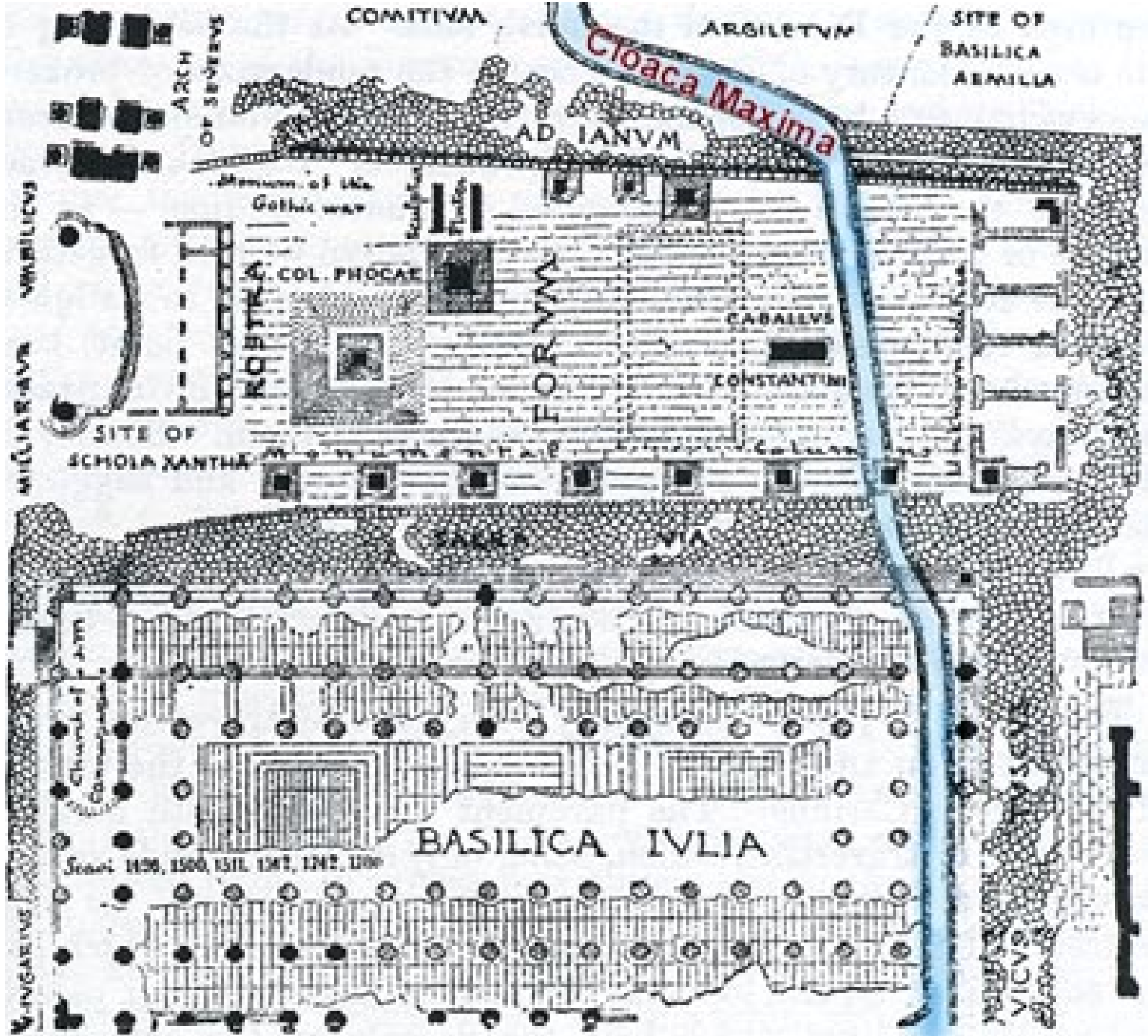




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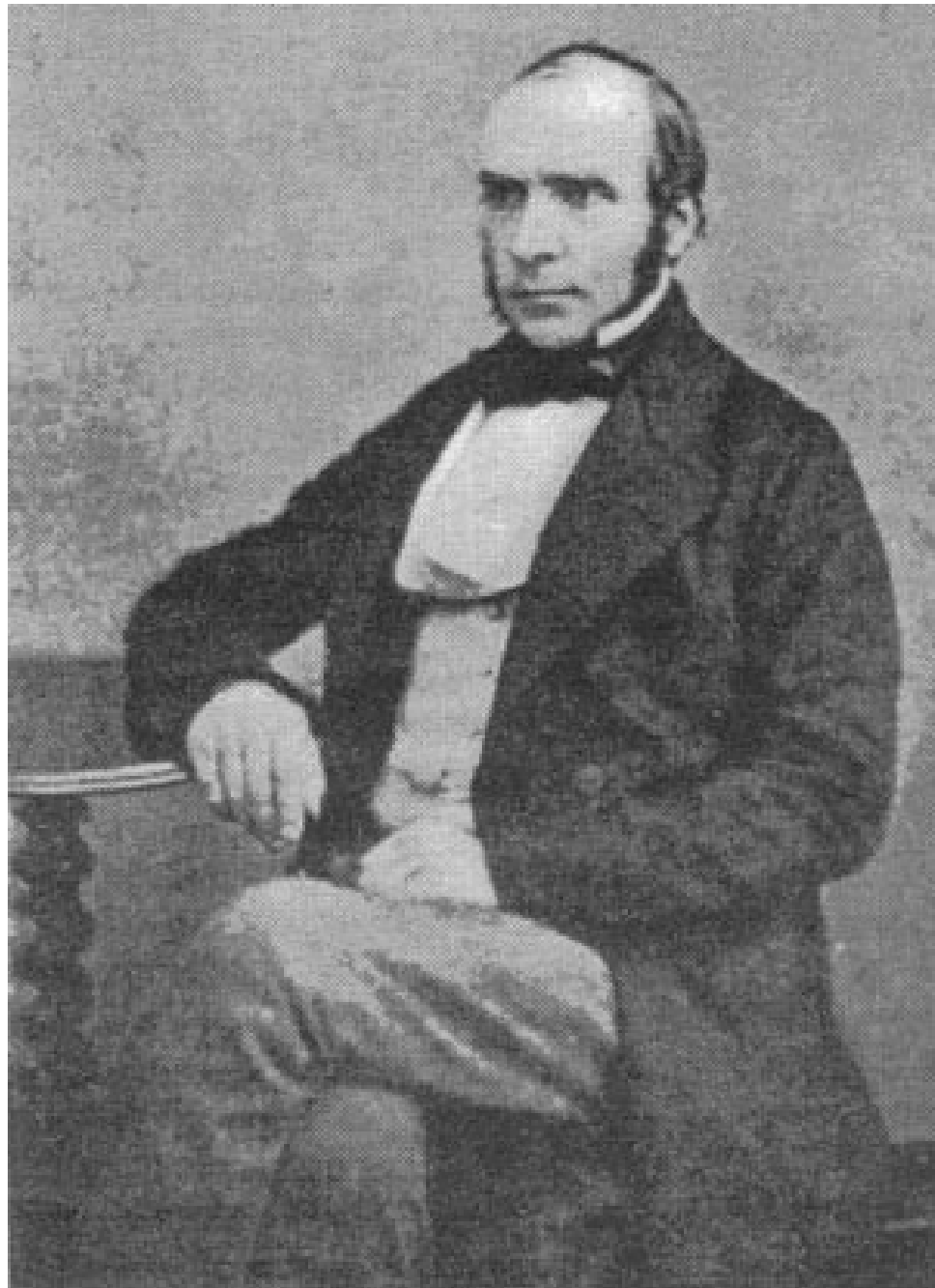
OXFORD

