To the Editor: The Foundation for International Education in Neurological Surgery, Inc., founded in 1969, has entered the second decade of its existence. Since the invited editorial in 1970, this Foundation has submitted a report of its activities every 2 years. This report covers the period between 1978 and 1980.

Arranging voluntary overseas neurosurgical assignments continued to be an important facet of our activities. During the past 2 years, these have included service by Dr. Steven Dimant in Rhodesia, Dr. Harold C. Voris in El Salvador, and Drs. Joseph Gelety and William Stevenson in Taiwan. The Secretary, who made a similar visit in 1973 at the request of the Taiwan neurosurgeons, carried out a follow-up survey visit to Taiwan in 1979, at no expense to this Foundation. Extensive neurosurgical hospital construction was planned in Taiwan, and the Taiwan neurosurgeons were seeking guidance and counsel from an American hospital administrator with experience in this area. By a fortunate coincidence, Dr. George Yeager, a hospital administrator who had provided similar expertise under arrangements made by this Foundation when the Neurological Institute in Colombia was being organized, happened to be traveling to Taiwan on another mission. We were able to arrange, at no expense to this Foundation, a visit by Dr. Yeager to the neurosurgical unit in Taiwan and continuing consultation by Dr. Yeager with those neurosurgeons. We also received an inquiry from a firm of consulting architects in one of the Asian countries requesting information concerning the planning of a neurological institute. We were able to furnish this commercial firm with the names of neurosurgeons in that country who had experience in this area.

One of our continuing services involves facilitating visits of foreign neurosurgeons to North America and of North American neurosurgeons to neurosurgical units in other parts of the world. These services involve assistance in planning itineraries and effecting introductions between the visiting and host neurosurgeons. There continues to be the occasional request for assistance from a neurosurgeon in one country wishing to transfer his practice and/or emigrate to another country. We have attempted to provide such assistance to neurosurgeons from Europe, Asia, and Africa wishing to emigrate to another part of the world. We have attempted to provide assistance to a neurosurgeon from the United States wishing to move to Europe.

In keeping with our cooperative effort with CARE/MEDICO, we are seeking volunteer neurosurgeons for limited tours of duty in conjunction with the teaching and service programs in Peru and Uganda. Volunteers pay their own travel and maintenance expenses which may be tax deductible. Wives are welcome in Peru but not as yet in Uganda. Any interested candidate may obtain information on voluntary tours from the author, or from MEDICO, 2007 I Street, N.W., Washington, D.C. 20006, or telephone 202-223-2277.

Although there are no continuing neurosurgical volunteer programs sponsored by this Foundation at the present time, it is possible that short-term (1 or 2 months) or long-term (1 or 2 years) overseas tours of duty could be worked out with countries such as Malaysia and Tanzania.

In striving toward a mechanism whereby neurosurgeons from other parts of the world may participate in the deliberations and activities of this Foundation, we have established a Foreign Liaison Board composed of a liaison representative from the following regional neurosurgical societies: the Asian-Australasian Society of Neurological Surgeons, Renato Q. Sibayan; the European Association of Neurosurgical Societies, Hans Pia; the Congreso Latino Americano de Neurocirugia, Reinaldo Poblete; the Pan-African Association of Neurological Sciences, Mohamed Abada; and the Middle East Neurosurgical Society, Fuad Haddad.
We continue to collaborate in international neurosurgical endeavors with other neurosurgical organizations. At the Annual Meeting of the Congress of Neurological Surgeons in Las Vegas in October, 1979, the Foundation participated in a panel discussion on "Neurosurgery in the Soviet Union." In November, 1979, I represented this Foundation at the Fifth Asian-Australasian Congress of Neurological Surgery in Manila. On the concluding day of the meeting, I participated in a panel discussion entitled "Neurosurgical Education, Research, Training and Manpower in the Asian-Australasian Area." In our collaborative effort with the World Federation of Neurosurgical Society (WFNS), we are participating, through the Committee on Neurosurgical Education of the WFNS, in preparing a report on formal training requirements and certifying mechanisms for neurosurgeons in various parts of the world. There is a continuing cross-fertilization of ideas between the Committee on Foreign Neurosurgical Training of the American Association of Neurological Surgeons (AANS), the International Affairs Committee of the AANS, the International Committee of the Congress of Neurological Surgeons, and the International Subcommittee of the Joint Socioeconomics Committee. In a collaborative effort with the American College of Surgeons, we have prepared a "white paper" providing information concerning the impact of recent amendments to the United States Immigration Laws (PL 94-484 and PL 95-83) on the leadership role of the United States in graduate medical education.

