw from the UN agency. The order cites the WHO's mishandling of covid-19, failure to reform and lack of independence as reasons for withdrawal.

5 Mr Trump's previous attempt to arrange America's departure from the WHO began in July 2020, when he issued a similar order which his successor (and now predecessor) Joe Biden rescinded in January 2021. Withdrawal from the WHO requires a year's notice to the UN. António Guterres, the UN's secretary general, will therefore need to decide whether the new notification "unpauses" the old one, leaving only six months before it takes effect, or resets the clock back to a full 12 months.

10 There could be legal challenges, too. One may come from Lawrence Gostin, a professor of global-health law at Georgetown University who said on social media that the decision required congressional approval since it was Congress that put America in the WHO in the first place.

America has been a cornerstone of the WHO since its foundation in 1948—as it was previously of the Pan American Health Organisation, founded in 1902, which was folded into the WHO and became its western-hemisphere arm. But although it provides the organisation with \$1.3bn a year, most of this is earmarked for specific programmes such as "polio" or "health emergencies" that it chooses to fund. America's actual subscription for 2025 is just \$126m—a minuscule fraction of the \$1.7trn the federal government spends on health.

The WHO also collaborates with American agencies like the Centres for Disease Control and Prevention (which, itself, has offices in 60 countries), the Food and Drug Administration (FDA) and the National Institutes of Health. Loss of this collaboration is more concerning for many inside the who than the loss of income.

Mr Trump has been keen to criticise the WHO for its response to the covid-19 pandemic. An independent inquiry requested by UN member countries did indeed find the organisation had been too slow to declare a public-health emergency, and that international alert systems (set by UN members, but within which it had to work) were not swift enough.

25 The inquiry also found, however, that February 2020 was a "lost month" for many countries—America not excepted—and that there was a failure by authorities all over the planet to take measures to halt the covid virus's spread. Moreover, Mr Trump, who was president at the time, has been widely criticised elsewhere for playing down the severity of the virus in the outbreak's early stages, along with failures to implement a national testing strategy or any national strategy at all. His administration also pushed the FDA to make a drug called hydroxychloroquine available on the back of flaky evidence that it helped, and even after it was tied to 87 deaths.

Nor would the WHO (and, by extension, the non-American world) be the only loser from the United States withdrawing. America itself would lose. Its absence would limit its access to global-health data such as those American drug firms use to help design annual flu vaccines. And it could also hurt in a way that even Mr Trump might find disturbing. Leaving the WHO's councils would give China an opportunity to increase its soft power by presenting itself as the leader of efforts to keep the world healthy.

This week's executive order might not, though, be the end of the matter. As happened in 2020, it could be a prelude to negotiation. In 2020 Tedros Ghebreyesus, then and now the WHO's director-general, told *The Economist* that America asked for concessions in order not to leave. On that occasion he felt unable to comply with them. However, if further negotiations are not on the cards, America's departure would weaken the apparatus of global-health security and might sow the seeds of future outbreaks of disease from which it, too, would be at risk.

(667 words)

WHO, Jun 12, 2024

A pioneering report from the WHO Regional Office for Europe spells out clearly how specific powerful industries are driving ill-health and premature mortality across Europe and central Asia, including through interfering in and influencing prevention and control efforts for non-communicable diseases (NCDs) such as cardiovascular diseases, cancers and diabetes, and their risk factors including tobacco, alcohol, unhealthy diets and obesity. The report calls on governments to implement mechanisms to identify conflicts of interest and protect public policies from industry interference.

<https://www.who.int/europe/news-room/12-06-2024-just-four-industries-cause-2.7-million-deaths-in-the-european-region-every-year>

Document 2 - Quatre industries responsables de 2,7 millions de morts chaque année en Europe, selon l'Organisation mondiale de la santé

L'OMS Europe publie, mercredi, un rapport dénonçant la manière dont les industries du tabac, de l'alcool, des aliments ultratransformés et des combustibles fossiles font obstacle aux politiques de santé.

Par Delphine Roucaute , **Le Monde**, 12 juin 2024

Ce sont 7 400 personnes qui meurent chaque jour dans la région européenne de l'Organisation mondiale de la santé (OMS) – un territoire composé de 53 pays comprenant notamment la Russie – en raison des 5 stratégies menées par les industries du tabac, des aliments ultratransformés, des combustibles fossiles et de l'alcool. Au total, selon cette estimation, ces industries puissantes sont responsables directement ou indirectement de 2,7 millions de morts par an, le tabac 10 étant en tête avec plus de 1 million de morts, suivi de la pollution à l'ozone et aux particules fines (près de 580 000 morts), de l'alcool (près de 430 000 morts), de la consommation excessive de sel, de viande transformée, de boissons sucrées et d'acides gras saturés (près de 15 400 000 morts).

Pourquoi comparer ces secteurs éloignés les uns des autres ? L'OMS Europe publie, mercredi 12 juin, un rapport basé sur 35 cas montrant comment les entreprises de ces secteurs industriels mettent en œuvre des pratiques 20 quasi identiques pour façonner des systèmes entiers (sanitaires, politiques, économiques et médiatiques) dans leur propre intérêt. Avec des conséquences directes sur l'augmentation des **maladies non transmissibles**, c'est-à-dire essentiellement les maladies cardiovasculaires, les 25 cancers, le diabète et les maladies respiratoires chroniques, qui sont responsables de 90 % des morts en Europe.

Ce rapport au ton très offensif se veut un plaidoyer concret à destination des parlementaires et décideurs européens nouvellement élus lors du scrutin du 9 juin.

30 « Nous permettons à ces industries de tirer profit des décès qu'elles provoquent et de retarder ou d'empêcher une réglementation efficace de leurs produits », commente Hans Kluge, directeur régional de l'OMS Europe.

« Ces industries trompent le monde »

35 La région affiche déjà les **taux de consommation d'alcool les plus élevés au monde**, parmi les taux de tabagisme

les plus importants notamment chez les adolescents, et deux tiers des adultes européens sont considérés comme en surpoids ou obèses. « Ces industries trompent le monde 40 par le biais de la philanthropie tout en vendant des produits nocifs ; elles financent des associations caritatives qui sensibilisent au cancer du sein et à d'autres dangers, tout en vendant de l'alcool qui cause ces mêmes dommages », argumente M. Kluge.

45 Leurs tactiques consistent à exploiter les **personnes vulnérables** par des stratégies de marketing ciblées, à faire de fausses déclarations sur les avantages de leurs produits ou sur leur respect de l'environnement.

Les exemples convoqués dans le rapport sont à charge, 50 issus d'épisodes plus ou moins récents dans différents pays européens. Concernant la France, les auteurs ciblent les modalités d'application de la loi Evin, adoptée en 1991 pour réglementer la publicité et la promotion des boissons alcoolisées, en particulier **celles ciblant les jeunes**. Au fil 55 des ans, la liste des endroits où la promotion de l'alcool est autorisée a été élargie, **réduisant ainsi le champ d'application de la législation**. Par exemple, les espaces publics en 1994 et les médias numériques en 2009.

L'Association nationale de prévention en alcoologie et 60 addictologie documente régulièrement les tactiques que l'industrie de l'alcool a mises en œuvre pour saper la loi : **diffusion de fausses informations, intimidation des groupes de défense, lobbying auprès des décideurs politiques**, etc.

65 « **Restreindre le marketing** »

Plus récemment, l'industrie du tabac a profité de la pandémie de Covid-19 pour essayer de **redorer sa réputation**. En mars 2020, le directeur de la communication de la multinationale Philip Morris pour la 70 Grèce a annoncé équiper les unités de soins intensifs grecques en ventilateurs pour « aider à aplanir la

courbe », alors même que le tabagisme est un facteur aggravant de la maladie.

Dans le secteur de la santé, les exemples de « pinkwashing » (le terme, associé à l'utilisation marketing de l'ouverture envers les LGBT, y est aussi employé) sont nombreux – qui consistent pour une marque à s'associer à la lutte contre le cancer du sein en arborant un ruban rose – tout en jouant sur la désinformation en parallèle. Une enquête, publiée en avril, du *British Medical Journal* a décrit comment des informations erronées sur ce cancer, favorables à l'industrie, apparaissent dans des documents destinés aux écoliers, produits par **Le Monde in English**

l'organisation caritative Talk About Trust, qui bénéficie d'un financement indirect de l'industrie de l'alcool.

« Pendant trop longtemps, nous avons considéré que les facteurs de risque étaient essentiellement liés à des choix individuels, a commenté Frank Vandenbroucke, le ministre belge des affaires sociales et de la santé publique en présentant le rapport à Bruxelles. Nous devons redéfinir le problème comme systémique, où la politique doit contrer les "environnements d'hyperconsommation", restreindre le marketing et mettre fin à l'ingérence dans l'élaboration des politiques. »

Document 2 bis - Four industries are responsible for 2.7 million deaths each year in Europe, WHO says

On Wednesday, the World Health Organization's Europe office published a report denouncing the way in which the tobacco, alcohol, ultra-processed food and fossil fuel industries are obstructing health policies.

