



Global Scientific Guild Conference

Abstract Book

10th Global Webinar on Public Health

August 21-22, 2024

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Upcoming Events-2024 & 2025

2nd Global Online Conference on Artificial Intelligence, Machine Learning And Data Science	<i>October 03-04, 2024</i>
Global Webinar on Infectious Diseases	<i>October 23-24, 2024</i>
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5th Edition of Global Webinar on Nanotechnology and Nanoscience	<i>November 06-07, 2024</i>
13th Global Webinar on Traditional and Integrative Medicine	<i>November 13-14, 2024</i>
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11th Global Webinar on Applied Science, Engineering and Technology	<i>November 26-27, 2024</i>
Global Webinar on Aerospace and Aeronautical Technology	<i>December 03-04, 2024</i>
Global Webinar on Climate Change and Environmental Science	<i>January 22-23, 2025</i>

**Global Webinar on
Cancer Research**

***January 29-30,
2025***

**3rd Global Webinar on
Neuroscience and Brain Disorders**

***February 05-06,
2025***

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Prof. Frank Chindamo

Founder @ LaughMD, USA

If Laughter is the Best Medicine, Why Don't We Use It as Medicine? Humor Therapy in Cancer Care: A Multidisciplinary Approach to Enhancing Quality of Life

Based on the familiar idiom that “Laughter is the Best Medicine,” which is supported by 405 studies, LaughMD seeks to address the challenges described in the ARPA-H Proactive Health focus area by developing an innovative approach to improve cancer care by integrating humor therapy, aiming to not only elevate the quality of life for patients but also regulate the autonomic nervous system and promote overall wellbeing. Our invention is particularly designed for cancer patients grappling with post-traumatic stress disorder (PTSD), addressing their complex needs through a comprehensive and parallel treatment strategy. Our innovation is based on scientific evidence 1,2 showing that laughter represents a promising non-invasive and cost-effective intervention to alleviate stress and anxiety, foster post-traumatic growth, and even boost the immune system. While laughter-based therapy has demonstrated broad applications for general wellness 3,4, its impacts could provide particular value for a vulnerable patient demographic at the intersection of chronic disease, mental health challenges related to PTSD, and opioid use disorders, offering care teams an additional tool to break cycles of distress without further medication 5,6. Laughter's capacity to simultaneously reduce anxieties, inflammation, and promote overall well-being makes humor a promising means to delicately meet the multidimensional needs of this high-risk population.

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Biography:

Prof. Frank Chindamo, CEO, LaughMD™, oversees the implementation of the laughter therapy program, bringing his compassion born from personal losses and trailblazing entertainment industry success with SNL, HBO, Showtime, CBS, PBS and Comedy Central. Frank was an Adjunct Professor in Web Video at USC, UCLA, Chapman, Pepperdine University, and Emerson College. Frank has won 30+ awards for producing comedy videos. He launched the world's first mobile comedy channel, was featured on the front pages of Forbes Magazine, the LA Times, the Wall Street Journal and the NY Times. He is a Certified Humor Professional of the Association for Applied and Therapeutic Humor.

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Dr. Ronna E Krozy

American Association for Nude Recreation, USA

Social Nudists: Misunderstood, Stigmatized and Unprotected

Social nudism or naturism refers to being clothes free in a mixed gender group conducting wholesome activities of daily living in safe non-sexual environments. Throughout most of the world, thousands of individuals, couples and families embrace the culture of social nudism believing it offers physical, emotional, social and spiritual benefits. While social nudism or naturism is generally more accepted in European countries, it is less so in the United States. Unfortunately, because of lack of knowledge and preconceived erroneous notions, social nudism is frequently equated with sex and practitioners are stereotyped as swingers, exhibitionists, immoral deviants and pedophiles. These labels force secrecy and fear of discovery lest they be unjustly punished or have their judgments or reputations challenged. However, social nudists/naturists represent a microcosm of society. They are doctors, teachers, military, clergy, clerics, mechanics, etc They could be one's co-workers or neighbors who deserve the right to live their authentic selves without fear of retribution. Until the world understands the truths and myths of social nudism, this diverse and growing population will remain a misunderstood, stigmatized and vulnerable group. The aim of this presentation is to enlighten learners to what social nudism is and what it is not and to increase public acceptance of this beneficial way of life. Additionally, it is a call for undertaking essential scientific research to validate the plethora of empirical data that exist.