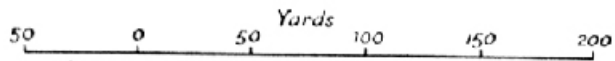
MALARIA AND ROME

A History of Malaria in Ancient Italy

ROBERT SALLARES







X Pump • Deaths From cholera





UNA LETTERA INDEDEBITA

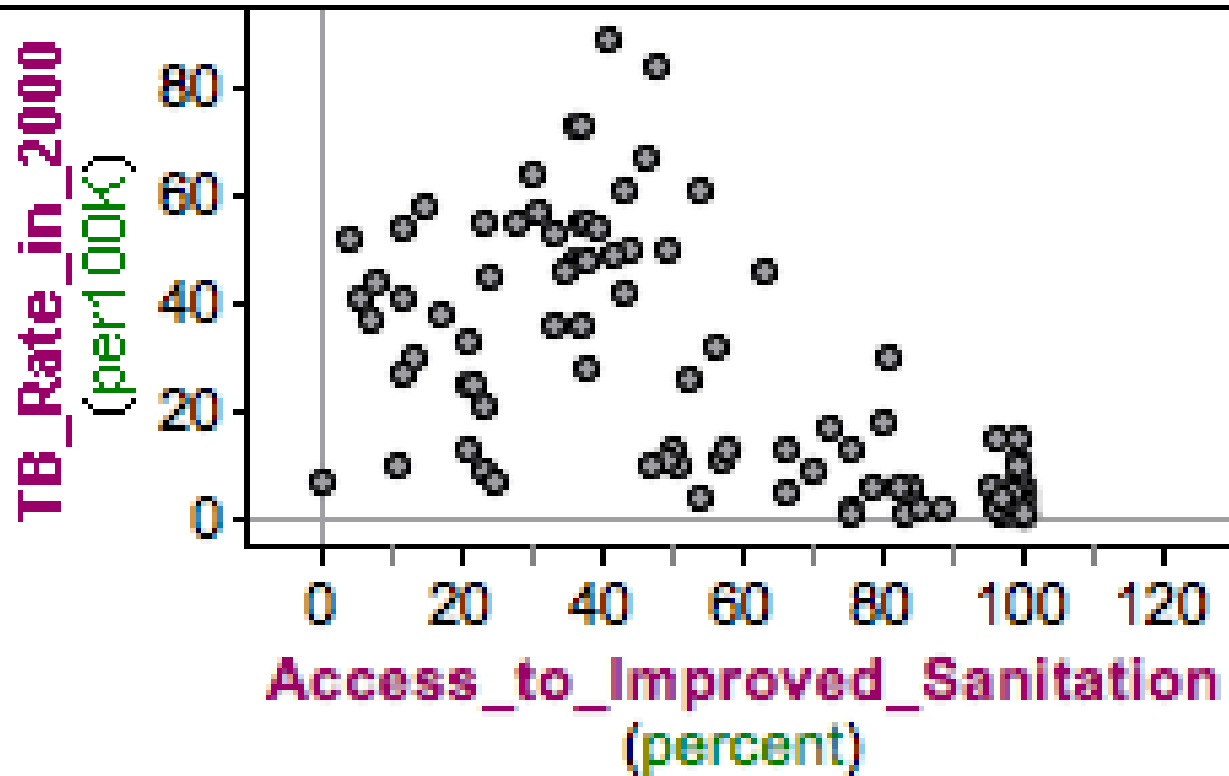
A Signor In. Carlo, a Torino, il 20
1894. In nome di Dio, non si
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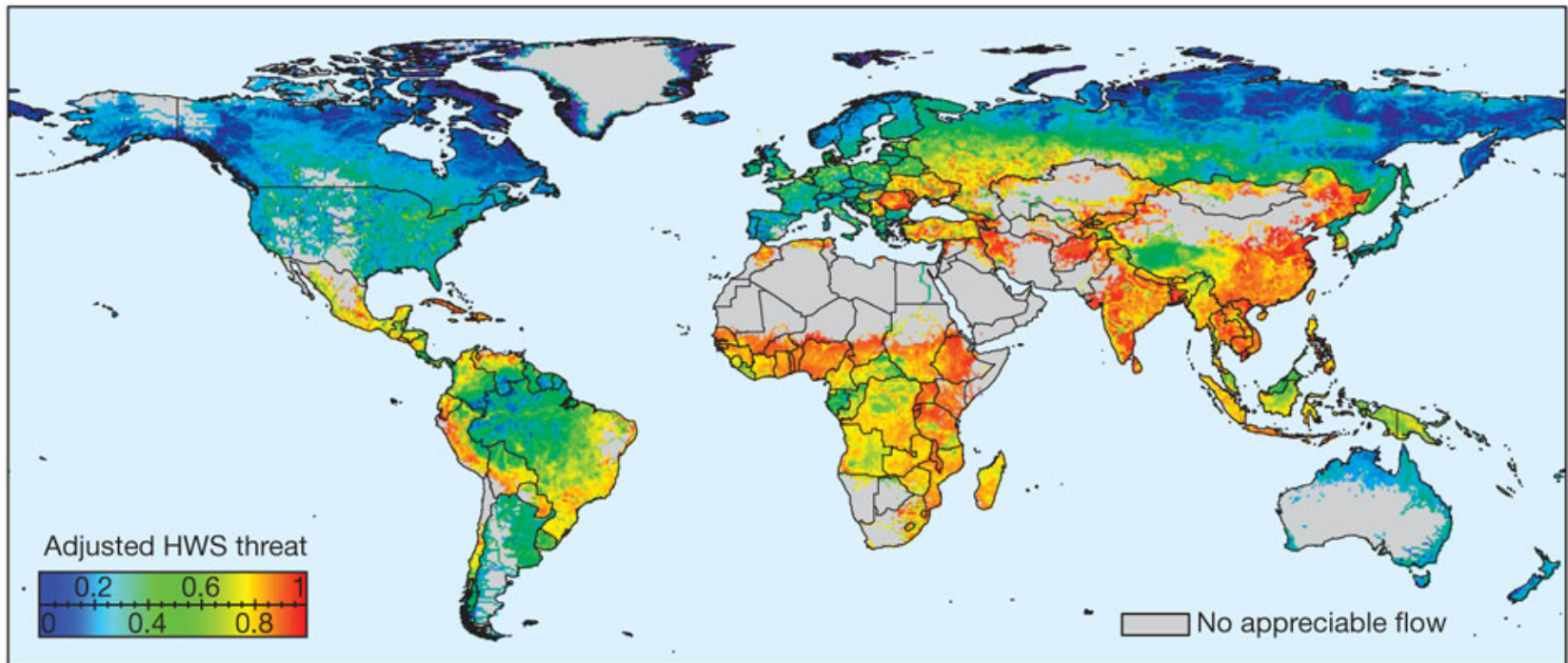
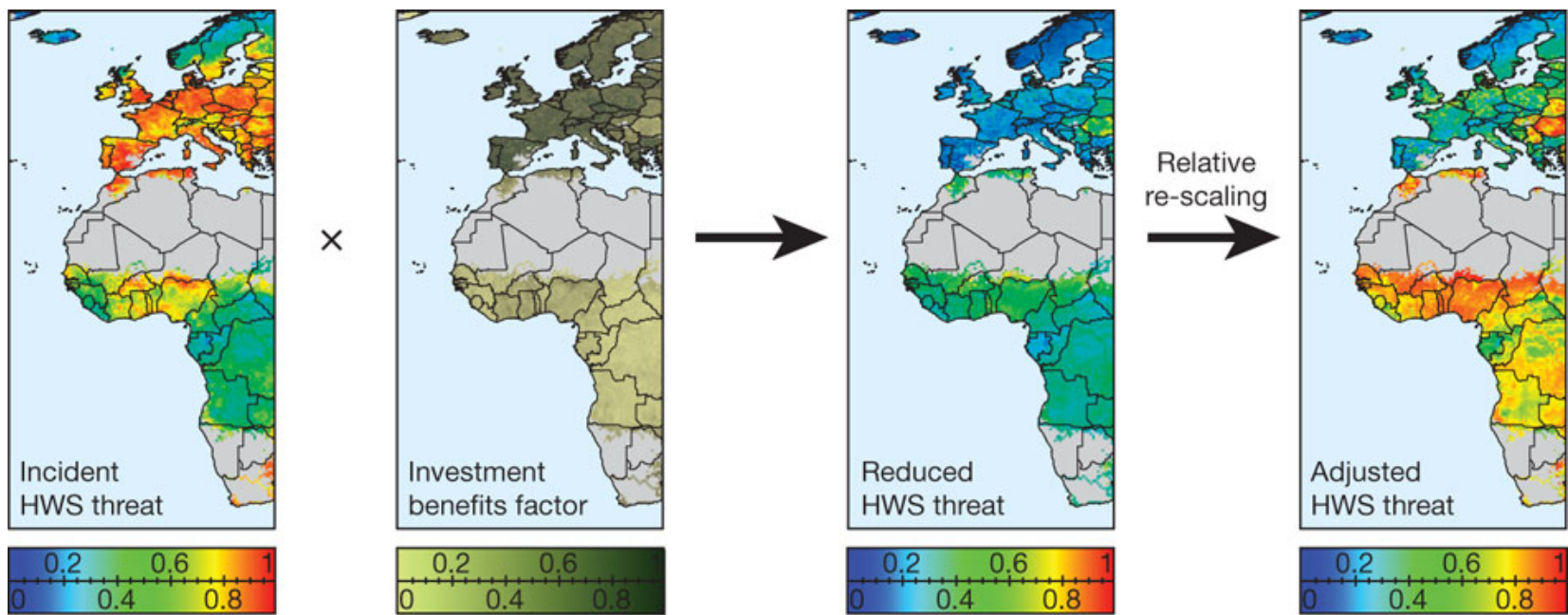