Each day, 7,400 people die in the World Health Organization's (WHO) European region – a territory made up of 53 countries, with the notable inclusion of Russia – as a result of strategies pursued by the tobacco, ultra-processed food, fossil fuel and alcohol industries. According to the estimate, these powerful industries are directly or indirectly responsible for a total of 2.7 million deaths a year, with tobacco leading the way with over 1 million deaths, followed by ozone and fine particle pollution (close to 580,000 deaths); alcohol (close to 430,000 deaths); and the excessive consumption of salt, processed meat, sweetened drinks and saturated fatty acids (close to 400,000 deaths).

Why compare such far-flung sectors with one another? On Wednesday, June 12, the WHO Regional Office for Europe (WHO/Europe) published a report based on 35 case studies showing how companies in these industrial sectors use almost identical practices to shape entire systems (health, political, economic and media) to their own interests. This has a direct impact on the increase in non-communicable diseases – essentially, cardiovascular disease, cancer, diabetes and chronic respiratory illnesses, which are responsible for 90% of deaths in Europe.

This report, with its highly charged tone, is intended as a concrete plea to European MPs and decision-makers newly elected during the June 9 race. "We allow these industries to profit from the deaths they cause and behave in ways that delay or hinder effective regulation of their products," said Hans Kluge, WHO/Europe regional director.

'These industries are deceiving the world'

The region already possesses the highest rates of alcohol consumption in the world; and among the highest smoking rates, particularly among teenagers. Further, two-thirds of European adults are considered overweight or obese. "These industries mislead the world through philanthropy while selling products that cause harm. They fund charities

that raise awareness of breast cancer and other dangers, while selling alcohol which causes these harms," said Kluge.

Their tactics include exploiting vulnerable populations through targeted marketing strategies and misrepresenting the benefits of their products or their respect for the environment.

Responsibility lies with the examples cited in the report, drawn from more or less recent episodes in various European countries. In France, the authors focused on the implementation of the Evin Law, adopted in 1991 to regulate the advertising and promotion of alcoholic beverages, particularly those targeting young people. Over the years, the list of places where alcohol promotion is permitted has been expanded, therefore narrowing the scope of the legislation: for example, the inclusion of public spaces, in 1994, and digital media, in 2009.

The French National Association for the Prevention of Alcoholism and Addiction (ANPAA) regularly documents the tactics used by the alcohol industry to undermine the law: disseminating false information, intimidating advocacy groups, lobbying political decision-makers and so on.

'Restrict marketing'

More recently, the tobacco industry has taken advantage of the Covid-19 pandemic to try and restore its reputation. In March 2020, the Philip Morris corporation's communications director for Greece announced that he was equipping Greek intensive care units with ventilators to "help flatten the curve," even though smoking is an aggravating factor in the disease.

In the healthcare sector, there are many examples of "pinkwashing" – which consists of a brand associating itself with the fight against breast cancer by wearing a pink ribbon (the term is also used there to denote a marketing strategy of openness toward the LGBT community) – while simultaneously playing on misinformation. An

investigation, published in April by the *British Medical Journal* described how industry-friendly misinformation about breast cancer appears in materials aimed at schoolchildren, produced by the Talk About Trust charity, which receives indirect funding from the alcohol industry. "For too long we have considered risk factors as being mostly linked to individual choices," said Belgian Minister

for Social Affairs and Public Health Frank Vandenbroucke, as he presented the report in Brussels. "We need to re-frame the problem as a systemic problem, where policy has to counter 'hyper-consumption environments,' restrict marketing and stop interference in policy making."

To go further on Ultra-Processed food driving the obesity pandemic:

VIDEO – Conference - The harsh reality of ultra processed food - with Chris Van Tulleken

A very interesting conference by Chris van Tulleken, an infectious diseases doctor at UCLH and one of the UK's leading science broadcasters – The Royal Institution – September 2023

We're in a new age of eating, but how is ultra processed food harming our bodies - and the world?

https://www.youtube.com/watch?v=5QOTBreQalk&ab_channel=TheRoyalInstitution

How ultra-processed food took over your shopping basket

It's cheap, attractive and convenient, and we eat it every day – it's difficult not to. But is ultra-processed food making us ill and driving the global obesity crisis?

By [Bee Wilson](#), *The Guardian*, The Long Read, February 2020

<https://www.theguardian.com/food/2020/feb/13/how-ultra-processed-food-took-over-your-shopping-basket-brazil-carlos-monteiro>

Here is the audio version in podcast <https://www.theguardian.com/news/audio/2023/may/17/from-the-archive-how-ultra-processed-food-took-over-your-shopping-basket-podcast>

Document 4 - What is USAID and why is Trump poised to 'close it down'?

BBC News, 7 February 2025

The future of the US government's main overseas aid agency has been cast into doubt, with employees locked out and the Trump administration planning to merge it with the US Department of State.

- 5 The United States Agency for International Development (USAID) said thousands of employees would be put on leave shortly after President Donald Trump returned to office. The agency then recalled its workers from missions across the world.
- 10 Trump has made it clear he wants overseas spending to be closely aligned with his "America First" approach and the international development sector is braced for a profound effect on humanitarian programmes around the world.
- Trump posted on his Truth Social page on Friday that
- 15 USAID's spending "IS TOTALLY UNEXPLAINABLE... CLOSE IT DOWN!"
- Elon Musk, the tech billionaire working on the White House's effort to shrink the federal government, has previously claimed that the aid agency is "a criminal
- 20 organization" and that Trump has agreed to "shut it down".

Neither Trump or Musk provided clear evidence to support their claims, and the president's effort to shutter the agency is expected to face legal challenges.

What is USAID and what does it do?

- 25 The United States Agency for International Development (USAID) was set up in the early 1960s to administer humanitarian aid programmes on behalf of the US government.
- It employs around 10,000 people, two-thirds of whom
- 30 work overseas, according to the Congressional Research Service. It has bases in more than 60 countries and works in dozens of others. However, most of the work on the ground is carried out by other organisations that are contracted and funded by USAID.
- 35 The range of activities it undertakes is vast. For example, not only does USAID provide food in countries where people are starving, it also operates the world's gold-standard famine detection system, which uses data analysis to try to predict where food shortages are emerging.
- 40 Much of USAID's budget is spent on health programmes, such as offering polio vaccinations in countries where the

- disease still circulates and helping to stop the spread of viruses which have the potential to cause a pandemic.
- The BBC's charity BBC Media Action - an international development organisation that is completely separate from BBC News and funded by external grants and voluntary contributions - receives funding from USAID. According to a 2024 report, USAID donated \$3.23m (£2.6m), making it the charity's second-largest donor that financial year.
- 50 How much does USAID cost the US government?**
- According to government data, the US spent \$68bn (£55bn) on international aid in 2023.
- That total is spread across several departments and agencies, but USAID's budget constitutes more than half of it at around \$40bn - that's about 0.6% of total US annual government spending of \$6.75tn.
- The vast majority of USAID money is spent in Asia, sub-Saharan Africa and Europe - primarily on humanitarian efforts in Ukraine.
- 60 The US is the world's biggest spender on international development - and by some margin.**
- To put it into context, the UK is the world's fourth-largest aid spender. In 2023, it spent £15.3bn - around a quarter of what the US provided.
- 65 Why do Donald Trump and Elon Musk want to overhaul USAID?**
- Trump is a long-term critic of overseas spending and has said it is not a valuable use of taxpayer money. He has singled out USAID for particularly strong criticism.
- 70 The White House has published a list of USAID projects which it said were evidence of "waste and abuse", including a grant of \$1.5m to an LGBTQ group in Serbia, \$2.5m for electric vehicles in Vietnam and \$6m for tourism in Egypt.**
- 75 Critics have disputed how the administration has framed this spending. For example, the Egypt project - which began in 2019 under Trump - lists water, education and transportation aid projects for the North Sinai region.**
- After returning to office, Trump signed an executive order that put almost all international spending on pause for a 90-day review.
- Waivers were later issued for humanitarian programmes, but the announcement upended the world of international development and disrupted services.
- 85 White House officials and Musk have falsely shared information regarding some of USAID's contracts.**
- Musk, for example, shared a false video promoting a debunked claim that USAID paid for Hollywood stars to visit Ukraine.
- 90 Programmes including those providing medication to the world's poorest and installing clean water supplies had to stop overnight. One veteran humanitarian worker told the BBC the pause was "like an earthquake across the aid sector".**
- 95 Abolishing USAID would likely enjoy popular support.**
- According to the Chicago Council on Global Affairs, US polling data going back to the 1970s has indicated broad support for foreign aid spending cuts.
- Can Donald Trump shut USAID down?
- 100 While it is clear the White House wields significant influence over USAID, that power is theoretically limited. USAID was created via Congress's Foreign Assistance Act in 1961. That law mandated for a government agency to be set up and tasked with administering overseas spending.**
- 105 Then-President John F Kennedy then created USAID via executive order. The agency's status as an executive agency was enshrined by US law in 1998.**
- In short, that means Trump cannot necessarily simply abolish USAID by signing an executive order, and any attempt to do so would almost certainly face strong challenges in the courts and Congress.
- 110 Closing USAID altogether would likely require an act of Congress - where Trump's Republican Party holds slim majorities in both chambers. Trump's allies in Congress are beginning hearings to aid his effort there, however.**
- The Trump administration reportedly aims to make USAID a branch of the State Department, as opposed to it being a government agency in its own right.
- This could be similar to when UK Prime Minister Boris Johnson merged the Department for International Development with the Foreign Office in 2020.
- Ministers at the time said it would align international spending with the government's foreign policy goals. Critics warned it may reduce aid sector expertise and damage the UK's overseas standing and influence.
- 125 What would the effect of closing USAID be?**
- Give the size of US international aid, any changes to how that money is spent will be felt globally.
- USAID's activities range from providing prosthetic limbs to soldiers injured in Ukraine, to clearing landmines and containing the spread of Ebola in Africa.
- Democratic Party politicians have called the moves illegal and have said they would jeopardise national security, citing reports that prison guards in Syria, who were charged with securing thousands of Islamic State fighters, nearly walked off the job when US funding was paused.
- There are also questions about how much the US will spend overseas in years to come, as Musk - empowered by Trump - attempts to cut billions from the government's budget.

