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# Poverty, Wealth, and How Traditional Medicine Would Benefit the United States

Becky Darin Goldberg  
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Poverty, Wealth, and How Traditional Medicine Would Benefit the United States  
Becky Darin Goldberg, S.I.T. Research Paper, Professor Nat Quansah  
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**Abstract**

This paper seeks to discover and address the various reasons as to how traditional medicine, “the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses” (WHO 2013), would benefit the U.S. Within the United States, health disparities from race and geographic location are worsening, and traditional medicine could be a viable way of reversing this. Madagascar and the U.S. face similar issues within allopathic medicine such as distance to a doctor and cost, but Madagascar addresses these issues in a cost effective manner: traditional medicine. As doctors and traditional healers in Madagascar have found, the use of traditional medicine can only make a population healthier, and those in the U.S. recognize the need to introduce an inexpensive and effective complimentary healthcare system. By doing so through a two-step exchange program, whereby Malagasy traditional healers would be introduced at community health centers in the United States, and U.S. allopathic doctors would be introduced at CSBs in Madagascar, both populations’ health would benefit tremendously.

## **Introduction**

As of 2013, over 40 million people in the entire world are impoverished (Global Issues, 2013). Poverty is seen among the people in New York who live under the bridges along the highway, and poverty is seen among the children of Madagascar who are trained to be dirty, put their hands in your face, and beg for money while at the same time threatening to slice your bag open. And the wealth in this world can be seen in the same countries: people who own \$50 million apartments in New York but only use them once a year, and wealth is seen in the people of Madagascar who own a castle-like mansion that towers over people so poor they use plastic bags to make homes. This extreme difference in wealth exists within many aspects of society: education, housing, access to jobs, but most importantly, healthcare. Immense health disparities develop from this divide in healthcare and they lead to some portions of the population having wonderful health and other portions of the population having terrible health. After spending time in Madagascar, one of the poorest countries in the world, and learning from leaders within Madagascar's healthcare and traditional medicine system, I have observed their way of dealing with this divide: traditional medicine. This medicine, if introduced to the United States with already existing allopathic medicine, would aid the poor and help unite the world's population through health.

### **What is traditional medicine?**

“Traditional Medicine is the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses” (WHO 2013). There are many types of traditional medicine in Madagascar and

many of them are multifaceted, but they all share one common goal: to keep people healthy. Traditional medicine in Madagascar dates back to before Madagascar was colonized in 1896, and it has always been extremely connected to the ethnic group in the highlands, Merina. For the first people of Madagascar, “Life as a Malagasy and traditional medicine were inseparable” (B. Rabarijaona, personal communication, June 19, 2013). The Merina knew that humans needed an additional force to help keep them healthy and strong since humans are fragile, so they turned to nature and their surroundings (B. Rabarijaona, personal communication, June 19, 2013). However, that isn't to say that everyone used traditional medicine all the time. There were and still are several different contributing factors to why a person may need traditional medicine.

#### History of traditional medicine

In order to understand traditional medicine, we must observe its history. Dating back to the Merina, there were thought to be three types of causes of sickness: supernatural, social, and natural. A supernatural cause stems from breaking a fady, a taboo. A historical taboo is to walk on the tomb of the Vazimba, since it is forbidden. If you do walk on the tomb of the Vazimba you will get sick. There are also social taboos such as incest and insulting people, in addition to food taboos such as eating pork. Social causes would be if you were to get poisoned, bewitched, or if someone were to put a spell on you. For example, if you were to take food from a mistresses' house and bring it back to your home with your family and eat it with your family then your family will get sick and will very quickly die. The third cause is socio-political. An example of this can be seen in 1863 when there was a collective disease because the king broke a fady and his entire population was possessed by that disease (B. Rabarijaona, personal

communication, June 19, 2013). Just as there are a variety of reasons for contracting a sickness, there are various forms of treating these sicknesses.