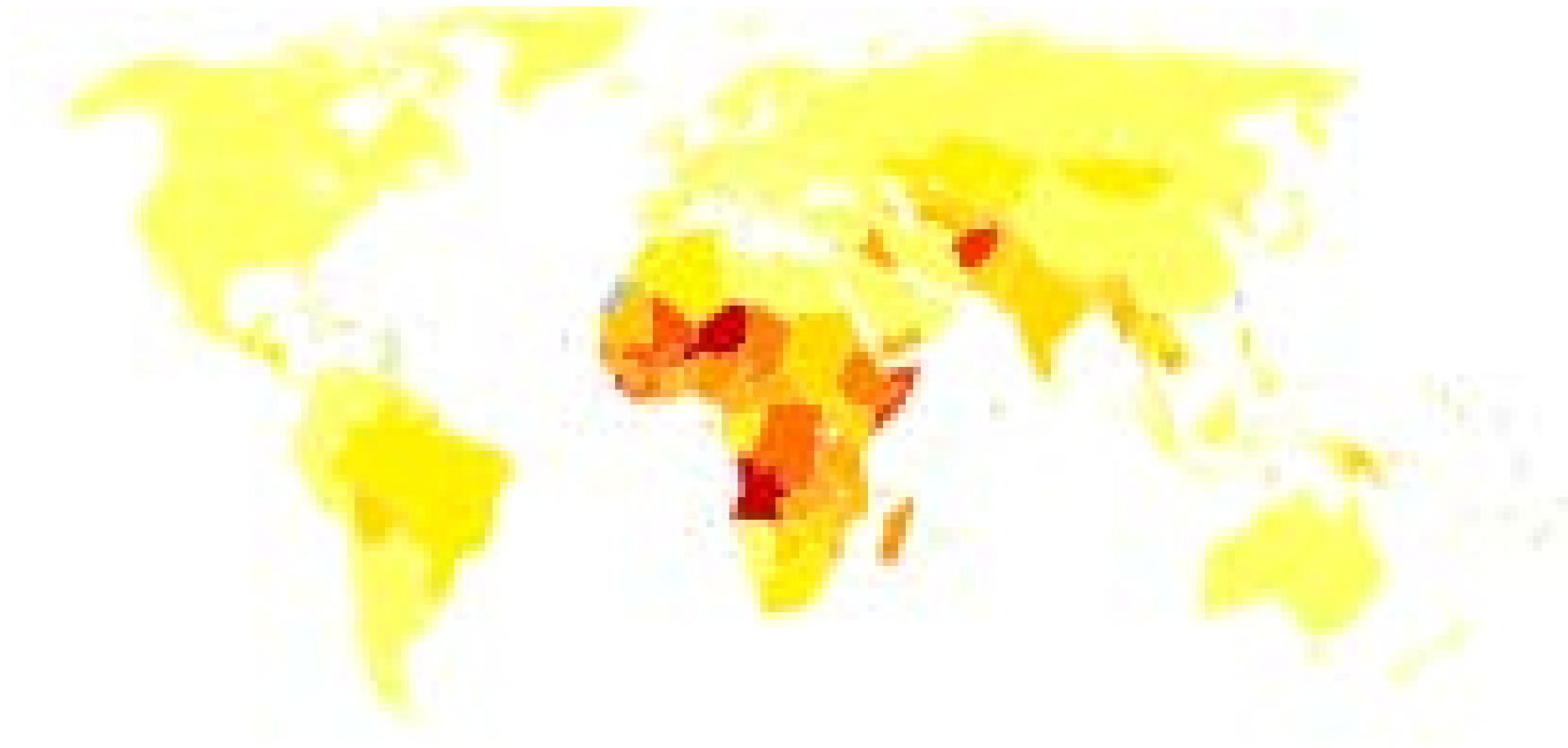
© Copyright of J. L. Ferretti

Tuberculosis Rates and Sanitation

Scatter Plot

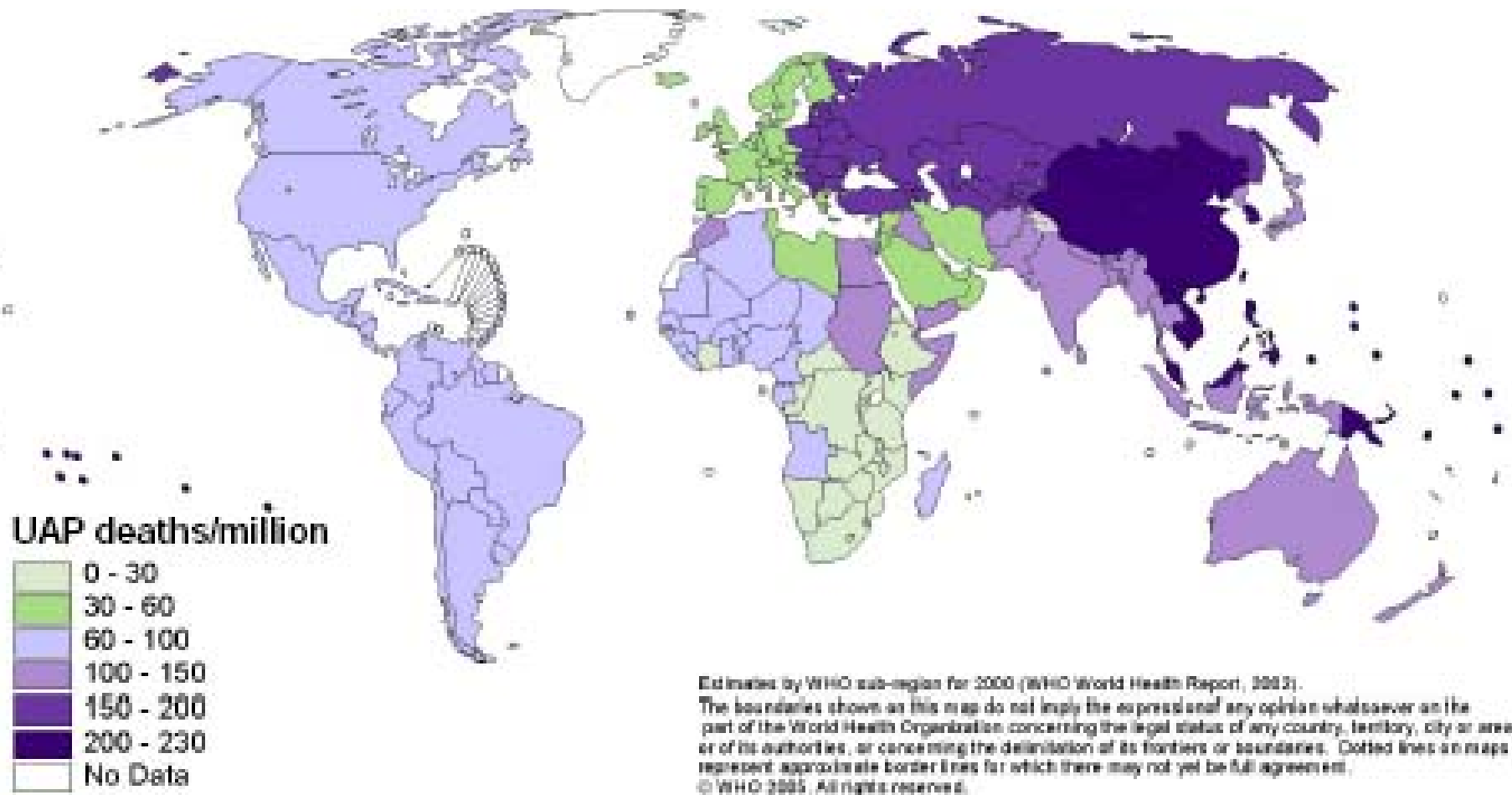


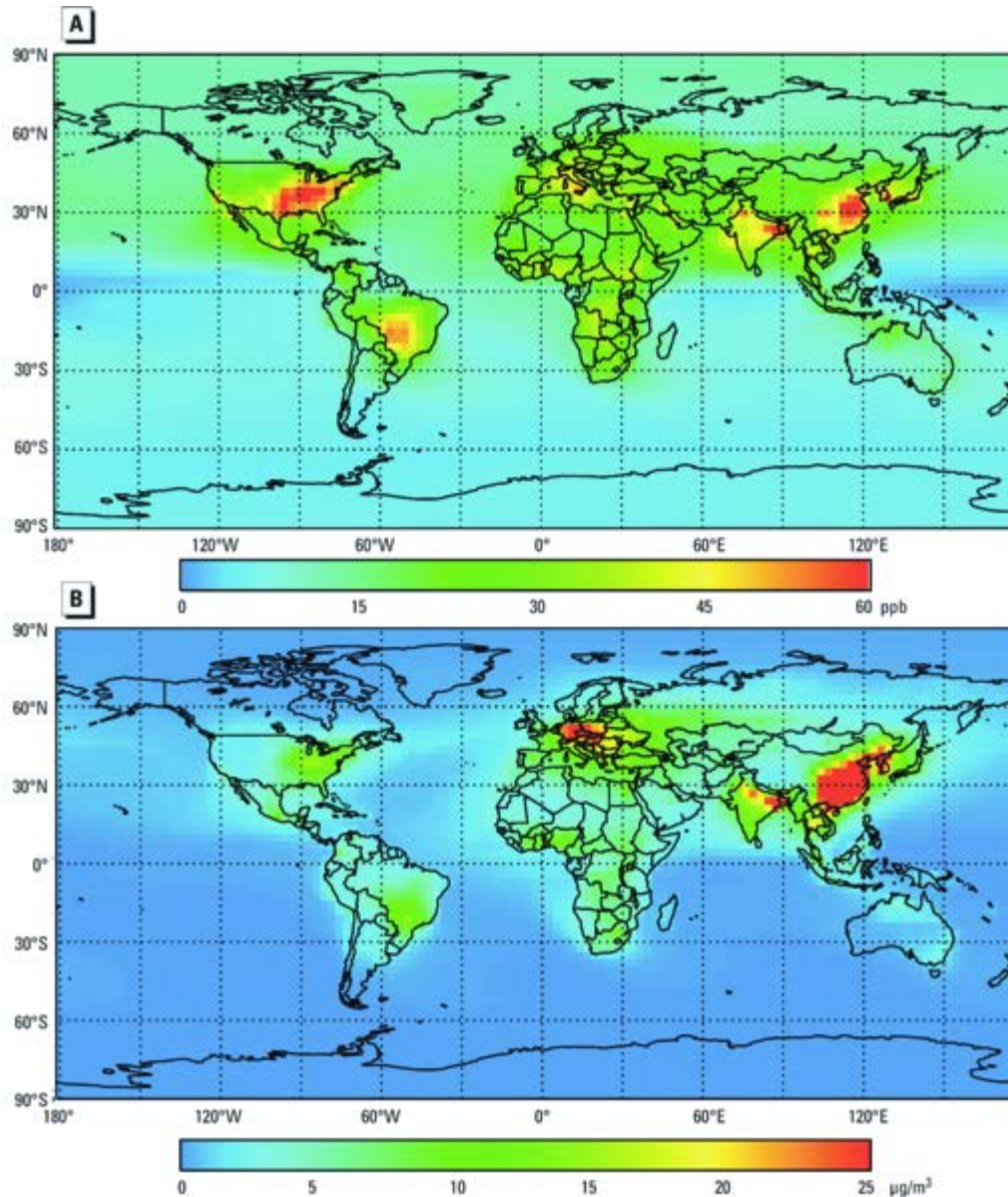






Deaths from urban air pollution





Anenberg et al Environ Health Perspect 118:1189-1195.



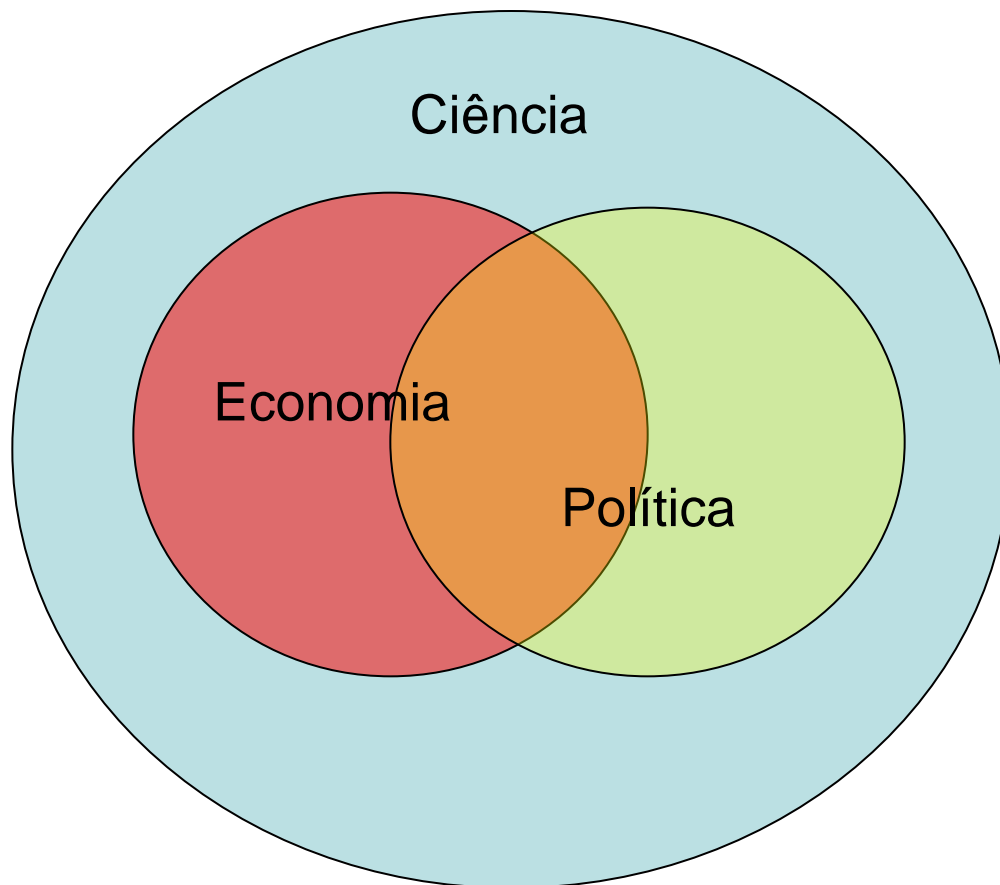
Environmental Health, Energy, and Transportation: Bringing Health to the Fuel Mixture
Sponsored by
The Institute of Medicine's Roundtable on Environmental Health Sciences,
Research, and Medicine

Nov 29-30, 2007
National Academy of Sciences
2100 Constitution Ave, NW
Washington, D.C

