



Statement for the Record
Physicians for American Healthcare Access

to the
United States House of Representatives
House Committee on the Judiciary Subcommittee on Immigration and Citizenship

“Is There a Doctor in the House? The Role of Immigrant Physicians in the U.S. Immigration System”

February 28, 2022

On behalf of Physicians for American Healthcare Access (PAHA), which includes nearly 1,000 international medical graduates (IMGs) in over 40 states who have been serving on the frontlines throughout the public health emergency, we appreciate the opportunity to submit this statement for the record.

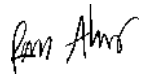
Our nation’s health care system faced unprecedented strain since the onset of the COVID-19 pandemic. This strain has been felt most by health care workers. Nearly 25 percent of physicians in the United States are IMGs, working in U.S. communities on nonimmigrant visas, such as J-1 or H-1B. IMGs play an integral role in the U.S. health care system, often serving in underserved areas that struggle to recruit and retain physicians. With the United States facing a physician shortage of over 100,000 physicians this coming decade, it is critical Congress takes action to strengthen the health care workforce.

Bipartisan legislation pending in Congress would help to address this shortage and strengthen the pipeline for future IMGs to practice in underserved areas. The Conrad State 30 and Physician Access Reauthorization Act would reauthorize the Conrad 30 program for three years, as well as make key improvements to the program and increase the number of available waiver slots for states, if certain conditions are met. These changes would improve the incentives to take advantage of the J-1 waiver and lead to more physicians serving in rural and underserved communities where they are needed.

The Healthcare Workforce Resilience Act would recapture 15,000 unused employment-based visas for physicians and 25,000 unused visas for nurses to help address urgent and persistent staffing shortages due to the COVID-19 pandemic. This legislation would alleviate the green card backlog faced by thousands of physicians, who manage what the uncertainty of their visa status means if they were unable to work or have a child age out. Physicians in the backlog report heightened stress from their uncertain visa status, in addition to stress from working on the frontlines throughout the public health emergency. This bill would provide stability and reinforcements to the U.S. health care system at a critical moment.

Thank you for holding this important hearing and considering how Congress can take meaningful steps to strengthen the health care workforce. If you have any questions, please contact Eli Greenspan at egreenspan@foleyhoag.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Ram Alur". The signature is written in a cursive, slightly slanted style.

Dr. Ram Sanjeev Alur
President, Physicians for American Healthcare Access

URGENT

FACTS ABOUT NATIONWIDE PHYSICIAN SHORTAGES IN THE UNITED STATES, CONTRIBUTION OF THE U.S. TRAINED INTERNATIONAL PHYSICIANS PRACTICING ON WORK VISAS AND THE ENDANGERING SITUATIONS OF THE PATIENTS AND THESE PHYSICIANS DURING COVID-19 PANDEMIC

COVID-19 PHYSICIANS COMBINED APPEAL



A COMBINED APPEAL IN THE SUPPORT OF

“HEALTHCARE WORKFORCE RESILIENCE ACT”
S. 1024/ H.R. 2255 (FORMER S. 3599/ H.R. 6788)

AND

“CONRAD STATE 30 AND PHYSICIAN ACCESS REAUTHORIZATION ACT”
S. 1810/ H.R. 3541 (FORMER S. 948/ H.R. 2895)”

(This appeal was personally signed by more than 1000 doctors along with their testimonies from multiple states in the United States)

Contact person for correspondence:

Renuka Ananth Kalyan Kadali, MD, Member of Executive & COVID19 Taskforce Committees, Email: hwraacovid@gmail.com

Ram Alur, MD (President of PAHA) or Eli Greenspan (Email: egreenspan@foleyhoag.com)

Physicians for American HealthCare Access (PAHA) Organization

Website: <https://paha.us/>

TIME SENSITIVE COMBINED APPEAL FROM PHYSICIANS

APPEAL TO SUPPORT 'HEALTHCARE WORKFORCE RESILIENCE ACT S.1024, H.R.2255 (former S.3599, H.R. 6788)' AND 'CONRAD STATE 30 AND PHYSICIAN ACCESS REAUTHORIZATION ACT S.1810, H.R. 3541 (former S.948, H.R. 2895)'

To The Hon. President, Joe Biden The Hon. Vice President Kamala Harris	To The Hon. Senate Majority Leader (Senator Schumer) The Hon. Senate Minority Leader (Senator McConnell) All Members of the United States Senate, Washington, DC	To The Hon. Speaker of U.S. House of Representatives (Nancy Pelosi) The House Majority Leader (Steny Hoyer) The House Minority Leader (Kevin McCarthy) All Members of the U.S. House of Representatives, Washington, DC
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We trust you and your family are staying safe and healthy in these unprecedented situations. We are reaching out to your office to get your support and enact critical legislations that benefit the patient population of the United States and the U.S.-trained licensed physicians practicing in the U.S. This is a combined appeal from more than a thousand physicians with their signatures and testimonials with their experiences during the COVID-19 pandemic times.

BACKGROUND:

The COVID-19 public health emergency has imperiled our healthcare workforce in an unprecedented manner. Based on the recent data (2/27/2022), more than **943,416** doctors, nurses, and other health care providers on the front lines in the U.S. were infected¹, and at least **3,613** healthcare workers have died², but based on existing reports, this is a significantly underestimated count.^{1,2} [As per CDC, of 63,692,622 case reports received by CDC, 9,890,700 (15.53%) have known healthcare worker (HCW) status and for the 943,416 cases of COVID-19 among HCW, death status is available for 595,568 (63.13%)].¹ Enlisted below are some key facts of how U.S.-trained Licensed International doctors working legally on temporary visas (under H1B, J1 waiver, O1 visa programs) are remaking American health care and how they have changed the face of American medicine. Based on statistics collected by American Medical Association (AMA)³, the U.S. trained international physicians:

- a) Account for 22.7% of licensed U.S. doctors.
- b) 98% of them speak two or more languages fluently, helping patients overcome linguistic and cultural barriers that can impede care.
- c) 62% are primary care physicians and remaining in the other specialty practices. This is about double the 31% of all physicians in the U.S. who work in a primary care specialty, helping to meet a critical workforce need. 58% of U.S.-trained international doctors were born outside the U.S.
- d) 33% of U.S.-trained international doctors work in a hospital setting. That's the most popular setting for these doctors. Group practice follows at 31%, solo- or two-doctor practice is next at 20%, while the rest work in managed care, academic or unclassified settings.

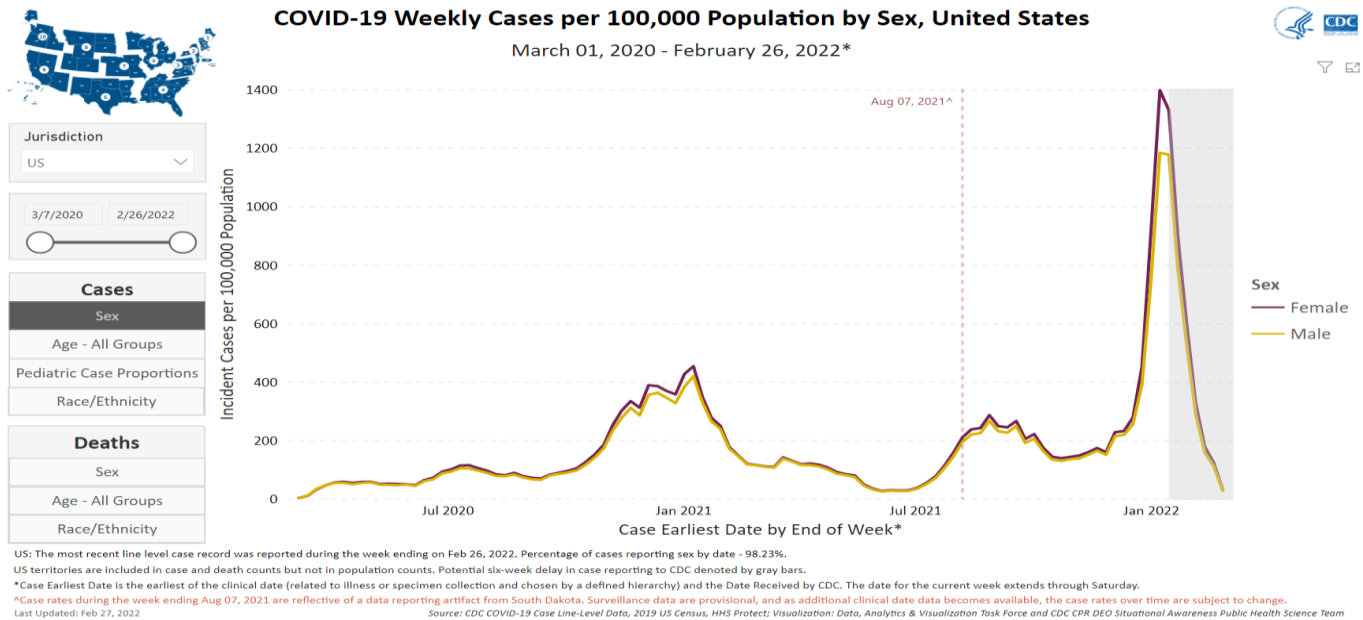
PROBLEM:

Unfortunately, nearly 15,000 of these doctors are still on temporary visas despite working for several years in the U.S.^{4,5} The COVID-19 crisis has made a significant negative impact on everyone and overstretched our healthcare workforce. The burden on the existing healthcare systems has intensified, and the brunt of this pandemic's aftermath is yet to come. In many states, including New York, hospitals are already short of physicians with patients' resurging (with both COVID-19 and non-COVID-19 issues). In a situation like this, if a physician gets quarantined or falls sick, physician access to these communities will be jeopardized. Sadly enough, thousands of US-trained, international physicians are not eligible for disability benefits, even if afflicted by COVID-19 while treating their patients. If they lose their job due to disability from illness, their legal status in the U.S. can be endangered, and they can be deported from the U.S. If a physician on a visa succumbs, their ultimate sacrifice is rewarded with the deportation of their dependents.

References:

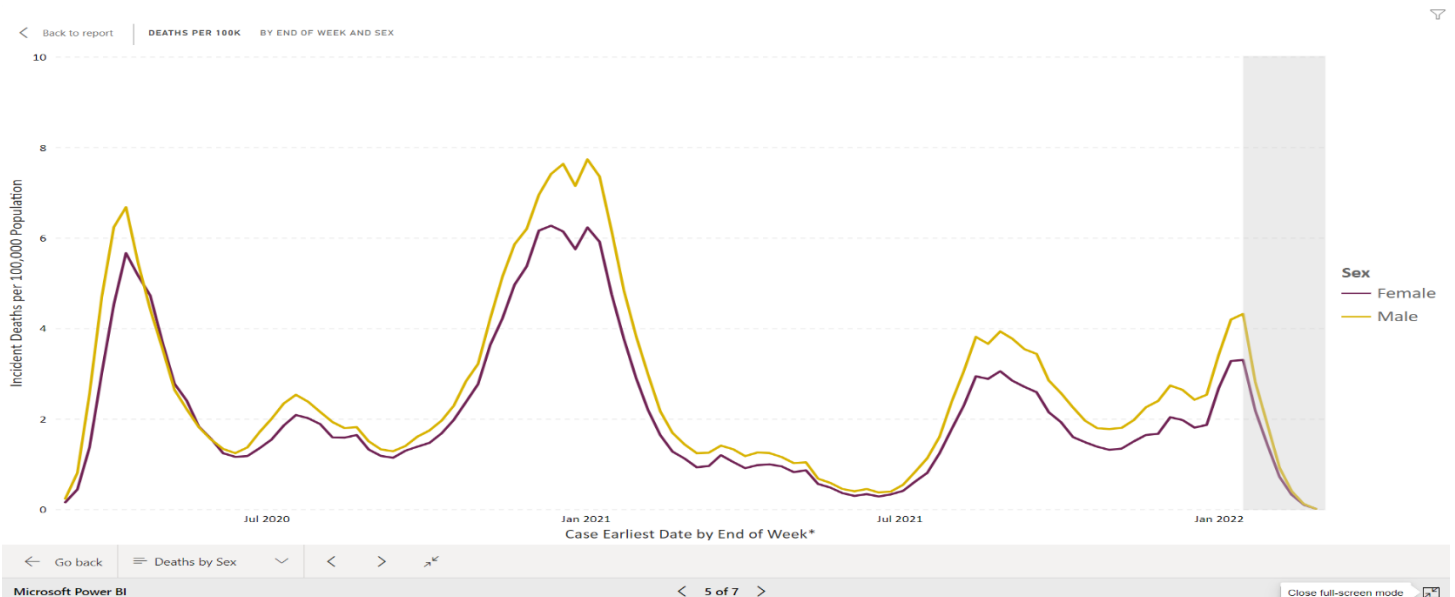
1. CDC report: Cases & Deaths among Healthcare Personnel <https://covid.cdc.gov/covid-data-tracker/#health-care-personnel>
2. Lost on the Frontline: Explore the Database <https://khn.org/news/lost-on-the-frontline-explore-the-database/>
3. How IMGs have changed the face of American medicine? <https://www.ama-assn.org/education/international-medical-education/how-imgs-have-changed-face-american-medicine>
4. Kiran Koushik Nagarajan, Atul Bali, Srikrishna Varun Malayala & Ramesh Adhikari (2020) Prevalence of US-trained International Medical Graduates (IMG) physicians awaiting permanent residency: a quantitative analysis, Journal of Community Hospital Internal Medicine Perspectives, 10:6, 537-541, <https://doi.org/10.1080/20009666.2020.1816274>
5. Malayala SV, Vasireddy D, Kadali RAK, Alur RS, Koushik K. Healthcare Access in Medically Underserved Areas During the COVID-19 Era: An International Medical Graduate Perspective From a Rural State. *Cureus*. 2020;12(12):e12254. Published 2020 Dec 24. doi:10.7759/cureus.12254

COVID-19 Weekly Cases per 100,000 Population by gender



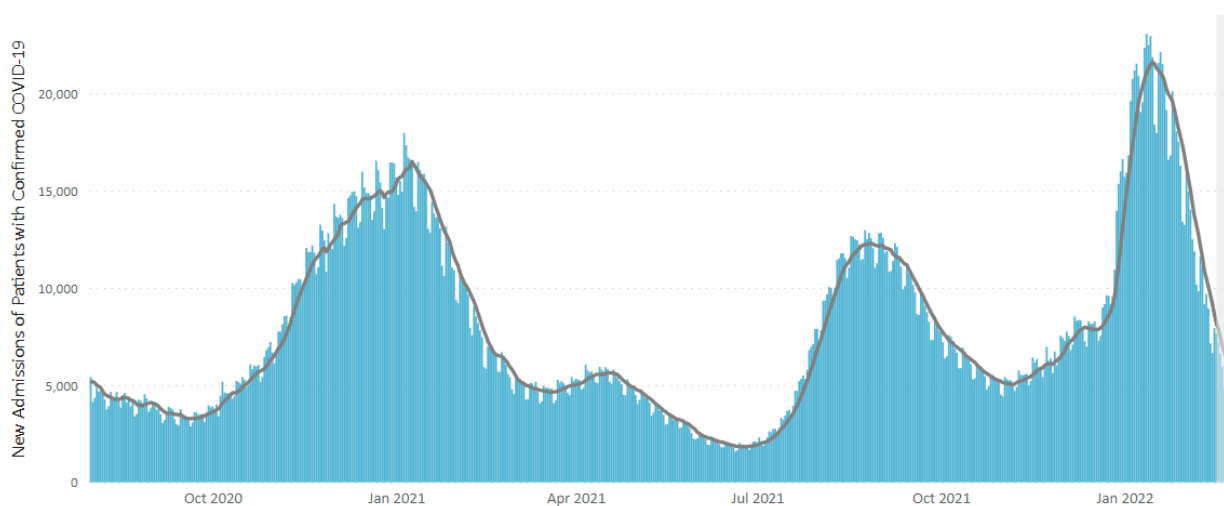
Source: <https://covid.cdc.gov/covid-data-tracker/#demographicsovertime>

