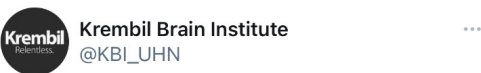




# Newsletter



## RECENT TWEETS



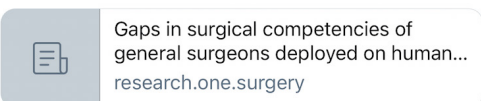
Congratulations to Dr. Mark Bernstein, recipient of the 2021 @uoftmedicine Dean's Alumni Humanitarian Award for his dedication & commitment to serving patients needing neurosurgical and palliative care in low & middle-income countries around the world ⇨ [bit.ly/3u4HqcM](https://bit.ly/3u4HqcM)



Brad Wouters 🇨🇦 and 7 others  
12:28 PM · 2021-04-28 · Twitter Web App  
7 Retweets 2 Quote Tweets 65 Likes



The article, "Gaps in surgical competencies of general surgeons deployed on humanitarian missions in disaster settings" has been added to the One Surgery Research Index: [#zpr.io/RyhKq #globalsurgery](https://zpr.io/RyhKq)



7:18 AM · 2021-05-01 · Zapier.com  
1 Retweet 2 Likes

**WELCOME!** *In this newsletter, we include a recent excerpt on advances in remote anesthesia care. Surgical care in rural, remote, and distant locations relies on both surgical specialists and anesthesia providers. Recognizing the importance of strong collaborative ties between these groups, we invited Drs. Gregory Hare and Beverley Orser to supply an update on rural and remote anesthesiology and pain medicine for this newsletter. Their department's recent Symposium on Anesthesia Care and Pain Medicine in Rural and Remote Regions of Canada modeled the strategies our anesthesiology colleagues are taking to bolster access to care across Canada, most of which can be broadly applied in the global surgery arena.*



Mojgan Hodaie | MD MSc FRCSC  
Professor, Department of Surgery, University of Toronto

## ANESTHESIA CARE AND PAIN MEDICINE IN RURAL AND REMOTE REGIONS OF CANADA

*Drs. Gregory Hare, C. Ruth Wilson and Beverley Orser*

Access to Canada's publicly funded medical care - and its quality - often depends on where you live in the country. This was the topic of discussion at the "Symposium on Anesthesia Care and Pain Medicine in Rural and Remote Regions of Canada", a virtual event hosted by the Temerty Faculty of Medicine and opened by Her Excellency, the Right Honourable Julie Payette, former Governor General of Canada. It brought together 170 anesthesiologists, family physicians, surgeons, obstetricians, and midwives from across the country to discuss solutions to anesthesia and pain medicine service shortages in rural Canada.

The Symposium's presentation topics included solutions from remote regions of Australia (Dr. Rodney Mitchell), the need for strong partnerships promoting health equity and respecting Indigenous culture and self-determination (Dr. Lisa Richardson), integrated care programs to enable North West Territory mothers to deliver babies in their home communities (Dr. Andrew Kotaska and Ms. Lesley Paulette), clinical coaching programs wherein family practitioners are trained to provide anesthetic care and retain a close connection with an anesthesia specialist who can advise them in their remote practice (Dr. Kirk McCarroll and John

McAlpine), and the use of telemedicine to support the delivery of care to small hospitals in rural and remote Newfoundland (Dr. James Rourke).

The symposium identified a clear vision for action:

1. Social accountability in academic health science centers for the education of a sufficient quantity and quality of anesthesia providers to meet Canada's need.
2. Data-driven health human resource planning for anesthesiology and pain medicine.
3. Mentoring and coaching for anesthesia providers in rural and remote communities to support recruitment and retention.
4. Leveraging technology, including virtual and augmented reality, for remote coaching.
5. Regional networks of care to support small rural hospitals where anesthesia, surgery, and maternity care are tightly integrated and mutually inter-dependent.
6. Developing a funded working group comprising key professional organizations, policymakers, patients (including Indigenous persons), health professionals, community representatives, and other willing contributors.