Biography:

Ronna E Krozy, a retired Associate Professor of Nursing with a doctoral degree in Health Education and sub-specialty in Sex Education, spent 47 years teaching Population-Community Health Nursing at Boston College Connell School of Nursing. She is a former Trustee and current Chair of Public Relations for the American Association for Nude Recreation (AANR). She has published numerous articles on social nudism and has been featured on radio and television. Her work focuses on nudism and body positivity, self-esteem, mental health, normalizing nudity, dispelling myths, destigmatizing, and promoting public awareness and acceptance. She's been a nudist over 30 years.

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Dr. Linda Gordon

Public Health Educator, USA

Health Literacy and the Palatable Consumption of Services

Dr. Gordon's presentation, titled "Health Literacy and the Palatable Consumption of Services," is rooted in scientific publication, clinical experience, and public health service. This discussion will delve into the definition of health literacy and underscore its essential role in achieving desirable health outcomes, particularly in disparate populations.

Key highlights of the presentation include:

Health Literacy Definition and Importance: Understanding health literacy and its critical necessity for positive health outcomes.

COVID-19 Impact Analysis: Reviewing the pandemic's effects on health literacy concerning public health preparedness and post-pandemic efforts to mitigate health disparities.

Comparative Public Health Analysis: Concluding with a commentary on the role of public health in promoting health literacy, comparing strategies in the United States with those in high and low-income countries..

Biography:

Dr. Linda Gordon offers leadership in the development of health strategies. Her professional experience as a physician, community leader, and advocate has culminated in the founding of Childverse, Inc., a public health consulting firm. Childverse leverages creative media and thought leadership to support parents and advocates of children dealing with anxiety and bullying. Dr. Gordon's diverse background includes contributions in academia as a clinical investigator, focusing on immunology, HIV, and the clinical effects of hypertension, diabetes, and lead toxicity. Additionally, she has a robust service record in the non-profit sector, including various board positions.

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Dr. Minerva Kelada

Imperial County Medical Group, USA

Coronavirus and reality - A simple question let's dive into it

Coronavirus reality

Is it a true pandemic or fabricated

The question had puzzled millions of people all over the world

The reality is let's ask ourselves as educated people if I come and inform you that I have a virus that can travel to 6 feet distance and is lethally potent, to the point of killing in few days, would anyone had believed me

The answer is puzzling and dangerous

But that's what happened to the world from 2019-2023

The other question was , how did the media played a role in the situation

Let's say there's was no election in the middle, how was the disposition of the virus , as immediately what happened right after the election

The virus diminished

There's no doubt that the media helped tremendously in educating the public, but also the fear that caused was magnificent to the point many people lost their life's and their jobs out of fear.

The issue is still under investigation

There's a medical group investigation of the situation

I would like to project ideas and thoughts of many health professionals.

Biography:

Minerva kelada MD a practicing physician in Southern California for more than 32 years, helping with health shortage areas Dr Kelada works as chief medical officer for imperial county medical group She's the administrator of Deanzaclinic Dr Kelada worked as a medical consultant for the California Medical board as well as adjunct professor of medicine for UCSD.