COVID-19 Weekly Deaths per 100,000 Population by gender



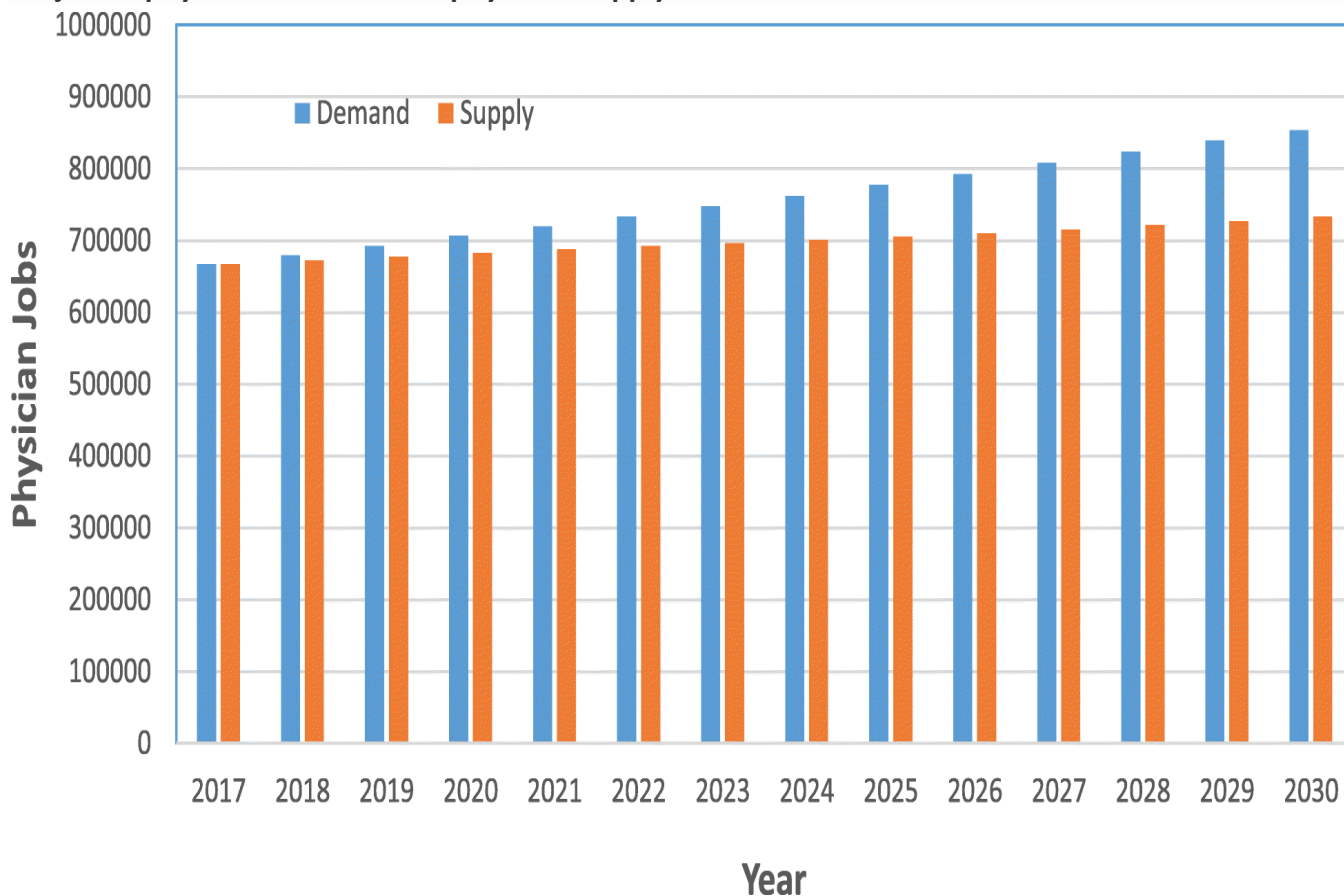
Source: <https://covid.cdc.gov/covid-data-tracker/#demographicsovertime>

Daily Trends in Number of New COVID-19 Hospital Admissions in the United States during multiple waves



Source: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

Projected physician demand and physician supply for the United States of America from 2017 to 2030



Source: Physician workforce in the United States of America: forecasting nationwide shortages.

Zhang, X., Lin, D., Pforsich, H. et al. Physician workforce in the United States of America: forecasting nationwide shortages. Hum Resour Health 18, 8 (2020). <https://doi.org/10.1186/s12960-020-0448-3>

SOLUTIONS:

To overcome these above challenges, six bipartisan senators* [3 Democratic and 3 Republican Senators: Durbin (Illinois-D), Cornyn (Texas-R), Leahy (Vermont-D), Todd Young (Indiana-R), Coons (Delaware-D) and Collins (Maine-R)] came up with an outstanding solution and re-introduced "**Healthcare Workforce Resilience Act**" **S. 1024 (former S.3599)- "A bill to enhance our Nation's nurse and physician workforce during the COVID-19 crisis by recapturing unused immigrant visas"**. Similarly, four bipartisan house members [Rep. Bradley Schneider (D-IL-10), Rep. Tom Cole (R-OK-4), Rep. Tom O'Halleran (D-AZ-1), and Rep. Don Bacon (R-NE-2)] re-introduced **H.R.2255 (former H.R.6788) - "To enhance our Nation's nurse and physician workforce during the COVID-19 crisis by recapturing unused immigrant visas"**. The legislations S. 1024/ H.R.2255 have been very well supported by physician communities' along with nationwide medical organizations and legislators. The medical organizations nationwide and the Congress have worried about physician shortage for a while, that also resulted in the introduction of **Conrad 30 Program and Physician Reauthorization Act S.1810/ H.R. 3541 (former S.948, H.R. 2895)**. Of note, all the states in the US have been utilizing Conrad-30 J1 waiver program every year. While S.1810/ H.R. 3541 in the long-term helps to increase the J1 waiver positions from 30 to at least 35, help with the decentralization of physician's availability to rural / medically underserved areas, increase patients' access to doctors, and improve retention of doctors, the "Healthcare Workforce Resilience Act" S. 1024/ H.R.2255 in the Senate/House:

- a) Has been **sponsored/cosponsored by 26 Bipartisan senators**
- b) Will retrospectively recapture unused green cards from 2004 to 2021 and allocate some of them to 15,000 physicians and 25,000 nurses working in the United States on temporary visas
- c) Will help prepare by increasing the geographical radius of service by these healthcare professionals to cross cover across states helping/handling more patients during current or any future pandemics and their long-term after-effects.
- d) Will not increase the number of overseas physicians coming to the United States prospectively (but utilizes the existing healthcare work force within the U.S).
- e) Does not incur any expenses for the taxpayers (**No cost bills**).
- f) Will help every physician bringing an average of 13 to 14 new healthcare-related jobs and develop average revenue of 1.3 million USD every year per physician in the country.
- g) Will not replace American physicians, but will assist to enhance the healthcare access to citizens.
- h) May increase the revenue for USCIS in the short term with the adjustment of these legal immigrants' status.

We sincerely request your support towards these selfless physicians/ healthcare workforces. We kindly ask our respected Senate and House members to prevent this grave injustice to our healthcare heroes, who are placing themselves and their families at risk for the love of the people they serve in the country. These legislations have been reintroduced in the Nation's best interest to help our patients and strengthen our healthcare workforce. Besides, these legislations will help fight the current pandemic, its after-effects by mobilizing the healthcare workforce to be available in the required areas and overcoming potential future healthcare workforce challenges. We request you to view and support these healthcare legislations kindly. These US-trained, international physicians with multiple years of US-based experience on temporary visas are a notable solution to physicians' existing and projected shortage. We convey our heartfelt thanks if you have already supported any one of these legislations by the time of this appeal.

Of note, along with the U.S. Chamber of Commerce, Bipartisan Policy Center, National Immigration Forum, American Immigration Lawyers Association, Americans for Prosperity, and Physicians for American Health Care Access-these bills have been endorsed by more than 100 reputed medical organizations and associations during the years 2020-2021. We look forward to enactment of these legislations as early as possible. Please don't hesitate to reach us back by email with any questions/concerns.

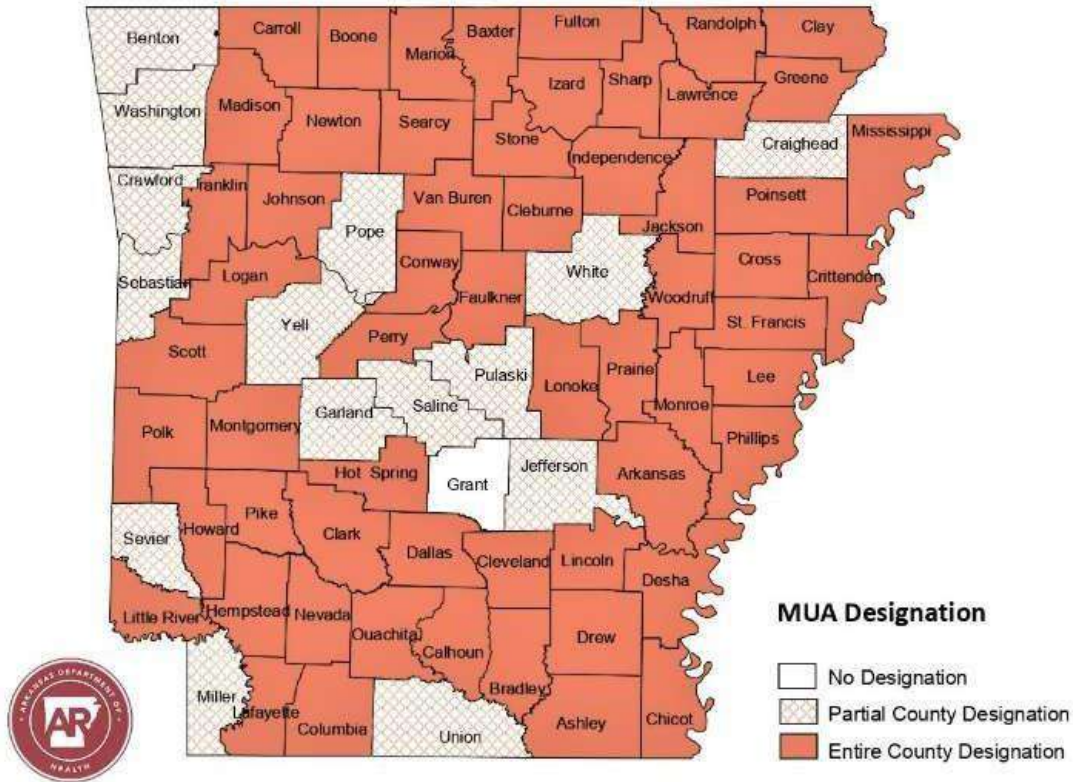
Sincerely,

The U.S. trained licensed physicians practicing in the United States. The physicians' signatures and their personal stories will follow in the next pages:

PERSONAL SIGNATURE PAGES

APPEAL FROM PHYSICIANS IN ARKANSAS

Arkansas Medically Underserved Areas (MUA)



Date: August 21, 2020
Source: Arkansas Department of Health
Map created by: Naomi Sweeney
Email: Naomi.Sweeney@arkansas.gov
Office of Rural Health and Primary Care
Data Source: Health Resources & Services Administration (HRSA)

DocuSigned by:

Aniket Sakharpe

6917ED1A4DED426...

Aniket Sakharpe, MD Plastic and reconstructive surgery
Mercy clinic Fortsmith
Aniket.sakharpe@mercy.net

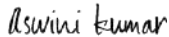
DocuSigned by:

Anil Koppurapu

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Anil Koppurapu, MD Family Medicine
University of Arkansas for Medical Sciences
Little Rock, AR
Anil.Koppurapu@gmail.com

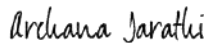
DocuSigned by:

Aswini Kumar

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Aswini Kumar, MD Cardiologist
Mercy Hospital, Fort Smith AR
Aswini.kumar@mercy.net

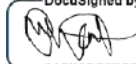
DocuSigned by:

Archana Jarathi

AA709BD4572D44E...

Archana Jarathi, MD Internal Medicine, Endocrinology, Diabetes & Metabolism
Prime Endocrinology LLC
Little Rock, Arkansas
Drarchana28@gmail.com

DocuSigned by:



9AEB6ED6EC084AB...

Chaitanya Musham, MD Hospitalist
CHI St. Vincent Infirmary
Little Rock, AR
Drchaitanyakumar@gmail.com

DocuSigned by:

Chandra Mouli Nukala

2D88C7A87746485...

Chandra Mouli Nukala, MD Family Medicine
Hospitalist
St. Vincent Hospital
Little Rock, Arkansas
Mouli2k@gmail.com

DocuSigned by:

Chandra Sekhar Lingisetty

428A67270EF44E4...

Chandra Sekhar Lingisetty, MD Hospitalist
Baptist Health Medical Center
Little Rock, AR
DrIchandra@yahoo.com

DocuSigned by:

Kalyan Gonugunta

553105055ABE42E...

Kalyan Gonugunta, MD Hospitalist
Whiteriver medical center
Batesville, AR
Drkgo@yahoo.com

DocuSigned by:



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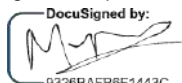
Krishna Mylavarapu, MD Neurology
Baptist health
krishnamylavarapu@practice-plus.org

DocuSigned by:

Mahesh Bavineni

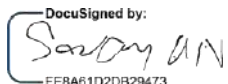
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Mahesh Bavineni, MD Cardiology
University of Arkansas for Medical Sciences
Little Rock, Arkansas.
MBavineni@uams.edu

DocuSigned by:


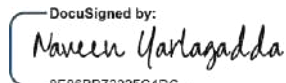
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Monali Patil, MD Pulmonary and Critical Care Medicine
Mercy hospital
Fortsmith, Arkansas
Monali.patil@mercy.net

DocuSigned by:


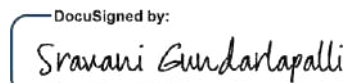
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Naga Saranya Addepally, MD Gastroenterology
Little Rock Diagnostic clinic
Little Rock, Arkansas
Saranyaadd@gmail.com

DocuSigned by:


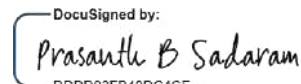
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Naveen Yarlagadda, MD Hematology Oncology
University of Arkansas for Medical Sciences
Little Rock, Arkansas
yarlagadda.n@gmail.com

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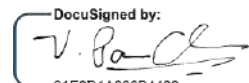
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Sravani Gundarlapalli, MD Hospitalist
University of Arkansas for Medical Sciences
Sravani2k4@gmail.com

DocuSigned by:


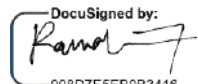
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Prasanth B Sadaram, MD Internal Medicine, Geriatric Medicine
University of Arkansas for Medical Sciences
Little Rock, Arkansas
Pbsadaram@uams.edu

DocuSigned by:


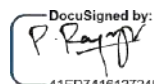
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Poornachand Veerapaneni, MD Neurology
University of Arkansas for Medical Sciences
Little Rock, Arkansas
pveerapaneni@uams.edu

DocuSigned by:


908D7E5EB0B3416...

Ramakrishna Thotakura, MD Direct care Hospitalist / Nephrology
University of Arkansas for Medical Sciences
Little Rock, Arkansas.
Rthotakura@uams.edu

DocuSigned by:


41ED74161272491...

