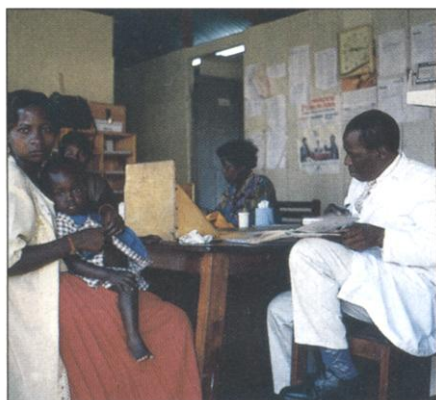


## Global Health Fund and Global Realities

I READ WITH INTEREST THE PROFILE OF Jeffrey Sach's efforts at organizing a global health fund with the purpose of combating malaria, tuberculosis, and HIV in the developing world (News Focus, "Dollars and cents vs. the AIDS epidemic," by G. Vogel, 29 Jun., p. 2420). Such a fund could undoubtedly save lives—but only if the programs that the fund will underwrite are carefully designed and implemented. Many of the countries hardest hit by the targeted diseases are in the throes of profound political and social instability, instability that could easily derail any attempts



The global health fund will provide developing countries with support for public health efforts.

at distributing medicines and other medical technology. Determining ways to prevent theft, waste, and maldistribution of the fund's aid is of primary importance. During the Somalia famine, food aid was used as a political weapon and as an opportunity for profit by unscrupulous warlords; it is imperative that the same does not happen to the medical aid that the global health fund will provide, as this would cripple the fund's credibility and political support. I have witnessed waste and mismanagement of medical resources firsthand in my 12 years' experience with providing vaccines and medical technology to Eastern Europe and the Middle East.

Careful oversight of the fund's expenditures would be best undertaken by an ex-

perienced charity organization such as AmeriCares, with close coordination of its activities with the United Nations. This would eliminate the need to build an organizational structure from the ground up. Even these organizations, however, would be limited in their ability to affect the political realities in many countries, realities that must be addressed in the design of the fund's projects if they are to be successful.

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## Science Lobbying Tactics

AS A SCIENTIST, I WOULD NOT CHOOSE TO highlight the blocking of the new U.S. Department of Agriculture (USDA) regulations regarding the care of laboratory mice and rats as a prime example of successful pro-science lobbying (News Focus, "Perfecting the art of the science deal," by D. Malakoff, 4 May, p. 830). That this "success" was achieved by what can only be described as backroom tactics is a minor issue. The deplorable aspect of this ostensible victory for biomedical research is that it is at the same time a resounding defeat for logical consistency, and hence for the rationality that forms the very basis of all scientific enquiry. If someone were to argue that mice, rats, and birds are not animals in the sense of the USDA rules regarding the use of experimental animals, he or she would be laughed at by any thinking member of the general public—and with good reason. This pyrrhic victory may well backfire by

## Letters to the Editor

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reinforcing the image of scientists as a bunch of self-serving sophists, thus ultimately contributing to the rising tide of antiscientific sentiment.

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## Dietary Fat: At the Heart of the Matter

THE ROLE OF DIETARY FAT IN THE CAUSATION of coronary heart disease (CHD) has long been a topic of interest and dispute. In his News Focus article, Gary Taubes discusses what he calls "The soft science of dietary fat" (30 Mar., p. 2536). He reviews the history of the diet-heart issue and concludes that public health recommendations regarding dietary fat have not been based on solid science. He is primarily critical of the "low-fat" recommendation that has long been made by authoritative bodies to the American public. Taubes covers many aspects of the diet-heart issue, but he focuses on the question of whether there has been an overemphasis on fat without sufficient evidence that dietary fat is a major cause of CHD. He points out that recent trends in heart disease mortality both in the United States and worldwide are not well correlated with changes in dietary fat intake. Certainly he makes several astute observations, but in some areas, particularly in cardiovascular epidemiology, he does not appropriately recognize several other factors that confound the role of certain dietary fats in causation of CHD.

In my view, Taubes does not rightly identify saturated fatty acids as the predominant dietary factor contributing to the development of CHD. The significance of saturated fatty acids has been demonstrated by an enormous number of high-quality studies carried out with dietary fat in the fields of animal research, epidemiology, metabolism, and clinical trials (1). Although all questions have not been answered, a clear picture of the metabolic and health effects of saturated fatty acids has emerged. One fact is incontrovertible. As shown in multiple metabolic studies in humans, saturated fatty acids as a class, compared with unsaturated fatty acids and carbohydrate, raise serum low-density