confluence of many related circumstances. My hope is that we will take advantage of this unique opportunity to benefit the clinical training of our surgery residents and to contribute to capacity building in surgical education and care in developing countries.

Commentary: Charity begins at home

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The plight of the one billion impoverished souls in the developing world is unimaginable, but the poor health of the 46.2 million Americans living in penury is a national disgrace and unacceptable. Lifestyle decisions have obvious health consequences, but poverty in and of itself affects health adversely irrespective of discretionary health-related behavior.

Low-income Americans are sicker and use 2 to 4 times the health care resources compared with affluent patients (Cooper RA. Health, Poverty and Healthcare Spending. Geographic differences in health status and health care spending reflect geographic differences in wealth and poverty. Personal communication, August 23, 2010). Even residence in an economically depressed neighborhood is associated with poor health after other variables are controlled, including income. The adverse health effects span the spectrum of human disease, including cardiovascular, pulmonary, metabolic, and malignant disorders. Poor people also have an increased risk of both intentional and nonintentional injury. The epidemic incidence of gunshot wounds among poor urban minority youth is especially disturbing.

An increasing number of impoverished Americans seek care in resource-constrained urban safety net hospitals stressed already to the limit. Access to care for the rural poor is even worse. In 2006, 925 (30%) of the 3,107 counties in the United States lacked a single surgeon, and nearly 9.5 million Americans lived in those counties. Lack of access to operative care has a direct association with the greater rates of mortality after trauma in these “surgical deserts.”

Community health centers are an important component of the safety net but are usually limited to primary care. Low-income, uninsured patients who require operative care usually rely on ad hoc, pro bono services by a community surgeon or seek treatment in an emergency room. Surgical volunteer networks in the San Francisco Bay Area, Orange County, and North Carolina have made an organized response to this challenge. Operation Giving Back, a program of the American College of Surgeons, serves as a clearing house for both efforts by global and local volunteers. Although thousands of patients have been helped by these efforts, the overall health of our nation has not changed.

The major determinant of life expectancy above a minimum level of household income is equity of income distribution. The greater the inequality of income distribution, the greater the rate of mortality. This is true when one compares life expectancies among different countries and among the different states of the Union. Unless the increasing inequity in income distribution is addressed through investment in education and social infrastructure, the health of our nation will continue to compare unfavorably with other industrialized countries.

The current focus on global health is a positive development, but much work is also required at home. One thing is clear—despite the emphasis on “the broken health care system,” the overall health of our nation, like the health of the world, is a question of political economy, not medicine. Good policy is based on accurate information derived from research. Academic surgery, in collaboration with the American College of Surgeons, should also vigorously engage “the Surgery of Poverty” right here at home in the United States; this may be the most pressing domestic health issue of our time.
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Commentary: The role of global surgery electives during residency training: Relevance, realities, and regulations

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Technology has made the world smaller. Worldwide communication is instantaneous, and those with little or no access to safety, food, and health care realize the inequalities within which they live. Surgery residents recognize the inevitability of globalization and want to address health care access and disparities under which many people live and thereby many of our residents want