Rangarajan Purushothaman, MD Radiology
University of Arkansas for Medical Sciences
Little Rock, AR
dr.rangarp@gmail.com

DocuSigned by:

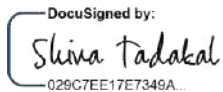
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Shashank Garg, MD Gastroenterology
University of Arkansas for Medical Sciences
Little Rock, Arkansas
Sgarg@uams.edu

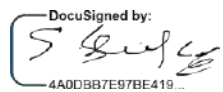
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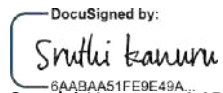
Shailendra Singh, MD, FACP Rheumatology
White River Medical Center
shailendra231@gmail.com

DocuSigned by:

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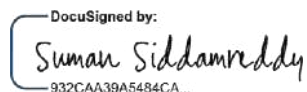
Shiva Tadakal, MD Family Medicine
Mercy Clinic
Centerton, AR
shivadrprasad@gmail.com

DocuSigned by:

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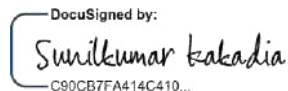
Srikanth Seethala, MD Advanced Heart Failure Cardiologist
University of Arizona, Phoenix
srikanth.seethala@yahoo.com

DocuSigned by:

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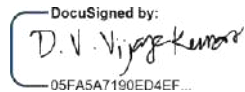
Sruthi Kanuru, MD Rheumatology
Central Arkansas Veterans Healthcare System and University of Arkansas for Medical Sciences
Little Rock, AR
skanuru@uams.edu

DocuSigned by:

932CAA39A5484CA


Suman Siddamreddy, MD Internal Medicine -Hospitalist
North Littlerock, AR
Suman.Siddamreddy@baptist-health.org

DocuSigned by:

C90CB7FA414C410


Sunilkumar Kakadia, MD Hematology & Oncology
University of Arkansas for Medical Sciences
Little Rock, Arkansas
sunilkakadia@gmail.com

DocuSigned by:

05FA5A7190ED4EF

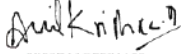
Venkata Vijaya K Dalai, MD Psychiatry, Sleep Medicine
Mercy Clinic
Fort Smith, AR
vijrnc@gmail.com

DocuSigned by:

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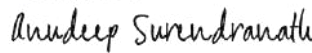
Vijay Kannam, MD Family Medicine
Ozarks Community Hospital, Gravette- AR
Kannamvijay@gmail.com

DocuSigned by:

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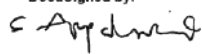
Vikas Chowdhary, MD Neonatology
Hospital practice
Vikas1184@gmail.com

DocuSigned by:

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Anil Bachu, MD, Psychiatry
Clinical Director, Baptist Behavioral Health
North Little Rock, AR
Anilkbachu@gmail.com

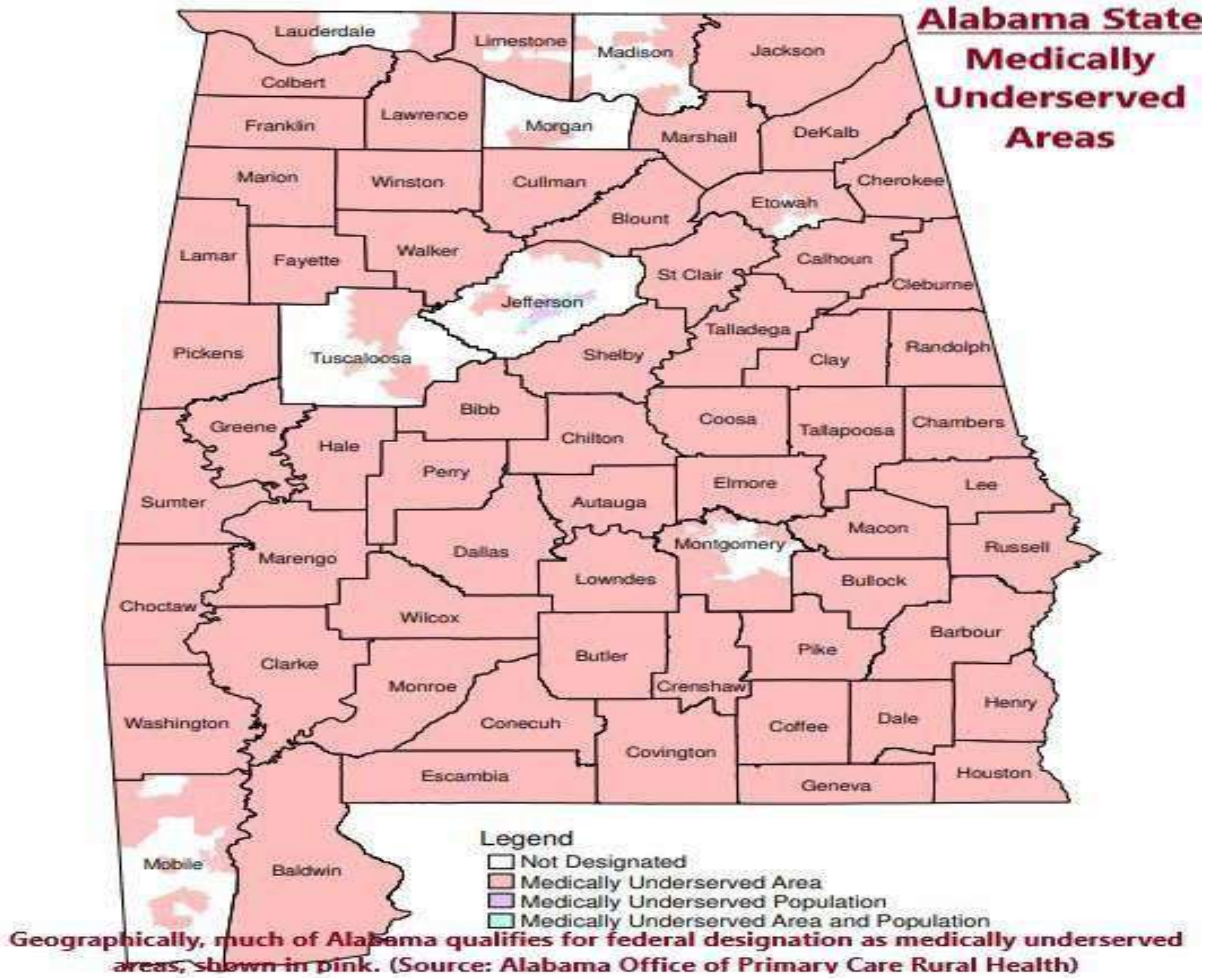
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Anudeep Surendranath, MD Neurology
CHI St. Vincent Hot Springs, AR
anudeepjs28@gmail.com

DocuSigned by:

825998BF0EA7459...

Appalanaidu Sasapu, MD Oncology
University of Arkansas for Medical Sciences
Little Rock, AR
Appalanaidu81@gmail.com

APPEAL FROM PHYSICIANS IN ALABAMA



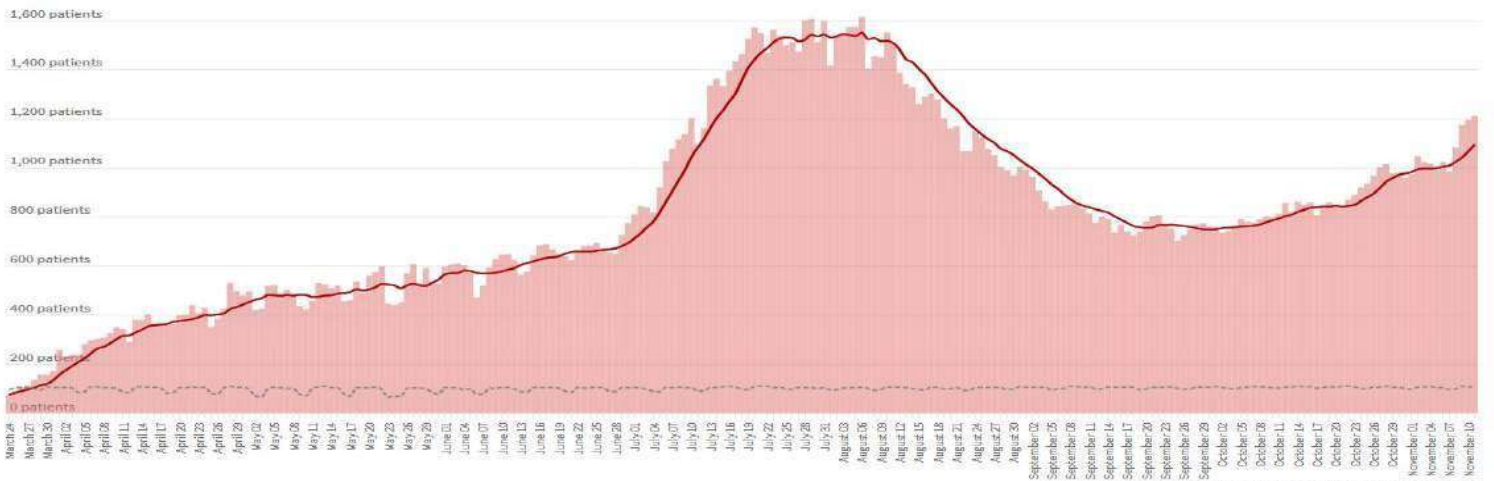
ALABAMA POLITICAL REPORTER

COVID - STATE - NATIONAL OPINION - PODCAST THE V NEWSLETTER ABOUT -

Daily hospitalized COVID-19 patients

Note: Fewer hospitals reporting may cause totals to decline.

7-day average Hospitals reporting Hospitalized currently




Source: <https://www.alreporter.com/mapping-coronavirus-in-alabama/>


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6E7FC3A1BEFA490...


Akshai Janak, MD Family Medicine / Geriatrics/ Hospitalist
Huntsville Hospital, AL
akshaijanak@gmail.com

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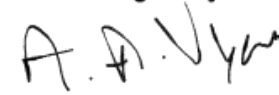
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Baptist medical center South,
Montgomery, AL
dunde.anjan@gmail.com

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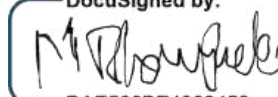
Archana Vashisht, MD Internal medicine/ Hospitalist
Huntsville Hospital, Huntsville, Alabama
archana_vashisht18@yahoo.co.in

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Arnab Basu, MD Academic oncology
University of Alabama Cancer Center, Birmingham, AL
abasu@uabmc.edu

DocuSigned by:

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Ashish Vyas, MD Neurology
Baptist Health, Montgomery
dr.ashish.vyas@gmail.com

DocuSigned by:

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Bhanu Maturi, MD Internal medicine / Hospitalist
Baptist medical center south
Bhanu.mbbs2k3@gmail.com

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Bharath Jakka, MD Hospitalist
Baptist medical center
Montgomery
drbharath.j@gmail.com

DocuSigned by:


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Bhavna Gowda, MD Family Medicine/Primary care physician
Decatur Morgan hospital
Hartselle, Alabama
Bgowda@gmail.com

DocuSigned by:

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Davit Batlawala, MD Hospitalist
University Of Alabama/DCH RMC, Tuscaloosa, Alabama
dr.davit.ab@gmail.com

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Deepak Chandramohan, MD Hospitalist
University of alabama/dch regional medical center,
Tuscaloosa, Alabama
dcdeepakdk@gmail.com

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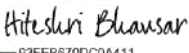
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University of Alabama/DCH RMC, Tuscaloosa, Alabama
dr.disha1818@gmail.com

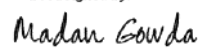
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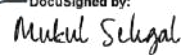
Hari Garapati, MD Nephrology
Jackson hospital and Baptist health, Montgomery
Drvenug@hotmail.com

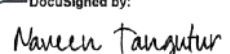
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Hiteshri Bhavsar, MD Family medicine/ primary care physician
Decatur Morgan hospital
Decatur, Alabama
hiteshri.bhavsar@dmhnet.org


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Krishna Venkata, MD Internal Medicine/ Hospitalist
Baptist Medical Center South
krishnavardhan.vl@gmail.com

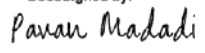
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Madan Gowda, MD Nephrology
Huntsville Hospital
madan93@gmail.com


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Manjula Garapati, MD Pathologist
Regional Medical center, Anniston, Alabama
Manjugarapati @yahoo.com


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Mukul Sehgal, MD Pediatric Critical Care
University of South Alabama, Mobile, AL
mukulsehgal@gmail.com


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Naveen Tangutur, MD Family Medicine/Hospitalist
Huntsville Hospital and Madison Hospital
naveentangutur@gmail.com

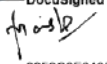
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Nivedita Tella, MD Internal Medicine / Hospitalist
Huntsville Hospital and Madison Hospital
tellanivedita@gmail.com


DocuSigned by:

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Pavan Madadi, MD Internal Medicine Hospitalist
Jackson Hospital, Montgomery AL
pmadadi@gmail.com

DocuSigned by:

-82908D1DA09144C...
Prasanna Allada, MD Family Medicine
Huntsville Hospital
prasannaallada@gmail.com

DocuSigned by:

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Jayakrishna Madabushi, MD Psychiatry
Brookwood- Princeton Baptist medical center, Birmingham
drmjayakrishna@gmail.com


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Limitha Adimala, MD Hospitalist
Huntsville hospital
limitha@yahoo.com

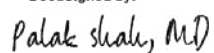
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Manisha Garg, MD Endocrinology
Baptist medical center south, Montgomery
gargmanisha83@gmail.com

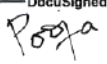
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Mayur Narkhede, MD Hematology Oncology
UAB, Birmingham
mayursn39@gmail.com

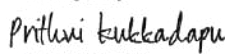
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Nainesh Shah, MD Internal Medicine/Hospitalist
Huntsville Hospital and Madison Hospital
drnaineshshah@yahoo.com

DocuSigned by:

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Naveen Bade, MD Nephrology
Regional medical center, Anniston
naveenbade3@gmail.com

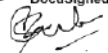
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Huntsville Hospital and Madison Hospital
drpalakshah@yahoo.com

DocuSigned by:

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Pooja Ummalaneni, MD Primary care
Baptist Health, Montgomery AL
Pooja.ummalaneni@gmail.com

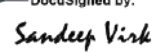
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Prithvi Kukkadapu, MD Critical Care Medicine
Huntsville hospital.
Prithvi.kukkadapu@hhsys.org

DocuSigned by:

BEB80E99F29546E...

Rajasree Nambron, MD, Endocrinology
Baptist south, UAB multi-specialty clinic
rnambtron@gmail.com

DocuSigned by:

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Rinkesh Patel, MD Hospitalist, Family medicine
Huntsville hospital Alabama
drrinkesh@yahoo.com

DocuSigned by:

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Sandeep Virk, MD Internal Medicine/hospitalist
Jackson hospital, Montgomery
Sandyvirk@yahoo.com

DocuSigned by:


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Sharanjit Kaur, MD Internal Medicine/Hospitalist
Huntsville Hospital and Madison Hospital
sharan.khaira@gmail.com

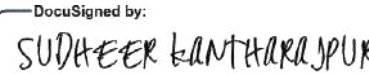
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Shuaib Mohamed, MD Internal Medicine
DCH Regional Medical Center
drmdshuaib@gmail.com

DocuSigned by:

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Srilatha Venepally, MD Internal Medicine/Hospitalist
Huntsville Hospital, Alabama
dr.srilatharao@gmail.com

DocuSigned by:

EC6E5954034940E...

Sudheer Kantharajpur, MD Internal Medicine/Hospitalist
Medical Director
Huntsville Hospital and Madison Hospital
Sudheerkr360@yahoo.com

DocuSigned by:

3033DC8B377C480...