#### Treatment of illnesses with traditional medicine

Starting with historic traditional medicine and continuing to present day, there are four ways of treating a sickness. The first such way is through religion/belief. Tromba is the phenomenon whereby a spirit can possess someone's body to diagnose the disease and explain the necessary remedy. Adoration is the phenomenon whereby someone can communicate with a spirit in the room regarding the sick person's disease and the remedy. Within Bilo, one is possessed by a bad spirit and it must be removed. Within Sikidy there is divination through seed reading. Lastly, there is the most popular treatment method within religion/beliefs: 'Fanandroana.' 'Fanandroana' is a form of astrology whereby the 'mpananoro' uses the stars to explain what has happened or will happen to you. The second treatment method is through traditional medicine specialists. An example of a specialist is the 'mpanao' Ody May who treats burns using saliva. The third treatment method is using plants with a prescriber, and the fourth treatment method is ethnopharmacopea where a remedy is prepared by the individual based on traditional knowledge. In fact, the knowledge of these treatments is passed down generation to generation. (J. Solo Raharinjanahary, personal communication, June 17, 2013). Although some of these methods are more historical than others, and people have their preferences as to which methods they use, 80% of the population in Madagascar uses Traditional medicine in some way (Dr. Tolotra, June 25, 2013). Clearly, there are certain strengths to the traditional medicinal system.

## Methodology

Primary and secondary sources were used to collect information regarding this topic. A variety of methods were used for primary sources. Interviews were conducted in a small town about three hours from Antananarivo, called Andasibe. These interviews were with Dr. Rakotondrasana, traditional healer, Madame Telovavy (Figure 1), and my homestay mother, Saholy. Both the doctor and traditional healer are professionals with years of training and experience, thus further validating their statements. In Antananarivo, an interview was conducted with my homestay family. My homestay families provided insight into real-life application of what the doctors, traditional healers, and lecturers spoke of, and there is no one better to speak to real-life application than the people who actually live it.



Figure 1: Madame TeloVavy, Traditional Healer

Additionally, information was collected during several lectures given by J. Solo Raharinjanahary, Dr. Tolotra, B. Rabarijaona, and Dr. Nat Quansah. These individuals include a former academic dean at the University of Tana, a medical doctor, a professor at the University of Tana, and an accredited author and academic director at S.I.T, respectively. One thing that's important to note, however, is that it is possible some things were lost in translation from conversations with non-English speakers. The aforementioned people helped me greatly with information regarding Madagascar. Information attained from professor Cora Roelofs, and knowledge gained through conversation from Director of Lynn Community Health Center, Lori Berry, and Dr. Amy Lischko, associate director at Tufts School of Public Health, catered for data on the United States. The Declaration of Independence was also consulted as a primary source.

One book on the United States Healthcare System, another on traditional medicinal remedies, and several Internet sources were used for secondary sources. From this diverse group of both primary and secondary sources, ample information was obtained from which analysis and conclusion can be drawn.

## **Results**

### Problems faced by the allopathic system; characteristics of the traditional medical system

One of the most important bases for this research was the characteristics of the traditional medical system. As one of the poorest countries in the world, Madagascar faces certain problems with the allopathic medical system, and therefore relies on the strengths of traditional medicine in order to compliment the allopathic system. One such problem is the great cost to see a doctor. Not everyone in Madagascar can afford to go to the doctor, so many people wait until the last minute when their sickness has progressed to an untreatable level. Although visiting the doctor is free in Madagascar, paying for the drugs is not, nor is the transportation to get to the doctor. For many people, access to a medical doctor is just not possible. Another problem with the allopathic system is resistance to drugs, such as antibiotics. Such resistance is caused by the over prescription of antibiotics which thus leads to the development of resistant strains of disease pathogens. Additionally, it is very expensive to look for new drugs and perform research (Dr. Tolotra, June 25, 2013). That being said, people still get sick and need help recovering, so they rely on the strengths of traditional medicine.

