In midst of coronavirus pandemic, rural America desperately needs more doctors like me

The shortages are so severe, I've been on-call almost every night for 10 years. Foreign-born physicians can help, but we're tied down, or kept out.

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For the last decade, I've been the only nephrologist (a specialist in diseases of the kidneys) serving the small rural community of Poplar Bluff, Missouri, which is among the most medically underserved communities in the country. The doctor shortages are so severe that I've been on-call nearly every night for the last 10 years.

The United States is in the middle of a health care crisis: We are facing an ever-growing shortage of doctors and nurses, exacerbated by the coronavirus pandemic. Even New York's Gov. Andrew Cuomo called for help from health care workers across the nation to work on the front lines against coronavirus there. There aren't enough residency programs and clinical training sites for American medical students to complete their training. And those who do rarely settle down in rural communities like mine. It's maddening to see so many Missourians in need. Even worse, is the knowledge that an army of medical professionals are eager to help — but are powerless to do so, because federal immigration policy won't let them.

The shortage of American health care workers predated COVID-19. In 2018, there were 27 open health care practitioner jobs for every unemployed health care worker in the country, according to the New American Economy.

Coronavirus exposes shortages

In our state, staffing shortages have caused eight acute hospitals in rural Missouri to close in the past five years, according to a 2019 report from the Missouri Hospital Association. Now, 44 counties have no hospital. Our state has received millions in federal funds to address the crisis, but little has changed. Of the nation's 9.4 million coronavirus cases and more than 232,000 deaths, Missouri has faced more than 198,000 of those cases and more than 3,000 of those deaths. Too many Missourians are living without a nearby hospital bed available to them.

Then in June, the White House suspended legal work visas for highly skilled workers, which included some foreign-born doctors. There was supposed to be an exemption for doctors involved with patients suffering from COVID-19, but implementing that exception was inconsistent. Because of this suspension, hundreds of early career doctors were unable to start their residencies on time. I understand the urge to restrict travel during a pandemic, but policies like this put Americans at greater risk.

Currently I direct four dialysis units in two rural counties, one of which I supervised the construction of. I provide dialysis to hospitals at Poplar Bluff Regional Medical Center, Missouri

Delta Medical Center and the SoutheastHEALTH Hospital. If I happened to get sick from COVID-19, there are no other doctors available to care for my 90 patients. Further, to see them all, I have to drive 160 miles every day. I'm lucky to have a wife who also works in health care — she's a rheumatologist at a local hospital — because she understands the situation.

Still, I'm exhausted. Every week, I find myself calling around, looking for someone qualified to help. I have been taking care of COVID-19 patients in the hospital ICU, providing emergent dialysis and slow dialysis needed in the ICUs. My presence is required to keep the services on going and a back-up plan for my absence due to COVID-19 is not in place. Unfortunately, few people want to come here.

And yet, I did. I was born in Hyderabad, India, and attended the country's elite Armed Forces Medical College. In 2001, I immigrated to the U.S., earned my master's at Penn State and worked at various hospitals before finally getting my green card in February 2020. I was incredibly lucky; according to the Cato Institute, there are 1 million petitions for working immigrants and their families approved and they are currently waiting for their green cards. Cato estimates that more than 200,000 Indians who have petitions approved could die of old age before they receive that permanent legal status.

Immigrants can fill the gap

When I moved to Missouri, there was not a single nephrologist working in Poplar Bluff Regional hospital. I could have looked for work in a more cosmopolitan area, but we decided to stay and serve the patients who really needed us.

I'm not alone. Immigrant physicians are generally more willing to travel for job opportunities than native-born Americans. This can help rural communities. That is one of the reasons I co-founded Physicians for American Healthcare Access (PAHA) in 2017 with a few other rural immigrant doctors to increase the number of physicians in rural communities. Today, PAHA has more than 500 members; the vast majority are doctors on temporary visas who have no pathway to permanent residency.

This situation keeps immigrant physicians, their families and ultimately their patients in limbo. Doctors on the temporary H-1B visa are restricted to their employer not allowed to start their own practices, work outside their specific practice area or even volunteer. According to the American Medical Association, half of all physicians in the United States currently use non-immigrant work visas. Violating any of the terms of the visa is illegal and carries the risk of deportation. But sometimes we do it to save lives.

Foreign-born physicians can offer the United States the care and treatment Americans so desperately need. We're ready to help. But we're tied down, or worse, kept out. And yet in the middle of a pandemic, doctors and hospitals continue to disappear. We need leaders with concrete, long-term solutions for the American health care crisis. That means embracing highly trained doctors, even if they come from beyond our borders. Those of us who are already here will stick by you, but we can't do it alone.