**Letters to the Editor**

‘Salicylic acid deficiency’ has important public health implications

Aspirin (acetylsalicylic acid) is inexpensive and widely used to treat numerous common conditions. As with all medicines, aspirin has undesirable effects, most notably gastrointestinal irritation and bleeding. In rare cases, these undesirable effects can be serious but the majority of aspirin users take it without any problems.

There is good evidence that the consumption of aspirin reduces the risks associated with cardiovascular disease 1–4 and suggests that evidence that it reduces the risk of developing certain forms of cancer. 5–7 Aspirin therefore has a far reaching public health potential and could make a substantial beneficial contribution to disease control programmes. Because of its public health potential, a call has been made for an international scientific meeting on aspirin to be convened as soon as possible. 8

Salicylic acid is the active metabolite of aspirin. Given the chronic disease risk reduction properties of aspirin, a certain level of salicylic acid in the human body appears salutary to health. Humans naturally consume it in their diet, predominantly through fruits and vegetables. 10 However, many individuals in European and other ‘Western’ countries may have ‘salicylic acid deficiency’ due to diets that are low in fruit and vegetable intake and high in fat. In individuals with ‘salicylic acid deficiency’ who are refractory to lifestyle change, the consumption of aspirin could be considered in order to reduce their risk of chronic disease.

‘Salicylic acid deficiency’ has important public health implications. This paper highlights the need for further debate and research on this important topic.

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References

Postscript, Commentary Ministerial challenges: post-conflict, post-election issues in Kosovo’s health sector

Events in Kosovo’s health sector are rapidly changing. In February 2003, after an exhaustive process aligned to the new recruitment procedures for civil service employees, Dr. Pleurat Sejdiu, the respected former Co-Head of the Department of Health, was appointed as the Permanent Secretary to the Ministry of Health. In March 2003, further to a series of public statements challenging the PS appointment, and less than one year after his appointment as the Minister of Health, Dr. Numan Balic has been dismissed from his post by the Prime Minister. Dr. Balic is appealing the decision to the Supreme Court of Kosovo citing the Prime Minister as breaching the Constitutional Framework. In the interim, the Prime Minister has appointed Resmije Mumxhiu as acting Minister of Health and in a strange twist, for reasons cited by some observers as of a political nature, the Special Representative of the UN Secretary General, Mr. Michael Steiner, has evoked his UNMIK authority to suspend the Permanent Secretary pending the Supreme Court hearing.

The current casualties of the reform process suggest the originally cited challenges to address health status and health systems transformation are increasingly apparent. The internal strife, testing authority, leadership and the independent, impartial nature of the civil service reform adds to the unequivocal complexity of the situation.

Many of these issues are not unique and are faced in other post-conflict societies. A key challenge is to accommodate the wide range of different professional and political perspectives while retaining direction and a coherent strategy. Recent debate has highlighted the extent to which planning and policy making needs to be led by indigenous actors or can be based on prior experience from elsewhere. Typical responses to post-conflict challenges are often to place emphasis on infrastructure replacement, on rehabilitation of people and systems, and on reform of the health system. While all of these are necessary, striking the right balance between them poses significant challenges.

Post-war Iraq highlights the significant ongoing challenges in such unstable environments. Most important is addressing three key needs: a) restoring peace and security, b) restoring lives and livelihoods by resuscitating the economy, and c) ensuring that services are re-established and provided to the population. A disturbing feature of post-war Iraq in 2003 is the limited lesson-learning from prior post-conflict settings elsewhere. The US military, the de facto governing body in the immediate post-war period, has had less experience of managing post-conflict system development and seems to have had unrealistic expectations regarding what may be possible, within what time-frames, and how to achieve these objectives. Engagement with local actors appeared at an early stage to have been limited.

Disturbing features were apparent with massive looting across the country, hospitals being plundered, and Shia health workers demanded positions in hospitals that were previously dominated by Sunni Muslims. Lessons from Bosnia, Kosovo and other post-conflict countries will be of value in determining how to move ahead in Iraq. Building trust in shattered communities is one of the most significant challenges lying ahead. 3

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**Book reviews**


In *The Coming Plague* Pulitzer Prize-winning journalist Laurie Garrett brought to international attention the rise of infectious diseases and highlighted the global threat consequent upon increased population movements, failures in health care systems to respond, and the lack of political attention such threats attract. Garrett emphasised the need for a broader, international perspective and called for global early warming surveillance systems to detect novel emergent diseases and strains of old diseases that are re-emerging. *The Coming Plague* was widely acclaimed.