Sukhmanpreet Singh, MD Internal Medicine/Hospitalist
Huntsville Hospital and Madison Hospital
pete.singhs@gmail.com

DocuSigned by:


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Sumathi Puttu, MD Family Medicine
Alabama Family medical center, Tuscaloosa
sputtumd@gmail.com

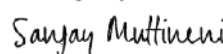
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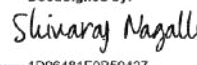
Ramakrishna Swarna, MD Internal medicine/ Hospitalist
Huntsville Hospital. Huntsville, Alabama
swarna.liberty@gmail.com

DocuSigned by:

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Sananjay Singh, Internal medicine/ Hospitalist
Southeast health in Dothan, Alabama.
sananjays@yahoo.com

DocuSigned by:

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Sanjay Muttineni, MD Internal medicine/ Hospitalist
Huntsville Hospital. Huntsville, Alabama
Sanjay.muttineni@hhsys.org

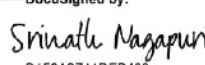
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Shivaraj Nagalli, MD Internal Medicine / Hospitalist
Brookwood Baptist Health, Birmingham
shivanagalli21@gmail.com


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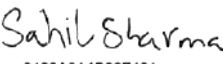
Sravani Bantu, MD Internal Medicine/ Hospitalist
Baptist medical center, Montgomery
Email: sravy.1308@gmail.com

DocuSigned by:

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Srinath Nagapuri, MD Internal Medicine, Hospitalist
Huntsville Hospital, Huntsville, Alabama.
Nsrinath19@gmail.com

DocuSigned by:

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Suhas Pinnaka, MD Family Medicine/Hospitalist
Huntsville Hospital and Madison Hospital
drpinnaka@gmail.com

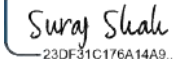
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Sahil Sharma, MD Internal Medicine
Jackson Clinic Montgomery.
Sahilsharma131313@yahoo.com

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Sumeet Munjal, MD Nephrology
Baptist medical center south
drsumeetmunjal@gmail.com

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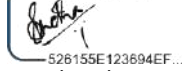
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Huntsville hospital Alabama
Suraj.shah@hhsys.org

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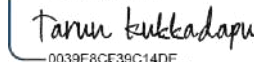
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Montgomery Cardiovascular associates, Baptist Health
System
ushant.doc@gmail.com

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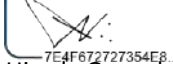
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Huntsville Hospital and Madison Hospital
drswethabee@gmail.com

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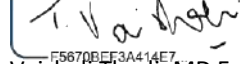
Tarun Kukkadapu, MD Pulmonary and Critical care
Huntsville hospital
tarun.kukkadapu@hhsys.org

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Huntsville Hospital
ujwalagunnal@gmail.com

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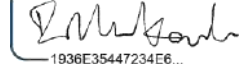
Vaishali Thudi, MD Endocrinologist
UAB multispeciality clinic , Montgomery
Vaishali.thudi85@gmail.com

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Huntsville Hospital, Huntsville AL
Vinsome2001@gmail.com

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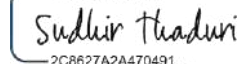
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Huntsville Hospital
karthik.illineni@gmail.com

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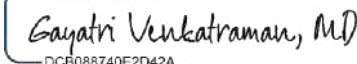
Bala Nimmana, MD Hospitalist, Internal Medicine
Huntsville hospital, Alabama
bala.nimmana@hhsys.org

DocuSigned by:


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Sudhir Thaduri, MD Nephrology
University of Alabama, Birmingham
Thadurisudhir@gmail.com

DocuSigned by:


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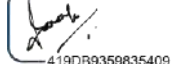
Gayatri Venkatraman, MD Family Medicine
Assistant Professor at UAB Huntsville Campus.
Huntsville, Alabama
Gayatrivr@gmail.com

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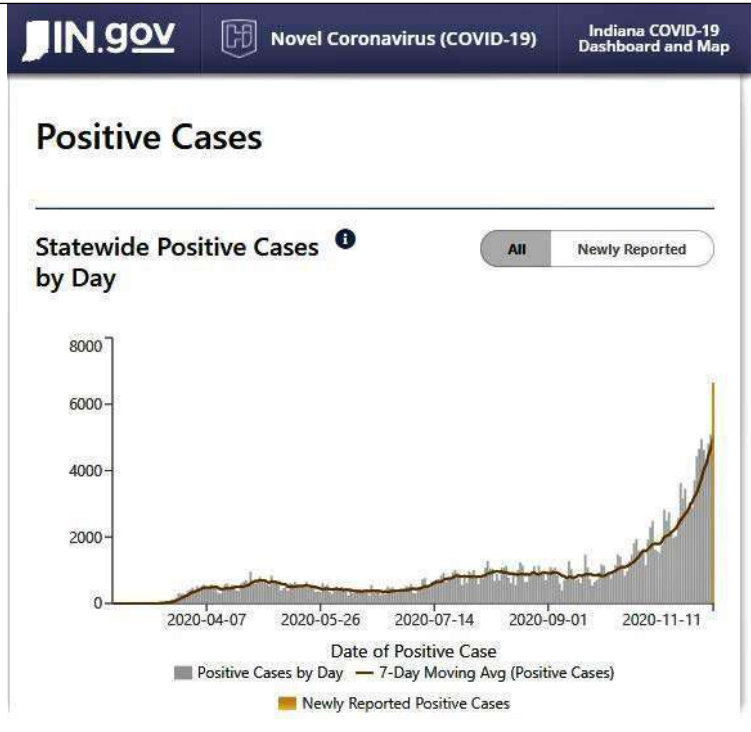
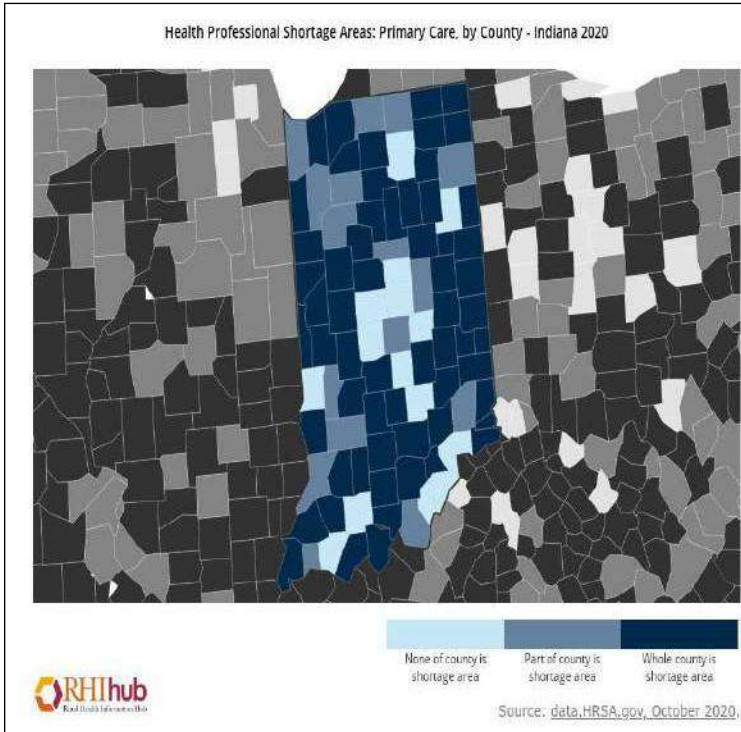
Hardik Satashiya, MD Internal Medicine
Northeast Alabama regional medical center
Hardik.satashia@gmail.com

DocuSigned by:


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Janak Ghelani, MD Psychiatry
Child and adolescent psychiatry
Comprehensive Med Psych Systems.
Mobile, Fairhope, Alabama
drjanakghelani@gmail.com

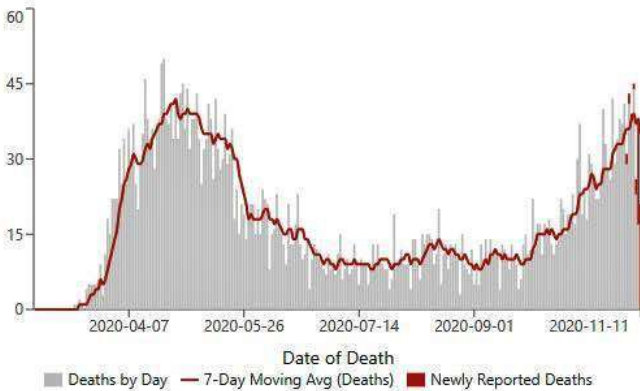
APPEAL FROM PHYSICIANS IN INDIANA



Deaths

Statewide Deaths by Day

All | Newly Reported

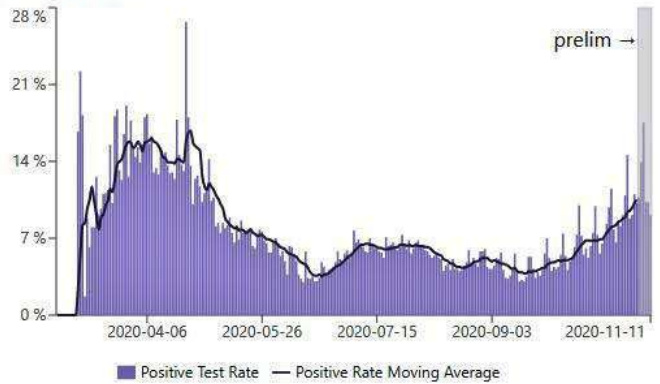


Positivity

Statewide Daily Positive Test Rate

All Tests | Individuals

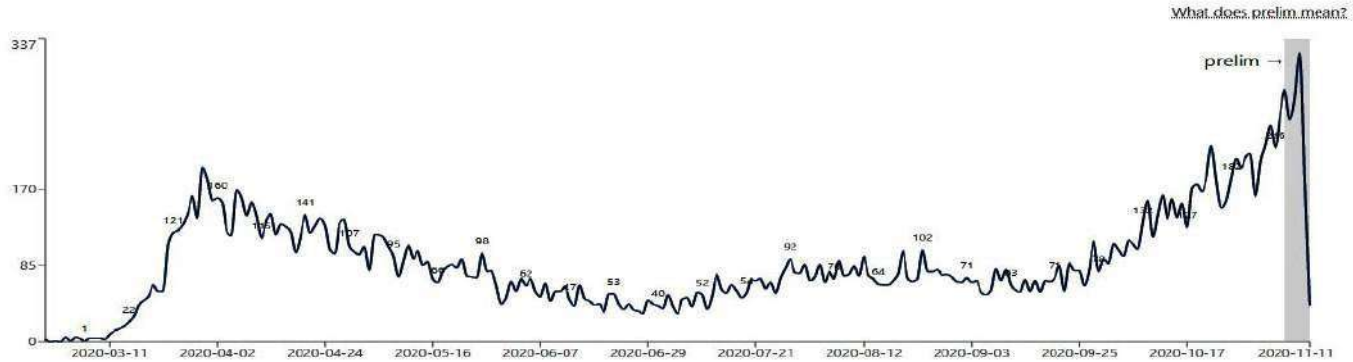
What does 'prelim' mean?



Source: Indiana COVID-19 Dashboard and Map <https://www.coronavirus.in.gov/2393.htm>

Statewide COVID-19 Hospital Admissions ¹

For more information on hospitalizations, visit Regenstrief Institute's dashboard.



Source: Indiana COVID-19 Dashboard and Map <https://www.coronavirus.in.gov/2393.htm>

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Abhinav Singh, MD Internal Medicine
Franciscan
Carmel
neothakur@gmail.com

DocuSigned by:

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Alok Silodia, MD Internal Medicine & Nephrology
Indiana Nephrology & Internal Medicine, P.C.,
Kokomo, IN
asilodia_alok@yahoo.com

DocuSigned by:

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Ambar Banerjee, MD General Surgery
IU Health, North & Methodist hospitals
Carmel
banerjam@iupui.edu

DocuSigned by:

C020FA5AFF54CC...

Aneel Kumar Bole, MD Cardiology
IU Ball Hospital
Muncie
draneel99@gmail.com

DocuSigned by:

331013482391442...

Anuja Bandyopadhyay, MD Pediatrics,
Pulmonary Medicine and Sleep Medicine
Riley Childrens Hospital, IUHP
Indianapolis
anubandy@iupui.edu

Maitri Kalra, MD Hematology - Oncology
IU Health Ball Memorial Cancer Center
Muncie, Indiana
mkalra@iuhealth.org

DocuSigned by:

4AE537CAD0F4FB...

Ashwin R. Madupu, MD Pain Medicine & Anesthesiology
IU Health Ball Memorial Interventional Pain Services
Muncie, IN
winreddy@gmail.com

DocuSigned by:

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Amit Kalra, MD Internal Medicine
Indiana university Health Care
Indianapolis
drakalra@gmail.com

DocuSigned by:

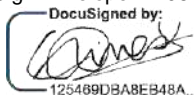
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IUHP
Indianapolis
anshu.sidana@gmail.com

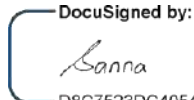
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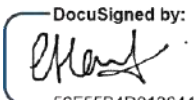
Anup Trikanth, MD Internal Medicine
Union hospital
Terre haute
dranupta@aol.com

DocuSigned by:


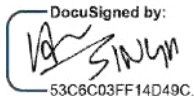
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Endocrinologist
Indiana University Health Arnett
West Lafayette
dedem@iuhealth.org

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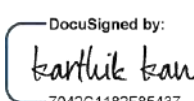
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Fnu Sanna, MD Internal Medicine
IU, Indianapolis
sanna_dr@yahoo.in

DocuSigned by:


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Hari Gourabathini, MD Pediatric Medicine
Beacon Childrens Hospital
South Bend
drghari@gmail.com

DocuSigned by:


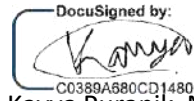
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Laporte Hospital
Laporte
drsingh@vitalchecklist.com

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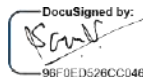
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IU health Bloomington hospital
Bloomington
karthikkannegolla@gmail.com

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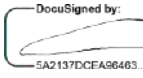

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Kavitha Muthusamy, MD Internal Medicine
Parkview
Fort Wayne
drkavimmc@gmail.com

DocuSigned by:


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Kavya Puranik, MD Pediatric Medicine
St. Vincent Women's Hospital, Ascension Indiana
Indianapolis
drkavyapuranik@gmail.com

DocuSigned by:


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Sampath Ethiraj, MD Hospital Medicine
Parkview Health
Fort Wayne, IN
Ethiraj69@yahoo.com

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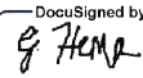
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Hari Gopakumar, MD Internal Medicine
Parkview Health, Fort Wayne
hgopakumarmd@gmail.com

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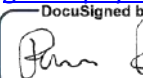

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Hariom Joshi, MD Critical Care Medicine
Parkview Health
Fort Wayne
hariommd@gmail.com

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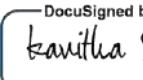

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Harshil Bhatt, MD Internal Medicine
Goshen hospital
Goshen
kukipie@gmail.com

DocuSigned by:


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Hemapriya Gopal Reddy, MD Internal Medicine
Deaconess Hospital
Evansville
ghemapriya.07@gmail.com

DocuSigned by:


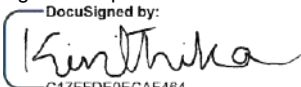
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Karthik Polsani, MD Internal Medicine
Community health network
Westfield
krpols@gmail.com

DocuSigned by:


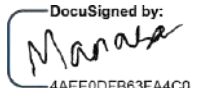
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Kavitha Subramoney, MD Internal Medicine
IU health
Indianapolis
kavithasubramoney@gmail.com

DocuSigned by:

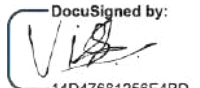

08E8C6766AE5421...
Kiran Mandya Chikkalingaiah, MD Internal Medicine
Parkview
Fort Wayne
kiranbabumc@gmail.com

DocuSigned by:

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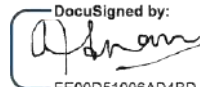
Kirithika Dorairaj, MD Internal Medicine
IU health
Indianapolis
kiribala@gmail.com

DocuSigned by:

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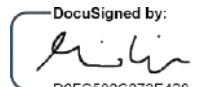
Manasa Josyula, MD Pediatric Medicine
Southern Indiana physicians
Bloomington
manasa.josyula@gmail.com

DocuSigned by:

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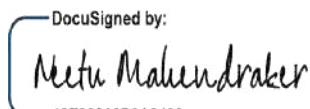
Mellekate Vishwas, MD Neurology
Union Health
Terre Haute
vishwas@mac.com

DocuSigned by:

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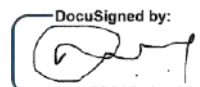
Mohammad Adnan, MD Pediatric Medicine
IU Health Ball Memorial hospital
Muncie
madnan@iuhealth.org

DocuSigned by:

D0FC580C073E428...

Muni Theertham, MD Internal Medicine
community health network
Kokomo
muniktheertham@gmail.com

DocuSigned by:

18F60360B0A3483...

Neetu Mahendrakar, MD Internal Medicine
Indiana University Health Physicians
Indianapolis
neetu183@gmail.com

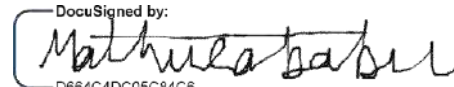
DocuSigned by:

9401FFC8E4CA427...

Natraj Ammakkanavar, MD
Internal Medicine, Hematology &
Oncology
Community health network
Indianapolis / Anderson
natrajmedico@yahoo.com

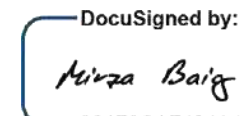
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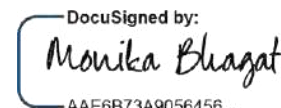
Tasneem Siddiqua, MD Hospitalist
IU Health Physicians
Indianapolis, IN
Tasmeemsiddiqua@gmail.com

DocuSigned by:

D664C4DC05C84C6...


Mathura Babu, MD Internal Medicine
Deaconess Hospital
Evansville
mathurababu44@gmail.com

DocuSigned by:

321F0CAF484A448...

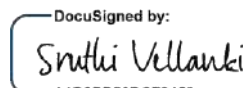
Mirza Baig, MD Internal Medicine
Nephrologist
Hendricks Regional Health
Brownsburg
baigmd0921@gmail.com

DocuSigned by:

AAE6B73A9056456...