To go further on the impact of the USAID cuts:

Pourquoi le gel par Trump de l'aide internationale sidère le monde et provoque déjà des dégâts dévastateurs

Le Monde, 1^{er} février 2025

<https://www.lemonde.fr/article-offert/aa491fe2e1ed-6526177/donald-trump-seme-le-chaos-et-la-panique-en-gelant-l-aide-etrangere>

PODCAST - The Demise of U.S.A.I.D. and American Soft Power

In demolishing the government's biggest provider of foreign aid, President Trump is ending a 60-year bipartisan consensus on the best way to keep America safe.

The New York Times, Feb 11, 2025

<https://www.nytimes.com/2025/02/11/podcasts/the-daily/usa-id-trump-america.html?showTranscript=1>

USAID cuts are already hitting countries around the world. Here are 20 projects that have closed

ABC News March 1, 2025 - <https://abcnews.go.com/International/wireStory/usa-id-cuts-hitting-countries-world-20-projects-closed-119320908>

Document 5 - Biden leaves behind a remarkable legacy in public health

From cutting drug costs to reducing overdose deaths, the outgoing president has improved the nation's health.

Opinion, Leana S.Wen, *The Washington Post*, January 9, 2025

Joe Biden is leaving behind a legacy that, as many have pointed out, is mixed at best. But there is one area where the outgoing president has consistently shone: public health.

History will remember Biden for **his aggressive actions against covid-19**, most notably for his part in a mass vaccination campaign that saved an estimated 3.2 million Americans in two years. But his work on health matters went 5 far beyond the coronavirus pandemic. **Two areas that deserve highlighting** are his efforts to curb the opioid epidemic and to make prescription drugs more affordable.

When Biden's term started, **the number of overdose deaths** was skyrocketing at a relentless 31 percent a year. The administration's bold overdose prevention efforts contributed to a remarkable reversal. The Centers for Disease Control and Prevention reports that the year ending in June saw a 14.5 percent decrease in overdose deaths. This is the 10 single-largest recorded reduction in U.S. history. It is also the first time since 2018 that the country has seen a decline.

Rahul Gupta, head of the Office of National Drug Control Policy, attributes the turnaround to multiple efforts that focused on reducing the harm of drugs and treating rather than criminalizing the disease of addiction. This included making naloxone, an opioid overdose antidote, available over the counter, which I and other advocates have long pushed for.

15 Biden's administration also removed roadblocks to treatment access. For instance, a long-standing requirement for providers to obtain a license, called an X-waiver, to prescribe a highly effective medication used to treat opioid addiction made it difficult for people to find doctors who could prescribe this evidence-based treatment. Two years after Biden lifted this unnecessary requirement, the number of eligible clinicians went up 15-fold, Gupta told me.

In addition, the administration made permanent telehealth provisions that made care more accessible and changed 20 regulations to let more people in jails and prisons receive addiction treatment. And it addressed demand for opioids by working to curtail the [supply](#). In fact, it seized more illicit fentanyl at U.S. ports of entry in two years than in the previous five years combined.

Biden fulfilled his campaign promise **to cut prescription drug costs for seniors**. His signature achievement, the Inflation Reduction Act, contained numerous provisions to make it easier for older adults to afford medications. One 25 of them is a cap on out-of-pocket spending for those enrolled in Medicare Part D. For the first time since this program

started, there is now a limit to how much seniors must pay. In 2024, the annual cap was \$3,500; in 2025, it's \$2,000. That means no one with Part D has to pay more than \$2,000 a year for prescription drugs.

Chiquita Brooks-LaSure, administrator of the Centers for Medicare and Medicaid Services (CMS), told me that the average Medicare beneficiary takes seven or more drugs. The costs of those prescriptions balloon quickly, she said, especially with specialty medications that can cost thousands of dollars per year.

Last year, nearly 1.5 million Part D enrollees hit the \$3,500 cap by June 30 and did not need to pay for their drugs over the next six months. This year, the \$2,000 cap is expected to lower out-of-pocket costs for 19 million people.

In 2026, there will be additional savings because of **another historic "first": Medicare has been allowed to negotiate the prices of drugs with manufacturers.** For the first 10 drugs that the administration selected to negotiate, prices for Medicare beneficiaries are 38 to 79 percent lower than list prices. Approximately 9 million people will see a direct benefit, with more to come as CMS is slated to add 15 more drugs next month.

These triumphs exemplify what has made Biden an exemplary president on public health. He came into office with the goal of tackling difficult issues. He hired an experienced and capable team that used the levers of government to identify barriers and change regulations, often enlisting the private sector to work together toward his goals.

Crucially, he never lost focus on his North Star. As Gupta said, more than 19,000 Americans a year are at dinner tables with their families because they didn't die from overdose. I'm confident such an achievement is what motivated Biden to become president

Elon Musk, Bill Gates... « Il faut imaginer des moyens de contrôler la propension de milliardaires à se substituer aux Etats »

[Chronique Philippe Bernard](#)

Grâce à leur puissance financière, Elon Musk et Bill Gates multiplient les initiatives sur les plans géopolitique, sanitaire, climatique, affaiblissant par là même les démocraties et les organisations internationales, explique dans sa chronique Philippe Bernard, éditorialiste au « Monde ».

Le Monde, 29 octobre 2022

Ils se croient les maîtres du monde, mais personne ne les a élus. Ce ne sont pas des dictateurs et ils nous prient de les nommer « bienfaiteurs ». De Carnegie aux Rockefeller, le poids des grands philanthropes américains n'est pas nouveau. Mais leurs successeurs du XXI^e siècle ont des ambitions mondiales, voire interplanétaires, et ne s'embarrassent pas de morale. Surtout, ils déploient leur pouvoir dans un monde livré à la puissance des réseaux sociaux, où les Etats démocratiques et les organisations internationales sont affaiblis.

Le plus problématique est aussi le plus riche de la planète : Elon Musk ne se contente pas d'être le patron de Tesla, dont la valorisation dépasse celle de tous les autres constructeurs automobiles réunis, et de diriger SpaceX, partenaire incontournable du Pentagone et de la NASA. L'homme, à la fortune estimée à 220 milliards de dollars (soit autant en euros) selon le magazine *Forbes*, se pique de géopolitique, et il en a les moyens. Connectés à plus de 2 200 satellites de son réseau Starlink, les 25 000 terminaux qu'il a livrés gratuitement à l'Ukraine assurent les communications civiles et militaires du pays aux infrastructures ravagées. Ils permettent tant de guider les missiles vers les cibles russes que de maintenir en fonctionnement hôpitaux et banques. Mais la versatilité du

bienfaiteur de l'Ukraine, son possible double jeu font frémir.

A la mi-octobre, le milliardaire de 51 ans a agité publiquement l'idée selon laquelle il pourrait cesser de financer Starlink en Ukraine, avant de se raviser et de s'en glorifier. « *Heureux d'aider l'Ukraine* », a-t-il lancé sur Twitter, un réseau dont il a finalement fait l'emplette, jeudi 27 octobre, pour 44 milliards de dollars. Auparavant, il avait déclenché l'ire de Volodymyr Zelensky – et sans doute ravi Vladimir Poutine – en défendant son propre « plan de paix » incluant l'abandon de la Crimée à la Russie par les Ukrainiens.

Les foudres géopolitiques et les conflits d'intérêts d'Elon Musk – il a proposé de rattacher Taïwan à la Chine, pays où Tesla possède une usine – inquiètent jusqu'aux autorités américaines. De même que la présence d'investisseurs étrangers dans son offre de rachat de Twitter. Les projets du milliardaire pour le réseau social à l'oiseau bleu où il a 110 millions d'abonnés, et dont il veut affaiblir les procédures de modération pour mieux « libérer » l'expression, embarrassent. Entre les conceptions libertariennes – libertés individuelles maximales, Etat minimum – d'Elon Musk et les responsabilités internationales que lui donne de facto sa réussite, lui permettant de court-circuiter la diplomatie américaine, le clash est inévitable.