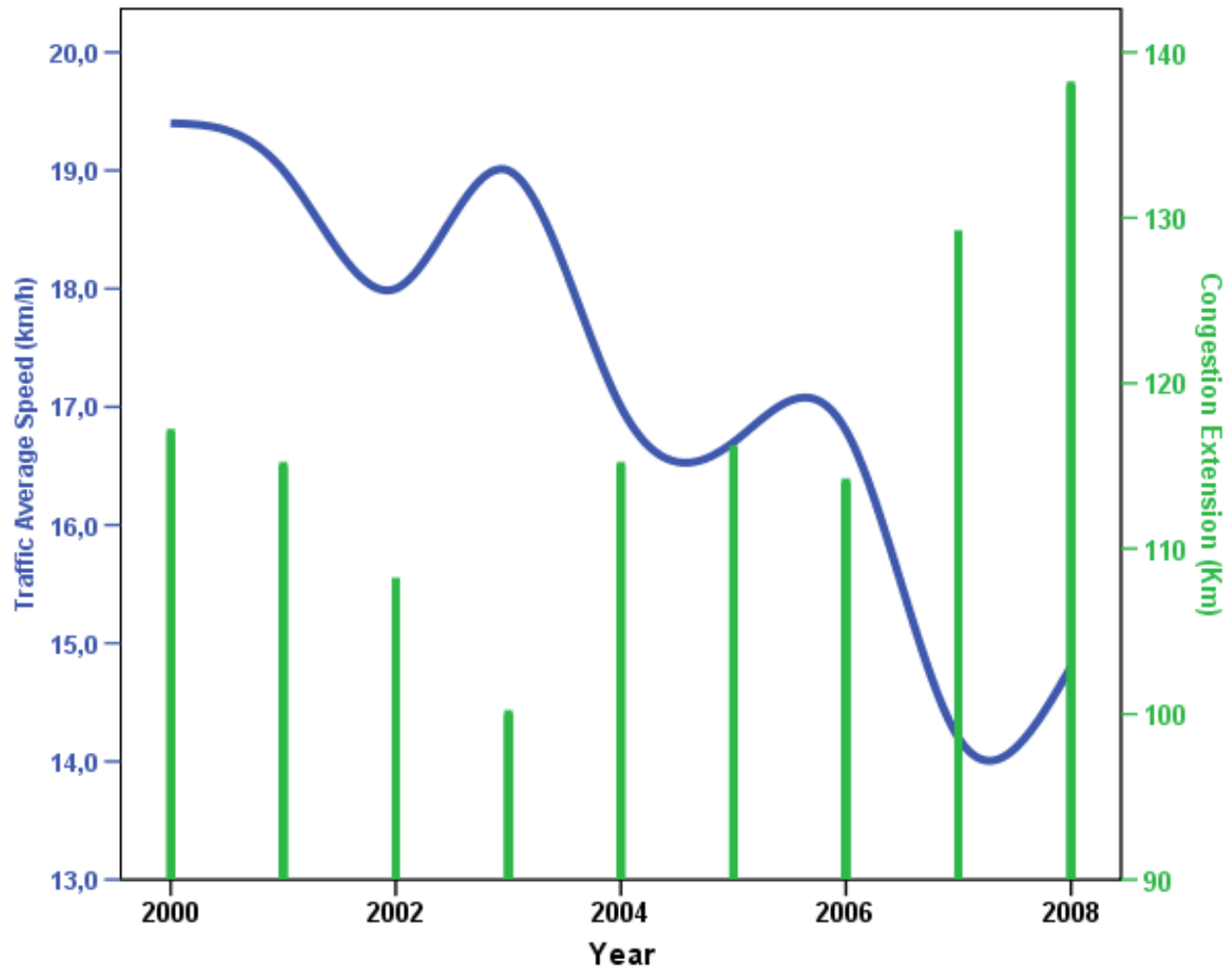
Goal:

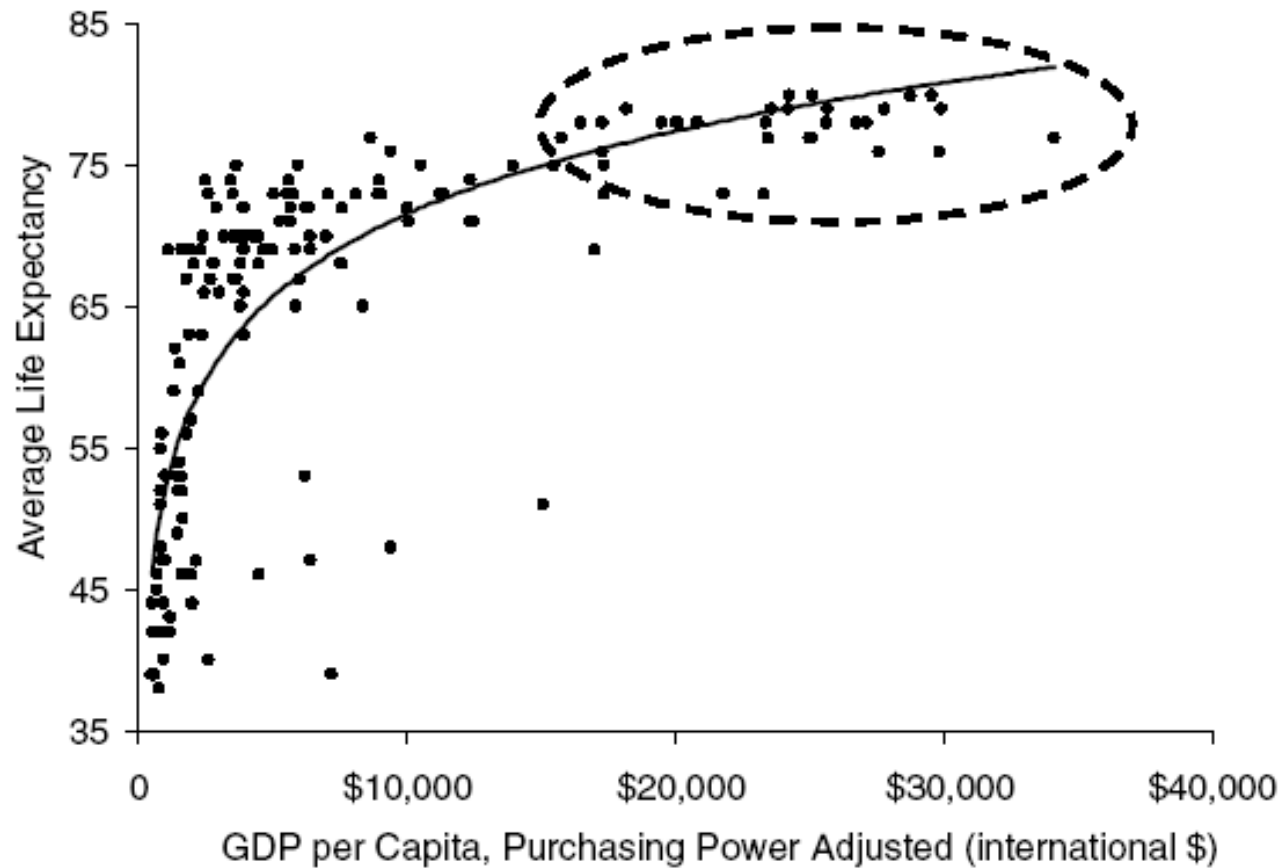
This workshop will address the potential environmental and public health consequences of transport fuel production and use. It will focus on the unintended consequences of previous changes to fuel mixtures, and examine possibilities for new fuel sources and mixtures. The workshop will explore the costs and benefits of potential fuel mixtures for the United States, with an emphasis on health, sustainability, environmental and public health consequences.

www.iom.edu/ehsrt



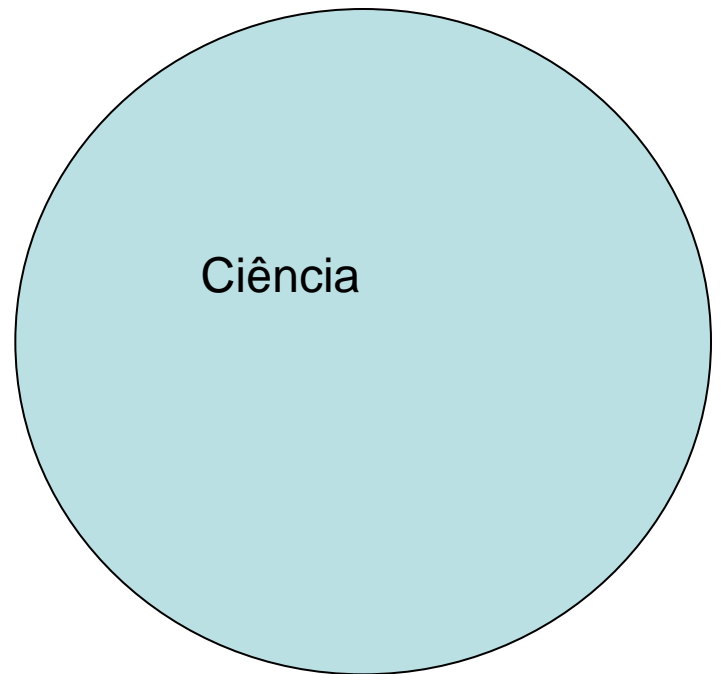
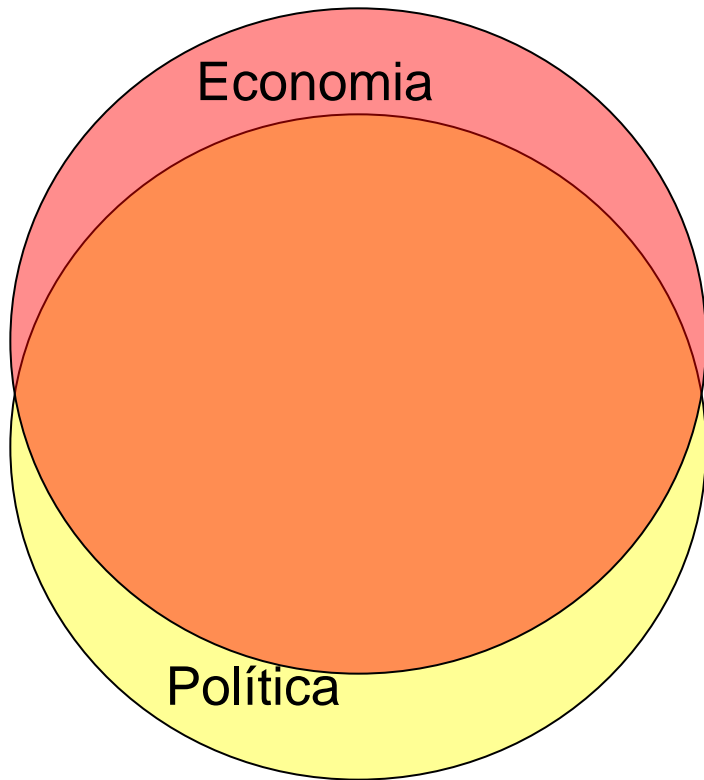






Note: Because of its very high GDP, Luxembourg was excluded to simplify the visual presentation (life expectancy = 77, GDP = \$50,061).

