

## DIPLOMACY AND MEDICINE \*

JOHN S. BADEAU

Director  
The Middle East Institute  
Columbia University  
New York, N. Y.

To place medicine and diplomacy in the same equation is neither new nor novel. The diplomatic records of ancient Egypt tell us that about 29 centuries ago the famous physician-priests of the Nile Valley sometimes accompanied Egyptian missions to neighboring countries and sometimes acted as ambassadors. We find that millennia later during the Crusades Arab doctors played a part in the contacts between Saladin and his Frankish opponents. On more than one occasion the Christian leaders appealed to their Arab foe for Muslim physicians, whose skill was superior to anything Europe then knew. Contemporary accounts from this period do not record a high level of medical skill on the part of the Frankish practitioners. One Arab doctor tells of being called to treat the ulcerous leg of a Christian knight—which he did with unguents and poultices. The Christian doctor who watched the process was then invited to give his prescription. This consisted of having the camp executioner chop off the affected limb since, said the doctor, “Cases like this are hopeless and I don’t know how to cure him.”

This ancient although incidental connection between medicine and diplomacy reflects the fact that health (even more than wealth) is a common and prized goal. Political allies sought not only financial and military assistance from their neighbors but also the services of healing when these were available. Moreover, medicine has often been one of the first professions to emerge in a society; hence doctors were an early part of the intellectual elite. It was natural that some of them should be called upon to serve their governments in capacities other than that of their profession. I was interested to note that during my term at the American embassy in Cairo the diplomatic corps had a number of

\*Presented as part of a *Symposium on Medicine and Diplomacy in the Tropics* sponsored by The Tropical Disease Center, St. Clare’s Hospital, New York, N. Y., and The Merck Company Foundation, Rahway, N. J., held at the Center, December 13, 1969.

doctors in it—including, notably, some from African and South American countries.

It is not this ancient and simple connection between the doctor and the diplomat which concerns this conference. The question is more complex: do current international relations offer a special challenge to medical and health services? We are really asking whether there is a new diplomacy which creates a new role for the medical profession—or whether there may be a new profession of health care which has a unique contribution to make to current diplomacy.

In what sense is there a new diplomacy today? If we go back to the classical age of foreign affairs (roughly from the Congress of Vienna to the end of World War I) we find that diplomacy was a limited operation carried on under generally accepted rules by recognized professionals. It was said that foreign policy was like an orchestra—a harmony produced by the interchange of notes among highly skilled professional artists. This meant that the conduct of foreign affairs was in the hands of a restricted group that staffed the foreign offices of the world. It was among this corps of professional diplomats that most of the discussions of international politics went on, usually behind the hushed doors of foreign offices. Thus at the Congress of Vienna the professional diplomats of Europe met for an extended discussion on the problems created by the collapse of Napoleon's empire, to emerge finally from their seclusion with a series of agreements which set the pattern of international relations in Europe for the next 50 years.

This state of affairs began to change shortly after World War I. A number of elements entered the world scene which made it inevitable that diplomacy should take on new characteristics. One of these was the rapid expansion of public communication through the cable, press and, later, radio and television. The rapid and wide dissemination of news about national and international affairs made it increasingly difficult for the professional diplomats to treat foreign affairs as their special preserve with the masses excluded from it. Increasingly the public became aware of, and thus interested in, national policies both domestic and foreign. Incidents between nations which in the past would have been quietly and quickly worked out between diplomats before they became public knowledge now became the immediate possession of all who could read or tune in the airwaves. One

British administrator in Africa told me how this had complicated the task of diplomacy. "Before the war," he said, "when there was a border incident I would get in touch with my opposite number in the neighboring territory and we quickly worked out a solution. Only after the matter was settled did it become public knowledge. Today the most insignificant border incident is on the radio almost before it happens. By the time I get in touch with the other chap it has become a matter of national honor and patriotic dignity, from which it is difficult to find any retreat."

To the impact of widely disseminated information has been added the effects of nationalism and popular education. Decades of struggle for national independence in colonial areas taught the masses that they had a role to play in their nation's life. During the protracted campaigns for independence, crowds were organized for street demonstrations, students for protest and rioting, and every citizen was urged to support "national liberation." A voiceless and politically inert class, seldom before called upon to play a role in national affairs, suddenly discovered that it had a place in them. Having been awakened to this fact during the struggle for independence this class was unwilling to lapse into passivity once independence had been gained.