Les limites du « philanthrocapitalisme »

Pour Bill Gates, ce choc a déjà eu lieu. La pandémie de Covid-19, qu'il se targue d'avoir vu venir et combattu en première ligne avec sa fondation, la plus richement dotée du monde (70 milliards de dollars), a jeté une lumière crue

sur les contradictions et les limites du « philanthrocapitalisme » qu'il incarne.

65 Sa défense du droit de propriété sur les brevets, qui, pratiquée agressivement chez Microsoft, a contribué à son enrichissement, s'est révélée désastreuse pour permettre la vaccination rapide des populations des pays pauvres dont il prétend être le champion. Sous la pression, il a dû

70 concéder une exception pour les vaccins contre le Covid-19.

Mais la complicité de Bill Gates avec les laboratoires pharmaceutiques est devenue très visible. L'image de l'homme qui a consacré sa fortune à « *sauver des vies* » a

75 brutalement laissé la place aux « fake news » selon lesquels il cherche à exterminer ou à contrôler les populations via les passeports vaccinaux ou des micropuces.

La puissance financière de la Fondation Bill et Melinda

80 Gates, qui dépense davantage pour la santé que bien des Etats, lui a permis de prendre la tête de l'alliance d'organisations privées qui s'est attribué la gestion internationale de la lutte contre le Covid-19. Cette coalition, « *renforcée par des relations étroites avec les*

85 *laboratoires pharmaceutiques, a pris la place des gouvernements, mais sans avoir à rendre des comptes comme les gouvernements* », fait remarquer une enquête de *Politico* et de *Welt*.

Dramatique inaction sanitaire

90 Pareilles critiques s'ajoutent à celles soulignant les contradictions entre les objectifs sanitaires et climatiques proclamés par Bill Gates et ses investissements dans des

industries polluantes ou nocives, ou ses choix privilégiant le recours intensif aux engrais en Afrique. Censée lutter

95 contre l'insécurité alimentaire et la pauvreté, la « révolution verte » promue et financée par sa fondation est âprement critiquée pour avoir accru la dépendance financière de petits agriculteurs africains à l'égard des multinationales des engrais et pesticides.

100 Ce pouvoir exorbitant, la Fondation Gates l'exerce depuis des années en matière de santé en Afrique. Son patron s'est imposé comme le ministre de la santé de fait du continent, suppléant mais aussi confortant la dramatique inaction

105 sanitaire de bien des Etats et contribuant à les affaiblir. Cette prétention à conduire des politiques publiques est aussi inquiétante dans le domaine de la lutte pour le climat où Bill Gates se pose en leader. Tim Schwab, journaliste américain, relève « *les maigres références, les solutions*

110 *non testées et les stupéfiants conflits d'intérêts financiers* » du milliardaire. Il souligne surtout que « *l'affirmation de son pouvoir sans base démocratique arrive précisément au moment où les institutions démocratiques sont devenues essentielles pour régler la question du changement*

115 *climatique* ».

Toute la question est d'imaginer de nouveaux moyens – fiscaux, parlementaires, judiciaires – de soumettre les apprentis maîtres du monde à un minimum de contrôle. Sinon, des milliards de dollars continueront de donner le

120 droit à quelques bienfaiteurs autoproclamés de prendre la place des Etats et des organisations internationales pour « sauver le monde ».

Vaccination / Anti-Vax movement – Epidemics

Document 6 - VIDEO - Deadly measles outbreak grows in West Texas See CdP

KLA 5, February 28, 2025

https://www.youtube.com/watch?v=qPaEBhaodcQ&ab_channel=KTLA5

Document 7 - AUDIO - Why measles is resurging—and the rise of vaccine hesitancy, with Adam Ratner

Big Brains Podcast, University of Chicago, February 20, 2025

Document 8 - Watching measles cases across U.S.

CBS News, March 3, 2025

Measles cases popping up across the United States, including an outbreak in Texas that has led to the death of a child, are prompting questions about where exactly the illness has been detected.

Measles is one of the most contagious infectious diseases, and in some cases can cause severe infections in the lungs and brain that can lead to cognitive issues, deafness or death. But doctors and health officials say the vaccine, which is normally given as part of the combination measles-mumps-rubella (MMR) vaccine, is highly safe and effective.

While most people's symptoms improve, about 1 in 5 unvaccinated people who get measles will be hospitalized. About 1 out of every 1,000 children with measles will develop brain swelling that can lead to brain damage, and up to 3 of every 1,000 children who become infected will die, the CDC says.

The largest outbreak so far this year has been in West Texas, but cases have been reported in a number of other states as well. Here's where cases have been reported in the U.S.

The Texas outbreak is primarily affecting children and teenagers, nearly all of whom were unvaccinated. State and local health officials confirmed the patient who died was an unvaccinated school-aged child.

The last measles death in the U.S. was in 2019 when a 37-year-old man died from measles complicated by meningitis in California, according to CDC data.

The highest number of confirmed cases in the U.S. in recent years was 1,274 in 2019, driven by outbreaks in New York, California and Washington state, but most years the total has been much lower.

Health experts point to lower vaccination rates as a reason for increases in preventable diseases like the measles.

CDC data shows about 93% of kindergarteners in the U.S. were vaccinated against measles during the 2021-2022 school year and only 92.7% in the 2023-2024 school year. This is down from 95.2% during the 2019-2020 school year — a critical threshold to keep people safe.

"When more than 95% of people in a community are vaccinated, most people are protected through community immunity (herd immunity)," the CDC states.

Health and Human Services Secretary Robert F. Kennedy Jr., a noted vaccine skeptic, voiced support for the measles vaccine in early March amid the deadly outbreak in the Southwest, after previously downplaying the growing cases and making numerous false and misleading claims about the safety of the MMR vaccine.

Kennedy said he was "deeply concerned about the recent measles outbreak," in an opinion piece published by Fox News.

"Vaccines not only protect individual children from measles, but also contribute to community immunity, protecting those who are unable to be vaccinated due to medical reasons," he wrote.

More on the Measles outbreak:

The Texas Measles Outbreak Is Even Scarier Than It Looks

The New York Times, February 28, 2025

https://www.nytimes.com/2025/02/28/opinion/texas-measles-vaccine.html?unlocked_article_code=1.1E4.PXNd.1tiTpqCGstWY&smid=url-share

The Long Read - Amid West Texas measles outbreak, vaccine resistance hardens

A child has died in an outbreak that has grown to 146 cases.

<https://wapo.st/41BddWa>

More on Vaccine hesitancy and the anti-vax movement

VIDEO - The modern anti-vaxxer movement, explained

The Washington Post

https://www.youtube.com/watch?v=VQti02x57bE&ab_channel=WashingtonPost

The Origins of the Anti-Vaccination Movement

TIME, January 29, 2025 – From the Made by History Series

<https://time.com/7205900/anti-vaccination-movement-history/>

Document 9 - États-Unis : pourquoi Robert F. Kennedy suscite une fronde chez les Prix Nobel

Elisa Brinai (avec AFP), **La Croix**, 10/12/2024

Plus de 75 lauréats de prix Nobel ont publié lundi 9 décembre une lettre ouverte pour s'opposer à la nomination par Donald Trump de Robert F. Kennedy Jr, 70 ans, comme ministre de la santé aux États-Unis. Ils dénoncent son « *manque d'expérience* » et ses positions antivaccins. Ils espèrent influencer le vote des sénateurs qui doivent approuver cette nomination.

Robert F. Kennedy Jr, neveu de l'ancien président John F. Kennedy, est un ancien avocat engagé pour la défense de l'environnement, qui s'était notamment illustré dans la bataille menée contre l'herbicide Roundup de Monsanto.

► L'autisme lié aux vaccins

À travers son association Children's Health Defense (CHD), 15 qu'il a fondée en 2011 et récemment quittée, Robert F. Kennedy Jr, a milité pour la fin de l'obligation vaccinale et contribué à diffuser en masse de fausses informations.

Il a notamment fait le lien entre le mercure présent dans les vaccins et l'autisme chez les enfants. Cette théorie se fonde sur une étude publiée en 1998 dans *The Lancet*, qui suggérait un lien entre la vaccination ROR (rougeole-oreillons-rubéole) et l'autisme. Cette étude, qui s'est révélée être un « trucage » de son auteur, a été officiellement démentie, retirée, et de nombreux travaux ont par la suite démontré l'absence de lien.

En 2015, Robert F. Kennedy était allé très loin, employant le mot d'« holocauste » en parlant de vaccination : « Ils se font vacciner, le soir même ils ont de la fièvre et trois mois plus tard leur cerveau a disparu. C'est un holocauste, ce que cela fait à notre pays », avait-il affirmé, selon le journal *Sacramento Bee*.