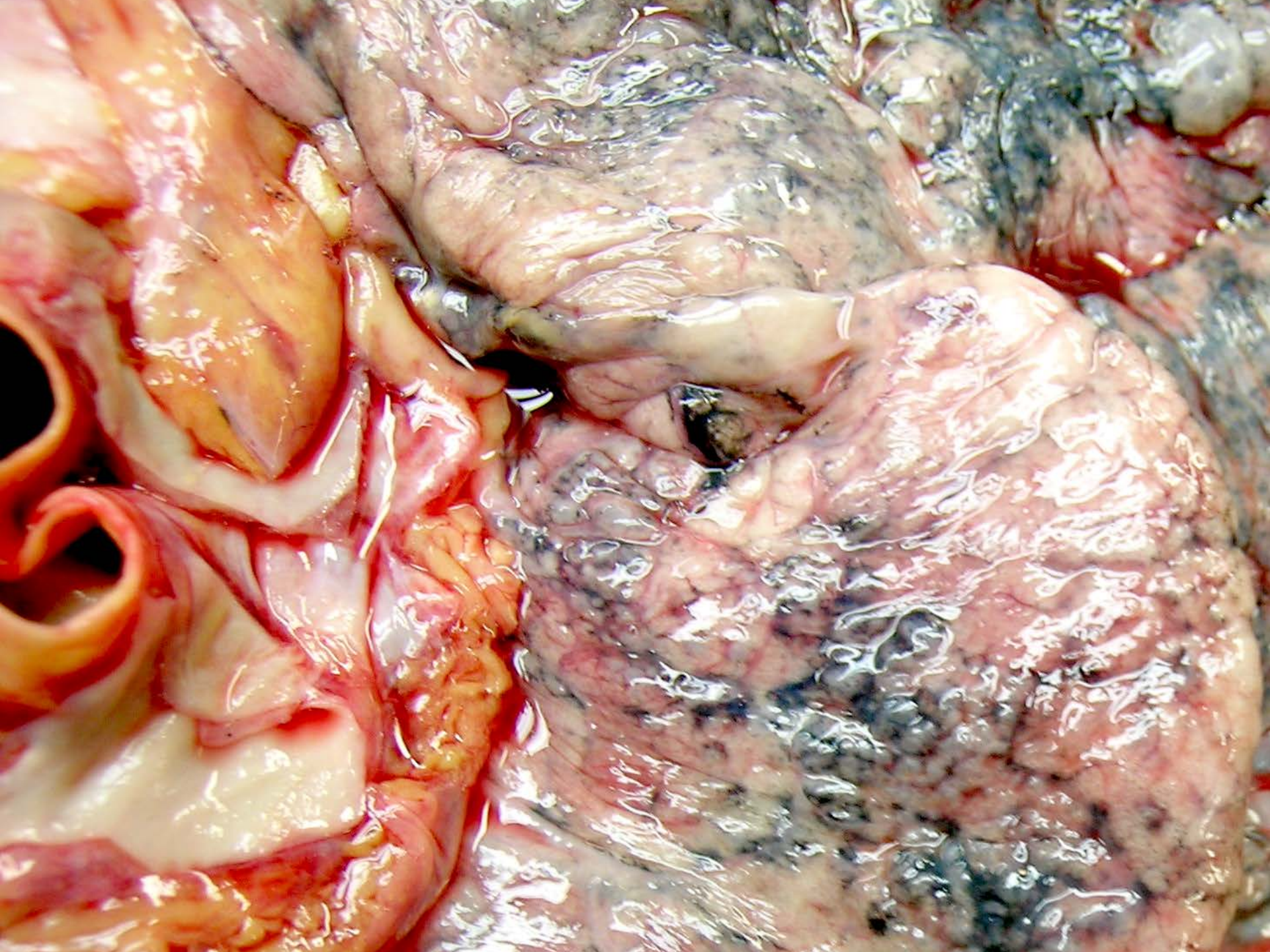
Source: World Bank 2002.