In *Betrayal of Trust* she turns her eye more critically to the fractured nature of many of the systems and institutions whose duty it should be to protect public health. She identifies individuals, governmental, and institutional failures to respond adequately and argues cogently that individualised and medicalised approaches ‘no longer make sense’ amid global travel, international economic trade, rising drug resistance, and a widening wealth gap.

Over six fact and anecdote-filled chapters Garrett describes failing responses to public health threats in several different geographic settings. The inadequacy of responses to pneumonic plague in 1994 in India is explored and the finger of accusation falls both on domestic and international authorities. In Kikwit, Zaire, Garrett shows how the flames of Ebola were fanned by the medical service itself through its enhancement of nosocomial transmission and political iniquity and corruption. The collapse of public health over the past decade, the structures that historically supported it, and the contemporaneous collapse of socio-political institutions in Russia are examined in some detail. Here, reflecting upon a raft of complex public health challenges including the Chernobyl disaster, diphtheria epidemics, widespread alcoholism, and a burgeoning tuberculosis epidemic, Garrett angrily points her finger, again, at political incompetence and medical arrogance.

More than 200 pages of almost 600 pages of this book are dedicated to a scathing attack on the US public health system and the structures providing health care. Whilst this is ground that has been covered in detail by many before few have condemned it so passionately.

The most prescient chapter, given this book was originally published in 2000, is the chapter on biological terrorist threats to public health. Garrett suggests that it was only in the late 1990s that authorities began to take note of the potential for a ‘biological equivalent of Hiroshima’. Since 11 September 2001, this chapter makes particularly chilling reading. Novel approaches and substantially increased resources are now being focused upon this issue. Before the tragic events in September unfolded Garrett was sceptical that this greater attention would result in a wider appreciation of public health needs. I suspect her scepticism remains in 2002.

*Betrayal of Trust* is a more challenging book to read than *The Coming Plague* and at times Garrett seems to have wanted to include so much detail that the main thrusts of her arguments are sometimes lost. As with her earlier work, this book is extremely well researched. Indeed, the footnotes, which themselves stretch to more than 160 pages, make fascinating reading.

Garrett paints a frightening picture of the public health threats posed in the twenty-first century. Principally she argues convincingly that the reason there remains a lack of coherence and coordination to public health institutions is because of a lack of political imagination on both domestic and international stages. And underpinning this thesis is her concern that the global community is still failing to grasp the reality that ‘the health of each one member rises or falls with the health of others’.

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Falls among older persons are a major public health problem resulting in significant consequences for individuals, their families, and health care delivery systems. A fall is not a disease but rather a manifestation of underlying disease, bodily dysfunction, or environmental insult. Injury from a fall occurs due to interplay between the host, the agent (energy), and the environment. Because a fall is not the result of a particular disease or organ system defect, determining underlying mechanisms and prevention options is complex. This complexity has led to research in many scientific disciplines, such as medicine, behavioural science, public health, and engineering.

This book provides an extensive review of the rapidly developing research activity in different scientific disciplines focused on falls among older persons; it attempts to bridge the gap between scientific journal articles and general texts. The book is constructed in three parts: chapters 1–7 describe risk factors for falls, including postural stability, sensory and neuromuscular dysfunction, medical diseases, medication use, and the environment; chapters 8–16 discuss prevention strategies, including exercise interventions, environmental modification, the role of footwear, the use of assistive devices, prevention of falls in hospitals and residential aged care facilities, medication modification, targeted falls prevention strategies, and a physiologic profile approach; and chapter 17 provides future research directions.

The book should be of benefit to researchers who are looking for an in-depth review of and synthesis of previous work on risk factors for falls. The authors do not simply provide lists of postulated risk factors, but rather attempt to evaluate analytically the evidence that a potential fall risk factor might be amenable to effective interventions. Neurophysiology is emphasized as the authors believe that understanding neurophysiologic dysfunction is key in the prediction and prevention of falls. Given this emphasis, the book would have benefited through inclusion of a chapter on biomechanics, the scientific field that explores the mechanisms of...