This popularization of political concern was aided by the spread of education. Traditionally the educated elite in colonial and undeveloped areas was only a minute fraction of the population. The common man had neither the opportunity nor the expectation of going to school. But with the founding of national systems of education and the resulting rapid proliferation of schools, many more people are being educated than ever before. Figures vary from country to country but, as an example, about 80% of the children of primary school age now attend school in the United Arab Republic; 20 years ago less than one third of them did so. The increase is not only absolute in terms of the number of pupils, it is also relative to the classes of society who are being educated. A different kind of person is going to school today in many emerging countries—the peasant, the laborer, the urban poor, some tribesmen—all of them typical of that elusive but ubiquitous "common man" who is the foundation of all society. Whatever the education given in school, its invariable effect is to broaden the horizons of the students and their families; this breaks down their isolation from national affairs and makes them feel they have entered

the class of educated people who traditionally have guided the affairs of the nation.

As a result of these factors, diplomacy and the foreign policy with which it deals has been given a new constituency which it addresses and to which it must listen. The day when a small intellectual elite could settle the foreign policy of a country and negotiate diplomatic relations through a professional corps without reference to popular opinion is gone. In every country there is now a public opinion which must be taken into account by the diplomat. This is as true in emerging countries under authoritarian rule as in more democratic societies. Foreign affairs can no longer be the preserve of the professional; it now includes the dimension of popular interest and opinion.

This is illustrated clearly by the impact of the war in Vietnam on the conduct of American foreign policy. The United States has participated in other wars to which objections could be raised; the most recent was the Korean war, which began in 1950. Why is there so much more outcry over Vietnam? I believe it is largely because of the constant flow of radio news bulletins, the television reporting which brings the sights and sounds of war into the living room every night and to a generation of students who have been awakened to international affairs. It may be true, as Senator Hugh Scott said, that foreign policy cannot be made by the crowds in the streets and the byways, but obviously it is impossible for any administration to frame a policy for Vietnam without taking into account what is being said in the streets and byways.

Another new factor affecting the conduct of diplomacy arises from the same ease of communication which generates popular participation in national affairs. It is now possible for a chief of state to speak about foreign affairs not only to his own citizens but also to the citizens of other countries. President Richard M. Nixon on television or President Gamal Abdel Nasser in Liberation Square in Cairo are going over the heads of their own foreign officers and diplomatic corps to present policies to popular audiences and to appeal for their support. This not only increases the consciousness of the citizenry of their political role, it also may affect popular opinion in another country with which a diplomatic problem exists. There can be no doubt that part of North Vietnam's diplomacy has been to seek direct appeals to the American public for the purpose of arousing opinion in the United States against

the policies of the American government. Similarly statements made by American leaders, some broadcast throughout the nation over television and some relayed abroad by satellite, are aimed at influencing public attitudes outside as well as within American borders. Diplomacy is thus no longer a matter of diplomats talking to diplomats; it often involves governments talking over the heads of their diplomats to the citizens of other countries in the hope of affecting their attitudes.

Since World War II the conduct of diplomacy has been profoundly affected by an unprecedented number of new, if small, nations. The future historian may well conclude that the most significant feature of these past decades has not been the emergence of atomic power, but the emergence into political freedom of a large segment of the world's population. Since the ending of World War II more than one billion people in about 30 countries have passed from foreign control to their own independence and sovereignty. Diplomacy today does not operate in a world composed of a few great powers around whom cluster colonies, protectorates, mandates, and spheres of interest. It must function amidst a multicentric system of political power where the majority of nations is composed of smaller states—many of them new—and where all claim the full prerogatives of their sovereignty.