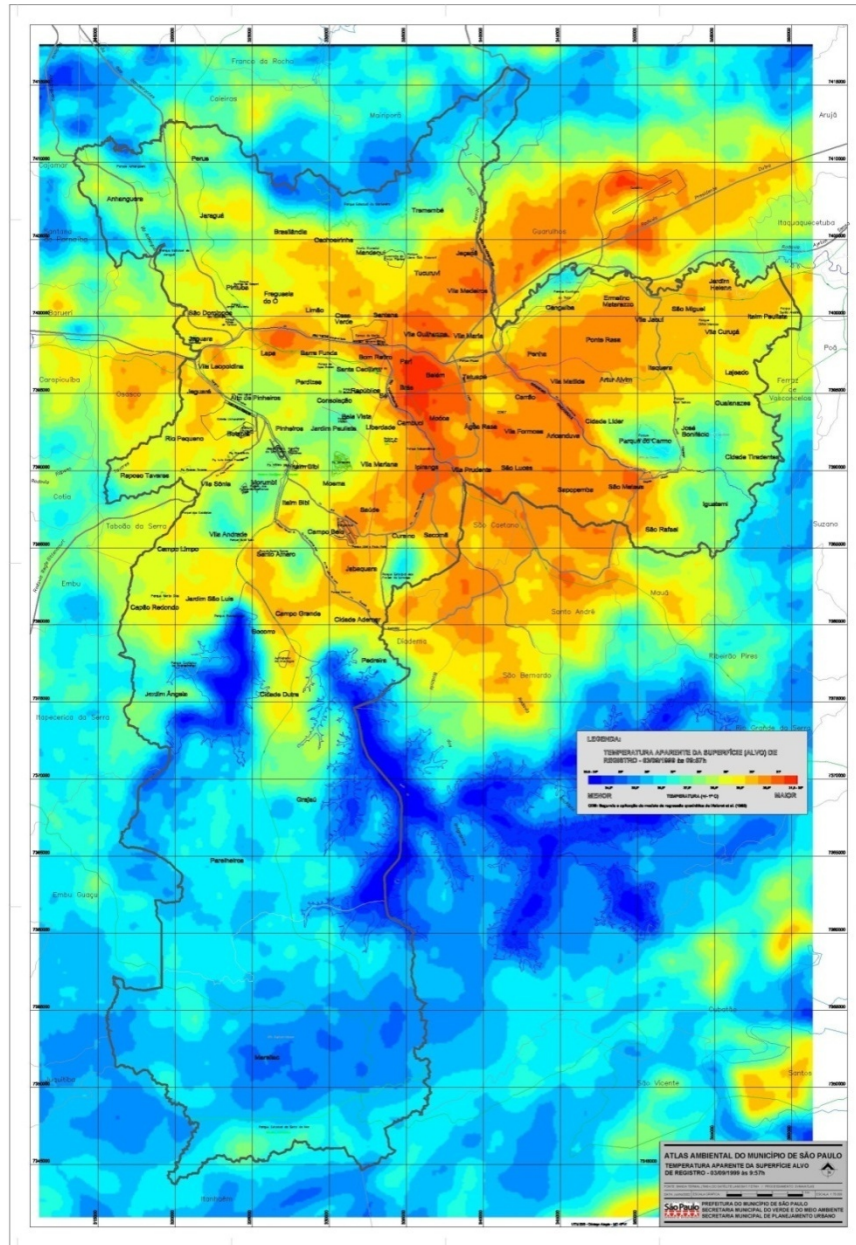






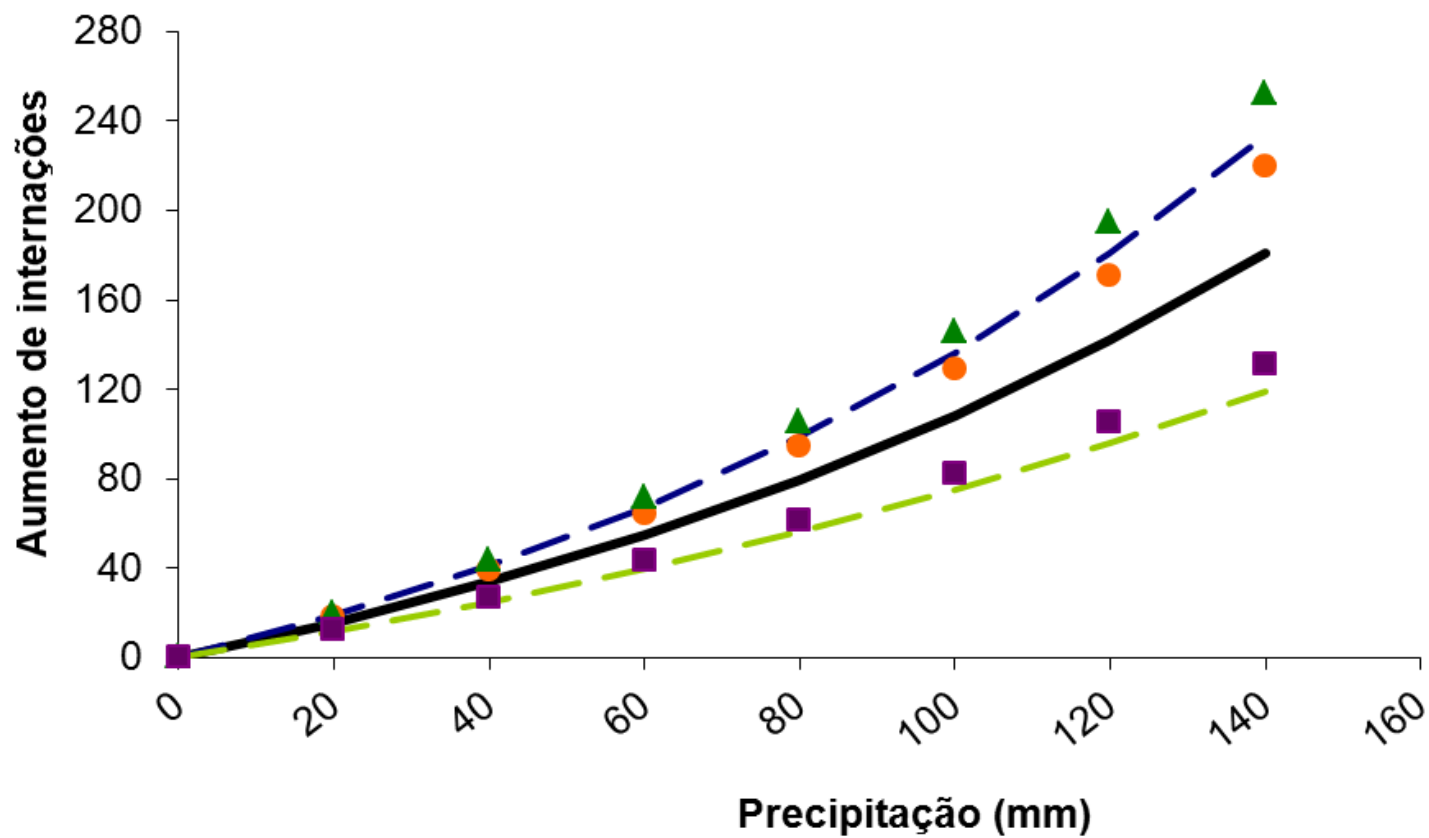






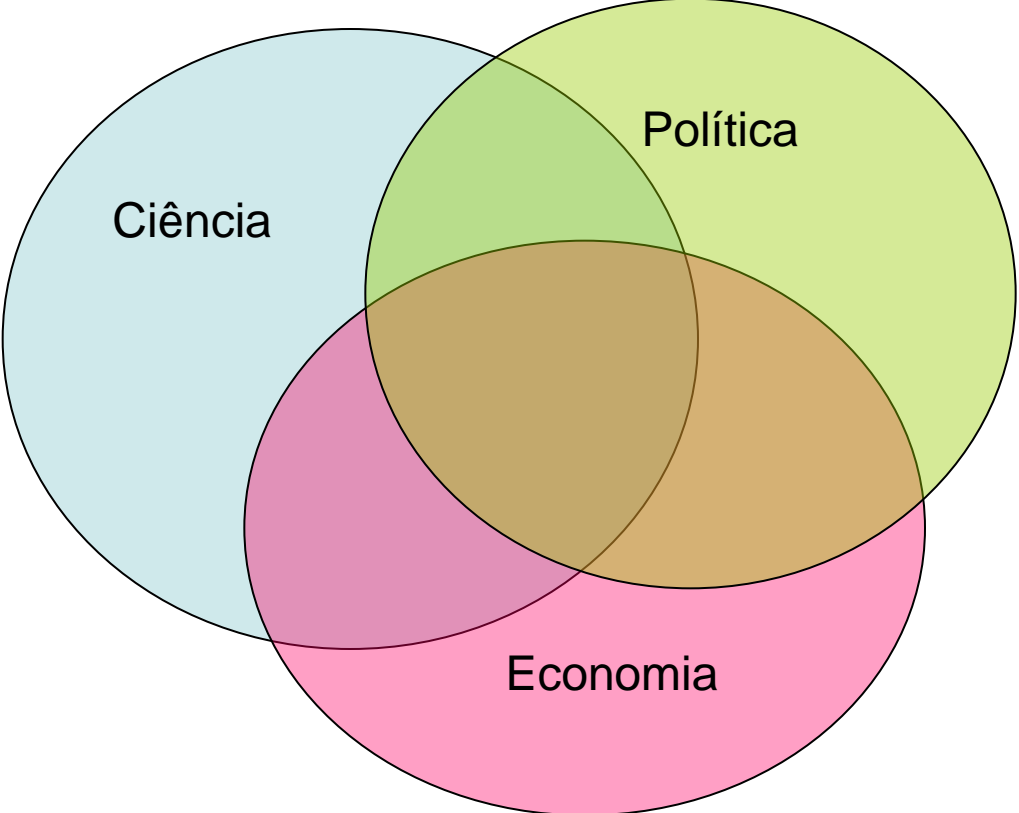


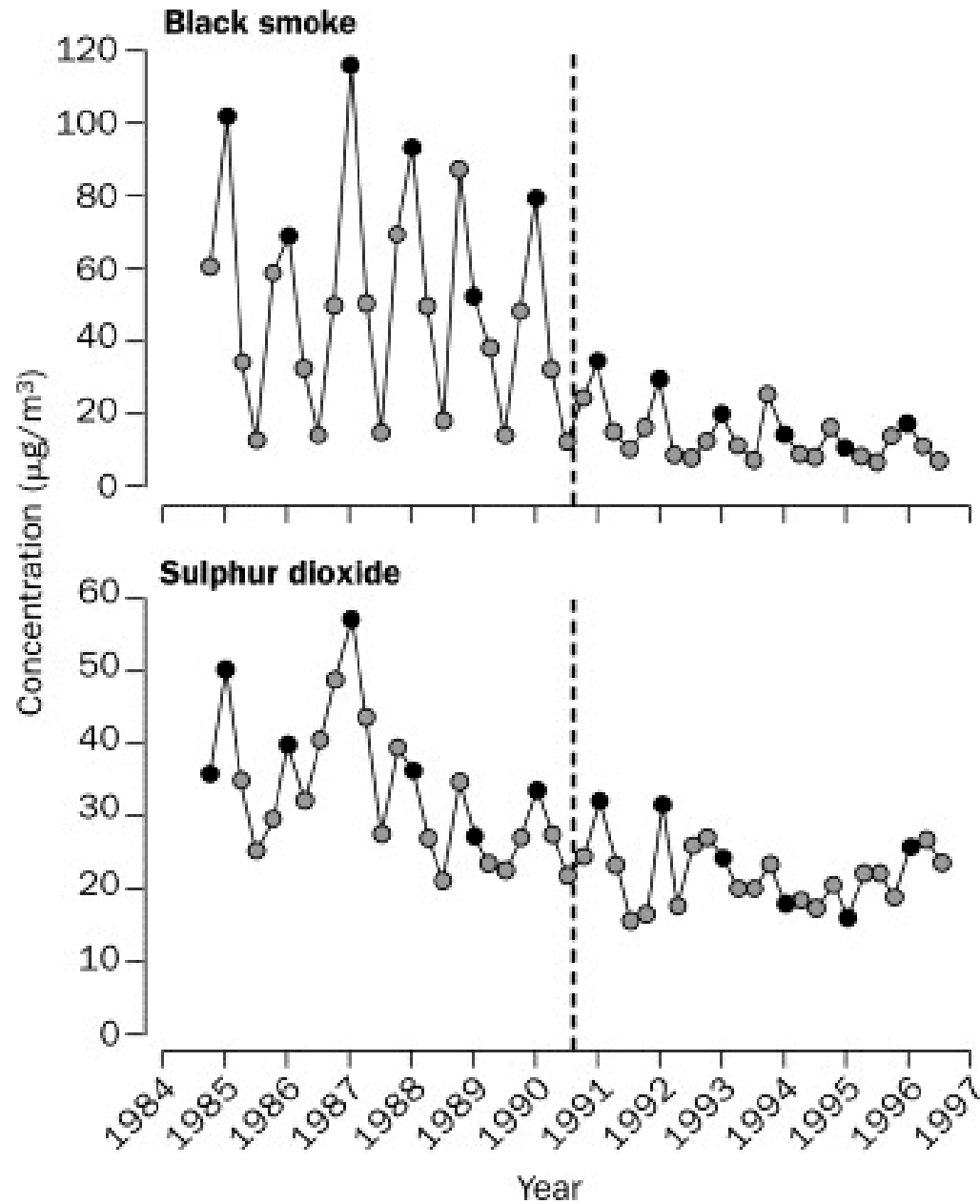


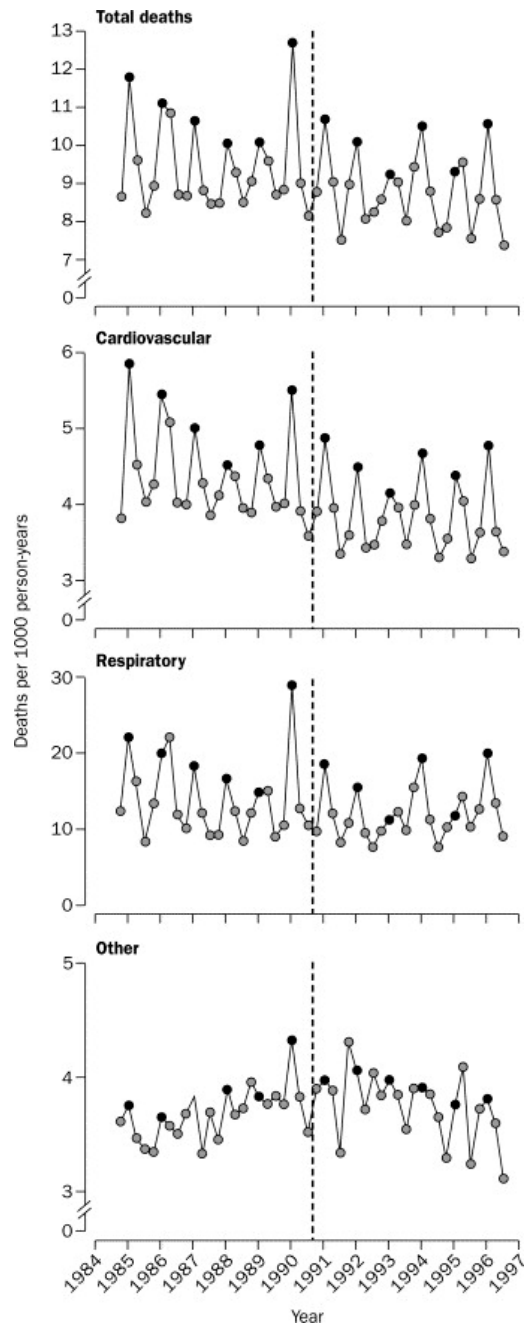


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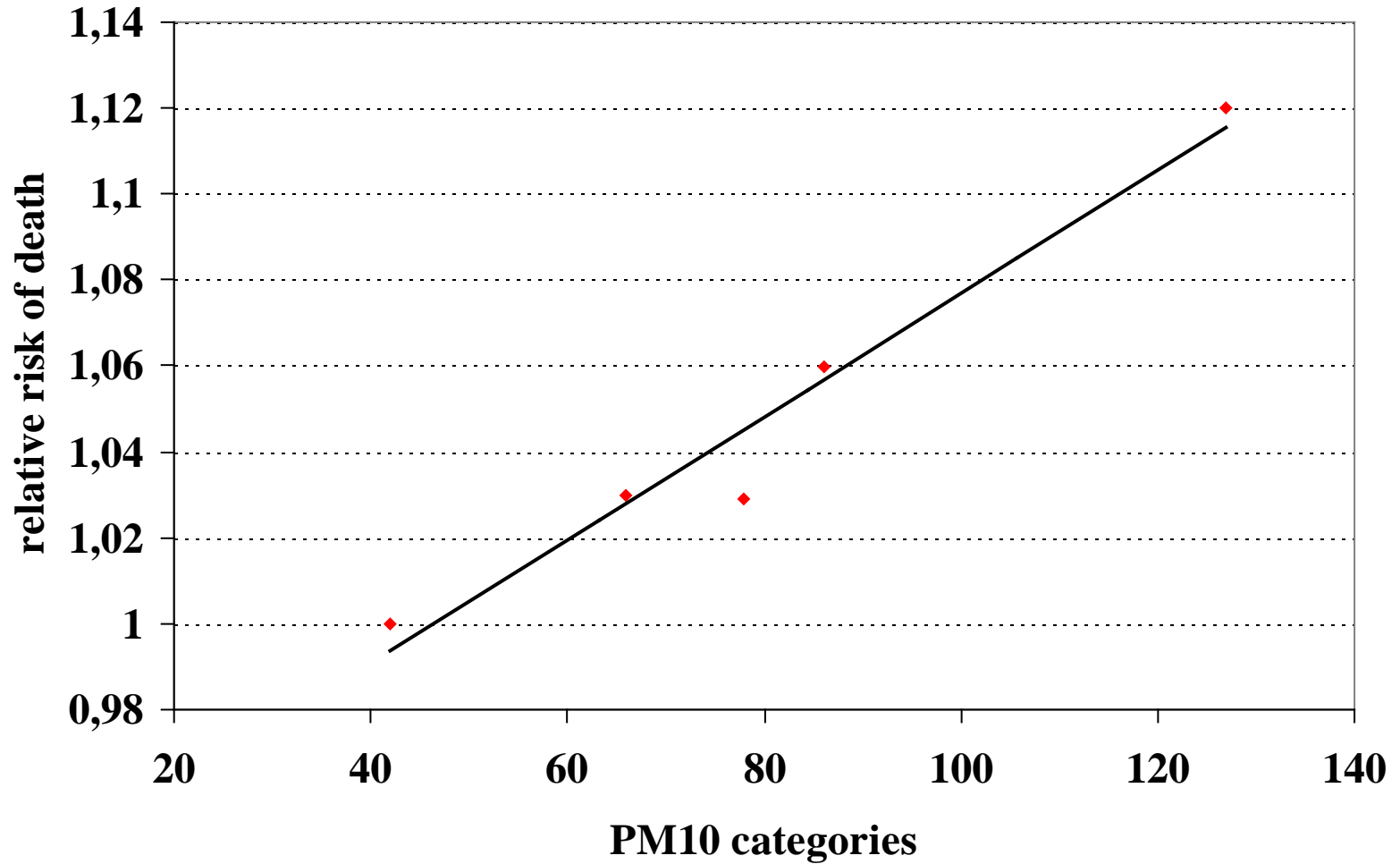