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Sharon Fisher Roberts

Attorney and Counselor and Heddy Hill Productions, USA

Salve Lucrum! Hail, Profit! Greed is a Commercial Determinant of Health

Avarice is defined as “extreme greed for wealth or material gain,” described as too much desire for wealth. An avaricious person will do “anything to achieve material gain.” In some religions and cultures, avarice concerns only an “excessive” desire for the kinds of goods interchanged for money. Covetous means to “desire someone else’s wealth,” and Greed is the desire to “gather and to hold on to wealth by any means necessary.” Current research has finally given due examination to Greed and its cousins as Commercial Determinants of Health. Greed is presenting threats at all levels of health care in the USA, including the ability for public health officials to affect positive change to an intentionally confused public. All health care corners are affected by Greed—the hospitals, the physicians, the nurses and other critical health care staff, the emergency health care personnel, investors, insurers, drug companies. Each have profit motives, higher ups with certain “expectations,” corners cut in the name of the bottom line. A global example finds many populations grappling with matters of equity and inclusion, as a golden arched global fast-food brand releases a “value” meal for a “low price” to “bring back” folks to consume their food--already proven to cause anxiety, weight gain, listlessness, cravings for more. Fat profits are more important than fat bodies. Who claims value in that meal? The nutritional “value” is worse than zero but for cranking up to attempt metabolizing unhealthy fat. Once news leaked the massive brand would go low, Greed dictated what happened next. Another business thrusting fast food injurious to all shouts out they will have an even “better” deal. Competition for who has the cheapest “value” meal heats up, coaxing stressed parents and others to succumb. The purveyors know the food consumed will not decrease but will instead increase metabolic stress on already stressed Hu systems aka the people. But...Salve Lucrum! .

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Biography:

Sharon Fisher Roberts, a longtime local government and public health attorney, graduated cum laude with a Bachelor of Arts degree in Organismal and Systems Biology from the University of Tennessee at Knoxville, USA, and with a Juris Doctorate degree from St. Mary's University in San Antonio, Texas, USA. She has been a writer, trainer, and speaker for local, state, and international associations, across sectors, in areas of governance, disability law, civil rights, administration of justice, environmental regulations, housing, nonprofit management, communication, and best business practices. She is currently writing a novel and lawyering for committed local leaders.

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Prof. Rostislav Stefanov Kostadinov

Medical University of Plovdiv, Bulgaria

Climate change impact on Disaster Medical Resilience

A warming planet is rapidly reshaping the landscape of disaster medicine. Climate change acts as a threat multiplier, intensifying the frequency and severity of natural disasters, and pushing healthcare systems already strained by resource limitations to a breaking point. This study examines the cascading effects of climate change on disaster medical resilience.

More frequent and intense heatwaves, floods, droughts, and wildfires will lead to a surge in heat-related illnesses, respiratory problems, waterborne diseases, and diverse traumas and injuries. Disruptions to critical infrastructure caused by these events will cripple communication networks, hinder emergency response efforts, and compromise the delivery of essential medical services. Furthermore, damage to transportation routes and agricultural land will disrupt supply chains, jeopardizing access to clean water, food, and medication.

The burden of these climate-fueled disasters will fall disproportionately on vulnerable populations, including low-income communities, geographically isolated regions, and indigenous groups. Existing social inequities will exacerbate health disparities, as those with limited resources struggle to access basic medical care in the aftermath of a disaster.

Building a more resilient disaster medicine system requires a multifaceted approach. Operational systems must be developed and implemented at every region for timely preventative measures and evacuations, prior of the disaster. Investments in healthcare infrastructure are crucial to ensure hospitals and outpatient clinics can withstand extreme weather events and remain operational. Stockpiling essential medical supplies and training a well-equipped workforce are also essential for effective response efforts..

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Biography:

Prof Colonel Rostislav Stefanov Kostadinov is Organizing and leading the educational process for Medical University of Plovdiv and Medical College of Plovdiv students. Delivering lectures, leading seminars and the students examine. Monitoring, organizing, and facilitating the International relations and Project activities of the Public Health Faculty academic staff. Organizing and leading Ph.D. and resident programs on Disaster Medicine and Disaster Medical Support at the Medical University of Plovdiv Planning, organizing, and managing courses for improvement of the population skills for healthy behavior in case of disasters and catastrophes. Leading and managing courses for disaster medical support (for medical professionals) and advance medical training for search and rescue team members.