► Le Covid-19 « ethniquement ciblé »

Pendant la pandémie, Robert F. Kennedy Jr a affirmé que le Covid-19 était un virus « ethniquement ciblé » pour nuire « aux personnes caucasiennes et noires », tout en épargnant les « Juifs ashkénazes et les Chinois ».

Il a par ailleurs soutenu que les vaccins anti-Covid contenaient du tissu fœtal et pouvaient rendre stériles, des théories réfutées par les experts. Les comptes Facebook et Instagram de son association CDH ont été supprimés à cette occasion.

Il a également affirmé dans un livre que les vaccins contre le Covid n'auraient pas été conçus par les laboratoires Pfizer et Moderna mais par l'Agence américaine de la recherche médicale (NIH) en lien avec Bill Gates, milliardaire accusé dans les sphères conspirationnistes d'avoir planifié la pandémie.

► Produits chimiques et identité sexuelle

Grand critique des pesticides, Robert F. Kennedy Jr prétend que les produits chimiques présents dans l'environnement pourraient rendre les enfants homosexuels ou transgenres. En mai 2023, dans une vidéo supprimée de YouTube pour désinformation, il affirmait : « Une grande partie des problèmes que nous

observons chez les enfants, en particulier chez les garçons » serait attribuable à « l'exposition à des produits chimiques, (...) y compris la dysphorie sexuelle. »

Il s'agit d'une fausse interprétation de recherches sur l'atrazine, un herbicide capable de transformer certaines grenouilles mâles en femelles – sans qu'aucune étude n'indique que des perturbateurs endocriniens pourraient provoquer les mêmes effets chez l'homme.

► Les antidépresseurs liés aux tueries ?

Selon le *Washington Post*, le potentiel futur ministre de la santé américain a défendu que l'augmentation des tueries de masse dans les écoles pourrait être liée à la consommation d'antidépresseurs chez les jeunes. « Les enfants ont toujours eu accès aux armes, et il n'y a jamais eu de période dans l'histoire (...) où les enfants allaient dans les écoles et tiraient sur leurs camarades. Cela a commencé à se produire en même temps que l'introduction de ces médicaments, le Prozac et d'autres », a-t-il affirmé.

Selon les experts cependant, seul un faible pourcentage des auteurs de fusillade consommait des antidépresseurs au moment de commettre leurs actes et même lorsque c'était le cas, aucun lien n'a été démontré.

► Le VIH, pas responsable du sida

Allant à l'encontre de l'ensemble des connaissances scientifiques, Robert F. Kennedy Jr a enfin laissé entendre que le VIH n'était pas la cause du sida.

« Ils menaient des études bidon et malhonnêtes pour mettre au point un remède qui tuait les gens, sans vraiment comprendre ce qu'était le VIH, (...) sans vraiment savoir s'il était à l'origine du sida », a-t-il déclaré, selon des propos rapportés par le *New York Magazine* en 2023.

« Il existe de bien meilleurs candidats que le VIH comme cause du sida », assurait-il alors, jugeant que l'industrie pharmaceutique mentait à ce propos afin de ne pas nuire au vente d'AZT, un traitement anti-VIH.

Obesity – Weight-loss Drugs

Document 10 - AUDIO (downloaded) - The Briefing Room - Explainer: How do weight-loss drugs work?

BBC Radio 4, 07 February 2025

Document 11 - Five reasons weight-loss jabs alone won't help get people back to work

The Conversation October 29, 2024

Lucie Nield, Senior Lecturer in Nutrition and Dietetics, University of Sheffield

Prime Minister Keir Starmer and health secretary Wes Streeting have recently discussed plans to trial weight-loss injections for around 250,000 people with obesity who are

unemployed in a bid to get them back into work, ease pressure on the NHS and boost the economy.

Obesity is estimated to cost UK society around £35 billion annually. This is due to lower productivity and higher NHS treatment costs.

Around 26% of the English adult population (approximately 15 million) are considered obese. However, it's not known what proportion of unemployed people are obese.

While weight-loss injections have proven to be very effective in helping people who are obese to lose weight and lower their risk of certain chronic diseases, there are many reasons why these drugs alone won't help tackle obesity and unemployment rates in the UK.

1. Lack of capacity

The majority of UK people who are obese are likely to meet the National Institute for Health and Care Excellence's eligibility criteria for weight-loss injections. But prescribing these drugs is just one part of the equation. Eligible patients will require support from specialist services who provide guidance in making the appropriate lifestyle changes (such as to their diet) to successfully lose weight while on these drugs. This is crucial, as all of the weight-loss injection trials to date have involved a behaviour change component. This may potentially be key to the successful weight losses observed in these studies.

However, current demand for weight-loss services is already outstripping capacity. Nearly half of eligible patients in England are unable to get an appointment with a specialist team. Weight-loss injections can only be prescribed through such services currently. If the government is to roll out the proposed programme, they will need to rethink the way weight-loss services are delivered so all eligible patients can access support.

2. Won't work for everyone

Weight-loss jabs don't necessarily work for everyone. One study found that 9-15% of participants who took the drug tirzepatide (Mounjaro) did not lose clinically significant amounts of weight.

Weight-loss jabs may also cause intolerable side-effects for some. Trials have shown between 4-8% of participants couldn't tolerate the side-effects, causing them to drop out of the study. Constipation, diarrhoea and nausea are some of the most commonly reported.

People with certain health conditions may be unable to use weight-loss injections – such as those with inflammatory bowel disease and pancreatitis. In such cases, weight-loss jabs may worsen symptoms or interact with the prescription drugs used to manage these conditions, increasing risk of harm.

Additionally, some people may not want to take an injection – whether that's simply due to personal preference or even fear of needles.

3. Obesity is a complex issue

There are many complex factors that contribute to weight gain – such as opportunities for physical activity, access to healthy foods and levels of deprivation in a community. Prescribing weight-loss jabs to help people lose weight may not be effective long-term if the rest of these factors are not also addressed.

A more effective way of seeing significant, sustainable reductions in obesity levels across a population is by using a “whole systems approach”. This would address the multiple environmental, social and economic factors that contribute to obesity.

Where whole systems approaches have been embedded in healthcare design and delivery, they have led to improvements in services and patient outcomes – including obesity-related metrics (such as patients making healthier food choices and being more active).

However, one limitation to whole systems approaches is challenges in measuring impact. This can reduce political will to implement these approaches.

4. Obesity stigma

Obesity stigma in the workplace is a huge barrier to satisfactory employment and leads to poor wellbeing and burnout.

Obesity stigma in the workplace perpetuates harmful weight-based stereotypes that overweight and obese people are lazy, unsuccessful, unintelligent and lack willpower. As a result, people with obesity are more likely to be in insecure and lower-paid jobs than those who may be considered of a healthy weight.

It's also well-evidenced that regular exposure to stigmatising, isolating and degrading prejudices has long-term consequences on physical and mental health – and may lead to problems such as binge eating and depression. This can lead to a loss of productivity, absenteeism and loneliness.

Prescribing weight-loss jabs to help a person lose weight doesn't address the core reasons for why they may have been absent from work or unemployed in the first place. Nor does it help to address the mental health struggles they may still harbour as a result of discrimination they might have experienced.

5. Barriers to employment

Weight loss alone does not begin to address the complex physical and mental health reasons for why a person might be unemployed. A person may also be unemployed due to factors such as caring responsibilities or disability.

Current prescribing restrictions also limit some injections to a maximum of 24 months (although further trials are ongoing). This means that even if a person has successfully lost weight, they may regain that weight again when they stop using the drug. This could mean any health problems they experienced prior to losing weight (and which may

have prevented them from being in employment) could reemerge.

There are better ways of getting people back into work than prescribing weight-loss jabs. Flexible working approaches, for instance, may make it easier for someone who is unemployed due to caring responsibilities or health

problems to transition back into employment. Supportive policies and workplace wellbeing programmes may be a more cost-effective way of helping people to overcome barriers, improve their health and transition back into work.

Document 12 - Weight-loss drugs aren't just slimming waists. They're shifting the economy.

Ozempic, Mounjaro and Wegovy may not be the lightbulb, jet airplane or internet, but their impact is expected to be so significant it could shift GDP.

The Washington Post, February 23, 2025 By Ariana Eunjung Cha (extracts) <https://wapo.st/41r34eA>

Chicago trial attorney John Drews, like many well-employed Americans, has always given himself a generous discretionary spending budget. As a divorced empty-nester, his purchase priorities, in no particular order, included Scotch, chocolates, pretzels, eating out and beach resorts.

Then, in May 2022, following reports by celebrities and influencers about blockbuster weight-loss drugs, he decided to go on one himself, and everything changed. He lost 25 pounds the first year, then 75 pounds more the following year. Afterward, Drews says, he didn't just feel like a different person. He basically was one — with food, clothing, workout and vacation habits that have almost completely overridden everything he used to spend his money on, to the tune of more than \$100,000 annually. "It's a whole new life," Drews said.