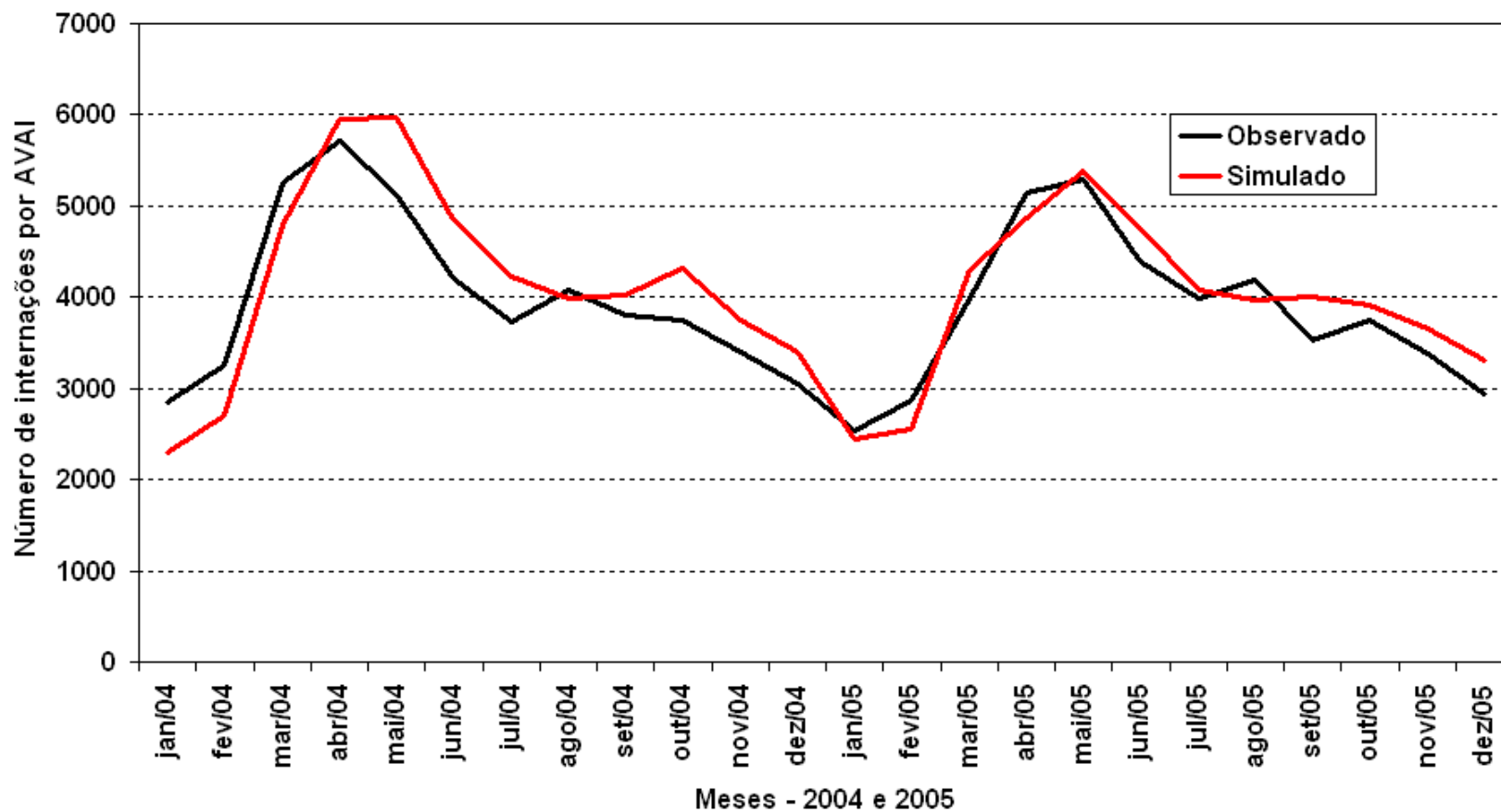


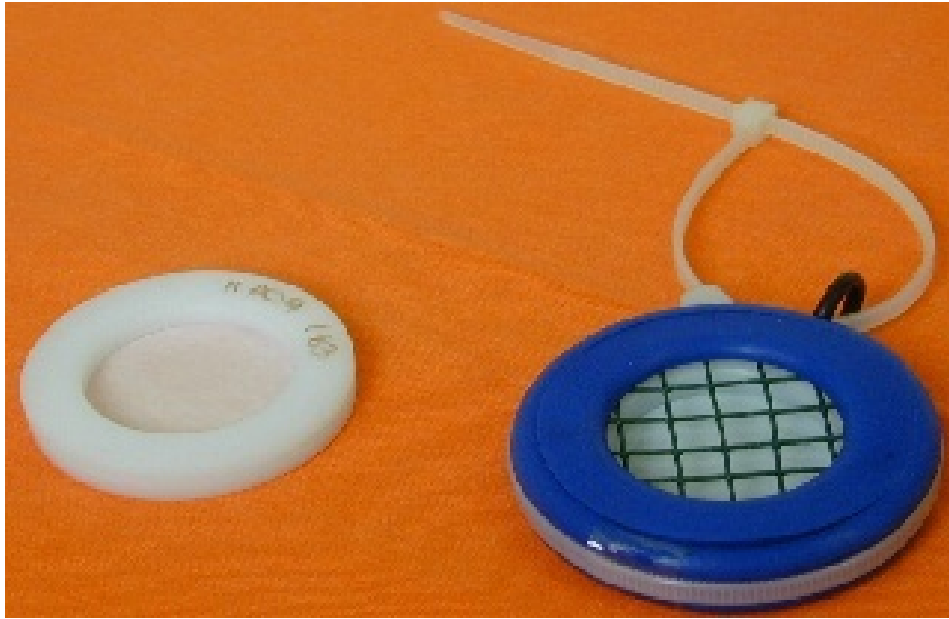
São Paulo – 28 µg/m³

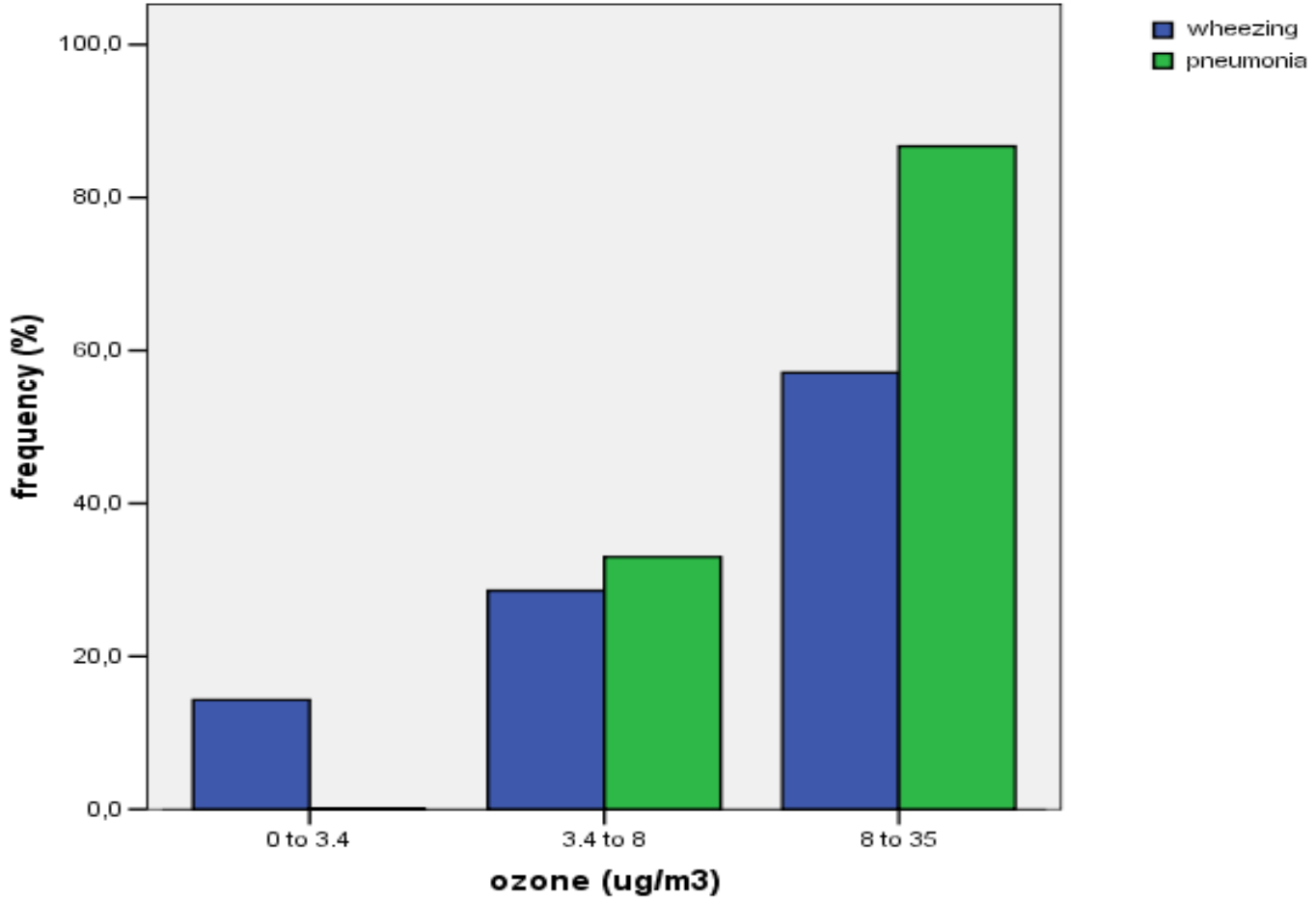
	ug/m3	%	
Fator 1	2.43	8.58	Solo
Fator 2	7.01	24.72	Óleo
Fator 3	3.87	13.66	Leve
Fator 4	10.90	38.45	Pesado