Based on these recommendations, a committed team of individuals will establish a working plan, liaising with family doctors, surgeons, obstetricians, professional organizations, patients, and healthcare administrators to advance these objectives. For more information or the full meeting report, please visit the Department of Anesthesia & Pain Medicine website at [www.anesthesia.utoronto.ca](http://www.anesthesia.utoronto.ca)



Kee Park  
@keepark

Wow, how often do these #surgicalsocieties send a joint letter to #USCongress? When they are advocating for #SurgicalEquity by investing in #GlobalSurgery!

April 28, 2021  
The Honorable Christopher Coons, Chairman on State, Foreign Operations, and Related Programs, U.S. Senate Committee on Appropriations Washington, DC 20510  
The Honorable Lindsey Graham Ranking Member, Subcommittee on State, Foreign Operations, and Related Programs, U.S. Senate Committee on Appropriations Washington, DC 20510  
The Honorable Barbara Lee Chair, Subcommittee on State, Foreign Operations, and Related Programs, U.S. House Committee on Appropriations Washington, DC 20510  
The Honorable Ed Royce Ranking Member, Subcommittee on State, Foreign Operations, and Related Programs, U.S. House Committee on Appropriations Washington, DC 20510  
Dear Chairman Coons, Ranking Member Graham, Chairwoman Lee, and Ranking Member Royce:  
On behalf of the undersigned organizations, we urge you to support inclusion of \$300 million for Surgical Equity in the FY2022 Budget. This investment in global surgical care would benefit the lives of millions of children and adults around the world.  
Each year, global health care conditions resulting in 30 million deaths from preventable causes. However, the burden of conditions requiring surgical intervention continues to be neglected. The alarming \$100 million through U.S.A.I.D. in 2019 and the 100 million health centers in low- and middle-income countries (LMICs), which has the potential to save 17 million lives per year and 100 million DALYs over the next 10 years. The investment in surgical systems also supports sustainable prevention plans as the increased capacity can be repurposed for treatment during pandemics.  
The World Bank identified essential surgical care as one of the most cost-effective health interventions available and clearly priority for a wide range of countries around the world. Additionally, World Health Assembly adopted a resolution in 2015, co-sponsored by the U.S., that encouraged surgery and anesthesia as key components to strengthening health systems. As a result, all 19 member countries of the Southern African Development Community and all 28 members of the Pacific Community are moving ahead to strengthen surgical systems and are developing national strategic plans. In 2019, 48 of 57 countries of the WHO Western Pacific Region, and 100 of 193 countries of the WHO Eastern Mediterranean Region, have national surgical systems in place.  
Including the proposed language in the FY2022 H.R. 2839 Report signifies a strong commitment and investment in global surgical care. Thank you in advance for your consideration. Should you have any questions, please do not hesitate to contact Amelia Swanson with the American College of Surgeons at [aswanson@facs.org](mailto:aswanson@facs.org).  
Sincerely,  
American College of Surgeons  
American Academy of Facial Plastic and Reconstructive Surgery  
American Academy of Ophthalmology  
American Academy of Orthotronics - Head and Neck Surgery  
American Association of Neurological Surgeons  
American Association of Orthopedic Surgeons  
American College of Obstetricians and Gynecologists  
American College of Podiatry  
American Society for Minimally Invasive Surgery  
American Society for Surgery of the Hand  
American Society of Colon and Rectal Surgeons  
American Society of Plastic Surgeons  
Canadian Orthopedic Association  
Congress of Neurological Surgeons  
The Society of Thoracic Surgeons

lis+ and 9 others

3:19 PM · 2021-04-28 · Twitter Web App

54 Retweets 8 Quote Tweets 132 Likes



# BETHUNE ROUND TABLE 2021

## "Strengthening Health Infrastructures in Under-Resourced Communities"

Registration is now OPEN!  
May 27-30, 2021 • Online Format

Please visit the Events section at [www.cglobalsurgery.com](http://www.cglobalsurgery.com) to register.