He is just one consumer. But multiply his experience by the roughly 16 million people — that's 6 percent of American adults — taking GLP-1 weight-loss drugs, and their collective purchasing power has the potential to profoundly reshape the economy in the coming years.

There's evidence that the demographic of people on the drugs overlaps with those who like to spend, a group some analysts have dubbed "over consumers." Cutting their daily calorie counts in half — or more — is resulting in all sorts of interesting consequences still coming to light.

Ozempic, and its GLP-1 cousins Mounjaro, Wegovy and Zepbound, may not be the lightbulb, jet airplane or internet, but their impact is expected to be so significant that Jan Hatzius, chief economist at Goldman Sachs, predicts that if 60 million people take the medications by 2028, GDP would be boosted by 1 percent — or several trillion dollars. Hatzius's analysis was based primarily on the idea that healthier people mean a healthier workforce and, in turn, lower health-care costs.

But there's a lot more to it.

"When we think about how the drugs work, it directly changes the purchase of foods. But then there are spillover effects on a lot of sectors," said Aljoscha Janssen, an assistant professor of economics at Singapore Management University who is studying spending by U.S. consumers who are diabetic or overweight.

A study by Cornell University and Numerator shows that GLP-1 users are spending less at coffee shops and fast-food chains. PricewaterhouseCoopers sees upsides in fitness in this group — 35 percent of weight-loss drug users PwC surveyed said they are exercising for the first time or more than before, and 16 percent hired a personal trainer for the first time or are having those sessions more often than before. There's "major opportunity" in supporting GLP-1 users "through this transformational period and capture the value from enabling their new behaviors," the authors wrote.

Companies are already reporting tremors and adjusting their product lines and marketing to match. Walmart's CEO has talked about seeing a "slight pullback in the overall basket" for food purchases among some shoppers. Rent the Runway, a high-end online clothing rental shop, has reported that customers are choosing smaller sizes and in more body-hugging styles. Life Time Inc. — which is where a decent chunk of Drews's money is going these days — has launched a "performance and longevity" subscription program that includes doctors inside its fitness clubs who can prescribe GLP-1 drugs when appropriate, metabolic blood testing, meetings with a dietitian and access to personal trainers. It focuses the importance of a long-term, 360-degree view of health and wellness that begins for many people when losing weight on the medications.

Document 13 - Dans une clinique des Etats-Unis, la révolution des médicaments anti-obésité en marche : « Je suis passée de 107 kilos à 52 kilos » en neuf mois

La déferlante des sémaglutides, principe actif du fameux médicament coupe-faim Ozempic, bouleverse la vie de millions d'Américains, frappés à 40 % par l'obésité et les maladies qui y sont liées.

5 Par Arnaud Leparmentier (Cleveland [Ohio] et Brownsville [Texas], envoyé spécial)

Le Monde, 05 septembre 2024

10 Tony Zavaleta, 78 ans et professeur à l'université technique de Texas Southmost College, avait quelque chose de changé lors de notre dîner dans une guinguette mexicaine à la frontière du Rio Grande, depuis nos précédentes rencontres en 2019 et 2022. Le septuagénaire texan avait troqué son habituel burger et sa bière pour une 15 salade et un thé glacé sans sucre. « *Je ne bois plus. Je ne mange pas* », nous raconte-t-il. Puis il fait une révélation : « *Je prends de l'Ozempic et je suis passé de 150 kilos à 120 kilos en deux mois. Je n'ai pas eu cette taille depuis des années.* » L'Ozempic, c'est une des marques de 20 médicaments miracles qui font fureur aux Etats-Unis, pour la perte de poids.

Initialement développé pour les patients atteints de diabète, comme Tony Zavaleta, ce remède – dont le principe actif est le sémaglutide – est un coupe-faim 25 redoutable. Il est désormais utilisé pour lutter contre l'obésité. Toute l'Amérique s'entiche de cette catégorie de médicaments vendue par les géants pharmaceutiques américain Eli Lilly et danois Novo Nordisk.

Le produit est hype : Elon Musk en a pris en 2022 et nul 30 ne croit l'ancien secrétaire d'Etat de Donald Trump, Mike Pompeo, qui a perdu 40 kilos en quelques mois et prétend comme de nombreuses starlettes d'Hollywood que c'est le résultat d'une alimentation saine et d'activités sportives. L'animatrice Oprah Winfrey, grande promotrice des 35 programmes d'amincissement Weight Watchers, a levé le tabou fin 2023, en confirmant avoir été sous traitement. « *Le fait qu'il existe un médicament autorisé pour gérer son poids et rester en meilleure santé me semble être un soulagement, une rédemption, un cadeau, et non pas 40 quelque chose derrière lequel se cacher et pour lequel on peut être ridiculisé. J'en ai assez de la honte des autres, et de la mienne* », a déclaré la star des plateaux de télévision.

Une catastrophe sanitaire

Le sémaglutide représente un espoir sérieux pour lutter 45 contre l'épidémie d'obésité qui ravage le Midwest et le sud des Etats-Unis. Pour faire face à ce fléau, la clinique de Cleveland, dans l'Ohio, sur les rives du lac Erié, a développé tout un service spécialisé. Les chiffres, communiqués par le chirurgien Ricard Corcelles, sont 50 édifiants : « *40 % des Américains souffrent d'obésité et 10 % d'obésité sévère. En 2030, les projections sont de 50 % et de 25 %, et il y a 100 millions de diabétiques et de prédiabétiques dans ce pays* », détaille-t-il. En somme, une catastrophe sanitaire, qui s'est accentuée avec la 55 pandémie de Covid-19, en raison de la malbouffe, de

l'immobilisme ou encore du temps croissant passé devant les écrans.

Son collègue Marcio Griebeler, endocrinologue et directeur du centre de la clinique de Cleveland sur 60 l'obésité et la perte de poids, rappelle l'évolution de l'appréhension de la maladie. « *Dans le passé, on pensait que c'était dû à des choix de vie* », explique-t-il. Le spécialiste fait référence à cette assertion tronquée qui consiste à préconiser de faire un régime, du sport et 65 qu'ainsi tout ira mieux. Cette approche de la maladie, causée par de multiples facteurs, n'existe plus. « *En tant qu'être humain, nous ne voulons pas perdre de poids. Le corps est très efficace pour conserver l'énergie* », résume-t-il.

70 De régimes en rechutes, des millions d'Américains ont vécu ce calvaire du surpoids... jusqu'à l'arrivée du sémaglutide. Lucia Leydens, 49 ans, nous reçoit dans sa jolie maison des années 1950, en banlieue de Cleveland. « *Je me suis battue toute ma vie* », confie-t-elle. Sur une 75 quinzaine d'années, elle a suivi à trois reprises le programme de Weight Watchers, fait de réunions hebdomadaires et de contrôle draconien des calories ingérées. Et à chaque fois des progrès suivis de rechutes. « *La dernière fois, j'avais perdu 23 kilos, et puis le Covid 80 est arrivé* », poursuit-elle. S'y est ajouté un déménagement de l'Iowa à Cleveland, en raison du changement de travail de son mari, loin des amis. « *J'ai toujours géré le stress avec de la nourriture* », révèle-t-elle. Jusqu'à un déclic survenu au printemps dernier : « *J'avais atteint 145 kilos. 85 C'était mon poids le plus élevé. J'ai décidé que je devais changer si je voulais profiter de la vie et vivre plus longtemps et en bonne santé avec mon mari. Je ne voulais pas une solution rapide, je ne voulais pas de chirurgie, je voulais de l'aide.* »

90 La clinique et le docteur Griebeler lui ont proposé une approche globale, composée d'un triple cocktail, médication, meilleure alimentation, davantage d'exercices. Lucia Leydens mange plus de protéines, pour remplacer le gras par du muscle, marche avec son mari et 95 veut même aller plus loin : « *Nous allons commencer à jouer au pickleball* », un sport de raquette – sorte de tennis qui fait fureur outre-Atlantique. « *J'ai déjà perdu 15 kilos, soit 10 % de mon poids. Je n'ai pas encore eu à acheter de nouveaux habits mais cela va venir* », se réjouit-elle, dans 100 son blue-jean devenu ample, porté avec une chemise à motif. « *Je n'ai partagé cette histoire avec personne, sauf avec mon mari et ma meilleure amie. C'est un voyage très personnel* », estime-t-elle.

Programmes sociaux

105 Est-ce un effet jugé vertueux ? La prise du médicament change complètement l'humeur, longtemps troublée par des efforts infructueux et de la mésestime de soi. Alana Wyche, manageuse dans l'équipe de communication de la clinique, illustre ce constat. Elle explique qu'après avoir 110 eu des difficultés lors de la grossesse de son fils, puis avoir

été diagnostiquée diabétique, elle est sous médicament depuis un mois.