Within Madagascar alone there are 13,000 species of plants, and only 3,000 have been researched. China has 150,000 species of plants, and Papa New Guinea has 6,000. It

is obvious that plant material has great potential. Additionally, 25% of current pharmaceutical products have a base in natural products, such as aspirin, which has its base in willow bark. Not only that, but there is definite economic accessibility for using plants with medicinal value, as cost is very low for raw plant materials. Even more so, there is a short circuit of treatment, as the a long process whereby one needs to go to the doctor, get the prescription, bring the prescription to the pharmacy, and wait for it to get filled is avoided. With traditional medicine, one must visit the traditional healer, get diagnosed, and the healer either provides the medicinal plant ready at hand or one just has to purchase it at a market. Moreover, there are great economic benefits to using plants as it removes the cost of producing and importing pharmaceuticals. One only needs to use the raw plant material, and there is almost always more than one plant that can perform the same function so there is no need to make any plant go extinct (Dr. Tolotra, personal communication, June 25, 2013).

Though there are clearly many strengths to traditional medicine, the weaknesses must also be acknowledged, so the system can be made even stronger. One such weakness is the fact that knowledge of traditional medicine is all passed down orally, so there isn't a definite way to know if it's valid or not. Furthermore, since all of this knowledge is passed down orally, there is no system of regulation or dosage, security, or efficacy (Dr. Tolotra, personal communication June 25, 2013). If traditional medicine was to be formally introduced to the United States, however, these weaknesses would be extricated, and the system would be altered in a few ways in order to fit the United States' needs. There is one thing that will certainly not be changed, however, and that is

the healing power that traditional medicine has of common illnesses. For further analysis, please see the discussion section.

#### Examples of traditional medicinal healing

There are several ailments that traditional medicine is known to treat particularly well, and these are ailments that should not need an allopathic medical professional to treat. For constipation, one remedy is 4-6 pods of matured and ripened tamarind, prepared to make a juice by removing the shell and using ½ liter of water. One must drink a glassful (200ml) of the juice once, or twice if needed. Other remedies for constipation include jujube and pawpaw. For a dry cough, one should use garlic, and for a cough with mucus, one should use a garlic clove with honey, or lemon, ginger, and honey. For influenza, one should use 7 citrus leaves, 7 eucalyptus leaves, and 1 pawpaw leaf. From these leaves, one must prepare an infusion in order to then carry out an inhalation of the vapor for 10-15 minutes, and then shower with the cooled down infusion before bed, each night for 5 nights (Quansah & Randrianavony 2012). For further analysis, please see the discussion section.

#### Responses from Interviewees

After reviewing all of the information received, the traditional healer, doctor, and professor were asked what their thoughts were on introducing traditional medicine to the U.S. The professionals were asked what they thought about allopathic doctors working with traditional healers. The following were their responses: Mme Telovavy said the two “complement each other” (Mme Telovavy, personal communication, July 2, 2013), Dr. Rakotondrasana mentioned “he already does!” with a smile on his face (Dr. Rakotondrasana, personal communication, July 5, 2013), and my professor, with a

specialty in health disparities, commented that “introducing a more affordable and equally as effective treatment would certainly help the fight against health disparities” (C. Roelofs, personal communication, July 5, 2013).

## **Discussion**

### Health disparities and the United States Healthcare System

Within the United States, there is a strict line between the rich and the poor, and it has very clear effects on healthcare, as can be seen by U.S.’s ranking of 37<sup>th</sup> in the world for healthcare (WHO, 2013). The U.S. total health expenditure per capita, public and private was \$8,233 in 2010 according to the Organization for Economic and Co-operation Development (Wall Street Journal, 2013). This is a tremendous sum of money, more than double that of Ireland, Sweden, Belgium, and France. However, as *Understanding the Global Dimensions of Health* states, there are “limited publicly supported services for the exceptionally poor” (Dickens, 2005, p. 57) in addition to the elderly, and most access to healthcare still requires each person’s own resources. In the United States Declaration of Independence, signed in 1776, Article 25 states that “Everyone has the right to standard of living adequate for the health and well-being of himself and of his family, including...medical care,” (The United Nations, 2013) and yet it wasn’t until 1965 that Medicare and Medicaid were created under President Lyndon B. Johnson. While it is true that the United States has some of the finest healthcare services, they are truly only available to those who can pay. Those who cannot are part of the Medicaid program, which covers 1 out of every 5 Americans (60 million people) (WHO, 2013). Clearly, there is a huge need for Medicaid. Why? Because even as the U.S. ranking as 37<sup>th</sup> in the world remains the same, healthcare costs in the US have been growing tremendously, and

are “expected to grow faster than national income over the foreseeable future” (Kaiser, 2013). Even with Medicaid and Medicare, an estimated 43 million out of 300 million people in the US lack reasonable access to healthcare services (Dickens, 2005, p. 57). This, in turn, is one of the largest contributors to the huge healthcare disparities in the US.

