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Flatlining Care: Why Immigrants Are Crucial to Bolstering Our Health Care Workforce

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My name is Dr. Ram Alur. I am an internal medicine physician at the Marion VA Medical Center in Marion, Illinois, and one of the founders of Physicians for American Healthcare Access (PAHA). Chair Padilla, Ranking Member Cornyn, and Honorable Members of the Committee, thank you for the opportunity to share my experience as an immigrant physician in the United States.

The United States has a severe shortage of health care workers. We are facing a growing shortage of doctors, particularly in rural areas, which has been exacerbated by the COVID-19 pandemic. The reality is this health care worker shortage existed before the pandemic, and will continue to perpetuate health inequities in rural and underserved areas absent action from Congress.

I came to the United States in 2007 for medical residency training at Hahnemann University Hospital in Philadelphia. In 2011, I joined Marion VA Medical Center as an internist and hospitalist physician. It is truly an honor to care for this nation's military heroes, and play a key role in ensuring high quality care at the Marion VA Medical Center, a VA hospital built in response to veteran's groups calling for greater access to health care in the region 80 years ago.[i] Today, Marion is a modest sized city of 17,000 in southern Illinois, but critically located as we see VA patients from Missouri, Arkansas, Tennessee, Kentucky, and Indiana. One can easily appreciate the magnitude of our work when treating such a diverse group of military heroes.

Because I did my residency training as a J-1 exchange visitor, after completing my residency I was required to either return to India for two years or obtain a waiver from the J-1 two-year home country residence requirement. In 2011 I applied for a waiver because it represented the best opportunity for me to continue practicing medicine beyond my training in the United States. At the time, I was not sure I would receive the waiver, and since the process took several months, I contemplated whether I would need to return to India or seek further career opportunities in the United Kingdom or another country. When my waiver was granted, I was relieved and excited to be fulfilling a career dream of practicing medicine in the United States. The reason I was granted a J-1 waiver was because of my commitment to practice for at least three years as a physician in a VA hospital. While I completed my three-year service obligation in 2014, I elected to stay at the VA in Marion because I found the work to be professionally challenging and rewarding, but also because the situation in Marion seemed right for my family, and it was a wonderful place to start a family.

Working in a small town in a rural area makes you a better physician because you have to meet the needs of patients with limited access to other specialists and resources. As an internist, I feel I have to be at my best in order to deliver for patients with varying needs. It is incredibly satisfying to take care of veterans who travel near and far for their health care needs. I have now practiced at the Marion VA Medical Center for eleven years and I have no plans to leave.

As you know, and as I have seen in my work, America faces a serious problem of healthcare disparities which impact rural areas and low-income urban communities. Rural Americans are fifty percent more likely to die from heart disease, cancer, or stroke, and unintentional injury or death. Children in rural areas with mental or behavioral disorders are also at a disadvantage compared to children in other areas. Forty-six million Americans live in rural areas, and would benefit from sustained attention on improving access to health care services.[ii]

A challenge that rural physicians and our patients often encounter is that patients travel very long distances for health care services. This includes primary, specialty, and emergency care. These long distances make it harder for people to receive routine care and lack of access contributes to negative health outcomes. It is why programs like Conrad 30 exist and have been utilized by states for 25 years. Conrad 30 is a J-1 waiver program that allows the two year home country requirement to be waived if a state health department provides a letter that it is in the "public interest" that the doctor remain in the U.S. These physicians must meet other specific eligibility criteria as well. From a purely public health standpoint, rural Americans deserve better access to health care and J-1 waiver programs, such as the Conrad 30 program, help states to mitigate healthcare access issues in underserved areas.

As a physician, I had no hesitation in making a commitment to practice in an underserved area upon completing my residency. My J-1 waiver commitment allowed me to practice in the United States in an area of great need, working alongside other highly trained and dedicated health care workers. However, when I made my commitment to serve at the Marion VA I did not yet understand how the U.S. immigration system would impact me professionally and would also impact my family.

For many international physicians, the pathway to permanent residency will take over a decade, potentially spanning one's entire career, limiting our career mobility, and jeopardizing the immigrant status of our children. Doctors on temporary H-1B visas need to have their work visa renewed at least every three years through an uncertain petition process in which the employer, not the doctor, needs to file the essential paperwork. The process is a huge administrative burden to the employer and the employee with multiple agencies involved and currently is very protracted. I've had to renew my status five times so far to be able to continue working here. In 2016, my application for permanent residence as a physician of national interest was approved, but I have to wait at least a decade before I receive a green card due to the backlog. This was not the intent of Congress when they conceived of the physician national interest waiver program.

