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 com-
ments 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 com-

munity 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 mor-
tality that are unfathomable to clinicians who have not
worked in these settings.

Major donor organizations in poor countries over-
whelmingly support programs exclusively related to infec-
tious 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 refocus 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 inter-
national medical graduates, and because US residency po-

sitions are projected to increase, more international gradu-
ates will seek training in the US. Creative approaches by
rich countries can have an impact, for example, by com-
mittting to producing more physicians, directly supporting
health worker salaries in poor counties, 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 in-
ternational 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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