Elle accepte d'être citée, pour mettre en lumière le combat des Afro-Américains, socialement et économiquement défavorisés et donc fortement frappés par l'épidémie. Notre discussion est interrompue par une de ses collègues, menue, qui relate aussi son aventure : « *Entre décembre 2022 et septembre 2023, je suis passée de 107 kilos à 52 kilos. J'ai davantage d'énergie, j'ai moins* »

Le succès conduit au succès, comme l'assure le docteur Griebeler. « *L'un des principaux avantages de ces médicaments est que le patient voit les résultats. Il y a une motivation supplémentaire pour continuer à changer de style de vie, ce qui est important pour réussir sur le long terme à maintenir la perte de poids. Car si vous allez à la salle de sport ou si vous commencez un régime et que vous ne voyez aucun résultat, que faites-vous ? Vous arrêtez* », déclare-t-il.

Tout le monde ne dispose pas des moyens financiers pour y avoir droit aux Etats-Unis. Ainsi, un patient de la clinique de Cleveland a fait un don anonyme pour créer un centre social dans un des quartiers noirs défavorisé de la ville, le Langston Hughes Center. Le physiologiste Bradley Heiss nous en décrit le programme : un diagnostic de masse corporelle, un programme d'exercices évolutif. « *Avec l'arrivée des médicaments, les gens perdent du muscle. On les remuscule pour leur permettre de continuer à perdre du poids* », décrit-il. Le centre va ouvrir un espace de cuisine en 2025 pour aider les familles à cuisiner.

« *Nous avançons dans la bonne direction* », estime le docteur Griebeler, d'autant que le traitement a, selon les études, de nombreux effets induits positifs, réduisant les risques de cancer et de maladies cardio-vasculaires. L'ennui du médicament, c'est qu'il faudrait le prendre à vie, comme les anticholestérol et les médicaments contre la tension cardio-vasculaire. « *Il faut traiter l'obésité comme une maladie chronique. Si on fait un traitement d'un an, le patient perd du poids puis le reprend* », précise-t-il, études de son hôpital à l'appui.

Les cas les plus graves passent, en revanche, toujours par la chirurgie bariatrique, notamment la fixation d'un anneau gastrique. Les lignes directrices qui dataient de 1991 ont été modernisées pour faciliter les interventions chirurgicales, désormais moins invasives. « *Seulement* »

1 % des candidats éligibles se font opérer », affirme toutefois le docteur Ricard Corcelles.

Coût élevé

Faith Slater, une infirmière de 56 ans employée à la clinique de Cleveland est passée sur le billard en 2023. Elle a pris sa décision après des vacances gâchées à la Nouvelle-Orléans (Louisiane) en 2022. « *J'étais physiquement incapable de profiter du voyage.* » Elle présentait tous les critères de comorbidité : reflux gastrique, apnée du sommeil, cholestérol et obésité sévère. « *Je voulais un outil qui marche pour la vie.* » Elle est passée de 130 kilos à 73 kilos : « *Je suis une infirmière et, quand je vois des patients, je comprends vraiment ce qu'ils traversent parce que j'ai vécu cette situation. Cela m'aide vraiment à les aider.* » L'opération a été prise en charge par l'assurance, et Faith a payé de sa poche 2 750 dollars (2 500 euros). Paradoxalement, ce montant de reste à charge est moindre que celui des médicaments.

Dans cette affaire, l'enjeu, c'est le coût. Le médicament coûte une fortune : environ 1 000 dollars par mois. De nombreuses assurances ne le remboursent pas, ou cessent de le faire au-delà d'un certain temps ou d'un plafond de dépenses. « *Les gens qui ont les moyens peuvent payer ces médicaments. Mais ceux qui en ont peut-être le plus besoin n'y ont pas accès* », déplore Marcio Griebeler.

Le sémaglutide est une vraie poule aux œufs d'or. Eli Lilly vaut 850 milliards de dollars en Bourse, tandis que l'entreprise Novo Nordisk est devenue la première capitalisation européenne, valorisée 600 milliards de dollars, loin devant LVMH tombé à 375 milliards de dollars. L'administration démocrate s'en est mêlée. Dans une tribune publiée début juillet, le président Joe Biden et le sénateur du Vermont, Bernie Sanders, ont dénoncé les firmes Novo Nordisk et Eli Lilly. « *Les prix peuvent être jusqu'à six fois plus élevés que ceux pratiqués au Canada, en Allemagne, au Danemark et dans d'autres grands pays. C'est inacceptable* », ont écrit les deux élus démocrates. Le 27 août, Eli Lilly a annoncé le lancement d'un produit deux fois moins cher.

Le chantier reste donc immense. « *Nous n'avons jamais eu autant d'outils que maintenant pour traiter les patients obèses. Gagner la bataille contre l'obésité, c'est comme gagner la bataille contre le cancer, cela coûtera extrêmement cher et nécessitera un accès pour tout le monde et personnalisé* », explique Ricard Corcelles. On n'en est qu'au début.

A.I. and Health

Document 14 - Video – The Robot Will See You Now – AI and Your Health Care | Robots & Us

WIRED – April 2017

https://www.youtube.com/watch?v=x1Qu1YKZA0Y&ab_channel=WIRED

Document 15 - Guest Essay - The Robot Doctor Will See You Now

The New York Times, Feb. 2, 2025, By Pranav Rajpurkar and Eric J. Topol

Dr. Rajpurkar researches the application of A.I. in clinical settings. Dr. Topol is a cardiologist.

The rapid rise in artificial intelligence has created intense discussions in many industries over what kind of role these tools can and should play — and health care has been no exception. The medical community largely anticipated that combining the abilities of doctors and A.I. would be the best of both worlds, leading to more accurate diagnoses and more efficient care.

That assumption might prove to be incorrect. A growing body of research suggests that A.I. is outperforming doctors, even when they use it as a tool.

A recent M.I.T.-Harvard study, of which one of us, Dr. Rajpurkar, is an author, examined how radiologists diagnose potential diseases from chest X-rays. The study found that when radiologists were shown A.I. predictions about the likelihood of disease, they often undervalued the A.I. input compared to their own judgment. The doctors stuck to their initial impressions even when the A.I. was correct, which led them to make less accurate diagnoses. Another trial yielded a similar result: When A.I. worked independently to diagnose patients, it achieved 92 percent accuracy, while physicians using A.I. assistance were only 76 percent accurate — barely better than the 74 percent they achieved without A.I.

This research is early and may evolve. But the findings more broadly indicate that right now, simply giving physicians A.I. tools and expecting automatic improvements doesn't work. Physicians aren't completely comfortable with A.I. and still doubt its utility, even if it could demonstrably improve patient care.

But A.I. will forge ahead, and the best thing for medicine to do is to find a role for it that doctors can trust. The solution, we believe, is a deliberate division of labor. Instead of forcing both human doctors and A.I. to review every case side by side and trying to turn A.I. into a kind of shadow physician, a more effective approach is to let A.I. operate independently on suitable tasks so that physicians can focus their expertise where it matters most.

What might this division of labor look like? Research points to three distinct approaches. In the first model,

40 physicians start by interviewing patients and conducting physical examinations to gather medical information. A Harvard-Stanford study that Dr. Rajpurkar helped write demonstrates why this sequence matters — when A.I. systems attempted to gather patient information through direct interviews, their diagnostic accuracy plummeted — in one case from 82 percent to 63 percent. The study revealed that A.I. still struggles with guiding natural conversations and knowing which follow-up questions will yield crucial diagnostic information. By having doctors gather this clinical data first, A.I. can then apply pattern recognition to analyze that information and suggest potential diagnoses.

In another approach, A.I. begins with analyzing medical data and suggesting possible diagnoses and treatment plans. A.I. seems to have a natural penchant for such tasks: A 2024 study showed that OpenAI's latest models perform well at complex critical thinking tasks like generating diagnoses and managing health conditions when tested on case studies, medical literature and patient scenarios. The physician's role is to then apply his clinical judgment to turn A.I.'s suggestions into a treatment plan, adjusting the recommendations based on a patient's physical limitations, insurance coverage and health care resources.

The most radical model might be complete separation: having A.I. handle certain routine cases independently (like normal chest X-rays or low-risk mammograms), while doctors focus on more complex disorders or rare conditions with atypical features.

Early evidence suggests this approach can work well in specific contexts. A Danish study published last year found that an A.I. system could reliably identify about half of all normal chest X-rays, freeing up radiologists to devote more time to studying images that were deemed suspicious. In a landmark Swedish trial involving mammograms for more than 80,000 women, half the scans were assessed by two radiologists, as is usual. The other half were evaluated by A.I.-supported screening first, followed by additional review by one radiologist (and in

rarer instances where the A.I. determined an elevated risk, 80 by two radiologists). The A.I.-assisted approach led to the identification of 20 percent more breast cancers while reducing the overall radiologist workload almost in half.

This might be the clearest path to dealing with the shortage of health care workers hurting medicine. This 85 model is particularly promising for underserved areas, where A.I. systems could provide initial screening and triage, so limited specialist resources can be redirected to more pressing issues.

All these approaches raise questions about liability, 90 regulation and the need for ongoing clinician education.

