

SCIENCE | REACTIONS

Your Letters: Carbon Dioxide Storage, H.I.V. Drugs and Ebola Management

FEB. 16, 2015

Climate: Energy Use

TO THE EDITOR:

Re “Burying a Mountain of CO₂” (Feb. 10): Turning carbon dioxide from power plants into rock and burying it is a good idea. An even better one is leaving the carbon dioxide that is currently buried as coal safely underground. We can use efficiency technologies to reduce our demand for energy. And we must phase in renewable energy technologies, such as Iceland’s geothermal and our own wind and solar technologies, to meet that reduced demand.

Daniel F. Becker

Washington

The writer is director of the Safe Climate Campaign.

Capturing carbon is difficult and expensive, unless you’re a plant. — Ender, TX, posted to nytimes.com

H.I.V. Drugs: A Failed Trial

TO THE EDITOR:

Re “A Failed Trial in Africa Raises Questions About How to Test H.I.V. Drugs” (Feb. 5): Despite high rates of infection and many years of public education, H.I.V.-

related stigma persists in sub-Saharan Africa, as well as in the United States. It is possible that women's reluctance to adhere to the prevention regimen, known as PreP, in the Voice study was, in part, related to stigma. Multipurpose prevention technologies are products in development that combine contraception with prevention of H.I.V. and other sexually transmitted infections. Some formulations include the same antiretroviral as in PreP, but there are many others in the product development pipeline. Many researchers and women's health advocates are hopeful that this combination approach to prevention may be more acceptable to women because they will see this as a form of family planning, which is generally less stigmatized than H.I.V. prevention, and can be accessed in familiar health care settings.

An overwhelming 93 percent of respondents in a recent multicountry Ipsos Healthcare study, funded by the Bill & Melinda Gates Foundation, reported that they would choose contraception combined with H.I.V. prevention over a single-indication form of prevention. Delivering H.I.V. prevention in combination with contraception is worth the investment. The potential impact on women's global health justifies further research.

Bethany Young Holt

Folsom, Calif.

The writer is executive director of CAMI Health, a project of the Public Health Institute, and coordinator of the Initiative for M.P.T.s.

Space: Business Plan

TO THE EDITOR:

How disappointing to read no dissenting voices in "A Business Plan for Space" (Feb. 10), which simply assumes that private parties should be allowed to own extraterrestrial bodies. Should not the F.A.A. and the United Nations ensure that space remains a public trust and not a market commodity for private corporations to fight over? Giving well-financed entrepreneurs control of access to space and its resources could only stifle the kind of research that would deepen our understanding and appreciation of the cosmos and our place in it. Furthermore, if we are unwilling to exercise stewardship of this planet's resources, we should not permit space cowboys to plunder asteroids and other celestial bodies.

Dana Franchitto
Wellfleet, Mass.

Health: Ebola Tool

TO THE EDITOR:

Re “Ebola Challenges a Hands-On Tool” (Feb. 10): A technique taught and used in Europe, but rarely taught or used in the United States, for palpating the diastolic pressure is a change in the character of the pulse after detection of the pulse at the systolic reading. This change correlates with the disappearance of the sound on auscultation. I learned this technique many years ago at the National Heart Hospital in London and continued to teach this method, checking it with auscultation. It is accurate and can be used under circumstances mentioned in this article.

Robert Rosenblum, M.D.

Manhattan

The writer is associate clinical professor of medicine, N.Y.U. School of Medicine.

Correction: February 23, 2015

Because of an editing error, a letter on Tuesday in response to an article about H.I.V.-prevention methods in Africa referred incorrectly to Bethany Young Holt, executive director of CAMI Health. She is an epidemiologist who has a master’s degree in public health and a Ph.D. She is not an M.D.

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