



Foreign Doctors Will Heal America—If Congress Lets Them

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Americans identified healthcare as their top concern according to exit polls from last week's midterm election. These results come as the country faces a growing doctor shortage—which could reach 121,300 by the year 2030. If lawmakers in the next Congress hope to alleviate the coming shortfall, they should make it easier for foreign-trained physicians to practice in the United States.

Foreign-trained doctors already fill crucial gaps in the U.S. healthcare system. Although they comprise just one-fourth of the U.S. physician workforce, they represent over half of the country's geriatric specialists. With the number of Americans over age 65 expected to increase by 50 percent come 2030, the country will need thousands more eldercare professionals.

Foreign-trained physicians also fill vacancies in primary care fields, representing one-third of the country's pediatricians, family doctors, and internists. The Association of American Medical Colleges (AAMC) projects a significant shortfall in these roles, as U.S. doctors frequently turn them down for higher paying specialties. This leaves their foreign-trained counterparts well-positioned to pick up the slack.

According to the American Immigration Council, foreign-trained doctors are also more likely to work in impoverished areas. Half of them practice in locations where annual per capita income is less than \$30,000. They also practice in areas with large numbers of African American and Hispanic residents—groups twice as likely to live in locations that lack primary care physicians. In Bronx County, New York, where over 80 percent of the population is either Hispanic or African American, three-fourths of physicians are foreign-trained.

Rural and rustbelt communities also depend on these physicians. In Youngstown, Ohio, where per capita income is less than \$13,000 a year, 75 percent of doctors are foreign-trained. Sometimes they are the only ones practicing in a given area, and patients will travel long distances, occasionally missing days of work to see them.

Foreign-trained doctors' willingness to practice in areas where they are most needed renders them a compelling healthcare solution, and there are several reforms the next Congress can pass to help America attract and retain even more medical talent.

1) ELIMINATE PER-COUNTRY GREEN CARD CAPS

First, lawmakers should pass legislation that eliminates per-country limits for green cards. This 1920s policy restricts the number of green cards each country can receive in a given year. As a result, applicants from larger countries suffer immense backlogs, while smaller countries are allotted more green cards than there are applicants.

Indians, who represent 21 percent of America's foreign medical graduates, suffer the most egregious wait times. Applicants who are just now receiving their green cards have been waiting for around a decade, while Indians who apply today will wait a projected 151 years according to the Cato Institute's David Bier.

This backlog is causing physicians like Dr. Raghuvver Kura to consider leaving. "I can't wait another 10 years not knowing what my future will be in the U.S.," he told CNN. Dr. Kura is the only kidney specialist in Poplar Bluff, Missouri, where nearly 3,000 patients rely on him for care. The rural town will likely struggle to replace Dr. Kura should he leave.

2) ADDRESS DUPLICATIVE TRAINING REQUIREMENTS

Lawmakers should also expedite or remove duplicative training requirements for physicians from medically advanced countries. Aside from Canada, physicians from foreign countries must repeat their residency training in the United States. To earn a residency spot, many applicants spend years studying for exams and doing volunteer clinical work to obtain American recommendation letters.

These requirements ultimately influenced British-trained vascular surgeon Dr. Faris Alomran to move to France instead of the United States. "In the U.S. I would have had to do five years of general surgery and a two-year fellowship in vascular surgery to be a vascular surgeon," he said.

U.S. lawmakers should consider a policy similar to Canada's, which allows doctors to bypass post-graduate training requirements if they completed their residency in an approved country. These countries include the United Kingdom, Singapore, South Africa, and many others.

3) REFORM THE CONRAD 30 J-1 VISA WAIVER

The Conrad 30 Waiver exempts foreign medical graduates who completed their residency in the United States through the J-1 visa from having to return to their home country. To qualify to stay in the U.S., applicants must work in a medically underserved area for at least three years.

The program allows 1,500 physician slots, 30 per state. Many states have difficulty attracting applicants, as 500-700 slots are unfilled every year. A report by the Rural Health Research Center finds that these poor numbers are partially due to physician abuse and poor communication from employers as well as a general difficulty integrating with the surrounding community.

But while some states struggle to meet their physician cap, others, like Connecticut, are receiving more applications than there are slots available as hospitals look to expand their staff.

There are numerous ways in which the Conrad 30 Program can be improved. Examples include expanding the number of physician slots, establishing consistent criteria across states for determining health shortages, and increasing local involvement with physicians. Lawmakers should also make the program permanent, so it no longer needs re-authorization from Congress.

Allowing more doctors to practice in the United States is a solution that members of both parties should find appealing. For Republicans, it's an opportunity to simultaneously promote market-based healthcare and merit-based immigration. For the many Democrats who made healthcare the focal points of their campaigns, it's an opportunity to deliver on their promises and improve healthcare access to the most vulnerable parts of America.