health as will overall improvements in their economies. To expect African family medicine to carry out the agenda of primary care described in these articles is to ask of it what it has neither chosen nor can deliver.

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Primary Care Is Important for Africa

To the Editor: The comments made by Dr. Downing in his communication regarding a need to evaluate the benefits of primary care are accurate. Studies do need to be conducted in the developing and emerging world to determine whether the principles of primary care and family medicine do improve health. As noted by Montegut,[1] it is unrealistic to expect that family physicians could be trained to offer primary care for all rural areas. The family physician can play a role, however, in the health care team that includes nurses and health care workers in the more remote areas. It is this delivery model which needs attention for the delivery of primary care.

Starfield, Shi, and Mancinko[2] review multiple studies from developing countries as they relate to primary care. One study describes a reduction in health disparities associated with socioeconomic disadvantage in 7 African countries as a benefit of primary care.[3] Another study which was an analysis of preventable deaths in children showed that 63% of these deaths could have been prevented by full implementation of primary care with interventions that included addressing diseases common to Africa such as diarrhea, pneumonia, malaria, and HIV/AIDS.[4]

In comparing health care systems, one must be careful in defining the principles of primary care. First contact care is not defined as "gate-keeping," longitudinal care is not related only to chronic disease, and comprehensive care including preventive health must account for the local diseases which in Africa include malaria, tuberculosis, and HIV/AIDS and not be viewed solely as related to "check-ups."

One needs only look at the Institute of Medicine's definition of primary care to understand how this approach to health care is applicable to all populations. "Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."[5] This is what the family doctor and the health care teams should offer to all people.

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Integrative Medicine Increasing in Family Medicine Residency Programs

To the Editor: We commend and strongly support the effort of the *Journal of the American Board of Family* Medicine (*JABFM*) and the American Board of Family Medicine to address the issue of redesigning Family Medicine (FM) residency. Such forward and creative thinking has become essential in a rapidly changing era of health care and post-graduate medical education. The series of articles[1–5] presented a creative number of options for residency redesign. As a consortium of academic health centers committed to integrative medicine (IM), we wish to share another—that of incorporating a robust IM curriculum within the standard 3-year FM residency. As alluded to in Dr. David's article, several programs have created a 4-year FM residency which include IM or other areas of concentration such as sports medicine or a master's in public health.[2]

A group of 8 existing FM residency programs (University of Arizona, Tucson, AZ; Beth Israel, New York City, NY; Carolina's Medical Center, Charlotte, NC; University of Connecticut, Hartford, CT; Hennepin County Medical Center, Minneapolis, MN; Maine Medical Center, Portland, ME; Maine-Dartmouth, Augusta, ME; and University of Texas Medical Branch, Galveston, TX) are now participating in an Integrative Medicine In Residency (IMR) Project. They are currently in the process of developing a 3-year pilot curriculum to be implemented in July 2008 in which the didactics of both IM and FM are woven together via online curriculum support. The content of the curriculum is being informed by a needs assessment survey