Due to the high costs and uneven distribution of healthcare services, the disparities in the U.S. are rampant. An example of this is the U.S. infant mortality by race/ethnicity in 2007: white (non-Hispanic): 5.6, Hispanic (white or black): 5.5, black (non-Hispanic): 13.3 (Center for Disease Control, 2013). Figure 2 shows a graph of how health disparities are worsening. A second disparity and one of the greatest is un-insurance. People in the U.S. are more likely to be uninsured if they're poor, working at a low wage job, Hispanic, black, and non-elderly (Center for Disease Control, 2013).

This only goes to show how strict the divide is between the poor and the wealthy (Figure 2). This clearly must change.

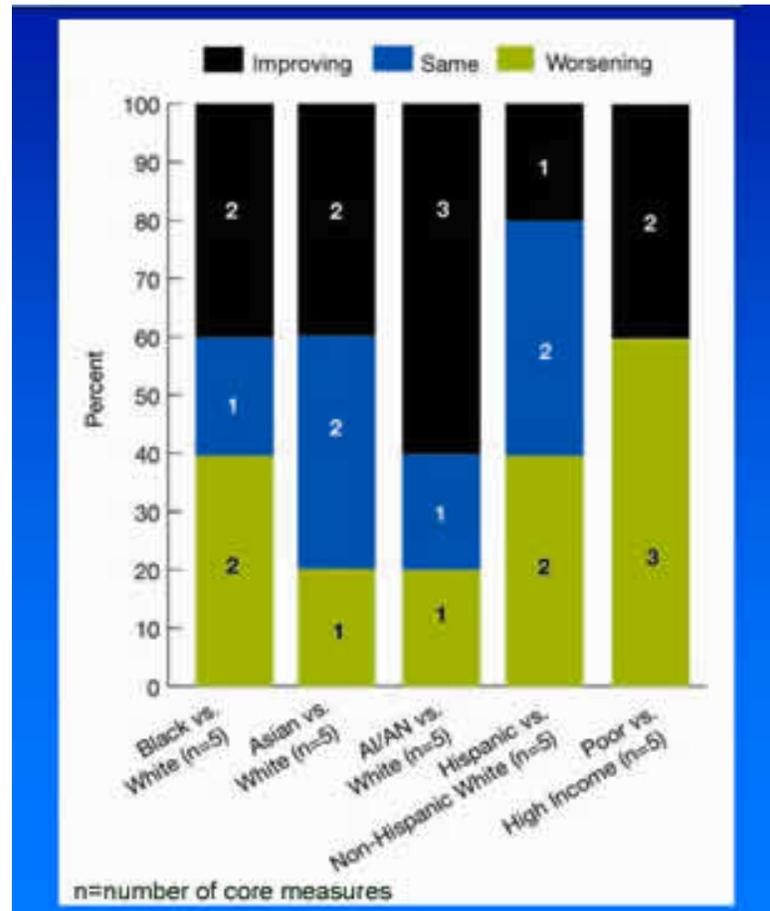


Figure 2: Access to Healthcare. Health Disparities are staying the same or worsening. (Agency for Healthcare Research and Quality 2013.)

### How traditional medicine would benefit the United States

The reason so many disparities exist in the U.S. is this terrible divide in wealth. The wealthy have immediate access to allopathic medical professionals; because those are the people who can afford to live in urban environments with good healthcare centers. Those who live in rural locations further away from healthcare centers live there because the cost of living is lower, but their health suffers. In Madagascar it is similar in that those who live in urban areas have access to allopathic doctors and those in rural areas do not, but the health of those who live in the rural areas do not suffer as much as those in the United States, due to traditional medicine. The United States would certainly benefit from introducing traditional medicine practice to the country.

