

to understand and appreciate the functional anatomy of the inguinal canal. "Make the operation fit the patient and not the patient fit the operation."

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Reply

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We appreciate and agree with Dr Holzheimer's comments about our article. As Dr Holzheimer notes, the concept of a hernia and utilization of the term hernia may need refinement or additional stratifications in the future. This may accurately define a variety of associated disorders in the inguinal region. As technology evolves, radiologic, genomic, and histologic developments may also help classify these additional categories. Finally, our article concurs with Dr Holzheimer's statement that a specific operation must address each patient's specific disorder, regardless of its etiology.

International Medical Graduates and the Global Surgical Workforce: The Perspective from the Other Side

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We would like to thank Dr Leon and colleagues¹ for their discussion of international medical graduates in the United

States. We must, however, also call attention to broader issues concerning the overall global health workforce.

These issues were the focus of the first Global Forum on Human Resources for Health in Kampala, Uganda, March 2–7, 2008. The Forum, hosted by the Global Health Workforce Alliance of the World Health Organization (WHO), adopted the "Kampala Declaration," a 12-point call to develop the world's health workforce, especially in the poorest countries.² As surgeons participating in this conference, we wonder what actions the US surgical community will take to confront this crisis.

It is hard to imagine a more pressing issue facing the global surgical community. There is a global shortage of 4.3 million health workers, and 1 million of these are in Africa. Africa bears 25% of the global burden of disease, with only 2% of the world's workforce, and only a small proportion of these are surgeons.³ Africa may have less than 1% of the number of surgeons in the United States, despite having three times the population; the world's anesthetic and nursing workforces are similarly maldistributed. As a result, most patients in poor countries with routinely treatable surgical conditions never reach a health facility or reach a facility without the human capacity or infrastructure to care for their problem. This leads to morbidity and mortality that are unfathomable to clinicians who have not worked in these settings.

Major donor organizations in poor countries overwhelmingly support programs exclusively related to infectious diseases. Even among nonsurgeons, there is increasing awareness that surgical conditions in low-income countries exact an enormous and, before this, neglected health and economic burden.⁴ To reshift this focus, there is an urgent need for surgeons to document unmet global surgical need, to advocate for patients and local clinicians abroad, and to affirm the role of surgery within global public health.

The diverse "push" and "pull" factors from source and recipient countries, respectively, that cause migration must be appreciated.⁵ The US already depends heavily on international medical graduates, and because US residency positions are projected to increase, more international graduates will seek training in the US. Creative approaches by rich countries can have an impact, for example, by committing to producing more physicians, directly supporting health worker salaries in poor countries, and by adhering to ethical recruitment practices. Partnerships or "twinning" programs are also a key strategy to improving education and training of health workers worldwide.⁶

Some may believe that this work is reserved for the international humanitarian community, and undoubtedly, volunteerism plays an important role in meeting workforce shortages in low-income countries. But only through a sys-

tematic, coordinated response from training institutions and associations can the problem be truly confronted. The human right to the “highest attainable standard of health care,” as touted by the World Health Organization, is inclusive of surgery. As surgeons, we must act now to move toward greater equity and control of disparities in surgical care worldwide.

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