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Ranjani K. Murthy

Researcher and Consultant, India

SRHR on Concluding observations of CEDAW countries that are part of BRICS

Based on a review of the Concluding Observations of the Committee on Elimination of All forms of Discrimination Against Women on Brazil, China, India, Russia and South Africa, this presentation argues that there are gaps between ICPD commitments on SRHR and achievements of governments in the BRICS block. These gaps stem from some lacunae in legislation and policies related to SRHR, as well as in addressing social determinants. It argues that the CEDAW has focused on 'rights' more than "sexual and reproductive health" other than safe abortion, maternal health, female contraception and antiretrovirals, Access to sex/gender/identity specific SRH issues like access to treatment for menstrual health, reproductive cancer, treatment for infertility and gender affirmation surgery has received little attention. Access of marginalized issues to SRH has been examined, and this could have been strengthened by looking at the interplay of gender, intersectionality and SRHR. It is recommended that all countries ratify the women's Convention and Optional protocol without reservation which will allow the CEDAW to get direct reports from civil society actors. Equally, it is recommended that one third of CEDAW members have expertise on SRHR. The CEDAW committee agenda should be asked to converge with International Conference on Population and Development, and look at discrimination in all SRHR issues.

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Biography:

I bring to the table around 25 years of experience in research, evaluation, e-teaching, training/toolkit development and mainstreaming on gender and development. My sectoral focus has been on issues of economic health/SRHR, disaster-risk-reduction, adolescent girls' economic empowerment, masculinities and international commitments like ICPD, SDGs, CEDAW, Beijing Platform for Action. My primary clients include UN organisations (including WHO and UNFPA), national governments, INGOs and NGOs. I was a Guest Tutor for the short course 'Men, Women and Development' as the Institute of Development Studies, Sussex for a year, and am a facilitator of two Modules in the course "Gender Transformative Evaluations in South Asia" organised by the Institute of Social Studies Trust, New Delhi. I combine global and regional reviews with field research, evaluations and training in India and Sri Lanka, Bangladesh, Afghanistan, Nepal, Moldova, Sudan, Mozambique, Cambodia, Indonesia and Vietnam. Before consulting, I was managing programs and leading an organisation on gender and development. I am on the editorial board of international journal Gender and Development, and on the board of three NGOs in India

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Elizabeth Dale Gilley
The Elle Foundation, USA

The Future is Now for Precision Genomic Addiction Medicine as a Front line Modality for Inducing “Dopamine Homeostasis” in Reward Deficiency Syndrome (RDS)

In this genomic era of addiction medicine, ideal treatment planning begins with genetic screening to determine neurogenetic antecedents of the Reward Deficiency Syndrome (RDS) phenotype. Patients suffering from endotype addictions, both substance and behavioral, and other mental health/comorbid disorders that share the neurobiological commonality of dopamine dysfunction, are ideal candidates for RDS solutions that facilitate dopamine homeostasis, addressing the cause, rather than symptoms. Our goal is to promote the interplay of molecular biology and recovery as well as provide evidence linked to RDS and its scientific basis to primary care physicians and others. This was an observational case study with a retrospective chart review in which an RDS treatment plan that utilized Genetic Addiction Risk Severity (GARS) analysis to evaluate neurogenetic challenges was used in order to develop appropriate short- and long-term pharmaceutical and nutraceutical interventions. A Substance Use Disorder (SUD) treatment-resistant patient was successfully treated utilizing the GARS test and RDS science. The RDS Solution Focused Brief Therapy (RDS-SFBT) and the RDS Severity of Symptoms Scale (SOS) may provide clinicians with a useful tool for establishing neurological balance and helping patients to achieve self-efficacy, self-actualization, and prosperity. Keywords: Genomic addiction medicine, precision medicine, neurogenetics, dopamine homeostasis, pro-dopamine regulation, genetic addiction risk severity (GARS).

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Biography:

Elizabeth Dale Gilley is completing her dissertation research in Reward Deficiency Syndrome at National University in San Diego, California, USA. She is the founder of the Elle Foundation, incorporated in Dallas, Texas in 1995. She currently leads the team efforts of Elle Research and Elle Resource in West Palm Beach, Florida. She has published in peer review consistently since 2017 and has produced primary source original research in family and individual psychological genomics since 2020. She created Reward Deficiency Syndrome Solution Focused Brief Intervention therapy, RDS paradigm psychoeducation and the Reward Deficiency Syndrome Severity of Symptom measurement scale.