This process has caused great disruption to our lives. Our driving licenses are only valid for the duration of the visa. Due to delays in processing my wife's H-4 dependent visa, she could not drive for six months during the worst of the pandemic. This was a time when I was in and out of COVID units and ICUs, and

had to attend to both the needs at home and my patients at the VA. Tragically, the pandemic isolation and restricted mobility of my family was very distressing for my adolescent child. She was in dire need of mental health services, but was a victim of poor access to the mental health services where we lived. My wife's inability to drive made seeking services for her that much more difficult. So we decided to move to the St. Louis area so my child could get the services she needs. While the decision was an easy one to make because my child's needs come first, St. Louis is two hours from the Marion VA. But, as I hope you can tell from my testimony so far, I am beyond committed to my work at the Marion VA and my patients there. So despite the commute, I have continued to work there since we moved in 2020, alternating weeks that I spend in St. Louis and Marion. I am dreading the next visa renewal process, as it would be a nightmare situation if my wife was unable to drive for potentially months at a time again. When we lived in the Marion area, we were able to manage the situation, but it would be truly unworkable now. I shouldn't have to think about compromising the much needed healthcare for my daughter so that I could be closer to a job that I love, or vice versa. Our outdated immigration system needs reform. Plain and simple.

From my perspective, my family and I have no protections as temporary work permit holders. If I were to become ill and unable to work, my existence as a permit holder ceases and my wife and daughter have no grounds to stay in the United States legally. Before the pandemic, we thought unexpected medical illness and motor vehicle accidents posed the biggest potential threats to our status. But, throughout the pandemic, my family has gone to incredible lengths and made great sacrifices to help me maintain my temporary worker visa. The last time my wife and I saw our aging parents and our children saw their grandparents was in 2019. That is incredibly hard on both of us but the reality of our situation. If I leave the US to see my parents in India, I need a visa to return which has to come from a consular office outside the United States. In recent years, the wait times to secure an appointment ranged from months to years long, making it difficult to plan and secure a safe return to my patients.

I co-founded Physicians for American Healthcare Access (PAHA) in the hopes of addressing the difficulties physicians like me face in providing care to our patients due to outdated immigration laws. For nearly five years, PAHA and its members have been working tirelessly to call attention to health care workforce issues, and explain how the U.S. immigration system makes it harder for highly skilled international physicians to practice in this country that desperately needs them. A recent analysis from the Association of American Medical Colleges projects the United States could see an estimated shortage of up to 124,000 physicians by 2034.[iii] Simply put, Congress must act to improve the pipeline for physicians working in underserved areas.

For many physicians like me, the prospect of coming to the U.S. and enduring the long wait for a green card while working and raising a family is not practical. According to the Cato Institute, there are more than 1 million petitions for working immigrants and their families approved and they are waiting for their green cards.[iv] Cato estimates that more than 200,000 Indians who have petitions approved could die of old age before they receive permanent legal status. This personally affects me in that my adolescent daughter, who has lived here since six months of age, will age out of status in six years if I do not become a permanent resident.

The green card backlog for physicians is a burden we live with because our mission and training centers on our patients. But this situation keeps immigrant physicians, their families and ultimately their patients in limbo. Throughout the COVID-19 pandemic, the restrictions on our immigration status placed great strain on our communities when we could not lend our expertise to other communities in need. Doing so would risk violating one's visa which could result in deportation. Unfortunately, many of these challenges are not easily solvable and will take time and federal investment. There are a number of bipartisan solutions that would make it easier for American physicians to pursue their residencies, as well as improve our immigration system to incentivize international physicians to practice in underserved areas long-term.

Given the massive shortfall of doctors that is going to get worse in the next several years, Congress should be pursuing a wide variety of solutions. This includes expanding medical school slots and making it possible for more Americans to pursue a career as a physician. It also includes funding more residency slots to make room for those new doctors. Finally, it requires reforming immigration laws to strengthen our workforce with highly qualified international physicians. This is needed because it can take up to 15 years before a physician is educated and trained and can actually begin treating patients. Immigration changes can help bridge this long gap.

The Conrad 30 J-1 Visa Waiver Program provides each state with up to 30 slots for international medical graduates completing their residencies. Bipartisan legislation would improve this long-standing program, clarifying the pathway to a green card for eligible physicians and allowing states to expand their program if certain conditions are met.[v] This is meant to further incentivize highly-trained physicians to practice in areas that struggle to recruit American physicians. It would also mean that more international physicians trained here are more likely to continue practicing in the United States beyond their residency.

To address the green card backlog and health care worker burnout, the Healthcare Workforce Resilience Act is bipartisan legislation which would help clear this longstanding backlog, and provide needed reinforcements in hospitals facing severe shortages.[vi] This is particularly urgent given longstanding processing issues at USCIS, which prevents qualified immigrants from receiving their green card. In FY 21, an estimated 66,781 employment-based visas went unused.[vii]

These solutions would make a significant difference in communities that lack access to meaningful health care services, and ensure that the pipeline of future physicians remains robust as we seek to strengthen our health care system after a grueling two and a half years fighting COVID-19.

Thank you for the opportunity to testify on this important issue.

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[i] National Register of Historic Places Registration Form. Marion Veterans Administration Hospital District. OMB No. 1024-0018.
[ii] https://www.cdc.gov/ruralhealth/about.html
[iii] https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage
[iv] https://www.cato.org/publications/immigration-research-policy-brief/backlog-skilled-immigrants-tops-1-million-over

[v] https://www.congress.gov/bill/117th-congress/senate-bill/1810
[vi] https://www.congress.gov/bill/117th-congress/senate-bill/1024
[vii] https://www.uscis.gov/green-card/green-card-processes-and-procedures/fiscal-year-2022-employment-based-adjustment-of-status-faqs