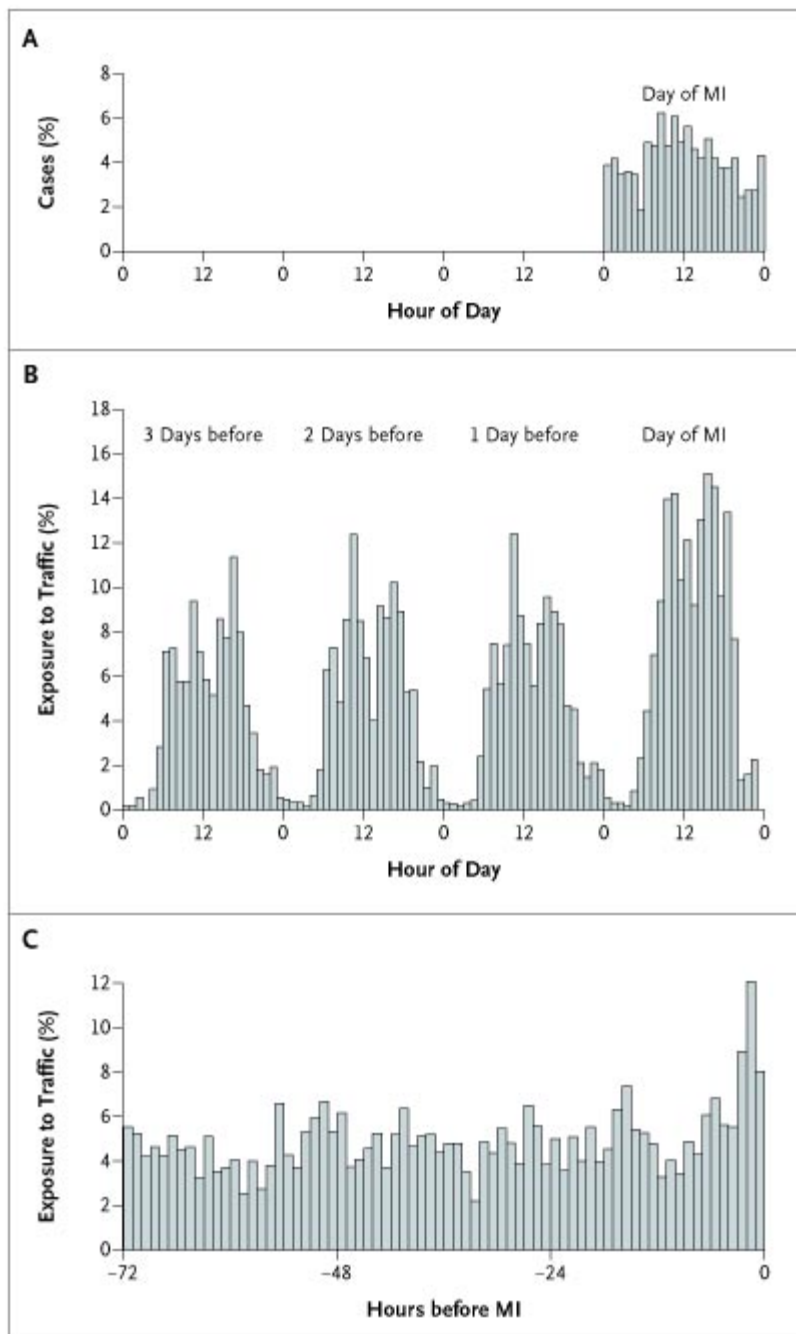


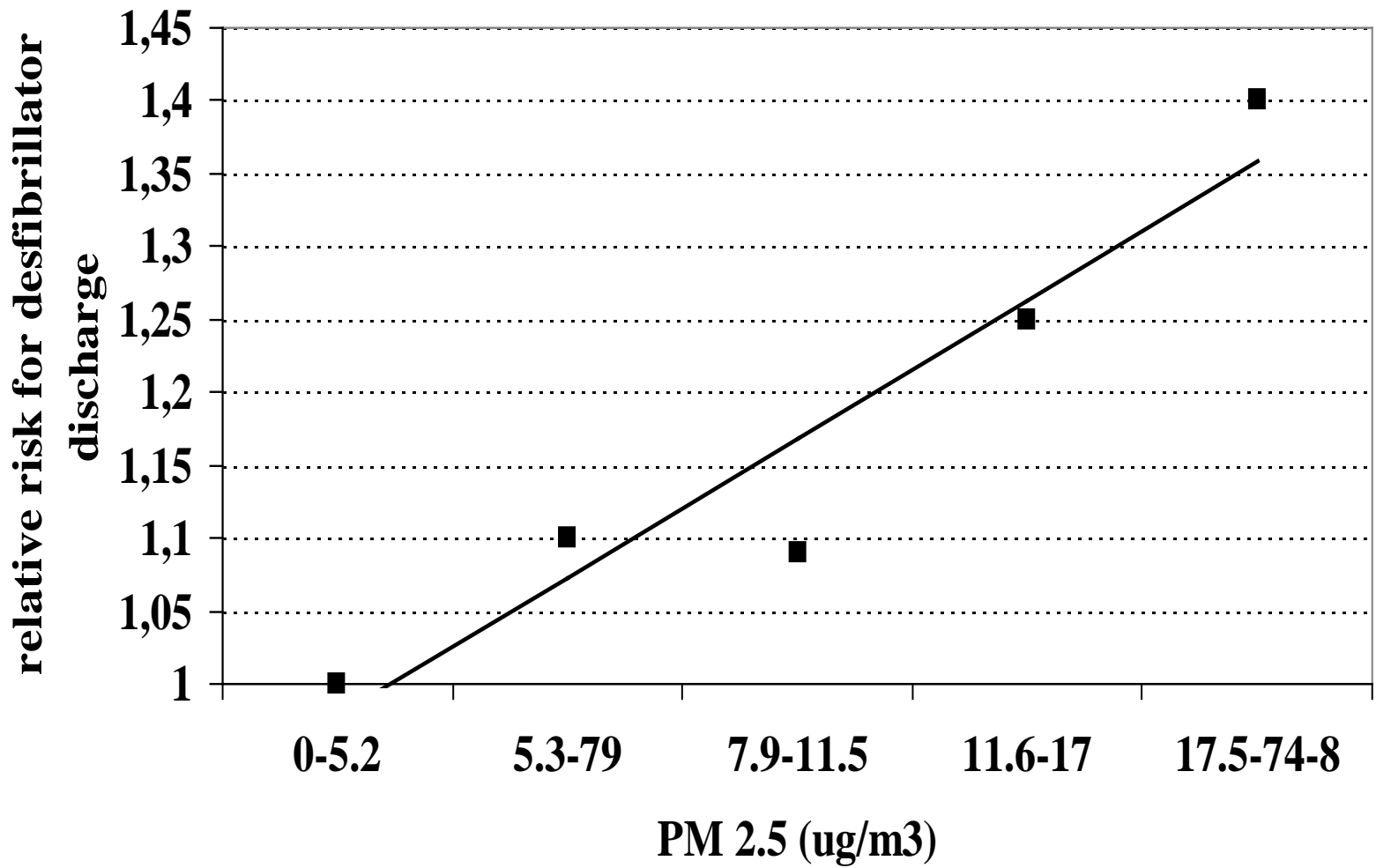
Comparação entre dados observados e simulados de Casos de AVAI na cidade de São Paulo

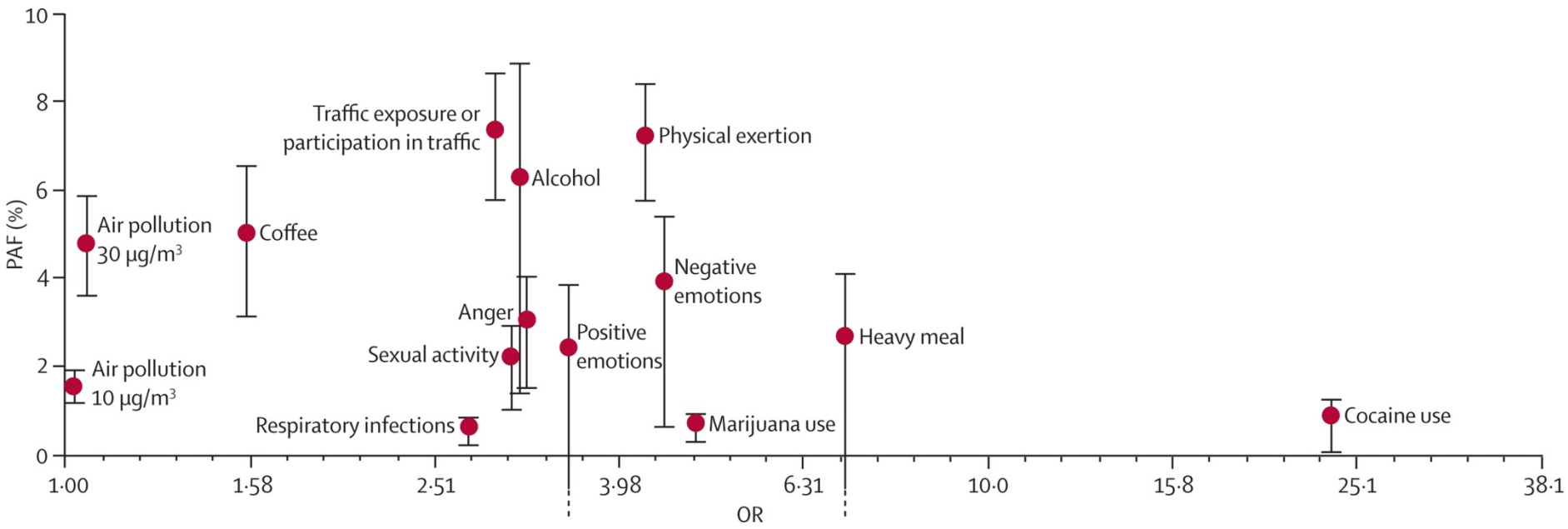












Lancet. 2011 Feb 26;377(9767):732-40



Statement on the health co-benefits of policies to tackle climate change

- The improvement of health both locally and globally should be one of the main criteria motivating climate change mitigation measures. The potential health co-benefits and harms should be considered when making choices about mitigation policies.
- The health co-benefits of climate change mitigation should be given greater prominence in international negotiations, for example through dedicated sessions on this topic.
- Health Ministers and ministries should actively engage in promoting mitigation strategies that result in health co-benefits in their own country and should make the case for such strategies to their national climate change negotiators in advance of international meetings.
- Health policymakers, scientists, health professionals and industry should reach beyond national and disciplinary boundaries to collaborate with each other to study, develop and implement climate change mitigation measures that also benefit health.
- The health community must provide leadership by reducing the emissions from health systems.