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Candice Waldie

Recovering My Balance, UK

First person account of the Battles faced by Traumatized women on their Journey of Recovery

Complex Post-Traumatic Stress Disorder (CPTSD) is a severe psychological condition that predominantly affects women who have endured prolonged and repeated trauma, such as childhood abuse, domestic violence, and sexual assault. Women with CPTSD face significant recovery challenges, including pervasive emotional dysregulation, chronic feelings of shame and guilt, and profound difficulties in interpersonal relationships. The recovery journey is often complicated by co-morbid conditions like depression, anxiety, and eating disorders, which further intensify the emotional and psychological burden. Additionally, societal stigma and barriers to accessing effective treatment can hinder recovery, leaving many women isolated and struggling to manage their symptoms. Despite the availability of trauma-focused therapies such as Eye Movement Desensitization and Reprocessing (EMDR) and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), many women face difficulties in fully engaging with treatment due to mistrust, fear of re-traumatization, and the complexity of their symptoms. Economic hardship and lack of social support further exacerbate the challenges, often resulting in delayed or incomplete recovery. However, with tailored therapeutic interventions that address both the trauma and its broader impacts on identity and relationships, women with CPTSD can achieve meaningful recovery.

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Biography:

Candice Waldie has an MSc in Forensic Osteology, BSc in Crime Scene Science and comes from a diverse background shaped by a deep commitment to mental health advocacy. As she transitioned into the workforce, she found her passion for mental health advocacy through her role as a Mental Health and First Aid Trainer at St John Ambulance for over 6 years. She had the privilege of delivering training courses, facilitating supportive learning environments, and leading initiatives to promote mental health awareness and resilience. Her experiences in the role deepened her understanding of mental health issues and inspired her to advocate for greater support and resources for individuals facing mental health challenges. She is currently training to be a Therapeutic Coach and hopes to train as a Therapist dealing with Trauma. She is currently hosting her own PODCAST and establishing her wellbeing company called Recovering my Balance.

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Efstathios Koutsostathis

Medical Consultant at SOTIRIA HOSPITAL, Greece

FEBRILE NEUTROPENIA IN IMMUNOCOMPROMISED PATIENTS PART 2

Febrile neutropenia is an emergency condition demonstrating high mortality if not treated early with proper antimicrobial therapy. Ongoing clinical and laboratory evaluation of patients during hospitalisation is the cornerstone for its proper management and cure. It is very important to note that the infection-related clinical signs are greatly modified in neutropenic patients. Moreover, infections caused by atypical bacteria are frequent, as are infections by viruses and fungi or protozoa, such as *Pneumocystis jirovecii*. The role of the clinical physician is extremely important for its proper diagnosis and documentation, and for the administration of suitable treatment for the right period of time, and its possible modification if necessary.

Biography:

Efstathios Koutsostathis is Medical Consultant at Sotiria hospital for Thoracic diseases ICU. He graduated from the Athens medical school in Greece and he has a Master degree in Public health. He is candidate PhD at the university of West Attica. He has many presentations in medical conferences and he has published medical articles in reputed journals.

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Dr. Aderajew Waka Wassie

DRFZ Berlin - Germany and Kess Waka Meskelo International Medical Center (KW-MIMC) Tedda-Gonder, Ethiopia

Rabies as a Dangerous Zoonotic Disease in Ethiopia and beyond in Africa globally: Challenges and the Role of Global One Health and Public Health Alliance to Eradicate Rabies globally

Rabies remains a deadly zoonotic disease in Ethiopia, across Africa and globally with significant public health implications. The eradication of rabies globally requires overcoming significant challenges related to access, awareness, surveillance, and coordination. The One Health approach and global public health alliances play a central role in addressing these barriers by fostering cross-sectoral collaboration, supporting mass dog vaccination, improving access to PEP, and enhancing public education. Achieving the goal of eliminating dog-mediated rabies by 2030 will depend on sustained political commitment, robust funding, and the continued engagement of all stakeholders in the fight against this deadly yet preventable disease.

