

## Statement for the Record by Upwardly Global

"Is There a Doctor in the House? The Role of Immigrant Physicians in the U.S.

Healthcare System"

House Judiciary Subcommittee on Immigration and Citizenship

February 16, 2022

Upwardly Global is the first and longest-serving organization focused on advancing the meaningful inclusion of immigrants and refugees who have international credentials into the U.S. workforce. Upwardly Global has offices in four major cities and works with thousands of job seekers across the country every year to support their full inclusion in the U.S. workforce, and to share our learnings broadly to promote positive systems change. Our work with immigrant and refugee medical professionals guides this statement.

We commend the Judiciary Committee for holding a hearing on this critical subject. There is currently a critical shortage in the number of physicians available in hospitals around the country, largely exacerbated by the COVID-19 pandemic. By the year 2033, it is projected that the United States will be 139,000 physicians short of the needed amount. There is particularly a need to meet healthcare demands in underserved communities, including immigrant communities and other communities of color. Under COVID-19, hospitalization rates amongst Black and Hispanic communities across the U.S. were at least double the national average, and death amongst the older Black and Hispanic population were two times as high as the non-Hispanic white population.

While the demand for physicians is high, the United States does have the resources to meet this need, in the form of work-authorized immigrant and refugee professionals who are in the U.S. but have been trained abroad. There are 2.3 million recently-arrived, college-educated immigrant and refugee professionals in the U.S. today with degrees in high-demand fields like technology, administration, healthcare, and other skilled professions; 165,000 are internationally-trained medical professionals who are unemployed or severely underemployed.

#### We are underutilizing this talent.

Most of these medical professionals are sidelined due to licensing rules that fail to recognize their expertise and require costly and time-consuming examinations and residencies. Upwardly

Global has worked to address these limitations and provide support for medical professional through two avenues:

### 1. Encourage Establishment of Paid Internship and Returnship Programs

Together with New York-Presbyterian, one of the largest academic medical centers in the country, Upwardly Global has co-designed and launched a paid, mid-career internship program to on-ramp internationally-trained immigrants into open roles in the healthcare sector. The model addresses staffing needs with a new, diverse pool of talent; equips our medical system to have a greater, more equitable impact on health access and outcomes in under-served communities; and offers alternative career pathways for immigrants with international credentials and experience.

### 2. Highlight and Encourage Improved State Licensing Laws

Upwardly Global is also working with legislators, regulators, healthcare providers and grassroots and national organizations in several states, including Washington and Illinois, to make it easier for immigrants and refugees eager to share their talents and skills. Recently, this has taken the form of urging states to ease restrictions and allow internationally-trained medics to serve during the COVID-19 pandemic. Licensing reform should be supported in tandem with critical local actors and hospitals.

# 3. Fund community based organizations that support training, relicensing and connections to employers.

There are Offices of New Americans in many cities around the country that should be funded with the mandate to support immigrants and refugees who come to the U.S. with international healthcare credentials. We are working with ONA in New York State on their Pathways program in a direct service and capacity building role – a model program to this end. Critical federal agencies should also direct funding to this group of largely invisibilized immigrants and refugees. We are working with the Office of Refugee Resettlement right now to support Afghans with international credentials – an example of targeted focus.

Although these initiatives have significantly improved opportunities for immigrant and refugee medical professionals and have helped to ease the burden on the healthcare system in certain states, more work can and needs to be done on the federal level. By taking these critical steps, we can ensure that thousands of immigrant and refugee physicians are able to contribute their skills and talents while simultaneously addressing the physician shortage in underserved communities and across the United States.

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