Out of this situation has grown a new dimension of diplomatic activity that concerns the economic and social development of emerging states. In the past, people struggling for independence often appealed to world powers on the grounds that political freedom is an inherent human right and that the great powers had a responsibility for ensuring that this right was given to all who sought it. Thus during the Algerian struggle in the 1950's the Algerian independence movement despatched emissaries to foreign governments, including the United States, to urge that the world community owed them political freedom. This view is still widely held, but most newly independent nations have now added to it a further demand: the right to economic and social growth. Emerging nations discovered that political independence did not, as expected, solve all their problems. It was not enough to be free, it was also necessary to be progressive and prosperous. As the world owed them a debt of political freedom, so, these nations maintained, it owed a debt of economic and technical assistance.

Thus the diplomacy of the postwar period has had to respond to new demands. Even though a particular economic situation might not

vitality affect the immediate interest of a great power, it was often impossible to pursue political ends without meeting some of the economic demands of the recipient country.

But it was not merely pressure from developing countries which added this dimension to postwar diplomacy. Stability, economic growth, and progress in developing areas were quickly recognized by some great powers as favorable to their own interests. Poverty, backwardness, and unfulfilled expectations could easily create both political and economic instability and set off clashes which might well imperil the peace of the world. Thus one of the two major global objectives of the United States after World War II was to support in vital areas the forces which made for political and social stability, so that the danger of "brush-fire" wars would be reduced and external radical forces would not be tempted to exacerbate domestic conflicts.

One final factor in postwar diplomacy must be noted. Although the war resulted in the emergence of two superpowers, the United States and the Soviet Union, neither of these has retained the capacity to have its way absolutely in world affairs. It might be thought that the vast armaments and political prestige of either country would make possible the enforcement of almost any foreign policy desired if important enough. Yet this has not proved to be the case. The proliferation of independent states with the status in world affairs given them by membership in the United Nations has circumscribed the direct influence of the great powers. It was not difficult for a major power to control and direct the policies of its colonies, protectorates, spheres of influence, and clients in the old imperial days: but today these same areas, now fiercely independent and proudly sovereign, do not easily come to heel. The very extent of military force available to either superpower has militated against its use for diplomatic ends. The continued balance of terror between the Western and the Communist blocs is such that neither side can use its weapons to maintain diplomatic pressure on other nations. Both the East European clients of the U. S. S. R. and America's partners in Europe and Asia have been able to pursue freer foreign policies because of this situation.

This means that diplomacy today must more often use a diplomacy of persuasion rather than a diplomacy of pressure. Both American and Soviet attempts to order their alleged clients around have not proved very successful, as the continued stalemate between Israel and some

of the Arab states clearly shows. Unless a diplomatic problem affects its most vital national interests, a great power must depend upon its ability to persuade another power to accept a mutually satisfactory course of action. This means that common interests and shared objectives become central to diplomatic practice.

From this brief description emerges the picture of a new diplomacy closely related to the popular mind in emerging countries, based upon shared interests and expressing itself in economic and technical as well as in political terms. Foreign aid and technical assistance have become a large part of foreign policy in the postwar years. Subsidies, grants, loans, and limited technical services have long played a role in the relations between nations, but never before have there been such comprehensive, massive, and sustained programs of aid as during the past two decades. Beginning with the Marshall Plan, Western and Communist nations have made foreign aid a substantial and vital part of their policies. In some relations between countries these programs have been the major instrument of diplomacy; they may account for the largest expenditure of funds, the most numerous personnel, and the most frequent contacts with the host governments.

It is at once obvious that it is in this field of diplomacy—i.e., technical and developmental aid—that the services of health and healing have an opportunity to play a significant role. Every emerging country is challenged by its own independence to provide better health for its citizens. One of the first steps of modernization is usually the establishment of government-directed health services, in the fields of preventive and curative medicine both. The demand for such services comes not only from the government but equally from the common people. Go into even the most remote villages of the Middle East and ask: "What do you want?" and the answer usually will be: "A doctor and a school."

This being true, health programs would seem to meet some of the needs of the new diplomacy in almost ideal fashion. Since health is desired and readily understood by the common man, any foreign contribution to public health would immediately be recognized as valuable by the recipient. Long-range technical programs of development may be essential for building the economic strength of a new country, but often they take years to mature and are not quickly recognized by those they are designed to serve.

