



Today the US is in the forefront of the movement to return Cuba to democracy. As a senior member of the CMA, I support your right to discuss politics, but this inaccurate, scientifically unchecked political diatribe is too much.

Donald T.H. Paine, MD
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Dr. Kirkpatrick's article addressed a 6-page "fact sheet" from the US State Department, which was published in May 1997 and discussed health care in Cuba.¹ The fact sheet was republished in revised form in August.² Unfortunately, the new sheet is also replete with misinformation.

It states that the US has licensed \$227 million in humanitarian donations of medicines and medical equipment since 1992, but it fails to mention that the actual value of goods shipped is much less. It is estimated that about half of all licensed goods are actually sent and that the value of donated goods is heavily inflated for tax purposes. The Cuban Ministry of Health estimates that about \$10 million in donated goods is received from the US each year. If this is so, the real value of donated goods is less than a quarter of the amount given by the State Department.

The fact sheet states that shipping adds 2% to 3% to the cost of imported medical goods. The Cuban Ministry of Health estimates excess costs to the health system due to the US embargo at a more realistic 30%.³ The fact sheet states that Cuba imported \$46 million in medical goods in 1995; the Ministry of Health recorded \$120 million in medical imports.

Contrary to State Department assertions, Cuba has committed a remarkably high proportion of funds to its health care system, which consumed 6.6% of the budget in 1990 and 9.6% in 1996.⁴ This helps to ex-

plain why infant and maternal mortality levels, already low before the dissolution of the Soviet Union, continue to decline and are now at their lowest levels in history.

The fact sheet criticizes Cuba for generating foreign exchange through the sale of medical products and services because this is done "at the expense of providing health-care to ordinary Cubans." In 1996, the Cuban health system generated 20% of all operating expenses from just the type of entrepreneurial activities the US has encouraged in other poor countries.

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References

1. Office of the Spokesperson, US Department of State. *The US embargo and health-care in Cuba: myths versus reality* [fact sheet]. Washington: Department of State; 14 May 1997.
2. Office of the Spokesperson, US Department of State. *The US embargo and health-care in Cuba: myths versus reality* [fact sheet]. Washington: Department of State; 5 Aug 1997.
3. Garfield R, Santana S. The impact of economic crisis and the US embargo on health in Cuba. *Am J Public Health* 1997;87:15-20.
4. Financiamiento de la salud. Havana, Cuba: Division of Planning, MINSAP; 1997.

[The author responds:]

Letters from Drs. Lielmanis and Paine illustrate how political passions can obscure the real issue: the role of the US in attacking the health of the Cuban people. Some of Paine's comments seem disingenuous. For example, he states that "obviously" *CMAJ* did not properly peer review my editorial and asks: "Please tell me which dread epidemic caused 50 000 people to suffer . . .?" The epidemic is well documented, and the editorial provides a reference from *The Lancet*. Moreover, if another epidemic or major natural disaster befalls Cuba while the US policy is in effect, thousands more will die.

The current US policy of restricting Cuba's access to food and medical supplies is a direct violation of universally recognized human rights and other international law. This was noted in a February 1995 letter to the US government from the Inter-American Commission on Human Rights of the Organization of American States. In a Sept. 15 letter to Prof. Harry E. Vanden and me, the State Department declined to document the sources for the information in its revised fact sheet. That the State Department continues to conspire to cover up US violations of international law and human rights by releasing incorrect information undermines the very foundations of human decency and democracy.

Canada has rightly decided to pursue an independent course. Perhaps the US Congress should exercise its responsibility for oversight of the Executive Branch and call for an independent hearing on the matter.

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Shedding light on sunscreen use

In their article "A place in the shade: reducing the risks of UV exposure" (*Can Med Assoc J* 1997;157[2]:175-6), Drs. Konia J. Trouton and Christina J. Mills provide a reasonable summary of the known interactions between ultraviolet radiation (UVR) and the skin. However, several points merit clarification.

The statement that sunscreens prevent sunburn but do not prevent other UVR damage to the skin is inaccurate. First, sunscreens do not *prevent* sunburn; rather, they *reduce the risk* of sunburn by increasing the maximum exposure time before