

charges against the USSR. This is particularly pernicious at a time when the United States has no foreign policy beyond the quirky reactions of Ronald Reagan—diffuse and self-defeating spasms of vengeance rather than measured and durable policies that have as their objective long-term stability in the relations between this country and the fragmented Communist world.

The liberation movements of Southern Africa are unlikely to be defeated and disappear, as they are also unlikely to achieve their goals anytime soon. We may assume that they will continue to receive AK-47s and scholarships to Lumumba University. The Reagan administration has cast its lot with South Africa, and such dialogue as the United States once enjoyed with these movements has been suspended. The best that can be hoped for, in some future administration, is that the United States may resume its role as broker and reestablish some credibility with the liberation movements and their supporters in the front-line states. Consigning them to a netherworld of groups fatally tainted by their association with the Soviet Union is not a very profitable enterprise. Launching an investigation of their supporters in the U.S. probably would be the least helpful and least enlightening series of hearings since Gerald Nye and the congressional Neanderthals of his day fobbed off on munitions makers the responsibility for all the ills of humanity. The only good that might come from it would be the prospect of Senator Denton and his investigators parading their tortured logic before the TV cameras for the benefit of the American public—who might then be able to test Mark Twain's proposition that fleas can be taught nearly anything that a congressman can.

Ross K. Baker, Professor of Political Science at Rutgers University and a Worldview Contributing Editor, is spending a sabbatical year in Washington, where he works with the House Democratic Caucus.

EXCURSUS 3

Thomas Land on A NEW MEDICAL PLAN FOR AFRICA

A historic conference of the deans of Africa's medical schools and the directors of its university centers for health sciences has decided to adopt a common pattern of medical training throughout the continent. This breaks the traditional dependency of the African universities upon the great medical institutions of Europe and North America, a relationship that has been responsible for the transplanting of Western scientific values in Africa to the detriment of indigenous medicine. It also has been largely responsible for the medical "brain drain."

Significantly, the conference—held under the auspices of the United Nations World Health Organization (WHO) in Geneva—chose to include among the criteria for judging the effectiveness of Africa's medical schools their practical impact on the home health services available to the continent's poor, largely rural population. The continent's new approach to training public health professionals is to seek a partnership between traditional medicine—which has survived among the people despite many years of official disapproval—and modern medicine imported from the West.

Already about twenty African countries have established research and treatment centers devoted to traditional medicine, and others either have decided to integrate traditional



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medicine into their health care schemes or are debating such a course of action. In a related effort, the U.N. recently established working arrangements with five research institutions in a program of medical studies concerning herbs, plants, and other traditional remedies: the College of Pharmacy, University of Illinois; the Mexican Institute of Research on Medicinal Plants, Mexico City; the Instituto Italo-Africano, Rome; the Gujarat Ayurved University, Jamnagar; and the Academy of Traditional Chinese Medicine, Beijing.

The new partnership between Western and African schools of medicine enables the traditional healer to take advantage of modern techniques in relevant spheres, such as hygiene, while contributing his knowledge in diagnosis and herbal remedies. Most people in the developing regions prefer treatment in traditional rather than modern medicine—and most of them have no choice. Fewer than 10 per cent of the two billion rural dwellers of the Third World live within walking distance of Western-type clinics. There is one scientifically trained doctor for almost 5,500 Africans. Clearly, traditional medicine offers the only available avenue for approaching a reasonable system of health care for the majority of people within this century.

At present, only a quarter of the world's physicians trained in Western-type medical schools work in the developing regions, caring for two-thirds of mankind. Of the remaining three-quarters in the industrially developed countries, a large proportion are migrants, trained at the expense of the poor. A discussion paper recently placed before the U.N.'s Conference on Trade and Development calculates that over a decade the "brain drain" of professionals cost the poor countries about \$51 billion.

A global study compiled by WHO shows that 85 per cent of all migrant doctors practice in just five countries: Australia, Canada, the United States, the United Kingdom, and West Germany. WHO believes that one important factor in the migration of physicians is that the medical curricula of the developing countries have been based traditionally on the standards and expectations of the Western world. The study concludes "that the money spent on the education of those migrant physicians could have been better spent on other and more appropriate forms of health personnel and health care."

Thomas Land writes from Europe on global affairs.