By introducing traditional medicine to the U.S., more jobs would be created, more appropriate healthcare would be provided to the entire U.S. population, not just the rich, the health of the poor will be improved, thus extricating the healthcare disparities within the U.S., and by doing this, in turn, boost the economy.

In order to make traditional medicine applicable to the United States, though, there would have to be a few changes. First, since the U.S. is a non-secular nation with several practiced religions of extreme variation, it would pose great difficulty to incorporate the religious/spiritual element of traditional medicine. The traditional medical system adapted to the U.S. environment should concentrate only on the method of treatment through plant remedies, such as the remedies in Dr. Quansah's book. The aforementioned remedies in *Nature's Gift to Humanity* are relatively simple, they have precise doses, they can all be prepared at home, and they are economically incredibly

feasible. Within Madagascar, many of these remedies are being used both by people who have access to allopathic medicine and those who do not, thus lessening the disparities between the rich and the poor.

Additionally, there would be the need to ensure that the knowledge is recorded, not only transmitted orally. There should be the creation of some sort of database, to which only those who are licensed traditional healers have access, and only those who are licensed can practice traditional medicine.

A way in which Madagascar's healthcare system is better than the United States' healthcare system

Within the United States, there are several medical care settings, such as acute care hospitals, specialty hospitals, ambulatory surgery centers, rehabilitation centers, nursing homes, physician practices, community health centers, retail clinics, home health care, and hospices. And yet an estimated 43 million out of 300 million people in the US lack reasonable access to healthcare services (Dickens, 2005, p. 57). This is because a large portion of the United States' population either lives too far away from or cannot afford these services. According to the Dartmouth Atlas of Healthcare, where a person lives is the most important determinant of healthcare they receive (The Dartmouth Atlas of Healthcare, 2013). Moreover, where a person lives is also the most important determinant of their income. One such example of this is from Otis Brawley's book, *How We Do Harm*. Edna Briggs was a forty-three year old woman who had never had a mammogram until the day she walked into Dr. Brawley's clinic in a low-income part of Atlanta, Georgia, at Grady Memorial hospital, with her breast in her hand. She knew that something was wrong with her breast years before, but she couldn't muster up the funds

to pay for a treatment she knew she would need. She didn't go to the hospital until it was too late (Brawley, O. 2012). This is just one of many stories that exist within the United States. There's the need to make healthcare more affordable and accessible in the U.S., so patients like Edna Briggs aren't deterred from getting the care they need because of distance or cost.

In Madagascar, with a population of 20 million people, there is 1 doctor for every 2,000 people, and 1 traditional healer for every 500 people. After speaking with several doctors, traditional healers, and families in both Antananarivo and Andasibe, it is apparent that there is a pattern in which forms of treatment people seek from doctors, and which forms of treatment people seek from traditional healers. For small illnesses such as flu, coughs, diarrhea, etc., many people will seek the use of medicinal plants from a traditional healer. Both my upper middle-class family in Antananarivo and my lower-income family in Andasibe seek traditional healers for those illnesses (Saholy, personal communication, July 6 2013), (Bebe and Rivo, personal communication, July 10 2013). For more severe illnesses and diseases such as pneumonia and malaria, people in Madagascar will seek treatment from a doctor. This, in turn, helps the people of Madagascar stay healthy and save money. Since they have the resource of a traditional healer who can provide effective care for extremely minimal fees, or, more commonly, for free with the expectation of receiving a gift in return for successful treatment, the people of Madagascar do not have to wait until they can wait no longer to see a medical caregiver. In other words, traditional healers make it so that people like Edna Briggs can receive good quality care before it's too late. Doctors and traditional healers in Madagascar agree, saying the two "complement each other" (Mme Telovavy, personal

communication, July 2, 2013), and without traditional healers the health of the population would be “negatively impacted” (Dr. Rakotondrasana, personal communication, July 5, 2013).

