

September 8, 2023

The Honorable Benjamin L. Cardin  
Chairman  
Senate Foreign Relations Subcommittee on State Department and U.S. Agency for  
International Development (USAID) Management, International Operations, and Bilateral  
International Development  
United States Senate  
Washington, D.C. 20510

Submitted electronically to [HSSRFI@cardin.senate.gov](mailto:HSSRFI@cardin.senate.gov)

**RE: Health Systems Strengthening Request for Information**

Dear Senator Cardin:

On behalf of the more than 88,000 members of the American College of Surgeons (ACS), thank you for your leadership and interest in actions Congress could take to establish and clarify the vision, targets, and authorities for localized health systems strengthening (HSS). We urge you to consider the following:

- Improve the J-1 Visa program to strengthen training opportunities through bilateral exchanges and allow clinical medical education training in the U.S. that includes “hands-on” experiences to be an allowable use of HSS funding; and
- Support funding for neglected surgical conditions.

**J-1 Visa Program**

Many U.S. health care training programs offer opportunities for international rotations to introduce trainees to health care in low- and middle-income countries (LMICs). The pairing of institutions in high-income countries (HICs) with those in LMICs is a common model. These global health opportunities have multiple benefits for trainees from HICs, including cross-cultural experiences, exposure to advanced diseases and disease processes infrequently encountered in high-resource settings, increased cost-consciousness, opportunities to observe different health care delivery models, and increased autonomy.

Health care providers from HICs frequently perform clinical care in health care institutions in LMICs; however, reciprocal opportunities for trainees and faculty from LMICs to participate in “hands-on” clinical educational rotations do not exist in the U.S. Instead, academic medical centers have offered “observerships” to international partners, where visiting foreign physicians can watch patient care but cannot touch a patient or participate in clinical care alongside a supervising physician.

ACS requests that Congress **amend the existing J-1 Visa program (22 CFR 41.62(a)) under the authority of the U.S. Department of State to allow for short-term, supervised clinical medical training experiences that allow patient contact for international physicians and postgraduates**

*facs.org*

CHICAGO HEADQUARTERS  
633 N. Saint Clair Street  
Chicago, IL 60611-3295  
T 312-202-5000  
F 312-202-5001  
E-mail: [postmaster@facs.org](mailto:postmaster@facs.org)

WASHINGTON OFFICE  
20 F Street NW, Suite 1000  
Washington, DC 20001  
T 202-337-2701  
F 202-337-4271  
E-mail: [ahp@facs.org](mailto:ahp@facs.org)

**within established and productive institutional partnerships. In addition, ACS requests that such clinical medical education training in the U.S be made an allowable use of HSS funding.**

Foreign medical graduates who have completed medical school or an equivalent degree (as defined by the local context) in their home country should be able to participate in a clinical medical education program, including direct patient care, under the supervision of a physician licensed in the U.S. for up to one year. This position aligns with the [USAID Vision for Health System Strengthening 2030](#) which discusses the importance of reliability as part of a high-performing health system as follows:

Health workers must have the right knowledge, motivation, skills, and cultural understanding to provide the care with which they are entrusted. They should be able to participate in continuing education and be regulated through professional and licensing associations...Patients must trust that the system will provide them with the care they need in a way that meets their needs respectfully, without stigma, shame, fear, or abuse, and help them understand the proper use of medicines. (p. 19)

Such educational exchanges would take place within the context of a formal memorandum of understanding between the U.S. health care institution and that of the LMIC physician. This proposed modification to the J-1 Visa would promote equity in medical education globally, strengthen and build health care delivery worldwide, facilitate medical education partnerships, drive innovation, and promote global health stability. Additionally, this addendum would allow the U.S. to fulfill its security objectives to bolster interoperability with partners and allies. The U.S., as a global leader in health care, peace, and security, is in a strong position to support bidirectional health care delivery and education and promote health care diplomacy.

### **Funding for Neglected Surgical Conditions**

ACS also urges you to support the apportionment of HSS funding for neglected surgical conditions. Such an investment in global surgical care could transform the lives of millions of children and adults around the world. Each year, global deaths from conditions requiring surgical care far exceed those from HIV/AIDS, tuberculosis, and malaria – combined. However, the burden of conditions requiring surgical intervention continues to be neglected as a public health strategy.

The World Bank identified essential surgical care as one of the most cost-effective health interventions available and a health priority that is within reach for countries around the world. Additionally, the World Health Assembly adopted a resolution in 2015, co-sponsored by the U.S., that acknowledged surgery and anesthesia as key components to strengthening health systems. As a result, all 16 member countries of the Southern African Development Community and all 26 countries of the Pacific Community are moving ahead to strengthen surgical systems and are developing national strategic plans. In 2020, all 37 countries of the World Health Organization Western Pacific Region unanimously adopted a framework for action for safe and affordable surgery in the region. These LMICs are determined to fill the currently unmet surgical gap of 143 million additional operations by the end of the decade, and the U.S. has an opportunity to lead this global surgery movement.

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CHICAGO HEADQUARTERS  
633 N. Saint Clair Street  
Chicago, IL 60611-3295  
T 312-202-5000  
F 312-202-5001  
E-mail: [postmaster@facs.org](mailto:postmaster@facs.org)

WASHINGTON OFFICE  
20 F Street NW, Suite 1000  
Washington, DC 20001  
T 202-337-2701  
F 202-337-4271  
E-mail: [ahp@facs.org](mailto:ahp@facs.org)

Language recognizing the importance of strengthening capacity to address neglected surgical conditions was included in the fiscal year 2021, 2022, and 2024 State, Foreign Operations, and Related Programs appropriations reports. Including this as an allowable use of HSS funding would signify a strong commitment and investment in global surgical care.

Thank you in advance for your consideration. ACS remains dedicated to working with Congress to strengthen the overall performance of health systems globally. Should you have any questions, please do not hesitate to contact Carrie Zlatos with the American College of Surgeons at [czlatos@facs.org](mailto:czlatos@facs.org).

Sincerely,



Executive Director & CEO  
Patricia L. Turner, MD, MBA, FACS

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CHICAGO HEADQUARTERS  
633 N. Saint Clair Street  
Chicago, IL 60611-3295  
T 312-202-5000  
F 312-202-5001  
E-mail: [postmaster@facs.org](mailto:postmaster@facs.org)

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20 F Street NW, Suite 1000  
Washington, DC 20001  
T 202-337-2701  
F 202-337-4271  
E-mail: [ahp@facs.org](mailto:ahp@facs.org)