The Third World Professional and Collective Self-Reliance— Towards the Barefoot Accountant?

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The brain drain and how to reduce it

Traditionally, the central concern in economists' discussions of the professions in the Third World has been the 'brain drain'. How many Third World professionals migrate to industrialised countries and why? What are the costs and benefits involved in this process and how are they allocated? Concern with such questions has been reflected in policy recommendations aimed at reducing the flow or, at least, obtaining some compensation for countries which lose from it.

The best way to reduce the flow has usually been identified as an improvement in the monetary rewards and working conditions of the professionals concerned. This is based on the uncompromising view that "professional men the world over have much the same requirements for job satisfaction and, unless the traditional cultures and pay scales of many brain-losing countries (developed and less developed alike) can adapt to these requirements, then . . . high-level manpower with get-up-and-go will get up and go" (Baldwin, 1970:-370). Most national and international reports on brain drain, if slightly less forthright, echo such sentiments. Thus the Colombo Plan (1972: 4), for instance, recommends, among other things, "the reorganisation of systems of administration to give a proper place to professionals: factors like salary, service conditions, working facilities, academic and professional environments, etc., weigh heavily in the locational decisions of skilled manpower." And the report of the Sri Lanka Cabinet Committee (1974: 36-49) recommends a review of salaries for critical groups as part of "a set of general measures which seek to improve the service conditions of scientific, professional and technical personnel."

The problem with such recommendations is that the changes in rewards and working conditions necessary in order to make much impact on brain drain are likely to be substantial. Moreover, it is difficult to withold an improvement in the rewards of the mobile from other groups of top salary-earners who can plausibly claim 'comparability' with them. Thus to try to pay international transfer earnings to the mobile would not only

reduce the numbers that could be absorbed: it would also have a drastic effect on internal income distribution.

In practice governments generally do allow themselves to be bullied into paying internationally mobile professionals rather more than domestic considerations alone would warrant but not enough to reduce the incentive to migrate-with the result that they have to resort to emigration controls and bonding schemes. Controls over the issue of, for instance, passports and foreign exchange—if the capacity to operate them exists can obviously be an effective means of preventing people from leaving a country. But mobile professionals retained in these ways are usually so frustrated and demoralised as to be an obstacle both to efficiency and to reform. There are many examples, also, of ingenuity in evading bonds on the part of those trained at home and of bond-breaking by those trained abroad.

Living with the brain drain

This array of problems has encouraged several Third World governments to settle for a strategy of 'living with the brain drain'. The governments of the Philippines and South Korea, for instance, look actively for employment opportunities overseas for their skilled, semi-professional and professional workers and sign 'export contracts' for such manpower. And UNCTAD has made calculations (UNCTAD, 1975), which might be used negotiations to regularise government-togovernment compensation by brain-gaining to brain-losing countries, of the transfer to the USA from the Third World in 1970 represented by skilled migration. Their estimates (based on losses and gains of life-time income streams, adjusted for externalities and for intra-marginal gains or losses in excess of those indicated by market wages and salaries) amount to \$3,700 million, \$600 million more than US development assistance in the same year. Compensation on such a scale would obviously make the brain drain easier to live with.

A scheme that has attracted a lot of recent publicity, and which at first sight looks like an attempt to reduce the brain drain rather than to live with it, is the suggested income tax on 'drained' manpower from less developed coun-

tries (Bhagwati and Dellalfar, 1973). The tax, which could be progressive or proportional, would be collected from the immigrants by the tax authority of the host developed country over a limited period and eventually handed over under UN auspices to the government of the country of origin. This scheme appears to differ from export contract and government-to-government compensation schemes in that it is intended not merely to raise compensatory revenue but also to reduce the level of migration. Indeed, in principle, given a sufficiently high tax rate, both brain drain and revenue could presumably be reduced to zero. However, on admittedly preliminary calculations (e.g., see Psacharopoulos, 1975, and De Voretz and Maki, 1975), elasticities of response seem to be such that tax rates would have to be punitively high to have more than a marginal effect on the number of migrants. In which case the scheme would differ little in effect from government-to-government compensation, and one wonders whether it is worth confronting the formidable political, legal and administrative problems raised by the scheme (see Partington 1975, Oldham and Pomp 1975) for so little return.