#### Proposed integrated healthcare system

Introducing traditional medicine and creating an integrated healthcare system in the United States will most certainly have a positive impact on the nation’s health. The definition of a health care system is “the prevention, treatment, and management of illness and the preservation of mental and physical well being through the services offered by the medical, nursing, and allied health professions. Health care embraces all the goods and services designed to promote health” (Wikipedia, 2013). If the United States doesn’t harness the resources available through traditional medicine, they would not be embracing all the goods and services designed to promote health. In order to embrace all such goods, there’s the need to introduce traditional medicine through an integrated health care system, which is a system “that consciously targets and harnesses peoples’ links with biodiversity for health care reasons as a positive tool to arrive at meeting the health, economic as well as the biological and cultural diversity conservation needs of people and their area simultaneously (Quansah, N., personal communication, July 1, 2013). In Madagascar, the Clinique de Manongarivo successfully implemented an integrated healthcare system. This Clinique was established in 1993 in Northwest Madagascar by Dr. Nat Quansah and was successful for seven years until it ran out of funding. In this clinic, traditional medical practitioners and allopathic medical doctors worked together in every step of the process. They would receive and examine the patients, diagnose and discuss, and decide on the appropriate treatment all together.

Additionally, the priority prescription was always from biodiversity and given by the traditional medical practitioner (Quansah, N., personal communication, July 1, 2013). It is time for the United States to follow their lead.

Within the United States, community health centers are the first health care settings to understand the need for an integrated healthcare system, as they provide a broad range of primary care including dental, eye, and mental health care. But this can be expanded even further. Community health centers should be the basis for an integrated healthcare system in the U.S. Within the state of Massachusetts alone, community health centers serve 1 out of 8 residents, they give comprehensive primary care for children, adults, and elders regardless of socioeconomic status; they provide prevention and health promotion, and disease management for those with chronic conditions. They support more than 14,000 jobs, work to eliminate health disparities, and demonstrate cost-effectiveness (C. Roelofs, personal communication, July 5, 2013). They already have the mindset of an integrated healthcare system, but they are forgetting one key aspect: peoples' links with biodiversity.

The United States has over \$3 billion worth of medicinal plants, and over 175 plants native to North America that are hardly being used for their medicinal properties (Green Medicine, 2013). Although the United States doesn't have as many plants as Madagascar, the U.S. should still harness the capabilities these plants have to treat common illnesses. An example of a plant native to North America with medicinal properties is the Dandelion (Figure 3), which is an effective laxative and diuretic (Wikipedia, 2013). An important aspect of using medicinal plants is making sure to conserve them.



Figure 3: Dandelion, *Taraxacum officinale*. 15  
Wikipedia, 2013.

Conservation is “the management of the human use of the biosphere so that it may yield the greatest sustainable benefit to current generations while maintaining its potential to meet the needs and aspirations of future generations” (Quansah, N., personal communication, July 1, 2013). At the heart of conservation is making sure to arrive at sustainable use whereby one uses “a resource in a way that it meets the needs and aspirations of the user without compromising the ability of the resource to meet the needs and aspirations of other users (Quansah, N., personal communication, July 1, 2013). The Clinique de Manongarivo made sure to use their resources sustainably by creating a medicinal plant garden. In order to harness these medicinal properties, however, there need to be professionals who know how to conservatively harness them, how to administer them, in what dosage, preparation etc., and the perfect professionals to do that are traditional healers.

#### Exchange program

In order to formally introduce traditional healers to the United States, a two-step program is proposed. First, a pilot five-year long exchange program whereby the U.S. sends allopathic doctors to Madagascar to help train and administer health services at five CSB IIs with the greatest need for assistance. One CSBII that would be great for the pilot program is the CSB II in Andasibe. Dr. Rakotondrasana works 24 over 24, 7 over 7, and although he finds they are adequately staffed, he often has to travel to Moramanga to assist there. (Dr. Rakotondrasana, personal communication, July 5, 2013). Even more so, Andasibe is the village that really allowed me to see what the United States is missing; they should be involved in the program they inspired! Other CSBs in need of medical personnel are located in Tsiromandidy, Belo-sur-Tsiribihina, Faux-Cap, and