Medical training will need to adapt to help doctors understand not just how to use A.I., but when to rely on it and when to trust their own judgment. Perhaps most important, we still lack definitive proof that these 95 approaches, tested in research studies or pilot programs, will achieve the same success in the messy realities of everyday care.

But the promise for patients is obvious: fewer bottlenecks, shorter waits and potentially better outcomes. For doctors, 100 there's potential for A.I. to alleviate the routine burdens so that health care might become more accurate, efficient and — paradoxically — more human. (840 words)

Marijuana Legalization

Document 16 - 9 facts about Americans and marijuana

Pew Research Center, April 2025

<https://www.pewresearch.org/short-reads/2024/04/10/facts-about-marijuana/>

Document 17 - Opinion- After a Decade, Marijuana Legalization Is Not Going Well | Opinion

Newsweek, May 08, 2023

By [Kevin Sabet](#), President, Foundation for Drug Policy Solutions

A decade's worth of data are in, and the promises of marijuana legalization are increasingly proving empty. From more marijuana-related hospitalizations to higher usage rates and an expansion of the illicit market, the effects of legalization have been detrimental to public health and safety, communities of color, and even the environment. Politicians who bought Big Marijuana's line about big tax money have also been made to look foolish.

5 As highlighted in Smart Approaches to Marijuana's new 2023 Impact Report, compiled over the past year, the data borne out in "pot-legal states" paints a vastly different picture than what is often conveyed by the media and supporters of legalization.

First, today's marijuana is not the same drug that was used a generation ago. Marijuana flower, the type used in joints, averaged 3.75 percent THC in 1995. Industrialization has made it now more than four times as strong. Concentrates, 10 such as vapes, which didn't even exist a decade ago, are commonly engineered to be above 90 percent THC. The marijuana industry, which has spent billions lobbying elected officials and bankrolling legalization referendum campaigns, has genetically engineered its products to provide users with a higher "high," for higher profits.

As a result, more people are using marijuana and they are using it more heavily. In 2021, 52.5 million Americans over the age of 12 used marijuana at least once in the past year, more than doubled from two decades ago. There were 13.2 15 million daily users of THC products in 2021, compared with 5.4 million in 2012 and 3.1 million in 2002.

Today, more Americans are using THC daily than drinking alcohol daily. In 2021, 25.3 percent of THC users were daily users, a higher percentage of frequency than for cocaine, crack, heroin, and meth.

The industry's contention that THC is non-addictive is a lie. Marijuana use disorder for 12-to-17-year-olds is up 145 percent since 2018.

20 The trend of rising usage rates extends to young adults and youth, who are most vulnerable to marijuana's long-term health effects. The National Institute on Drug Abuse warned that "past-year, past-month, and daily marijuana use (use on 20 or more occasions in the past 30 days) reached the highest levels ever recorded" among those aged 19 to 30.

As usage rates have increased, the adverse effects of use have increased, too. In 2021, there were 804,285 marijuana-related emergency department visits, up more than 75 percent from 2011, the year before Colorado became the first state

25 to legalize. Similarly, a study found marijuana users were 22 percent more likely to be hospitalized for any reason than non-users. There was also a 1,375 percent increase in at-home marijuana exposures involving children younger than 12. After decades of fighting drunk driving, we are seeing more traffic fatalities caused by drivers under the influence of marijuana. In Michigan, the proportion of fatal crashes that involved marijuana has more than tripled, accounting for nearly 1 in 4 accidents where the driver was tested.

30 Some voted for legalization on the assumption that the legal marijuana industry would displace the illicit market. That hasn't happened either. The Oregon-Idaho HIDTA, a federal law enforcement task force, seized 1.3 million illegal marijuana plants in 2021, compared with just under 77,000 in 2020 and about 5,000 in 2018. In California, it was estimated that 70 to 80 percent of the marijuana sold in legal dispensaries was grown illegally. An illegal pot shop was recently discovered across the street from New York's city hall.

35 Drug cartels have moved into "pot-legal" states, often setting up shop in hidden or remote areas where law enforcement is less able to detect them. Officials estimate that 70 percent of illegal marijuana in California is grown on public lands. Indoor marijuana grows have been estimated to be nearly four times as energy intensive as coal and oil production, requiring large amounts of electricity to power lights that simulate the sun.

The legalization of marijuana has changed countless Americans' way of life. As they walk around their neighborhood and go to the grocery store, they're unable to avoid the smell of marijuana. They've grown accustomed to the tragic stories of marijuana-involved traffic fatalities in their communities. Many have loved ones who are addicted to marijuana. The empty promises and tragic consequences of the industry have become clearer every year.

40 It is time for a new approach that focuses on prevention, awareness, and treatment—not on addiction for profit.

Dr. Kevin Sabet is a former senior drug policy advisor to the Obama administration and currently serves as president of Smart Approaches to Marijuana. His latest book, Smokescreen: What the Marijuana Industry Doesn't Want You to Know is available everywhere books are sold.

The views expressed in this article are the writer's own.

From Britannica ProCon - Medical Marijuana - Should Medical Marijuana Be Legal?

Latest update, February 10, 2025 - <https://www.britannica.com/procon/medical-marijuana-debate>

Pros and Cons at a Glance

PROS	CONS
Pro 1: Marijuana is beneficial as a medicine with fewer risks than opioids and other prescribed drugs. Read More.	Con 1: Medical legalization of marijuana makes a drug that is dangerous to children, teenagers, and young adults more readily available. Read More.
Pro 2: Marijuana is safer than some legal drugs and preferred by patients. Read More.	Con 2: Marijuana has dangerous side effects. Read More.
Pro 3: Americans have agreed for decades that medical marijuana should be legal. Read More.	Con 3: While the effects of medical marijuana are studied, recreational marijuana should be decriminalized. Read More.

The age of CRISPR

NOTE - The entire report on CRISPR gene editing can be found on Cahier de Prépa

[Leaders](#) | Gene editing

Document 16 - CRISPR technologies hold enormous promise for farming and medicine

Don't waste it

The Economist, Feb 26th 2025

OF THE MANY patients who need an organ from a donor, 90% go without. About 240m people live with rare genetic diseases, most of which cannot be treated. Each year poor diets cause more than 10m early deaths. Suffering on such an immense scale can appear hopeless. However, a technique called CRISPR gene editing promises to help deal with these issues and many more—and wise regulation can spur it on.

5 CRISPR is like an editor that can rewrite DNA letter by letter or gene by gene, to remove harmful mutations or add protective ones. This summer will see clinical trials on pig organs edited for transplanting into humans. Last year the first new therapy went on the market. It seemingly cures sickle-cell disease and beta-thalassemia, two blood disorders that afflict millions. If ongoing clinical trials succeed, a one-off therapy could provide life-long protection against heart attacks. Farming will benefit, too: CRISPR could raise yields or protect crops from climate change. Consumers could
10 soon get white bread with fibre-like starch or tastier varieties of healthy but unpopular foods, such as mustard greens.

But as we report in our Technology Quarterly, now is a critical moment. Since CRISPR's discovery in 2012, it has begun supplanting old ideas that never reached their potential. Gene therapy, a different technique that uses viruses to insert genes into patients, can treat many rare genetic diseases but is and will remain costly to make. Genetically modified (GM) crops, which swap genes between species, have faced misguided opposition in Europe and
15 elsewhere. CRISPR offers an alternative to both. But if, unlike them, it is to live up to its potential, it will need to attract a continuing flow of investment—which, in turn, means chalking up some real-life successes.

For that to happen, scientists must show that they can get CRISPR into more types of cells in the body cheaply and easily. The technology would also be boosted if it could serve as a platform to create personalised therapies for people's individual mutations. That will require new science, but it would also be catalysed by a better system of regulation.

20 First, the rules governing drugs for rare diseases are so strict that the patients they could protect are deprived of new treatments. Developing drugs that only a few people need has always been a difficult business proposition and many CRISPR companies are struggling, despite government help meant to encourage them. But CRISPR is programmable, meaning that the same drug can be tweaked to target many different mutations. On-demand, small-batch drugs for rare diseases could be made more cheaply today if requirements on safety testing and manufacturing standards
25 were loosened. For many desperately ill people who may die before a drug is approved, if it is developed at all, that is a worthwhile trade-off. In America the Food and Drug Administration has already taken some steps towards liberalisation.

Agriculture also badly needs reform. Gene-edited foods fall under GM regulation in many regions, including the European Union, despite being quite different: gene-edited plants have had their own genes tweaked rather than
30 incorporating genes from other species. Mindful of the threat of climate change to food security, Britain is poised to implement new liberal laws governing gene-edited foods; the EU should follow. However, public trust in regulators and scientists could become a problem. With the confirmation as health secretary of Robert F. Kennedy junior—who is anti-GM but has also invested in CRISPR therapies—America may move slowly, or even go into reverse. That would be a blow to progress—and humanity. ■

And More...

More podcasts on health from the Briefing Room here:

<https://www.bbc.co.uk/programmes/b07cblx9/episodes/downloads>