Monika Bhagat, MD Pediatric Medicine
Indiana Health Center
Kokomo
monikabhagat1@gmail.com

DocuSigned by:

8FF68E3D27C246A...

Neelakanta Kanike, MD Pediatrics,
Attending Physician & Neonatologist
Deaconess Womens hospital
Newburgh
neelrakku@gmail.com

DocuSigned by:

A1D3BB56DC78458...

Sruthi Vellanki, MD Internal medicine
Terre Haute, IN
sruthivellanki@gmail.com

DocuSigned by:


AF06FDB880584A5...

Rushabh Shah, MD Pediatrics
Marshall County Pediatric Physicians
Saint Joseph Health System, Plymouth, IN
shahrus@sjrmc.com

DocuSigned by:


78986E5D99AC4A7...

Nupur Gupta, MD Internal Medicine
Indiana University Health
Carmel
nugupta@iupui.edu

DocuSigned by:


D7DB5F25671F499...

Praveen Ranganath, MD Internal Medicine
St Vincent Medical Group
Anderson
praveenranganathdr@gmail.com

DocuSigned by:


704F5F935F3E44E...

Rajat Kapoor, MD Internal Medicine
Indiana University
Indianapolis
rkapoor@iuhealth.org

DocuSigned by:


086F191B73B6457...

Hem Desai, MD
Internal Medicine
Indiana University, Indianapolis
drhemdesai@gmail.com

DocuSigned by:


79F1C3D2CAB34B6...

Rakshita Chandrashekar, MD Internal Medicine
Community Health Network
Greenwood
rakshuc@gmail.com

DocuSigned by:


97A0619D6570412...

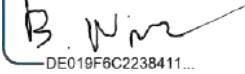
Ramesh Chillal Kashinath, MD Internal Medicine
Columbus Regional Hospital
Columbus
ckramesh1980@gmail.com

DocuSigned by:


2067A2C5DCCE473...

Neha Batra, MD Pediatrics, FAAP
Goshen Physicians Pediatrics
Goshen, IN
nehalinks@gmail.com

DocuSigned by:


DE019F6C2238411...

Nivas Balasubramaniyam, MD Internal Medicine
IU Health-Arnett
Lafayette
nivas.mmc@gmail.com

DocuSigned by:


F6ECBB62B24F473...

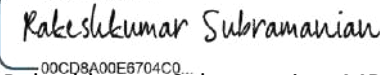
Prashant Malviya, MD Neonatologist
Medical Director, Neonatal ICU
IU Health Ball Memorial Hospital
Muncie
dr.prashantmalviya@gmail.com

DocuSigned by:


FD921198F4924F9...

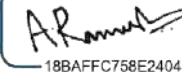
Praveen Singh, MD Pediatric Medicine
healthlinc FQHC & La Porte Hospital/CHS
Michigan city, La Porte
p.singh@lph.org

DocuSigned by:


00CD8A00E6704C0...

Rakeshkumar Subramanian, MD
Pulmonary and Critical Care Medicine
Parkview
Fort Wayne
rakeshmmc@gmail.com

DocuSigned by:


18BAFFC758E2404...

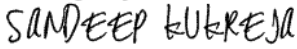
Ramesh Adhikari, MD Internal Medicine
Franciscan Health
Lafayette
adhirams@outlook.com

DocuSigned by:


495804E240F9467...

Samatha Madhavarapu, MD Pediatrics
Indiana health center
Kokomo
samatharao12@gmail.com


DocuSigned by:

SANDEEP KUKREJA

03F50AB42A434FA...

Sandeep Kukreja, MD Internal Medicine
Franciscan
Indianapolis
sandeepkukreja@hotmail.com

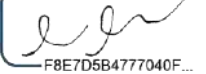
DocuSigned by:

Santi

E963713FA0BA403...

Santi Gottumukkala, MD Internal Medicine
IU Health
Indianapolis
sgottumu@iuhealth.org

DocuSigned by:

Shail

F8E7D5B4777040F...

Shail Sheth, MD Internal Medicine
Terre haute regional hospital
Terre haute
drshailsheth@yahoo.co.in

DocuSigned by:

Shivam Dubey

F54B95DC073F4CA...

Shivam Dubey, MD Psychiatry
Bowen Center
Warsaw
drshivamdubey12@gmail.com

DocuSigned by:

Simranjit Singh

992EC21FCF784F1...

Simranjit Singh, MD Internal Medicine
IU Health
Carmel
ssingh6@iuhealth.org

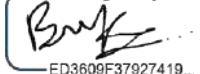
DocuSigned by:

Suresh Ravuri

06335DC4E0884B4...

Suresh Ravuri, MD Internal Medicine
Parkview Health
Fort wayne
ravuri.sureshkumar@gmail.com

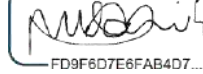
DocuSigned by:

Vamshi

ED3609F37927419...

Vamshi Bende, MD Internal Medicine
Porter Regional Hospital
Valparaiso
docvamshi@gmail.com

DocuSigned by:

Sandeep Puranik

FD9F6D7E6FAB4D7...

Sandeep Puranik, MD Pediatrics
Riley Hospital for Children IU Health
Indianapolis
drsandeepuranik@gmail.com

DocuSigned by:

Sashank Kolli

7BFDA76EC6F0499...

Sashank Kolli, MD Pulmonary & Critical
Care Medicine
Indiana University Ball memorial hospital
Muncie
drksashank@gmail.com

DocuSigned by:

SHAILESH BASANI

990095420A6D41B...

Shailesh Basani, MD Internal Medicine
St Vincent Medical Group
Bloomington
shailesh.basani@gmail.com

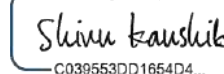
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Swapnil Khare

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Swapnil Khare, MD Endocrinology
IU Health Physicians Endocrinology, Metabolism &
Diabetes, Indianapolis, IN
skharea@gmail.com

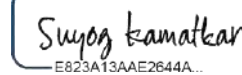
DocuSigned by:

Shivu Kaushik

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Shivu Kaushik, MD
Pulmonary & Critical Care Medicine
Parkview Health
Fort Wayne
shivukaushik@gmail.com

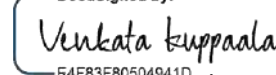
DocuSigned by:

Suyog Kamatkar

E823A13AAE2644A...

Suyog Kamatkar, MD Pediatrics
Neonatologist
Medical Director, NICU
Community Hospital East
Indianapolis
suyog86@gmail.com

DocuSigned by:

Venkata Kuppala

54F93F80504841B...

Venkata Kuppala, MD Pediatrics
Deaconess health system
Evansville
sashikuppala@yahoo.com

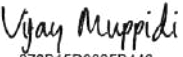
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Venkata Kureti, MD Internal Medicine
Parkview hospital
Fort Wayne
kureti_dr@yahoo.com

DocuSigned by:



670B15D9835B446...

Vijay Muppidi, MD Internal Medicine IU Health
Muncie vjdershan@gmail.com

DocuSigned by:



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Vinita Prasad, MD Psychiatry Parkview Health
Fort Wayne
dr.vini25@gmail.com

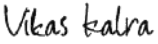
DocuSigned by:



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Venu Chippa, MD Internal Medicine St Vincent
Evansville cvmadhav1958@gmail.com

DocuSigned by:



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Vikas Kalra, MD Cardiologist
IU Health Ball Memorial Hospital Muncie
drvikaskalra@gmail.com

DocuSigned by:

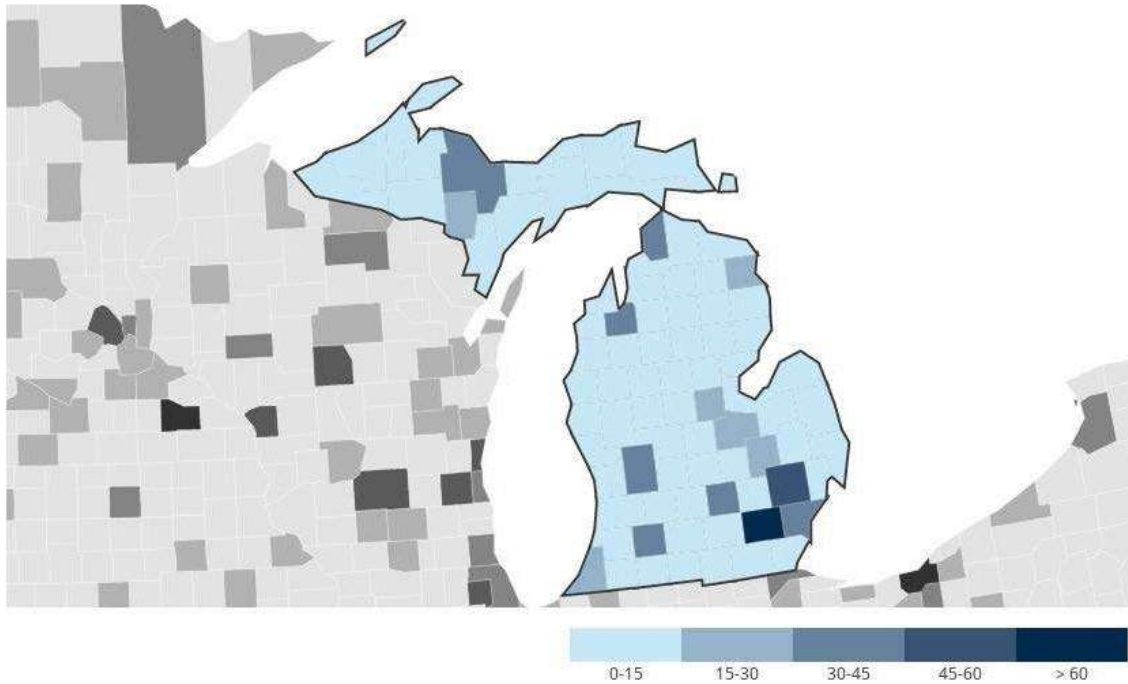


25DC3240469140D...

Vasu Voleti, MD MBA CSSGB Emergency Physician Medical Director, St Vincent Jennings Hospital
Regional Associate CMO at Ascension Health- St Vincent Columbus, Indiana
VasuVoleti@gmail.com

APPEAL FROM PHYSICIANS IN MICHIGAN

Doctors of Medicine (MDs) per 10,000 People - Michigan 2017



Note: Rates are calculated using US Census annual population estimates.
Source: [HRSA Area Health Resources Files, 2017 and 2018.](#)

Vivek Variar MD, FACP
Board-certified in Internal Medicine, Endocrinology,
Diabetes and Metabolism
Assistant Professor
CMU Health/CMU College of Medicine
Saginaw, MI
Number of years on H1B: 8 yrs
Email ID: varialv@cmich.edu

Vishwas Vaniawala, MD, FAAP Board-certified in Pediatrics
Assistant Professor Department of Pediatrics
Assistant Director Department of Pediatrics
CMU College of Medicine
Saginaw, MI
Number of years on H1B: 13 years
E-mail: vaniavp@cmich.edu



Suja Shenoy, MD
Board-certified in Internal Medicine
Midland, MI
Number of years on H1B: 8 years
Email: sujasshenoy@gmail.com



Gaurav Bhalla, MD
Board-certified in Internal Medicine, Endocrinology,
Diabetes and Metabolism
Medical Director, Inpatient Diabetes Lake Huron
Medical Center
Port Huron, MI
Number of years on H1B: 3 years
E-mail: gauravbhalla85@gmail.com



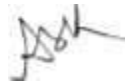
Rashmi Rajeshwar MD
Board-certified in Internal Medicine
Internal Medicine Hospitalist
Hospital Consultants PC
Beaumont Hospital, Troy and Royal Oak, MI
Years on H1b/J1 visa: 9 years
Email: rtrontrack@gmail.com



Yamini Atluri MD
Boar-certified in Internal Medicine
Hospitalist
Spectrum Health, Grand Rapids, MI.
Years on J1/H1B visa: 10 years
Assistant professor: MSU
Email: a.yamini@yahoo.com



Sujay Madduri, MD, FACP.
Board-certified in Internal Medicine, Endocrinology,
Diabetes and Metabolism
Chairman, Department of Internal Medicine
MidMichigan Health
Midland, MI
Number of years on H1B: 10 years
E-mail: madduris.md@gmail.com



Adeeba Khan MD
Board-certified in Pediatrics.
Fellow of American Academy of Pediatrics Assistant
Director, Department of Pediatrics, CMU Health
Assistant Professor, CMU
Years on H1b: 12 years
dr_adeeba12@yahoo.com



Pramod Kalagara MD
Board-certified in Internal Medicine
Hospitalist,
CMU Clerkship Director, Year-4 Medicine Sub-I
Covenant Medical Center, Saginaw, MI
Years on J1/H1b visa: 10 years
Email: pramodkalagara@gmail.com



Paritharsh Ghantasala MD
Board-certified in Internal Medicine
Hospitalist -Apogee Physicians
McLaren Northern Michigan, Petoskey, MI
Years on H1B-3 years
Email: paritharshghantasala@gmail.com



Suneesh C. Anand, MD
Board-certified in Internal Medicine,
Pulmonary Medicine, Critical care Medicine.
Pulmonary & Critical Care Physician
Covenant Medical Center
Saginaw, MI
Number of years on H1B: 10 years
Email: suneeshca@gmail.com



Anupam A Sule, MD PhD FACP
Board-certified in Internal Medicine and
Clinical Informatics
Chief Medical Informatics Officer and Medical
Director of Outcomes- St Joseph Mercy Oakland,
Pontiac, MI
Years on H1B: 10 years
Email: Anupam.a.sule@stjoeshealth.org



Nitin Jain, MD
Board-certified Radiologist
Adjunct Assistant Professor at Des Moines
University and Kansas City University.
Clinical Instructor at Michigan State University,
Chief of Interventional Radiology,
Ascension Macomb and Oakland Hospitals, MI
Number of years on H1B: 11 years
Email: jnيتين_2000@yahoo.com



Balaji Vutla, MD, MPH, FHM
Board-certified in Family Medicine
Hospitalist - Spectrum Health, Grand Rapids, MI
Assistant professor: MSU
Years on J1/H1B visa: 14 years
Email: Balaji.vutla@gmail.com



Venkata Sai Sheshu Kumar Etha, MD, MA,
Board-certified with ABPMR
Medical Director of McLaren Bay Rehabilitation
Bay City, MI
Years on H1b visa 10 years
Email: sheshu124@gmail.com



Ashish Gupta, MD FAAP
Board-certified in Pediatrics.
Neonatologist, Mercy Hospital Grand Rapids.
Clinical Assistant Professor at Michigan State
University.
Number of years on H1B: 10 years
Email: guptdrashish@gmail.com



Indeevar Peram MD
Board-certified in Internal Medicine
Hospitalist
Covenant Health care
Saginaw, MI
Number of years on J1/H1B: 9 yrs
Email: indeevarperam@gmail.com



Divya Jayakumar, MD
Board-certified in Internal Medicine and
Rheumatology
Assistant Professor
CMU Health/CMU College of Medicine
Saginaw, MI
Number of years on H1B: 3 yrs
Email ID: divya.jayakumar@cmich.edu



Abhishek Swami MD, FASN
Board-certified in Internal Medicine and
Nephrology
Assistant Professor, OUWB School of Medicine
Royal Oak, MI
Number of years on H1B: 15 years
Email: abhishek_swami@yahoo.com



Lakshmi Gowda Hanumaiah MD
Board-certified in Internal Medicine, Geriatric
Medicine, and Obesity Medicine
Primary Care Physician at Great lakes Bay Health
Centers
Saginaw, MI
Number of years on J1/H1B: 11 years
Email: drlakshmi.gh@gmail.com



Parag Somalingam, MD
Board-certified in Internal medicine and Pediatrics
Internal medicine and Pediatrics hospitalist,
Beaumont Hospital, Troy MI
Medical Director of Antimicrobial Stewardship
Physician advisor for Care Management
Number of years on H1B: 12 years
Email: paragsomalingam@yahoo.co.in



Sankalp Dwivedi, MD
Board-certified in Internal Medicine
Chief Gastroenterology Fellow, Ascension
Providence Hospital - Michigan State University
College of Human Medicine
Number of Years on J1: 6 years



Jinu Puthenparampil, MD
Board-certified in Internal Medicine
CMU Clinical Assistant Professor of Medicine
Primary Care
MidMichigan Health UFC
Mt Pleasant, MI
Number of years on H1B: 2 years
E-mail: Jinu.Puthenp@gmail.com



Tabrez Shaik Mohammed, MD
Board-certified in Internal Medicine
Hospitalist
Covenant Healthcare
Saginaw, MI
Number of years on H1B: 11 years
Email: drsmtabrez@gmail.com

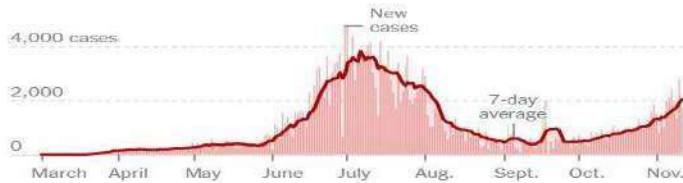


Satyendra Dhar MD, DFPHM, MSHAL
Hospitalist, MidMichigan Physicians Group
Chairman Hospital Medicine and Critical Care
Former Director Hospital Medicine
Clinical Assistant Professor Central Michigan
University (CMU) & Michigan State University (MSU)
MidMichigan Medical Center, Midland, MI
University of Michigan Health System.
Number of years on H1B : 12
Email: wuchaif@gmail.com

APPEAL FROM PHYSICIANS IN ARIZONA


Arizona Covid Map and Case Count


By The New York Times Updated November 12, 2020, 2:05 P.M. E.T.