### PLEASE VISIT US ON THE WEB:

[www.surgery.utoronto.ca/global-surgery-program](http://www.surgery.utoronto.ca/global-surgery-program)

For more global surgery tweets, be sure to follow us on Twitter



@UofTGlobalSurg

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West Wing, 4-443  
Toronto ON M5T 2S8

Information

# CANADIAN GLOBAL SURGERY TRAINEES' ALLIANCE



CGSTA is a national global surgery organization in Canada, affiliated with the International Student Surgical Network. The CGSTA UofT represents University of Toronto medical students and tries to capture learners' interest in global surgery. Our goal is to create a network of inspired, educated medical students engaged in global surgery advocacy, research, and training. We seek to accomplish this by partnering with University of Toronto faculty to deliver avenues for long-term participation in global surgery initiatives and provide a platform for medical students to engage in

global surgery advocacy, research, networking, and training. For more information about the national CGSTA team check out:

[www.cgsta.org](http://www.cgsta.org)  
[@cgsta](https://www.instagram.com/cgsta)  
[@cgstaglobalsurg](https://www.instagram.com/cgstaglobalsurg)

The UofT Chapter organizes workshops and presentations throughout the year to engage medical students and to highlight faculty's effort in this avenue. Our 2021 events included a presentation by Dr. James Rutka on "Exploring Global Surgery as a Medical Student", and another presentation by Dr. Karthika Devarajan on "A Global Lens on Ob/Gyn Surgery: Working with Médecins Sans Frontières". These events were attended by 50+ participants from medical students at the University of Toronto and around Canada.



FOLLOW US

To get updates from the UofT Chapter, follow us on Instagram @cgstauoft (scan QR code) or send us an email at [cgsta.uoft@gmail.com](mailto:cgsta.uoft@gmail.com)

## THE 8<sup>TH</sup> ANNUAL PGME GLOBAL HEALTH DAY

**RESILIENCE AND COMPASSION:**  
Lessons Learned during a Global Pandemic  
Wednesday, May 26, 2021 • 1:30 - 6:00PM  
<http://gh.postmd.utoronto.ca/2021-gh-day>

## DR. LEE ERRETT: ON GLOBAL SURGERY

Alborz Noorani, Meds '24 and Connor Brenna Meds '21



Lee Errett is a Professor of Global Surgery, University of Toronto and has been awarded the Norman Bethune award for his work advancing Cardiac Surgery in

China. We asked Dr. Errett about his perspective on Global Surgery over his career:

"You don't know what you've 'til it's gone" is a line from a Joni Mitchell song which characterizes one of the main learning points after experiencing a global surgery trip. The low resource settings help make surgeons from places that have relatively unlimited supplies and equipment realize the needs that exist. We take a lot for granted. If that were the only lesson it would be a good start but there is far more to learn. Cultures, language, food, and outlook on life are amongst the things outside the operating room that can be eye opening. One of my biases has been confronted when I have traveled to an extraordinarily poor country to find the people almost

uniformly happy and friendly.

Over time my ideas about global surgery have evolved. About 35 years ago I would go to a distant place, perform a few operations then leave and never return. That satisfied my ego, but did little to change anything at the places I visited. After working in 34 countries, I decided to dig in a little deeper in places where we could be part of a positive change for the medical staff, the facilities and most importantly the patients. Now I concentrate on a few sites where the teams get to know the community we are trying to help and give reassurance that we will be back. The trusting relationships that have been nurtured are the highlights of the whole experience.

Perspectives that are gained by doing work in low-income countries can affect the way you practice here in Canada. In fact we do not have to leave the country to find places with access that is not unlike the poor countries we visit. What we can strive to do is find ways to provide equitable services that may never match what we know in our practices but that is where innovation and creative thinking comes in. Making a commitment is key to affecting a positive change. Almost any surgeon can have their careers enhanced by challenging themselves to work in low resource settings.