Science: Necessarily in the Public Interest

Securing science in the public interest implies two imperatives: a belief in science, in evidence, in facts; and a belief in the public, in people’s right to a science that places their needs first. Cuba’s Day of Science, celebrated every January 15 since 1960, embodies both, representing a research philosophy embedded in a universal public health system. In many cases, this has yielded not only novel drugs and vaccines, but also effective health strategies applicable in other resource-limited settings . . . and also in resource-rich environments.

If science matters, then research and its findings also matter, are to be continually reviewed, debated, enhanced, and even overturned as science advances. Fact must be sifted from extraneous chaff, bias in particular, and examined in the scientific daylight of full disclosure. Science “in the public interest” requires political will as a jump-starter, but also research to determine the most important planetary, population and individual health issues to be tackled by investigators, clinicians, social scientists and—sometimes above all—the policymakers and others who hold the purse strings. This, in turn, means that tough questions must be asked about how to improve population health across the board, where the sticking points are, and how to best and self-critically address them.

“Of all the forms of inequality, injustice in health is the most shocking and inhuman.” —Dr Martin Luther King, Jr., March 25, 1966

worldwide, and that do not hesitate to shine light on problems, as well as their solutions, in pursuit of universal health and wellbeing. In this context, we hope to provide examples from Cuban and other Latin American and Caribbean experiences in particular. And to reflect the Global South’s science, medicine and population health with the respect and attention they deserve, thus far a presence woefully scant or even absent in international peer-reviewed journals.

We are encouraged to see references to Cuba’s own public health and biotech achievements in such publications as Nature Biotech, The Lancet and The New England Journal of Medicine. But much more needs to be done to fund and publicize such ground-breaking research from Latin America, the Caribbean, Africa and Asia . . . and to give greater visibility to solutions developed there to pressing and urgent health problems. Global health cooperation, North–South, South–South and South–North (the latter, so-called “reverse innovation”) are urgent needs not only to fight emerging diseases and epidemics, but also to save our planet from those who have no regard for science or for the public interest, present or future.

Priority accorded to science in the public interest by Cuba can contribute to fulfilling WHO’s General Program of Work for 2019–2023, released in November 2017 under the vision of its new Director-General, Dr Tedros. WHO’s “flagship initiatives” for the period are antimicrobial resistance, climate change in small island states, non-communicable diseases and human capital.

The pages of MEDICC Review have shared (and will continue to share) Cuban experiences relating to all of these. But perhaps, as Dr Paul Farmer has pointed out, Cuba’s greatest contribution is to what WHO describes as its top strategic priority: universal health. This is especially relevant in 2018, in light of PAHO’s call for renewed energies devoted to health for all, posed at its high-level December meeting on Universal Health in the 21st Century: 40 Years of Alma-Ata. Cuba offers a living laboratory, in which staunch political will defending a free, universal public health system struggles to make the system sustainable in the face of often dire economic straits and predictions, complicated by the US embargo.

Among the Editors’ Choice articles in this issue is an interview with Dr Rafael Pérez Cristiá, Director of Cuba’s Center for State Control of Medicines and Medical Devices, the first regulatory agency in Latin America to receive WHO certification as qualified for vaccine regulation, and a participant (with Brazil) in the first bilateral Regulatory Technical Committee initiated in the region. The Center is charged with evaluation of all drugs and medical equipment produced or imported in Cuba, including those considered alternative or natural and traditional therapies.

Our second Editors’ Choice reports and experience treating skin cancer patients in primary care settings, with skin cancer the most common form of the disease in Cuba.

And the final Editors’ Choice brings us to Haiti: We are especially pleased to reprint here excerpts from Senior Editor Conner Gorry’s blog, written in Haiti in the aftermath of the January 12, 2010 earthquake that devastated that country. Her writing—from notes often scribbled on notebooks as she bounced in the back of a truck, in an ambulance or bus, or as she lay on her bunk in the tent city where she shared cramped quarters with the 1800-strong Cuban-led medical team—offers a poignant reminder of Haitians’ strength of spirit and of the power of South–South cooperation. Particularly noteworthy is the contribution of some 700 international students and graduates of Havana’s Latin American School of Medicine, including Cuban-trained Haitian MDs, who volunteered for months with the Cuban team in Haiti.

At a time when powerful voices question the rights and value of those who are poor, immigrants, women, children or elderly; of those who are stricken with disaster or felled by unattended disease, we are reminded that undoubtedly, we are all Haiti.

For those of you attending Cuba Salud 2018, MEDICC Review offers you a hearty welcome to Havana and to the pages of our journal. Along with this, our warmest thanks go to all those authors and reviewers who made possible our 2017 array of articles, celebrating the journal’s 10th anniversary last year. We are grateful to each of you, and look forward to deepening our relationships with you, expanding our pool of authors, and reaching ever more readers in the year ahead.

The Editors