	TOTAL REPORTED	ON NOV. 11	14-DAY CHANGE
Cases	266,644	1,750	+96% ↗
Deaths	6,240	30	+225% ↗
Hospitalized		1,360	+43% ↗

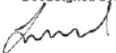
■ Day with data reporting anomaly.
Hospitalization data from the Covid Tracking Project. 14-day change trends use 7-day averages.

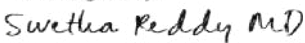
DocuSigned by:

EFEA6B311E1449D...
Abhinav Sharma, MD Internal Medicine
Clinical faculty IM residency, Banner University Medical Center
Phoenix, AZ
Abhinav.sharma0322@gmail.com

DocuSigned by:

2D7968109D2F4D4...
Adhirath Doshi, MD Cardiology (Board certified in Internal medicine, adult echocardiography & nuclear cardiology)
Cedars Heart Clinic
Casa Grande, AZ
adhirathdoshi@gmail.com

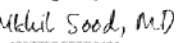
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Arshad Banday, MD Internal Medicine
Clinical Assistant Professor, Division of Hospital medicine
Banner University Medical Center
Phoenix, AZ
abanday74@gmail.com

DocuSigned by:

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Ashish Sharma, MD Internal Medicine Hospitalist,
Yuma regional medical center
Yuma, AZ
Drashish.sharma@hotmail.com

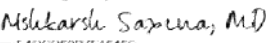
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Dhaval Shah, MD Interventional cardiologist
Casa grande/Chandler, AZ
dmdhav@gmail.com

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5941F08AF8B14B4...

Swetha Reddy MD Hospitalist
Mayo Clinic, Phoenix, AZ
mail2drswetha@gmail.com

DocuSigned by:

420772CE508481...

Nikhil Sood, MD Internal medicine hospitalist Banner Health
Phoenix metro, AZ
Nikhilsood03@gmail.com

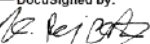
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Nishkarsh Saxena, MD Nephrologist
Southwest Kidney, Flagstaff, Chinle, Kayenta, Tuba city, AZ
nishkarsh1985@gmail.com

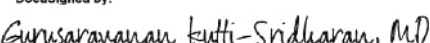
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Raju Vaddepally, MD Hematology and Oncology
Yuma regional medical center
Yuma, AZ
rkvaddepally@gmail.com

DocuSigned by:

4F7D93FF0CDD45F...

Rajesh Kotagiri, MD Internal Medicine Hospitalist
Banner University Medical Center
Tucson, AZ
drrajesh67@gmail.com

DocuSigned by:

9E96F0DF0E4C4C0...

Gurusaravanan Kutti-Sridharan, MD
Clinical Associate Professor, Division of Inpatient Medicine
University of Arizona College of Medicine,
Tucson, AZ
kuttinguru@gmail.com

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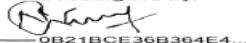
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Mayank Aggarwal, MD Internal Medicine Hospitalist
Banner Boswell medical center/Banner del webb medical center
Sun City, AZ
dr.mayankaggarwal@gmail.com

DocuSigned by:

EF31C6653BCD431...

Nagachandra Dharmavaram Harirao Kiran, MD Internal medicine Hospitalist
Abrazo central campus, Phoenix, AZ Dhnckiran@gmail.com

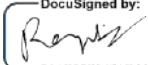
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Narasa R Madam,, MD Internal Medicine Hospitalist
Yuma Regional Medical Center, Yuma, AZ
Narasa.raju99@gmail.com


DocuSigned by:

790323D094A74DF...

Ramprakash Devadoss, MD Interventional Cardiology
Casa Grande, AZ
Ramprakash2000@gmail.com

DocuSigned by:

31AB2975471D4A3...

Ranjit Singh, MD Nephrology
Southwest Kidney
Phoenix, AZ
R9singh@hotmail.com


DocuSigned by:

D19E6BAE1E1648C...

Rashi Agarwal, MD Endocrinologist
Banner Medical group
Peoria, AZ
rash_dr@yahoo.com

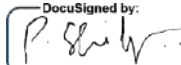
DocuSigned by:

F44FB88B61F74A7...

Sabyasachi Roy, MD Internal Medicine Hospitalist
St. Joseph's Hospital
Phoenix, AZ
dr.sabyasachiroy@gmail.com

DocuSigned by:

A2EB81BA01FD433...

Shikha Mishra, MD Internal Medicine Hospitalist
Verde Valley Medical Center
Cottonwood, AZ
docshikham@gmail.com

DocuSigned by:

D3564FAACE2F456...

Shilpa Pedapati, MD Internal Medicine Hospitalist
Banner University Medical Center
Tucson, AZ
shilpapedapati@gmail.com

DocuSigned by:

4616B1B8C56D4BD...

Tejesh Reddy, MD
Hospital Medicine,
Phoenix, AZ
tejdoc@gmail.com

DocuSigned by:

EDFDA071DE6848D...

Vimal Kumar Veerappan, MD, FACC, FACP, RPVI Interventional Cardiology
Banner Boswell Medical Center and Banner Del E Webb Medical Center
Sun City, AZ
kvimal@gmail.com

APPEAL FROM PHYSICIANS IN CALIFORNIA

Health Professional Shortage Areas



DocuSigned by:
Ambar Rahman, MD
Ambar Rahman, MD Internal Medicine
Clovis Community Medical Center,
Clovis, CA
ambarrahman@gmail.com


DocuSigned by:
Amtinder Batth, MD
Amtinder Batth, MD Internal Medicine
Hospitalist, Community Regional Medical Center
Fresno, CA
amtinderbatth@gmail.com


DocuSigned by:
Arashdeep S Goraya, MD
Arashdeep S Goraya, MD Hospitalist
St Joseph medical Center, Stockton, CA
agoraya@soundphysicians.com

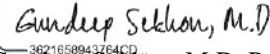
DocuSigned by:
Amit Malik, MD
Amit Malik, MD Psychiatry
California Department of Corrections and Rehabilitation
California Health Care Facility, Stockton, CA
Amitmalik07@hotmail.com

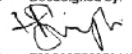
DocuSigned by:
Aparna Yadatore, MD
Aparna Yadatore, MD Pediatrics
Golden Valley Health Center
Modesto, CA
Aparnayc@gmail.com

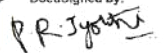
DocuSigned by:
Arathi
Arathi Lakhole, MD, Pediatric Gastroenterology
UCSF Oakland Children's Hospital, Oakland, CA
arathi.lakhole@gmail.com


DocuSigned by:

E94C32C0469F4AA...
Bhavin Doshi, MD Pediatrics
Golden Valley Health centers,
Manteca, CA
bhavin15.doshi@gmail.com


DocuSigned by:

95060524E8CA456...
Elan Mohanty, MD Internal Medicine
Hospitalist, Apple Valley, CA
dreanmohanty@gmail.com

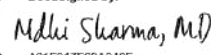
DocuSigned by:

3621658943264CD...
Gundeep Sekhon, M.D. Psychiatry
CDCR
Marin County, CA
gugusekhon12@yahoo.co.in

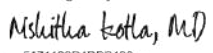
DocuSigned by:

F80C85FF835944D...
Himanshu Singh, MD Pediatrics, Neonatologist
Fowler, CA
hsingh@valleychildrens.org

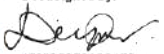
DocuSigned by:

A9AA08EC1FCB4FE...
Jyothi R Patri, MD Family Medicine
UCSF
Fresno, CA
drjpatri@gmail.com


DocuSigned by:

85E1B944253C4BB...
Melin Narayan, MD Nephrology
Loma Linda University
drmelin@gmail.com

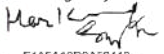
DocuSigned by:

22ABDE44E24443E...
Nandhini Madhanagopal, MD Child and Adolescent
Psychiatrist
Kern Medical
Bakersfield, CA
drnandhu75@gmail.com

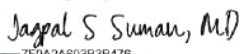
DocuSigned by:

A01F017F60A042E...
Nidhi Sharma, MD Hospitalist
Mark Twain medical center
San Andreas, CA
Nidhibabbu@yahoo.com


DocuSigned by:

517112204DBB428...
Nishitha Kotla, MD Internal Medicine Physician
Sutter Medical Group
Auburn, California
kotlanishitha@gmail.com

DocuSigned by:

15623C9E8A2D4F5...
Deepika Sankaran, MD, Neonatal-perinatal medicine
Work location- Sacramento
dsankaran@ucdavis.edu

DocuSigned by:

E.C5B45D6D125464...
Gopi Krishna Polasa Venkata, MD Internal Medicine
Los Banos CA
Drpolasa@gmail.com

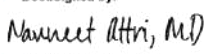
DocuSigned by:

F4A5A10D9A5244D...
Harkanwal Singh, MD Internal Medicine
Hospitalist, Sutter Amador Hospital
Jackson CA
Harkanwalsingh79@yahoo.com


DocuSigned by:

7F0A2AB03B3B476...
Jagpal S Suman, MD Internal Medicine
Fresno, CA
jsinghs1224@gmail.com

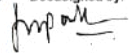
DocuSigned by:

0E7DF8715F30421...
Mansi Madiwale, MD Pediatric Hematology and Oncology
Community Medical Centers
Manteca, CA
mmadiwale@cmcenters.org

DocuSigned by:

21D16DF9F999456...
Naga Vijaya Swathi Chitta, MD Pediatrics
Community Medical Centers
Tracy, CA
drcswathi@gmail.com

DocuSigned by:

B3B03C031259498...
Navneet Attri, MD Internal Medicine/ Hospitalist,
Sutter Santa Rosa Regional Hospital,
Santa Rosa, CA
atrinavneet@gmail.com

DocuSigned by:

8A9E53788EC34CF...
Nimmy Rodrigues, MD Internal Medicine
Golden Valley health Centers,
Patterson, CA
Rodrigues.nimmy@gmail.com

DocuSigned by:

5000CE35FC79427...
Pallavi Shikaripur Nadig MD Obstetrics and Gynecology
Golden Valley Health Centers
Modesto, Stanislaus County, CA
pnadig@gvhc.org

DocuSigned by:
Parminderjit Singh, MD
CBFD24259CDB4C3...

Parminderjit Singh, MD Internal Medicine
California Department of Corrections and Rehabilitation
California Health Care Facility, Stockton
parminderjit.singh@cdcr.ca.gov

DocuSigned by:
Paras V. Shah
84D531AE3C8E4F8...

Paras Shah, MD Hospitalist
Visalia CA
Parasdoc2006@gmail.com

DocuSigned by:
Prita Mohanty, MD
188C017686C54A8...

Prita Mohanty, MD Pediatric Gastroenterology and Hepatology
UCSF Benioff Children's Hospital
Oakland, CA
Prita.Mohanty@ucsf.edu

DocuSigned by:
Rahul Paryani, MD
23E8BF4D04346E...

Rahul Paryani, MD Internal Medicine
Faculty of Internal Medicine and GME
San Joaquin General Hospital, French Camp, California
Drparyanirahul@gmail.com

DocuSigned by:
Rvbandaru
21240110B64E4F0...

Rajvardhan Bandaru, MD Internal Medicine
Hospitalist at Dameron Hospital,
Stockton, CA
rvbandaru@gmail.com

DocuSigned by:
Rashmi Parmar, MD
DCDA4B235B344E4...

Rashmi Prabhudas Parmar, MD Child, Adolescent & Adult
Psychiatrist
Community Psychiatry Inc, Newark CA.
rashmiparmar85@gmail.com

DocuSigned by:
Reema Menezes, MD
838FB7A95187472...

Reema Menezes, MD Family Physician
Bay Area Community Health
menezes.reema@gmail.com

DocuSigned by:
Resham Kaur, MD
732BF3E108944CE...

Resham Kaur, MD Pediatrics
Fresno, CA
resham_thethi@yahoo.com

DocuSigned by:
Rishika Sharma
7D44E6A952A645E...

Rishika Sharma, MD Pediatrics
Family Healthcare Network, Visalia, CA
Rsharma@fhn.org

DocuSigned by:
Satyakant Chitturi, MD
79AA75E96899452...

Satyakant Chitturi, MD Family Medicine / Sports Medicine
California Department of Corrections and Rehabilitation
California Health Care Facility, Stockton
drcsatya@yahoo.com

DocuSigned by:
Sheshashree Seshadri
CDECE8B6AEAE4FB...

Sheshashree Seshadri, MD Pediatrics
Bay area community health
Whatsurdiagnosis@gmail.com

DocuSigned by:
Shreya Jain
7C43479FDDFA4C...

Shreya Jain, MD Internal Medicine - Hospitalist
Kaweah delta medical Centre in Visalia, CA
sjain2319@gmail.com

DocuSigned by:
Siddhesh Lotlikar MD
508B782B0F3840D...

Siddhesh Lotlikar MD Internal Medicine
Hospitalist, Sound Physicians California
Siddhesh_lotlikar@yahoo.com

DocuSigned by:
Sravya Dasyam, MD
C1EE608E507B454...

Sravya Dasyam, MD Internal medicine
Hospitalist, Sonora Regional Medical Center,
Sonora, CA
dasyamsravya@gmail.com

DocuSigned by:
Sreedhar Adapa, MD
F7807E4CEDA545E...

Sreedhar Adapa, MD Nephrologist
Visalia, CA
sreedharadapa@gmail.com

DocuSigned by:
Srikanth Naramala, MD
FE7785FA190946A...


Srikanth Naramala, MD Rheumatology
Adventist Medical Center
Hanford, CA
dr.srikanth83@gmail.com


DocuSigned by:
Srinivas Sirmalle, MD
EB4A00D7F6274EF...


Srinivas Sirmalle, MD Hospitalist
Palm Springs, CA
Srinivas.sirmalle@gmail.com


DocuSigned by:
Sudha Saduvala, MD
1C30B504E35743E...