Upon the recommendation of the International Communications Agency, as well as the American Medical Association and the Association of American Medical Colleges, there have been proposed in Congress several bills designed to permit a foreign medical graduate to remain in the United States long enough to complete the formal training requirements prescribed by the appropriate American board. There seems to be general agreement on Capitol Hill that favorable action is indicated, but whether such action will be taken in the final days of the 96th Congress is impossible to predict. Individuals desiring full training will be required to take the Visa Qualifying Examination (VQE) since, in the course of their duties, they will be responsible for direct care of patients.

It was pointed out in the paper appearing in the Bulletin of the American College of Surgeons that "The present legislation does permit J1-Visa applicants to come to the United States for brief periods without taking the VQE, provided they come for observation, consultation, teaching, or research and do not assume responsibility for patient care. These individuals can be appointed as fellows and their needs met by allowing them to attend ward rounds, clinical conferences, journal reviews, and related activities devoid of direct clinical responsibility. Many of their needs to acquire technical skills, particularly surgical skills, can be met by participating in animal-laboratory activities. In fact, surgeons may assist in the operating room, but they may not assume direct responsibility for direct care..." There still remains confusion in the minds of many concerning short-term training of the neurosurgeon who has received his formal training in his country of origin and who wishes to come to the United States for a brief exposure — in some instances up to 2 years — to North American neurosurgery. Since it is possible to assist in the operating room under these circumstances, so long as direct responsibility for patient care is not involved, most of the training needs of such mature surgeons can be met. The attitude of Congress has been, not unreasonably, that if one is to assume direct responsibility, including the writing of patient orders, there should be assurance that an individual is both well trained in clinical fundamentals and able to communicate adequately.

In the case of these short-term trainees, unless the individual has private resources or is supported by his home government or an agency, he will be hard pressed financially, for fellowships are granted on a "fee for service" basis in most instances. As more neurosurgical training programs come into existence in developing countries, there will be an increasing demand for opportunities for a foreign medical graduate trained in his country of origin to receive such a brief period of exposure to North American neurosurgery. Our intention initially was that foreign trainees should come to the United States for purposes of receiving their training and then returning to their countries of origin. Our immigration laws initially were written in such a way that foreign medical graduates did, indeed, come to the United States and receive their training, but they then remained here in great numbers so that they came to compose one-fifth of our manpower pool. In attempting to correct this situation, we have gone to the opposite extreme, severely limiting access of foreign medical graduates to our training programs.

Although in most instances, the foreign medical graduate is unable to obtain sufficient financial support from his country of origin to receive significant exposure to North American neurosurgery, during the past 2 years there have been three countries, the Philippines, the Democratic Republic of the Sudan, and the Republic of China (Taiwan), from which such trainees have been able to receive adequate financial support to facilitate exposure to neurosurgery in a developed country without having passed the VQE and without the stipend that would accompany a formal residency training appointment. In the case of the neurosurgical trainee from the Sudan, his expenses were paid by his government. The neurosurgical training program in Taiwan is able to defray such expenses by virtue of their own foundation, handsomely endowed by a grateful patient. The situation with regard to the Philippines is unique in that neurosurgeons from that country currently practicing neurosurgery in...