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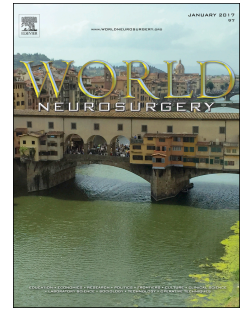
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Medical Missions: Mission Accomplished or Mission Impossible?

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“It’ll be gone in a couple of weeks...”

Thus spoke my guide to the public hospital in Ciudad Juarez, Mexico - located only a couple of kilometers from both the Rio Grande (the border between Mexico and the United States) and El Paso, Texas. Ciudad Juarez and El Paso represent the largest pair of border cities in the world. Javier Garcia (not his real name) had received his training at the medical school in Ciudad Juarez (the fourth largest city in Mexico); Javier was a very talented resident in anesthesiology at Texas Tech University Medical Center in El Paso. He had wanted to become a general surgeon, but Texas Tech at that time did not consider general surgery appropriate for a graduate from the medical school in Ciudad Juarez.

By “it”, Javier was referring to a state-of-the-art portable patient monitor that was being used to monitor a patient in the intensive care unit at the public hospital in Ciudad Juarez. Such technology at that hospital was a rarity – the hospital did not even have a CT scanner in the year 2001. Although there were private hospitals and clinics in Ciudad Juarez with MRI scanners and quite up-to-date neurosurgical resources, the public sector was another matter. The public sector health care facilities often received donations of medical equipment and supplies – but keeping those items from “evaporating” into the black market was an ongoing problem.

This anecdote highlights problems with efforts by developed countries to improve health care in developing countries – even when the logistics are not a problem (the public hospital in Ciudad Juarez and Texas Tech University Medical Center in El Paso are only a few kilometers apart). Until the early 2000s - when Ciudad Juarez earned the reputation as “murder capital of the world”, and more recently with the pledge by the incoming United States president to build a wall between the two countries - literally tens of thousands of people living in Ciudad Juarez crossed the border each day to work in El Paso. Yet resources donated to health care facilities in Ciudad Juarez invariably ended up without long-term benefit. Javier became an anesthesiologist and pain specialist in El Paso rather than returning to Ciudad Juarez. One cannot blame him for wanting his family to have a better chance of surviving – not to mention prospering - “north of the border”.

The article in *World Neurosurgery* by Haranhalli et al on neurosurgical medical missions to Mongolia raises some of the issues involved in implementing effective medical missions.¹ Obviously the goal of such missions should be long-term improvement in the health care of the developing country. However, often the outcome is little more than a mechanism by which developed country physicians fulfill a personal desire to help their less fortunate colleagues. One needs tangible, measurable indicators of progress in the developing country’s health care – not just developed country physicians congratulating themselves on donating their time and services to health care in a developing

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