Antananarivo (Quansah, N. personal communication, July 10, 2013). In return, traditional healers will come to the U.S. to help train and administer their health services at five specifically selected community health services centers. These community health centers are in low-income towns with heightened health disparities: CHA Union Square Family Health in Somerville, East Boston Neighborhood Health Center in Boston, Martha Eliot Health Center in Jamaica Plain, Lynn Community Health Center Eye Clinic in Lynn, and Gloucester Family Health Center in Gloucester (Massachusetts League of Community Health Centers, 2013). In the community health centers the doctors and traditional healers will work together and see the patients together just as they did successfully at the Clinique de Manongarivo whereby the doctor and traditional healer received and examined the patient together, diagnosed together, and agreed on treatment together. The primary prescription was biodiversity given by the traditional healer. Only when there wasn't an herbal remedy would the medical doctor prescribe a pharmaceutical product. This should be the same system at the five community health clinics involved in the exchange. That way, peoples' links with biodiversity are encouraged in a conservative manner. It is also suggested that a garden for the medicinal plants be created. Furthermore, prescribing a remedy from biodiversity will take priority because in addition to being effective, it is economically feasible, which is one of the most important aspects to limiting health disparities. Even more so, there will be an ethnobotanical survey conducted in order to include people already in the U.S. who are familiar with and already use the plants there to partner with the traditional medical practitioners who come to the U.S.

After this five-year period once this exchange program has been established, the United States will see the tremendous impact the traditional healers have had on those five communities, lessening health disparities and improving access to care, and my hopes are that the second step of the program will commence: a formal school of training will be established to teach traditional medicine. The professors at this institution will be from the exchange program with Madagascar, which will continue until one of the countries is no longer benefiting from the program. While I understand that not all skills and knowledge within traditional medicine can be taught, those that can be, will. Additionally, with time, certain aspects of the program can change to better accommodate the needs of its users. For example, a survey could be given to the patients at the community health centers asking if they would be interested in including a spiritual aspect of traditional medicine. By establishing the exchange program, there is a sense of mutual aid and assistance, not just charity. And by teaching both countries the skills and knowledge from the other country, there is a sense of mutual respect and teamwork. Introducing traditional medicine to the U.S. through this proposed two-step program will therefore create jobs for both Americans and Malagasy people, it will boost the economy, and, most importantly, it will improve the health of thousands of people in Madagascar and in the United States.

After speaking with several doctors, traditional healers, and lecturers in Madagascar, and my professor in the United States, I know there is an interest and understanding in the benefits of introducing traditional medicine to the United States, but by doing so in a mutually beneficial way to both the U.S. and Madagascar. As without

Madagascar I would not have known nearly as much as I do now about how to better the United States healthcare system.

### **Conclusion**

Both allopathic medicine and traditional medicine have the same goal: to keep people healthy. That being said, it would only make sense that the two work together. Though different in many ways, Madagascar and the United States are similar in that they both have a great divide in wealth. But one way in which Madagascar is specifically different from the U.S. is that the poor's health in Madagascar does not suffer as much as the poor in the U.S., since the poor in Madagascar can meet their health care needs through the traditional medical system. Even simple illnesses such as fevers, diarrhea, cough, fever, etc. can turn into something much greater if not treated, but the poor in the United States do not see doctors until their illnesses turn into something much worse, and often times it is too late to treat. By introducing traditional medicine, the U.S. could prevent these serious illnesses from occurring, and cure the simpler illnesses with medicinal plants. Furthermore, by introducing the two-step program with the exchange and a formal school of training for traditional medicine, health disparities in the United States will decrease, and access to healthcare will increase in both the U.S. and Madagascar. Furthermore, this exchange program is unique in that it emphasizes mutual aid and respect, in that for every doctor the U.S. sends to Madagascar, Madagascar sends one to the U.S; both populations' health will benefit. In conclusion, it is undeniable that introducing traditional medicine to the U.S. will benefit the U.S. population as it will create more jobs, boost the economy, and, most importantly, improve the nation's health

as a whole. In further research, I plan to introduce a budget to implement this exchange program.

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