To some extent the economic recession of the last few years has lessened the numerical problem of migration of Third World professionals. The rate of expansion in the centre's demand, not only for resource-based professionals such as engineers but also for school and university teachers and possibly even medical graduates, has been considerably reduced. At the same time output from North American and British medical schools has been increasing and is planned to increase further. On the other hand, new areas of excess demand for professionals have emerged in the oil-producing countries, and moves towards liberalisation of EEC licensing regulations, coinciding with Britain's entry, have increased the opportunities for movement between and into the EEC countries. On balance, while professionals continue to migrate in large numbers, the boom in South-North movement of the 1960s and early 1970s is unlikely to be repeated in the foreseeable future.

The disfunctionality of the transnationally defined professional

This change in climate, as far as the numbers migrating are concerned, affords an opportunity to consider the fundamental problem, of which brain drain is only a symptom, of the nature of the professions and of professional training in and for less developed countries. The model which has been followed by most non-socialist

Third World countries has been that of integration, in a subordinate role, in the international capitalist economy. In the case of the professions this integration has been extremely tight. Many Third World professionals have foreign and/or internationally recognised qualifications, obtained either abroad or at home. Even when the stage of using foreign qualifications in one's own training institutions has been passed, as it has in most developing countries, localisation of qualifications has not meant indigenisation; most Third World professions, encouraged by the transnational professional and educational establishment, take care to ensure that their qualifications are still internationally recognised. This international negotiability of qualifications is at the root of brain drain, yet it is the one thing which none of the 'solutions' has dared to tackle. Much more important, the tight integration of Third World professionals into the international qualifications network has grave implications for their internal effectiveness.

The disfunctionality of the transnationally defined professional is easiest to detect, and most widely documented, in the case of the medical profession. Ozlak and Caputo (1973: 19), for instance, draw a sharp contrast between the population characteristics and health problems of the USA and Latin America-a contrast which could be drawn even more sharply between any developed country and Asia and Africa. A much smaller proportion of the US population is below the age of 15 and a much higher proportion above the age of 45 than is the case in Latin America. "This single difference", they suggest, "explains the distinct relative importance of various pathologies in each context: a prevalence of degenerative diseases associated with old age in one case, and those corresponding to infantile, juvenile and obstetric pathology in the other." The much higher proportion of the population residing in rural areas in Latin America than in the USA means that "the planning of the assignment of resources destined for preventive medicine and sanitary care must take into account the utilization of unsophisticated techniques." With much lower birth rates than Latin America, much higher life expectancy, and much lower infant mortality rates, Canada and the USA are the only countries in the American continent "where infantile diseases do not figure among the five most common causes of death; where infectious and parasitic diseases are almost unknown as a cause of death; and where the mortality rates are between one-third and one-tenth of the corresponding indices for Latin America". Thus diseases affecting a large proportion of Latin

America, such as malnutrition, Chagas disease and yaws, are almost unknown in the USA, where also diseases such as diptheria, poliomyelitis, leprosy, malaria, tetanus, typhoid and pertussis, still rampant in Latin America, have been virtually wiped out. All this means that while it may be going too far to say that a redesigning of medical curricula and syllabi in the light of actual Third World health problems would make developing countries' doctors "disfunctional for the developed countries" (UN ECOSOC 1974: 24) it would certainly make them less useful to developed countries and their qualifications less negotiable internationally. Moreover, more would have to be involved than merely a change of emphasis in the training of doctors. The much lower level of resources available in the developing countries, as well as the difference in the nature of their health problems, argues for the use on a larger scale of medical auxiliaries or 'barefoot doctors', much cheaper to train and to pay than doctors, particularly in rural community health programmes.