Moreover, health is one of the basic, universal human interests—the kind of “shared concern” for which the diplomat is often searching. The utility of and the need for health does not require argument either in a giving or a receiving country, and contributions of assistance in the health field are immediately apprehended and eagerly sought. One sign of this is the fact that in the United Arab Republic the Naval Medical Research Unit (NAMRU) was quickly reestablished after the Six Day War and is operating today—even though political and diplomatic relations between Egypt and the United States remain broken.

But the contribution of medicine and health is not simply one of charity and compassion, represented at its best by the missionary hospital and doctor who have contributed so much to the emerging world. New governments and emerging countries want to establish their own health services, and the problem is how to render assistance in this field with the primary object of developing the capability of the receiving government to operate its own health program. It is comparatively simple for a foreign doctor to go into another country, open a clinic or hospital, and personally attack the problems of ill-health and disease. It is much more difficult and complicated to refrain from doing this in the interest of helping national doctors, hospitals, and clinics to perform the work. Yet this should be the goal of true technical and medical assistance.

It might be concluded from all this that every embassy ought to have a medical staff attached to it and that every American aid program should include a technical-assistance team working in the field of public health. Yet this is highly questionable. Although the contribution of health obviously is important and useful, it is a particularly difficult one to make within the limitations of a diplomatic mission.

There are several reasons for this. One is that programs of assistance closely tied to diplomacy cannot escape the pressures of political objectives. Congress does not make appropriations for programs of aid out of the goodness of its heart—or as one Congressman put it—“United States aid programs are not meant to play Santa Claus.” While there is a genuine interest in economic and social development, appropriations are scrutinized increasingly by legislators with a view to winning host governments to the acceptance of American policy.

The use of aid for political ends is always resented by those who



receive it, but it is particularly resented when that aid deals with such basic human needs as food and health. Our experience with the Food for Peace program in the United Arab Republic was that any alteration in that program which appeared to be dictated by political ends brought an immediate outcry from Egyptians: "You are using the threat of starvation to coerce us." This is equally true in the field of health. Given current attitudes in Congress and the virtual certainty that aid programs will expand or contract in proportion to their success in securing support for the United States, to tie the services of health closely to the diplomatic mission might be disastrous.

Undersecretary of State Nicholas deB. Katzenbach recognized this when he said: "Aid can be a liability as well as an asset to bilateral relations. These countries strongly resent the use of aid for purposes they consider extraneous to the aid relationship; namely, as a lever to compel conformity to our foreign policy."

How then can health services be used in the relations between two countries, yet remain insulated from the impact of political diplomacy? In some cases, where we are working with allies with whom we have few political problems it is possible to place health programs under the general direction of aid operations. Yet often such programs are in areas which need these services least and where their usefulness as an international bond is greatest. I suggest that what is needed is a more complete separation between that assistance which deals with basic human needs—health, education, and food—and other types of economic and technical assistance. This could be accomplished best by a private professional organization responsible for furthering health programs abroad yet financed in large measure by grants from the United States government.

An example of this type of administration (rare in the United States) is the British Council, which for long has played an important role in bringing British culture to emerging nations. The British Council is financed by grants by Parliament, but is itself a nongovernmental agency conducted by professional specialists who are responsible for defining and conducting its program. While the council represents British influence and serves the general cause of Anglo-foreign understanding it has been remarkably free from the accusation of serving immediate political or diplomatic ends.

I suggest that the contributions of medicine to the needs of develop-

ing countries could best be made under some such form as the British Council. The initial leadership would have to come from the ranks of the medical and health professions rather than from the United States government, but a sustained concern and the formation of a private organization seeking government support might succeed. Some private American universities abroad have received government funds, especially from counterpart monies, and it is not impossible that health programs cast in a similar relation could win support. Certainly we should not allow either the current temper of Congress or the difficulties in depoliticizing aid programs to deter us from pressing for a larger role for medicine in the relations of the United States with other countries.

In the last analysis, the success of the affluent Western world in dealing with the emerging areas will not be determined by military might or diplomatic pressure. It will come from the success of the developed countries in identifying themselves with the urgent problems of new nations by contributing to their solutions. This is true of the Soviet-American rivalry in the Middle East as well as elsewhere. Surely we must press for a new and imaginative approach to the use of health services as we seek this long-range goal.