

The printed journal includes an image merely for illustration

population, would have anything to offer Cuba during some dire situation of transition. What the Cuban health system has provided is an embarrassment to the USA, which is determined to discredit or destroy it.

I declare that I have no conflict of interest.

Peter G Bourne  
pbourne@igc.org

Medical Education Cooperation with Cuba (MEDICC), 1902 Clairmont Road, Decatur, GA 30033, USA

- 1 The Lancet. Planning for Cuba's transition. *Lancet* 2006; **368**: 554.
- 2 Commission for Assistance to a Free Cuba. Report to the President. Washington, DC: US Department of State, 2004. <http://www.state.gov/p/wha/rt/cuba/commission/2004/> (accessed Sept 13, 2006).
- 3 Marmot MG. The status syndrome: how social standing affects your health and longevity. New York: Henry Holt & Co, 2004: 6.
- 4 Annie E Casey Foundation. 2006 Kids count data book. Baltimore: Annie E Casey Foundation, 2006.
- 5 Cuban Ministry of Health. Anuario estadístico. Havana: Cuban Ministry of Health, 2004.

It was with deep regret that we read *The Lancet's* Editorial<sup>1</sup> entitled "Planning for Cuba's transition". It is almost incredible that such a well established journal as yours could publish such a compendium of untrue statements, which lack the least support in factual evidence.

You ignore elementary rules of inference and give space to a cohort of extravagant speculations which simply play into the hands of a small group of fanatical opponents of the real social and public-health projects presently being carried out on strictly humanitarian grounds by thousands and thousands of Cuban physicians and other professionals in dozens of Third World countries.

The assertions in the Editorial lack the most elementary on-the-spot verifications that such opinions would demand and just mimic what the so-called US Presidential Commission for Assistance to a Free Cuba—which seems to be the inspiration behind the Editorial—dreams up.

We declare that we have no conflict of interest.

Irene Lezcano-Lastre,  
Julio Torres-Martinez,  
\*Emilio Garcia-Capote, Ruben Alpizar,  
Rafael Hernandez-Matos  
egcapote@occyt.cu

Cuban Observatory of Science and Technology, Havana, Cuba

- 1 The Lancet. Planning for Cuba's transition. *Lancet* 2006; **368**: 554.

In "Planning for Cuba's transition",<sup>1</sup> *The Lancet* expresses concern about the possibility of a dramatic humanitarian situation during transition to a post-Castro state. It sees a "myriad of uncertainties" in Cuba's health system, which makes a humanitarian intervention by the USA necessary but difficult to plan.

For 10 years, I have collaborated with Cuban research institutes, analysing how the health system is adapting to changing national and international realities. In my experience, the resilience of the country and its health system was proven during the 1990s, when the collapse of the Soviet Union reduced Cuba's foreign trade by 80% and its gross national product dropped 34%.<sup>2</sup> Economic and social stability was ensured, and even during the most difficult period, health care continued to be free and of good quality. Health outcomes remained excellent.<sup>3,4</sup>

Nevertheless, I share *The Lancet's* worries about the complex emergency situation that might develop with Fidel Castro's death. But not so much because of the internal situation in Cuba—my experience is that a strong social cohesion exists via active social movements and a solid political system—but because of the international eagerness to intervene in the island's internal affairs.

The USA's "humanitarian" concern for Cuba can be illustrated by its reaction to the economic difficulties during the 1990s. By tightening the economic blockade through the Toricelli and Helms-Burton acts, the US government tried to strangle Cuba completely.

The US policy towards Cuba is now monitored by the Commission for Assistance to a Free Cuba, to which the Editorial refers. Its 2004 report explicitly mentions its opposition to all humanitarian policies that do not help the objective to topple Cuba's socialist government.<sup>5</sup>

We can be sure that plans for a much more aggressive "humanitarian" intervention are on the table now. I hope *The Lancet's* call to the USA to "be ready to help meet immediate humanitarian needs" is not to be taken as support for such aggression towards Cuba and its people.

I declare that I have no conflict of interest.

Pol De Vos  
pdvos@itg.be

Epidemiology and Disease Control Unit, Public Health Department, Institute of Tropical Medicine, 2000 Antwerp, Belgium

- 1 The Lancet. Planning for Cuba's transition. *Lancet* 2006; **368**: 554.
- 2 De Vos P. "No one left abandoned": Cuba's national health system since the 1959 revolution. *Int J Health Services* 2005; **35**: 189–207.
- 3 De Vos P, De Ceukelaire W, Van der Stuyft P. Colombia and Cuba: contrasting models in Latin-American health sector reform. *Trop Med Int Health* 2006; **11**: 1604–12.
- 4 De Vos P, Bonet M, Van der Stuyft P. Health and human rights in Cuba. *Lancet* 2004; **364**: 2177–78.
- 5 Commission for Assistance to a Free Cuba. Report to the President. Washington, DC: US Department of State, 2004. <http://www.state.gov/p/wha/rt/cuba/commission/2004/> (accessed Sept 13, 2006).

## Health crisis in Gaza

Reading Sharmila Devi's World Report (July 29, p 353)<sup>1</sup> was rather disgruntling for us, not only as Israelis but also as physicians.

War has a negative effect on health; nobody questions that. But, reading Devi's report, we could not ignore the staggering prejudice that in all conflicts the underdog has no responsibility, is never the aggressor, and is the only party damaged.

Governmental and non-governmental organisations alike try to assist in the Gaza strip's crumbling