Effective demand, need and collective self-reliance

In the case of other professions the disfunctionality of existing patterns is less obvious but none the less latent. As in the case of the medical profession it derives from the distinction between effective demand and need. The professions as they stand are quite functional in relation to effective demand as expressed in the market place, but would become disfunctional as soon as an attempt was made to shift to a system based on satisfying needs rather than meeting effective demands. As an illustration of this we can consider the implications of the strategy of collective selfreliance currently being canvassed as an alternative to existing strategies of dependent or associated development. Oteiza and Sercovic (1976: 4) have usefully summarised collective self-reliance as involving "(i) the severance of existing links of dependency operated through the 'international system' by the dominant countries; (ii) a full mobilisation of domestic capabilities and resources; (iii) the strengthening of links—collaboration with other underdeveloped countries; (iv) and the re-orientation of development efforts in order to meet the basic social needs of the peoples involved". Such a programme might be regarded as a necessary but not sufficient condition for a transition to socialism or for breaking out of a subordinate position in the world hierarchy of accumulation.

The restructuring of society and of income distribution involved in such a programme would have a clear impact on the pattern of consumer demand, of production and of technology. Industrialisation would be based no longer on the exact reproduction for a narrow high-income market of the transnational brands of consumer goods, but on the production of basic consumer goods for a mass market and of a range of associated intermediate and capital goods. This would mean a change in the context in which production-based professionals would work and necessarily in the way in which their jobs would have to be defined and in their self-image. This would have revolutionary implications for systems of professional training and qualification, with the emphasis shifting from producing 'a professional' (to international specifications) towards the acquisition of task-specific knowledge. The totality of such knowledge would not necessarily be of a 'lower' standard than the internationally-defined syllabuses of existing professional training institutions; it would certainly be very different; it would change constantly as the structure of the economy changed; and its relatively modestly rewarded possessors would certainly not be regarded as 'professionals' by their international counterparts and potential employers (and thus, incidentally, brain drain would cease to be a problem).

Remoulding the professions

Any governments, then, which were seriously involved in a move towards collective self-reliance would need to embark at an early stage on a remoulding of their professions. Such a programme would have both negative and positive elements. Negative steps would include: a ban on the local sitting of foreign professional examinations (such as those of the US Educational Council for Foreign Medical Graduates) and on foreign recruitment of local professionals; pressure on rich-country authorities to withdraw recognition from local qualifications; disaffiliation from international professional associations, which see the establishment of a common standard and reciprocal recognition of national qualifications as one of their aims; the discouragement by means of scholarships policy and foreign exchange and passport controls, of disfunctional overseas study; and, in the case of countries which are over-producing professionals in response to excess demand in the international market, a restriction in this output to the number that can be absorbed at home.

This range of negative policy measures, amounting in effect to a drawing back from tight integration in the international market and system of professional qualification, would have to be combined with a number of positive measures.

The redefinition of job content along the lines already suggested and the associated changes in training would need careful study. They would also have institutional implications. Among other things, new Third World centres of training would need to be developed on a regional basis to impart those skills which are too specialised and/or needed in too small quantities to be worth providing training for at home. This does not mean that study in a rich country would be ruled out, but it would be study for the acquisition of skills and ideas not available at home and not for the acquisition of the status of internationally mobile professional. The whole programme would not only be essential to the success of a strategy of collective self-reliance: it could only work as part of such a strategy. The 'negative' measures would be much more effectively implemented by a group of countries than by a single country acting in isolation. The search for more relevant curricula and syllabuses and for new locations, institutions and modes of training implies an even greater degree of cooperation. Geographical proximity and the use of a common language would obviously be useful to the strategy as a whole, but the sharing of a common aim and political philosophy would be even more important.

There is no suggestion in all this that collective self-reliance is just around the corner. Our concern has not been with the feasibility of the strategy but with its logical implications—in particular, its implications for the professions. Indeed the fact that it implies a drastic remoulding of the professions could be said to constitute an important potential obstacle to its implementation. Members of the professions affected can hardly be expected to welcome a redefinition of their role. The ferocity with which the international medical profession opposes its dilution by barefoot doctors and the like has to be seen to be believed. How much more so if analogous reforms are suggested for the engineering, surveying, legal, accountancy and architecture professions.

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