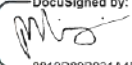
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Dameron Hospital, Stockton, CA
ssaduvala@soundphysicians.com

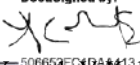
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Sukhraj Singh Balhan, MD Pulmonary Critical Care Physician
Sutter General Hospital, Sacramento
ssbalhan@gmail.com

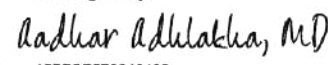
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3270FC5257D7462...
Tarandeep Singh Arora, MD Hospitalist
Dameron Hospital, Stockton CA
Taranj77@yahoo.com


DocuSigned by:

A2349B2ADEFF64B7
Thiagarajan Nandhagopal, MD Pediatric Hospitalist
Kern Medical, Bakersfield, CA
tnt75@gmail.com

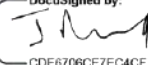
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B834EEFF8C9E4F3...
Vaishali Benaka Hebbar, MD Pediatrics.
Golden Valley Health Center
Patterson, CA
vaish.hebbar@gmail.com


DocuSigned by:

881009993144FE...
Vinay K Pulusu, MD Internal Medicine
Clovis Community Medical Center, Clovis, CA
vinaykrishna.p@gmail.com

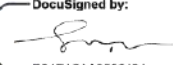
DocuSigned by:

50855FC019A4413...
Yogesh V Kolwadkar, MD Orthopaedic Surgeon
VA Central California Health Care System
Fresno, CA, 93703
arthrosurgeonk@gmail.com

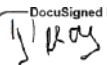
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15B7CE573846428...
Aadhar Adhlakha, MD Internal Medicine/ Hospitalist
Community Regional Medical Center
Fresno, California
aadharadhlakha@gmail.com

DocuSigned by:

51925FCB31C04CA...
Merveen Appu, MD Pediatric Neurology
Valley Childrens Hospital
Madera, CA
merveenappu@yahoo.com

DocuSigned by:

CDE6706CE7EC4CF...
Prasad Jogu, MD Internal medicine/ Hospitalist
Sutter Medical Center
Roseville, CA 95661
drprasadgmc@gmail.com

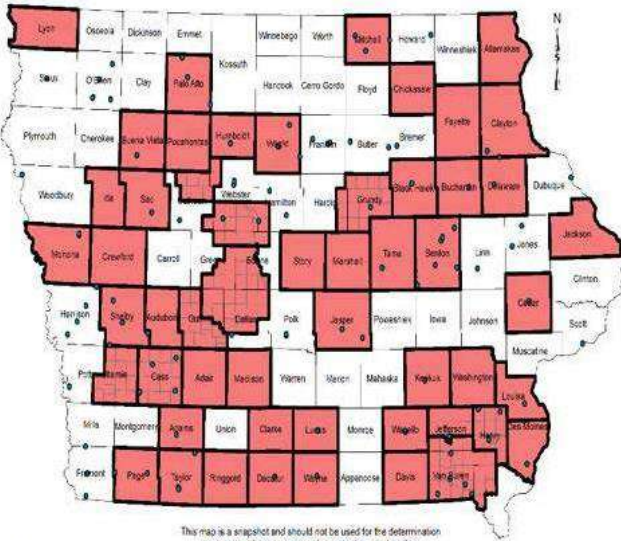
DocuSigned by:

2642A16FFA8B49B...
Prabjit Singh, MD Internal medicine/ Hospitalist
Sutter Amador Hospital
200 mission Blvd, Jackson, CA 95642
doctor_prabjit@yahoo.com

DocuSigned by:

D04EA2AA9506494...
Shailesh Kumar Singh, MD Internal medicine/ Hospitalist
St Joseph medical center
Stockton, CA
Shailkmc05@gmail.com

DocuSigned by:

BFF108E38044F...
Prital Janakbhai Desai, MD Child and Adolescent Psychiatrist
Santa Rosa, CA
pritaldesai22@gmail.com

APPEAL FROM PHYSICIANS IN IOWA

Iowa: Federal Primary Health Care Shortage Designations

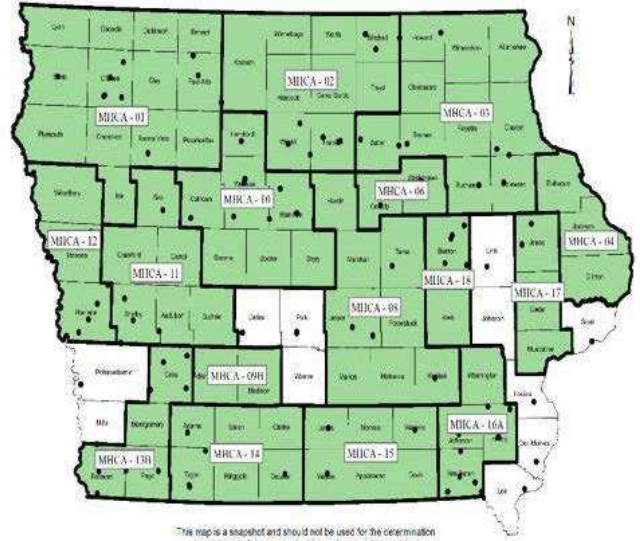


HPSA Designation

- Facility HPSA
- Primary Care HPSA

Created by Iowa Department of Public Health, Bureau of Policy and Workforce Services
Source: Health Resources and Services Administration Data Warehouse
Created: December 31, 2019

Iowa: Federal Mental Health Care Shortage Designations



HPSA Designation

- Facility HPSA
- Mental Health HPSA

Created by Iowa Department of Public Health, Bureau of Policy and Workforce Services
Source: Health Resources and Services Administration Data Warehouse
Created: December 31, 2019

Maps created by Iowa Department of Public Health, Bureau of Policy and Workforce Services

Source: Health Resources and Services Administration Data Warehouse, Created: December 31, 2019

<https://idph.iowa.gov/policy-and-workforce-services/rural-health-primary-care/primary-care-shortage-designations>

DocuSigned by:

Anand Kommuri, MD

C47712E26EEE43E...

Anand Kommuri, MD
Pulmonary & Critical Care Medicine
Genesis Health group, Davenport, IA
anand.kommuri@gmail.com

DocuSigned by:

Ajay Kumar Kaja

7D34417259D04B3...

Ajay Kumar Kaja, MD Cardiology
Waterloo, Iowa
dr.ajaykumar87@gmail.com

DocuSigned by:

Ambur Manoj Kumar Reddy, MD

28FB19CC5DF84F4...

Ambur Manoj Kumar Reddy, MD Radiologist
University of Iowa Hospitals & Clinics
Ambur-reddy@uiowa.edu

DocuSigned by:

Anamika Tandon

4746A990F5F140B...

Anamika Tandon, MD Internal medicine
Hospitalist, St Lukes, Cedar Rapids, Iowa
Dranamikatandon@gmail.com

DocuSigned by:

4B951CF0B8EA4A5...

Anusha R Madadi, MD Hematology /Oncology
UnityPoint Health Allen Hospital - Community Cancer
Center, Waterloo, IA

anushaomc@gmail.com

DocuSigned by:

143D3BF66C8F4D2...

Armeet Singh, MD Pediatrics
UnityPoint, Bettendorf, IA

drarmeetsingh@gmail.com

DocuSigned by:

F5EE59C999E4456...

Babuji Reddy Gandra, MD Psychiatry
Genesis Health group
Bettendorf IA

drbabjireddy@gmail.com

DocuSigned by:

5E4A897CB7C8454...

Chetan Prasad, MD Internal Medicine
Community Healthcare Quad cities

chain.cp1@gmail.com

DocuSigned by:

BF29ACC50B44477...

Deepna Kukreja, MD Pediatrician
Genesis health group, Bettendorf, Iowa

Deepna.kukreja@gmail.com

DocuSigned by:

E84E9F98F889439...

Dhivya Sundaramurthy, MDNephrology
Methodist Medical Center

drdhivyamurthy@gmail.com

DocuSigned by:

FB4009079E2D4A2...

Gopi Kota, MD Radiology,
Waterloo, IA

kota52us@gmail.com

DocuSigned by:

15EED0601455474...

Padmanabhan Priyesh, MD Cardiologist
Unity Point cardiology, Des Moines, IA

priyeshpadmanabhan@gmail.com

DocuSigned by:

280CD4B788E9443...

Arjun Sekar, MD Nephrology
Associates in Kidney Care

arjun_sekar@hotmail.com

DocuSigned by:

94648CDD2B04489...

Bhavana Yalamuru, MD Anesthesiology
University of Iowa Hospitals and Clinics

Bhavana-yalamuru@uiowa.edu

DocuSigned by:

5F6DEB8CACF445C...

Bharani Chandrasekaran, MD Interventional Radiology
MercyOne, Des Moines, Iowa

docbharani@gmail.com

DocuSigned by:

DB4ABC267623446...

Chiranjeevi Pramod Siddagunta, MD Family Practice
Community health care, Davenport, IA

drpramod67@gmail.com

DocuSigned by:

5EDEF6B02CA46F...

Deepti Smitha Kurra, MD Family medicine
Unitypoint, Marion, Iowa

Deepthismithareddy@gmail.com

DocuSigned by:

694CEE673C88467...

Disha Mehta, MD Hospitalist,
Vegas (worked at Mercy Medical Center - Cedar
Rapids)

mdisha012@gmail.com

DocuSigned by:

64AC0C32976949C...

Mercy Rajesh, MD Pediatric endocrinology
Unity Point health, Cedar Rapids

Mercy990@gmail.com

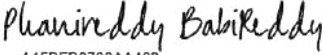
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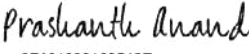
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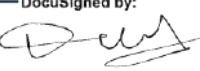
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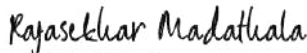
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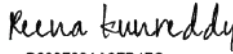
drparamsingh@gmail.com


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Phanireddy Babi Reddy, MD Internal Medicine
Unitypoint, Bettendorf, IA
docphanivr@yahoo.com

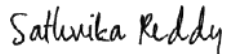
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Prashanth Anand, MD Orthopedics
UnityPoint Health Fort Dodge, Iowa
Drprashanthanand@gmail.com

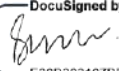
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Rahul Raman, MD Pediatric Critical Care
Mercyone, Des Moines, Iowa
rahulraman85@gmail.com


DocuSigned by:

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Rajasekhar Madathala, MD Internal Medicine
Hospitalist
Unity Point Health, Fort Dodge, Iowa
drrajasekharreddy@gmail.com

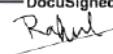
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Reena Kunreddy, MD Internal Medicine
Genesis Health group, Bettendorf IA
drreenareddy@gmail.com

DocuSigned by:

157E879E6234453...
Sandeep Gupta, MD Pulmonary, Critical Care Medicine
Unitypoint, Sioux City
sandynoida@yahoo.com

DocuSigned by:

FE63E7F27E42489...
Sathvika Reddy, MD Internal Medicine
University of Iowa
rsathvika84@gmail.com

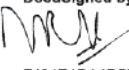
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Sachin Nunnear, MD
Pediatrics UnityPoint,
Bettendorf, Iowa
drnunnear@gmail.com

DocuSigned by:

B7D4D02FFFF6452...
Pradeep K Panuganti, MD Neurology
Pradeepkp3@gmail.com

DocuSigned by:

CEEF1A7457E44DD...
Rahul Khanna, MD Neurology
Burlington Neurology & sleep clinic, Burlington Iowa
Rahulkhanna.doctor@gmail.com

DocuSigned by:

D34A693C3B7A4EF...
Rajani Uppala, MD Pediatrics
Iowa
rajju.uppala@gmail.com

DocuSigned by:

F494E4DA4D59475...
Ramya K Maturu, MD Hospitalist/Family Medicine
Mercy Medical Center, Cedar Rapids IA
drramyakrishna@gmail.com

DocuSigned by:


EFB8AD978C3B44C...
Rohan Garje, MD Medical Oncology
University of Iowa
Rohangarje@yahoo.com

DocuSigned by:

0DBD1156E40A4AE...
Sarat Ayyagari, MD Hospitalist
Unity point, Cedar rapids
Chandu.ayyagari@gmail.com

DocuSigned by:

F0DAF000A7AF483...
Shilpi Shrivastava,MDPediatrics
Mcfarland clinic, Marshalltown
shilpishrivastav6@gmail.com

DocuSigned by:

16EF16FB0DA54F2...
Suchith Shetty, MD Adult Hospitalist
University of Iowa Hospitals and Clinics
suchithks@gmail.com

DocuSigned by:
Sujan Vadarevu
C1E74F2E7504E1...

Sujan Vadarevu, MD Hospitalist
Mercy Cedar Rapids
vsujankumar@gmail.com

DocuSigned by:
Sunil Avvari
A522836921B2434...

Sunil Avvari, MD Internal Medicine Hospitalist
Genesis medical center, Davenport IA
Sunilavvari@gmail.com

DocuSigned by:
Tejasvi Sunkara
91F02936EAB14D9...

Tejasvi Sunkara, MD Internal Medicine Hospitalist
St Lukes, Cedar Rapids
Sunkara.tejasvi@gmail.com

DocuSigned by:
Varsha Pujala
20B6B618593F45C...

Varsha Pujala, MD Internal Medicine Hospitalist
MercyOne, Des Moines
Drvarsha.pujala@gmail.com

DocuSigned by:
Vijayalakshmi Mukkamalla
D8C754E6A4C948B...

Vijayalakshmi Mukkamalla, MD Internal Medicine
Unitypoint, Bettendorf, IA
Vijaya_mukkamalla@yahoo.co.in

DocuSigned by:
Muddasir Ashraf, MD
1DF8BA3636EF4F7...

Muddasir Ashraf, MD Hospitalist
UnityPoint, Bettendorf, IA
muddasirashraf@hotmail.com

DocuSigned by:
Abhishake Kaapuraala
FE1928C1285C48C...

Abhishake Kaapuraala, MD Hospitalist
Worked for Webster City Medical Services/
Van Diest Medical Center, Webster City, IA
Presently at Marion General Hospital, OH
akaapuraala@gmail.com

DocuSigned by:
Arun Muthusamy
9517CF61E2384CB...

Arun Muthusamy, MD Gastroenterology
Cedar Valley Medical Specialists P.C., and
Cedar Valley Digestive Health Center, Waterloo, IA
drarunm@gmail.com

DocuSigned by:
Shrey Velani
798880E81BA464...

Shrey Velani, MD
Pulmonary & Critical Care Medicine
MercyOne, Des Moines
velani.shrey@gmail.com

DocuSigned by:
Swetha Kandula
78BB60ADD87140A...

Swetha Kandula, MD Pediatrics
Community Health Care Inc., Davenport IA
rsr.doctor@gmail.com

DocuSigned by:
P.V.V.P. Kamale
8762CE58571C421...

Vara Ponnada, MD Hospitalist
Unity point, Allen Hospital, Waterloo, Iowa
kamalakrishna@yahoo.com

DocuSigned by:
Vijaya Kumar Gogineni
999F91854B1D4B6...

Vijaya Kumar Gogineni, MD Pulmonary & Critical Care
Unitypoint clinic
vijgogineni@yahoo.com

DocuSigned by:
Vikram Aggarwal
3B5C94CDEDB84DE...

Vikram Aggarwal, MD Pediatrics
UnityPoint, Bettendorf, Iowa
vikki2003@gmail.com

DocuSigned by:
Randhir Jesudoss
42CFB0260190472...

Randhir Jesudoss, MD Gastroenterologist & Liver Transplant Director
VA hospitals, Iowa City, IA
drrandhirrekha@gmail.com

DocuSigned by:
Dharamveer Singh, MD
B08B8FEA7BDC478...

Dharamveer Singh, MD Internal Medicine
UnityPoint clinic, Bettendorf, Iowa
Aimdoc@gmail.com

DocuSigned by:
Amita Ghosh
0B889AE1F50941A...

