
Letters to the Editor

To the Editors of *MEDICC Review*:

In your Summer 2008 issue (Vol. 10 No. 3), my colleagues and I published "Epidemiology of Asthma Mortality in Cuba and its Relation to Climate, 1989 to 2003." The patient's surroundings, including environmental allergens, were considered an important climate-related factor in the exacerbation of asthma symptoms.

It is noteworthy that each year Cuba is affected by dust clouds from the Sahara Desert, blowing tons of dust across the Atlantic that reach the Caribbean in a matter of six or seven days. Concocted en route and deposited on arrival is a mixture of chemical gases; mineral particles; airborne biological elements such as pollen, mites, bacteria, viruses and fungi; chemicals such as insecticides; and organic waste. Researchers worldwide are concerned about the increase in this phenomenon, discussing its effect on weather, climate, marine ecosystems and human health.[1,2] It is now widely accepted that this desert dust may cause or be related to apparently spontaneous outbreaks of certain diseases in some regions of the world.

...(the) Institute of Hygiene, Epidemiology and Microbiology (has) teamed up with the Meteorology Institute to initiate the first study of the Sahara dust clouds' effect on human health in Cuba

Since the 1970s, researchers at the Cuban Meteorology Institute have studied this phenomenon, but only from a meteorological standpoint.[3] Towards the end of 2008, our own Institute of Hygiene, Epidemiology and Microbiology (INHEM) teamed up with the Meteorology Institute to initiate the first study of the Sahara dust clouds' effect on human health in Cuba. The study's first phase is aimed at determining the association of this phenomenon with exacerbation of asthma, a highly prevalent illness (13%) in the country.

The first results from this research should be obtained by the end of this year, and

we hope to submit them in the form of an original scientific article for publication in *MEDICC Review*.

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1. Griffin DW. Atmosphere movement of microorganisms in clouds of desert dust and implications for human health. *Clin Microbiol Rev.* 2007 Jul;20(3):459-77.
2. Rodríguez-Morales AJ. Ecoepidemiología y epidemiología satelital: nuevas herramientas en el manejo de problemas en salud pública. *Rev Peru Med Exp Salud Publica.* 2005;22(1):54-63.
3. Mojena E, et al. Tormentas de polvo del Sahara. Su impacto en el Atlántico, Mar Caribe y el Golfo de México. *Revista Cubana de Meteorología.* 2005;13(1):95-101.

To the Editors of *MEDICC Review*:

Should medical technology discriminate against the poor? Is there a compelling reason why advancements in medical technology should favor the wealthy while ignoring the vulnerable? No there is not.

MEDICC Review's "Medical Technology & Health Equity" issue (Winter 2009) shows that it is possible to advance medical technology with respect for health equity. Cuba's perseverance in domestically designed equipment, and simple but widely available diagnostic tools, shows a working example of how health systems could move towards health equity with 'appropriate technology'.

Unfortunately many corporations and nations tend to value the latest medical advancements—even time savers and products with minor, if only cosmetic, benefits—as a measure of health system excellence, regardless of how many people are unable to access them. Dr José Luis Fernández Yero's thoughts on appropriate technology, accessibility and equity are much needed to counter this normative trend.

Critics will condemn the appropriate technology approach by asking, who will de-

cide what is appropriate? And will this produce a second-class, undervalued health care system?

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For the first point, I think that we can agree that adequate knowledge of the technology needed to overcome most of the world's health challenges already exists. We simply lack broad moral action to ensure equitable access. Moreover, Cuba has done well, I believe, to quash the second critique in its capacity to train health workers who do not undervalue the underserved.

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