Biography:

Immunologist; Certified Drug Safety Officer for Pharmacovigilance, Clinical Trials Specialist, Monitoring and Medical Writing as well as ICH/GCP and MedDRA coding expert. Former Scientific worker and Medical Advisor at Seramun Diagnostica Biotechnology Company in the Department of Research and development as a Research & Development Scientist as well as Medical Advisor in the field of Immunoassay, Immunodiagnostic, Autoantibody and Autoimmune Diseases. Completed PhD from Charité'-University of Medicine Berlin, Center for Internal Medicine and Dermatology, Internal Medicine Dept. of Rheumatology and Clinical Immunology; German Rheumatology Research Center Berlin; Institute for Immunology, Center for Infection Medicine of Freie University Berlin. Honorary lecturer and trainer for Pharmacy and Pharmaceutical Assistants in Germany. Ambassador of Brain City Berlin for Science and Technology. Delegate of Gonder University for international networking with German universities and academic institutions. Ambassador of Tedda Health Science College in Tedda-Gonder Ethiopia. Diaspora Expert for Developing Countries in relation to Health, Education, Research, Capacity Building and Consultation. Since 02/2024 International Diaspora Advisory Board Member of MEG at GIZ & BMZ (Federal Minister of Cooperation and Development). Co-advisor and lecturer for Master and PhD students & lecturer of undergraduate students in different Ethiopian

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Universities at Medical Colleges and Faculties. Board Member of Ethiopian Institute of Textile and Fashion Technology EiTEX & Biorefinery Research Center (BRRC of EiTEX) in Bahir Dar University-Ethiopia. Founder and Manager of Kess Waka Meskelo International Medical Center (KWMIMC) in Tedda-Gonder Ethiopia. Organizing Committee Member and Keynote Speaker of Global Webinar Conference on Public Health. Board Member and Co-Founder of two Diaspora Organizations in Germany. General Secretary of Health for Ethiopia. Vice-President of Bridge Ethiopia Network for Science and Technology Transfer in Germany and Ethiopia. Member of different international and national academic Societies in German and beyond. Technical Advisory Board Member of TOG/VSF (Veterinaires sans Frontieres) in Germany. A Representative Committee for Ruminants of Federal Veterinary Chamber in Germany. Member of Global Hub Germany, Member of WHO Hub in Germany, Member of One Health Platform in Germany and etc. Currently, actively focusing on Global Public Health, Global One Health, International Health Protection against Infection Diseases and Capacity Building in developing Countries.

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Vijayan Gurumurthy Iyer

*Bihar Institute of Public Administration & Rural
Development (BIPARD), INDIA*

Strategic Environmental Assessment (SEA) Process Towards Sustainable Environmental Sanitation Impact Assessment (SESIA) for Sustainable Development

Strategic environmental assessment (SEA) process can be broadly defined as a study of the impacts of a proposed project, plan, project, policy or legislative action on the environment and sustainability. SEA process has been aimed in order to incorporate environmental and sustainability factors in to planning and decision-making process that included policies, programs, plans and legislative actions. Sustainable sanitation development is a kind of sanitation development that meets the needs of the present without compromising the ability and efficacy of future generations to meet their own sanitation needs. Sanitation Impact Assessment (SIA) process can be defined as the systematic study and check of the potential sanitary impacts (effects) of proposed projects, plans, programs, policies or legislative actions relative to the physical-chemical, biological, cultural, and socioeconomic components of the total environment. The objective of the study and check is to conceptualize SEA process. The primary purpose of the SIA process is to encourage the consideration of the environment and sustainability in Organizational's planning and decision-making process and to arrive at actions that are environmentally compatible. SEA process should include the integrated consideration of technical or engineering, economic, environmental, safety, and health, social and sustainability factors to achieve sustainable environmental sanitation excellence.

Biography:

Vijayan Gurumurthy Iyer has completed his PhD from the Indian School of Mines, Dhanbad, and post-doctoral studies from the World Scientific and Engineering Academy and Society, Athens, Greece. He has been working as a Faculty since 2001. He has published more than 460 papers in reputed journals and conference proceedings and has been serving as a Faculty (Climate Change) in Bihar Institute of Public Administration & Rural Development, Gaya, India.

OUR NEXT EVENT

11th Global Webinar on Public Health December 11-12, 2024

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