Letters

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Health Resources: The United States And The Third World

To the Editor:

Those who have worked to improve the health and health care of developing countries, as I have in Mexico, Central America, Africa, and the Middle East over the past thirty years, share Dr. Nutter's concerns about the pace of our accomplishments ("Medical Education in the United States: A Resource for the Third World?," *Health Affairs*, Spring 1984). The health problems are embedded in socioeconomic inequities and have been exacerbated by the low growth rate in gross domestic products for these countries. For forty of the poorest countries with a population of about 1.2 billion and a per capita income of less than $200 (in U.S. dollars) in 1970, the annual rate of growth averaged only 1.1 percent over the next five years. The usually great expansion in the population adds to the problems. The poor countries grow poorer as the rich countries become richer.

The health status is reflected in this decaying economic situation. Sanitation and public health measures have become even less adequate. The per capita expenditures for health care in many countries are at levels of one or two dollars per year making it difficult to even carry out an immunization program for all children, much less provide even primary medical care to their people. There appears to be little hope that these levels of expenditures for public health and medical care will have any meaningful increase in the future.

In many countries, the emphasis on the process of planning often leaves few resources for the substantive aspects of care. Plans are made but poorly implemented, and Nutter makes these proposals for alleviating the manpower shortage: the development of a system of medical education in the underserved countries; immigration of health professionals and health workers from developed countries; and provision of educational opportunities in the United States. He provides the pros and cons of each approach.

Supplying more physicians by any of the mechanisms will not bring

about the necessary amelioration of the problems unless there is a better infrastructure in which they can use their education and training. The lack of this infrastructure and opportunities are responsible for much of the out-migration of physicians to more developed countries. This loss of physicians cannot be stemmed unless immigration is prevented, as in the Iron Curtain countries, or opportunities are reduced in other countries by an increase in the supply of indigenous physicians. The latter situation is beginning to occur in the United States although it has not yet substantially reduced attempts by foreign physicians to establish permanent residence in the country.

As Nutter points out, the strength of American medicine and medical education may not be congruent with the needs of developing countries. He is correct that Americans who work in other countries, particularly over a short term, often try to export much of our system even when it is not appropriate for the local situation. He challenges the Third World "to invest the money and human resources needed to acquire public health workers and programs, primary care physicians, health system managers, and a limited number of urban medical centers equipped with modern technology through a relatively simultaneous process." Although this approach has been tried in some countries, there are problems in obtaining the resources over a long term to maintain the effort. In many urban medical centers, new equipment remains unpacked or nonoperational because of lack of trained personnel to use and maintain it.

The U.S.S.R. and its satellites are clearly increasing their efforts to train physicians from developing countries, particularly in Russia or Cuba. These physicians are entering practice, mostly in rural areas of their home country, on return. Although some are critical of the education and training they received, others become strong advocates of the communist form of government. Unfortunately, our own Department of State does not share the views of the Iron Curtain countries for the great opportunities for improving relations with other countries through medicine. Over the past two decades, federal support for the type of exchange programs examined by Nutter has been severely cut back. Few American foundations have an interest in these activities. The financial plight of academic medical centers has required them to direct their resources to care programs and little is left to underwrite interchanges with institutions in the developing countries.

Many medical schools in the United States and their basic science and clinical departments have worked over the years with medical schools in developing countries. Faculty and students, mostly at the residency and fellowship levels have moved between these schools. With the increasing supply of physicians, such exchanges could probably be increased if there was a clearer national policy and more financial support for these efforts. We would also need to try to capture the recognition given in the

past in England to academic advancement of faculty who served in developing countries. Without this change in attitude, given the present criteria now used for progress on the academic ladder, the enthusiasm of the faculty and those aspiring to faculty appointments would probably remain low.

The membership of the Association of American Medical Colleges (AAMC) has discussed proposals to use more medical school places for students from other countries in view of the claim that we are producing too many physicians for United States. There has been a small reduction in first-year places over the past two years in response to these claims. However, proprietary medical schools in the Caribbean area and Mexico that cater primarily to American students are not responsive to these admonitions. Reducing the number of places for our students in American medical schools would probably lead to further expansion of these proprietary institutions. Some would argue that since these students return to the United States and try to enter the profession, it would be better to have them study in our medical schools rather than in those whose educational programs the General Accounting Office found were not comparable in quality to those in our medical schools. Allocating places in our schools to foreign students would also raise objections from those who believe every qualified American student wishing to study medicine should be provided a place without regard to the needs of the country. They point out that other educational programs, including those for lawyers, follow these precepts.

Dr. Nutter has raised important questions about complex matters. We need to continue to search for ways in which the United States can contribute even more to improving the health of all people. The attitudes of policymakers must change if we are to be successful in our quest.

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President
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