



National Institutes of Health

Exceptions: Dr. and Mrs. Leal Prado returned to Brazil after work in U.S.

Reverse Foreign Aid

A few years ago at a medical convention in Moscow, an African doctor in a crowded hotel dining room was talking about Dr. Albert Schweitzer, the famed medical missionary. Dr. Schweitzer may have brought medical care to Africans who needed it, but he never trained an African doctor, he complained.

Today medical trainees from African and other underdeveloped nations are flocking to institutions in the United States in increasing numbers. But once they're trained, an alarming number seems to be choosing the comforts of life in the U.S. over the rigors of life at home, despite the need.

American doctors are being sent to Asia, while the Asians prefer to come here to practice. Hindus become citizens of the United States rather than return to India. And many U.S. hospitals depend on this reverse foreign aid, as the medical brain drain is being called, to maintain residency staffs.

The problem is not wholly a U.S. problem. But whatever the cause, at least one U.S. Senator is alarmed. Senator Walter F. Mondale (D-Minn.) will try to do something about it early in the 90th Congress.

Senator Mondale originally supported amendments to the immigration law in 1965.

The changes provided for elimination of the national origins system and placed a premium on the immigrant with skills useful here.

Now it appears that the widely-hailed changes in U.S. immigration policy may be creating problems.

The drain of skilled people from nations with a greater need than ours is creating hostility and criticism where we need friends.

Although Senator Mondale sees some conflict between the liberal changes he supported last year and the anti-brain drain bill he proposes, he believes that by dealing with governments on a country-by-country basis the problems can be met.

He started in 1965 when he introduced S.3905, a bill to establish "a comprehensive program designed to assist the developing countries in efforts to reduce the drain from such countries of professional persons and skilled specialists in cases where their abilities and skills are urgently needed in their homelands." To be called the "International Brain Drain Act," the same bill, to be reintroduced in 1967, will force professionals to return to their own countries when their training tours are over.

Some of his most pungent arguments can be found in the Congressional Record of Aug. 31, 1966:

"I believe that the time has come to take a hard look at the brain drain" from developing countries, he said. "We must ask whether our immigration policies and education programs serve to intensify the brain drain.

"The brain drain is severe and growing among doctors and health specialists," he said. "Dr. C. Halsey Hunt, executive director of the Educational Council for Foreign Medical Graduates, reports that 10,974 of the 41,102 residents and interns serving in Ameri-

can hospitals are graduates of foreign medical schools, three-fourths of them from developing countries. They may originally plan to return. But their experience here best fits them to remain in America, and is often ill suited to the needs of their homelands. So a conservative estimate is that 20 to 25 percent stay. . . . Over 90 percent of Asian students who come here to study never return home."

Look at the need for doctors in one country in Africa. Nigeria, with one-fiftieth as many doctors per person as in the U.S., graduated 19 physicians in 1963 from its one medical school—at the same time 16 Nigerian doctors were serving as residents and interns in U.S. hospitals.

Take the Philippines. With health conditions much worse than our own, this island country graduates 1,010 doctors a year, and still provides us with 2,108 residents and interns.

The Senator tells the story of a young Korean wife whose disease was curable and to whom money was no object; her husband came from the richest family in his village. But there was no physician to diagnose her illness, just as there are no doctors in more than half of Korea's counties. Like more than 20,000 others in the world each day, she died because the doctor was not there.

If our objective in the brain drain were only to siphon off the world's most talented people—to draw them to the United States—the Senator said, we would consider the brain drain an unmixed blessing. But it threatens one of the paramount long-run objectives of American foreign policy, that is, progress in underdeveloped lands.

"We must sharply increase the output of our medical schools," he said. "Then when we welcome foreign interns and residents on exchange programs, we can concentrate not on filling the gaps in our medical manpower, but on providing them with skills and experience which will increase their capacity to serve their own people."



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