Amita Ghosh, MD Pediatrics
Community Healthcare Quad Cities, Iowa
amita.ghosh2@gmail.com

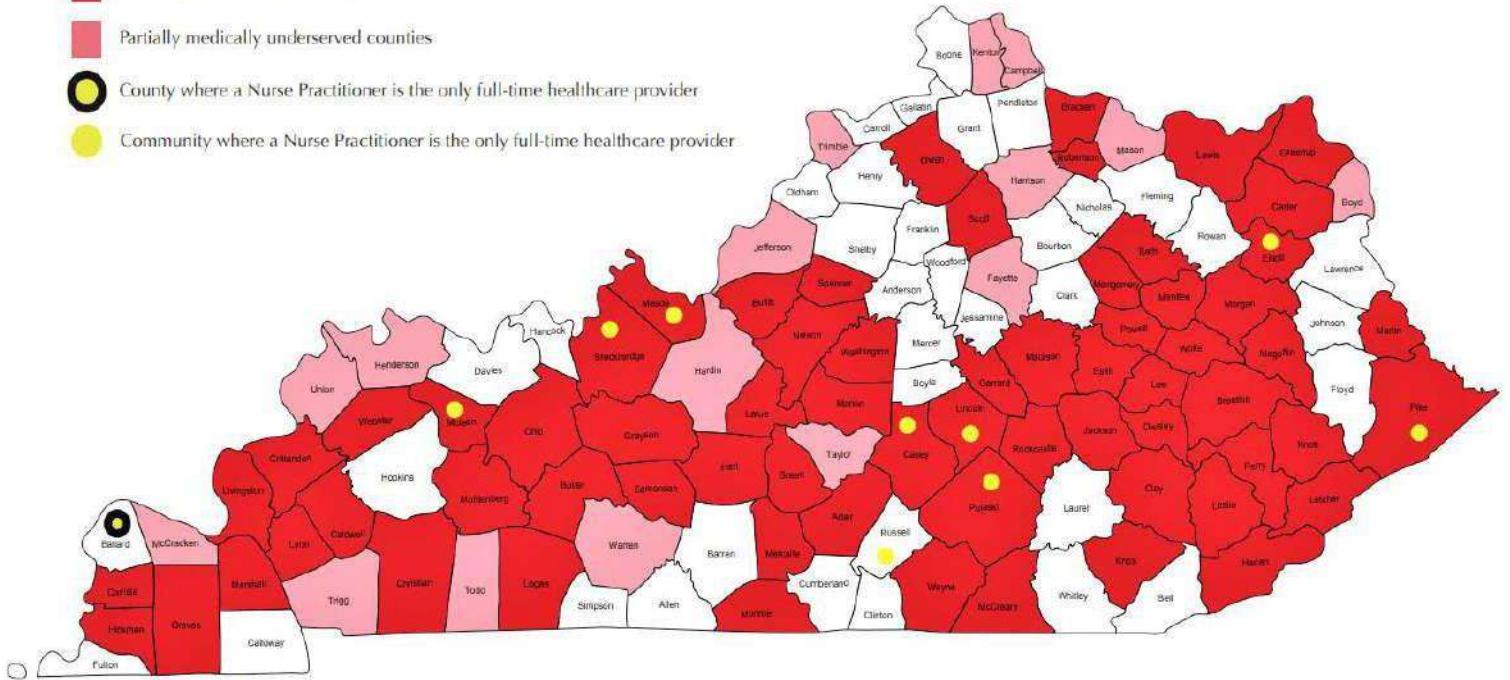
DocuSigned by:
Sundar Munagala
DBA6A395C764411...

Sundar Munagala, MD Psychiatrist
Mercy medical center, Cedar rapids
Sundar.munagala@gmail.com

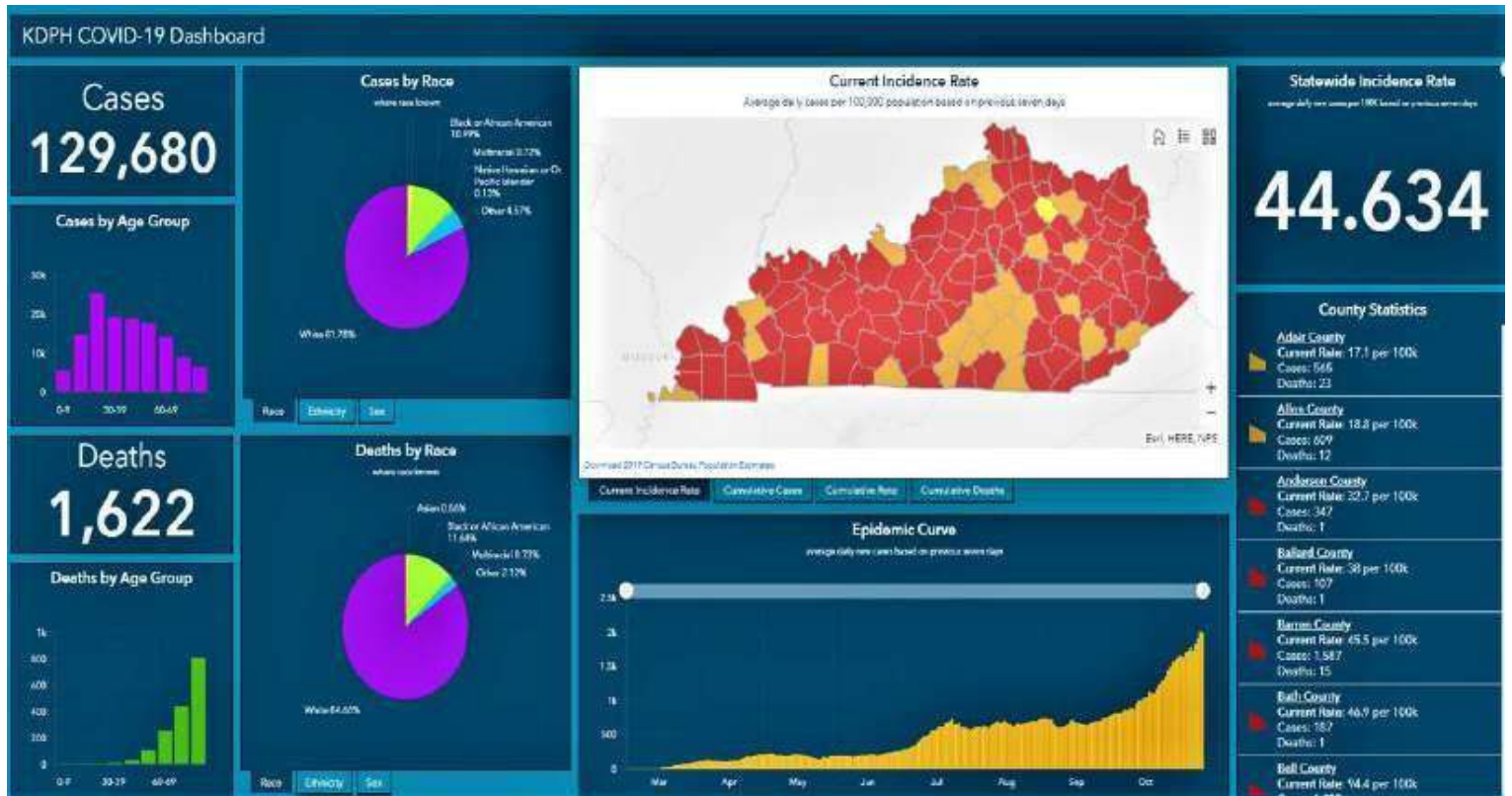
APPEAL FROM PHYSICIANS IN KENTUCKY

Medically Underserved Counties in Kentucky

- Medically underserved counties
- Partially medically underserved counties
- County where a Nurse Practitioner is the only full-time healthcare provider
- Community where a Nurse Practitioner is the only full-time healthcare provider



Source: [https://cdn.ymaws.com/www.kcnpnm.org/resource/resmgr/media/ky_map - medically underserv.pdf](https://cdn.ymaws.com/www.kcnpnm.org/resource/resmgr/media/ky_map_-_medically_underserv.pdf)



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DocuSigned by:

Aditya Kalakonda, MD

FEC29B286600419...

Aditya Kalakonda, MD Gastroenterology
St Elizabeth Healthcare,
Florence KY

aditya.kalakonda@stelizabeth.com

DocuSigned by:

Anirudh Singh

9E4EB5929255433

Anirudh Singh, MD Cardiology
Western Kentucky Heart and Lung
Bowling Green, KY

asingh@wkheartandlung.com

DocuSigned by:

Aasems Jacob, MD

8A71FFF7CCE1485...

Aasems Jacob, MD Hematology/Oncology
University of Kentucky
Lexington, KY

aasemsj@gmail.com


DocuSigned by:

Arthi Kaundar, MD

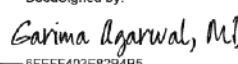
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Arthi Kaundar, MD Family Medicine
Family Health Centers
Louisville, KY

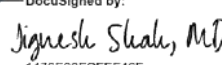
arthikaundar@gmail.com

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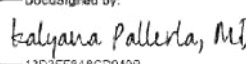
Avinash Aravantagi, MD Gastroenterology
Graves Gilbert Clinic
Bowling Green, KY
dravinash1410@gmail.com

DocuSigned by:

8FEFF403E82B4B5...

Garima Agarwal, MD Neurology
The Medical Center,
Bowling Green, KY
drgarima29@yahoo.com

DocuSigned by:

1478E90FCFEF46F...

Jignesh Shah, MD Vascular Neurology
Central Baptist Hospital
Lexington, KY
drjignesh83@gmail.com

DocuSigned by:

13D3FF8A8C991A9...

Kalyana Pallerla, MD Hospitalist
The Medical Center Bowling Green, LU
chavlap@gmail.com

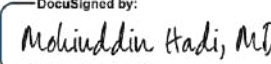
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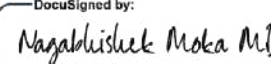
Kishore Gadikota, MD Pediatrics
Pikeville Medical Center
Pikeville, KY
drgadikota@gmail.com



Krishna Syamala, MD Hospitalist
Lake Cumberland Regional Hospital
Somerset, KY
chaitu038@gmail.com

DocuSigned by:

998511F3615D43C...

Mohiuddin Hadi, MD Neuro-Radiology
University of Louisville
Louisville, KY
dochadi@gmail.com


DocuSigned by:

DE259222CAF8428...

Nagabhishek Moka MD Medical Oncology
ARH Cancer Center
Hazard, KY
nagabhishek@yahoo.com


DocuSigned by:

80B27FF2388E400...

Avnish Tripathi, MD Interventional Cardiology
The Medical Center
Bowling Green, KY
tripathi.avnish@gmail.com

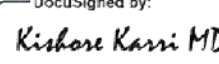
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Jaseena Elikkottil, MD Geriatrics (Fellow)
University of Louisville
Louisville, KY
jaseenae@gmail.com

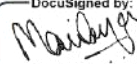
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Johnson Britto, MD Infectious Disease
St Elizabeth Healthcare,
Florence, KY
johnsy pb@yahoo.com

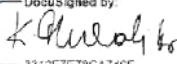

Kavita Jyotula, MD Hospitalist
University of Louisville, KY
sashikuppala@yahoo.com

DocuSigned by:

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Kishore Karri MD, Hospital medicine
University of Kentucky
Lexington, KY
drkarrik@gmail.com

DocuSigned by:

2E5A7DAE688F304...

Manikya Kuriti, MD Endocrinologist
Baptist Hospital
Louisville, KY
kuriti.manikya@gmail.com


DocuSigned by:

3312F7E78CA740E...

Murali Kolikonda, MD Vascular Neurology
Central Baptist Hospital
Lexington, KY
muralikrishnan.kolikonda@gmail.com

DocuSigned by:

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Nanda Methuku, MD Hematology/Oncology
SOMC Cancer Center,
Portsmouth, Ohio
methukun@somc.org

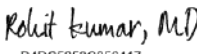
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Jackson Purchase Medical center,
Mayfield, KY
bejgums@gmail.com

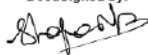
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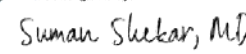
Rishi Agarwal, MD Hematology/Oncology
The Medical Center,
Bowling Green, KY
drishiagarwal@gmail.com

DocuSigned by:

D4DC5253C856417...

Rohit Kumar, MD Medical Oncology and
Hematology
University of Louisville, Louisville, KY
drk22@gmail.com

DocuSigned by:

E49727157DA147F...

Shafia Rubeen MD, Family medicine
Medical Center
Scottsville, KY
shafiarubeen@gmail.com


DocuSigned by:

C38E9B79DBA4DD...

Suman Shekar, MD
Suman Shekar, MD
Primary Care Clinic, Director
The Medical Center, Bowling Green, KY
sumanshekar0221@gmail.com

DocuSigned by:

D56BD672008843E...

Venu Madhav Konala, MD Medical Oncologist
Ashland Bellefonte Cancer Center
Ashland, KY
vkonala@ashlandcancer.com


DocuSigned by:

968199AC030A42A...

Vinay Nidadavolu, MD Pulmonary, Critical Care
Louisville Pulmonary Care
Louisville, KY
nidadavolu.vinay@gmail.com

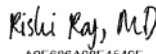
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Zain Guduru, MD Neurology, Movement Disorders
University of Kentucky
Lexington, KY
zain2811@gmail.com

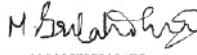
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Prasannaalaxmi Palabindela, MD Internal
Medicine/Hospitalist
Jennie Stuart Medical Center, Hopkinsville, KY
drpprasanna@gmail.com

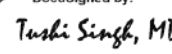
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Rishi Raj, MD Endocrinology, Diabetes and
Metabolism
Lexington, KY
Rishiraj91215@gmail.com

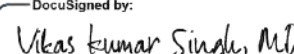
Sachin Bahadur, MD Chronic Pain Physician
TJ Samson Community Hospital
Glasgow, KY
svbahadur@gmail.com

DocuSigned by:

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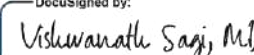
Srilakshmi Mukalla. MD Internal Medicine
St Elizabeth Physicians,
Florence KY
nirujoginaidu@gmail.com

DocuSigned by:

213C537A192E457...

Tushi Singh, MD
Tushi Singh, MD Hospital medicine
University of Kentucky
Lexington, KY
drtushisingh@gmail.com

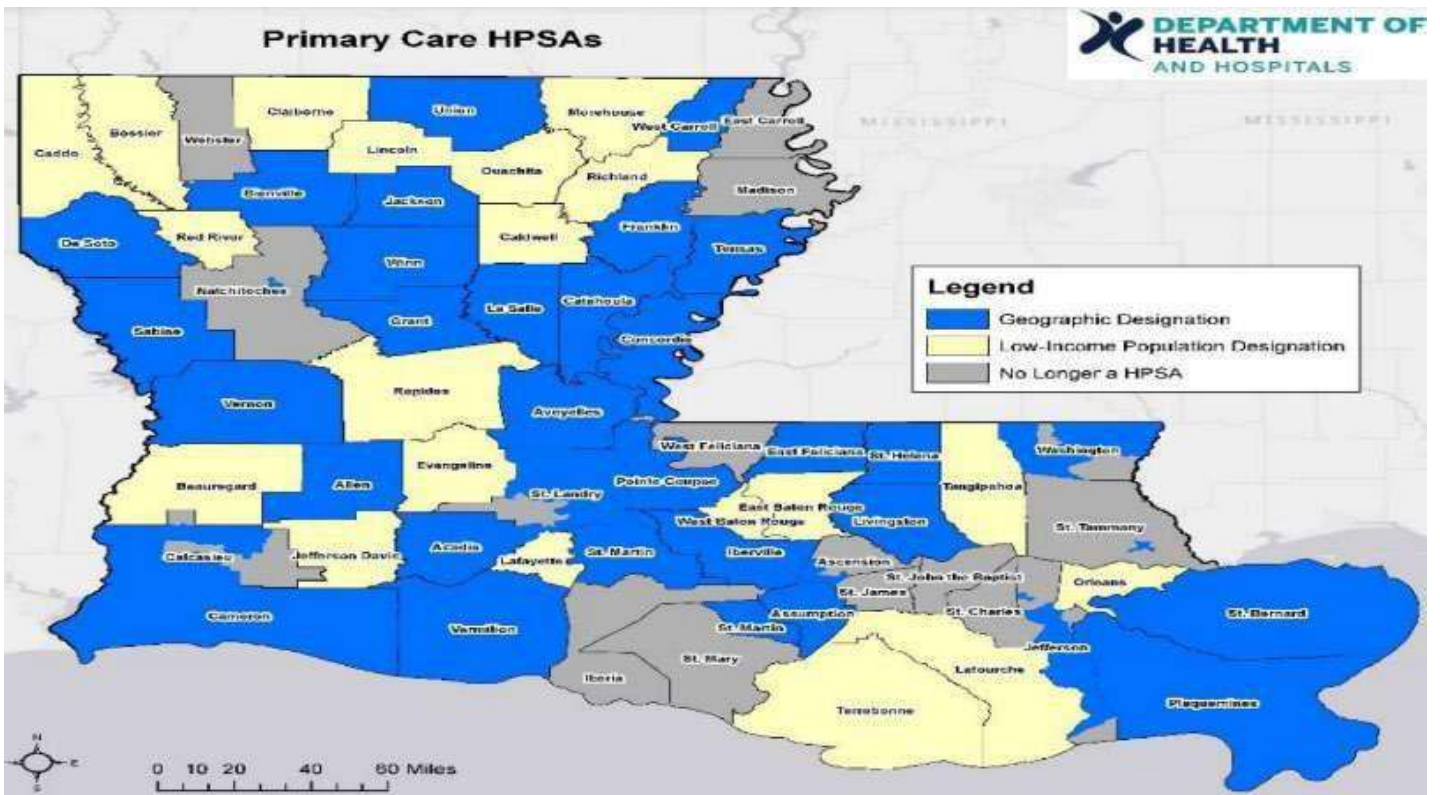
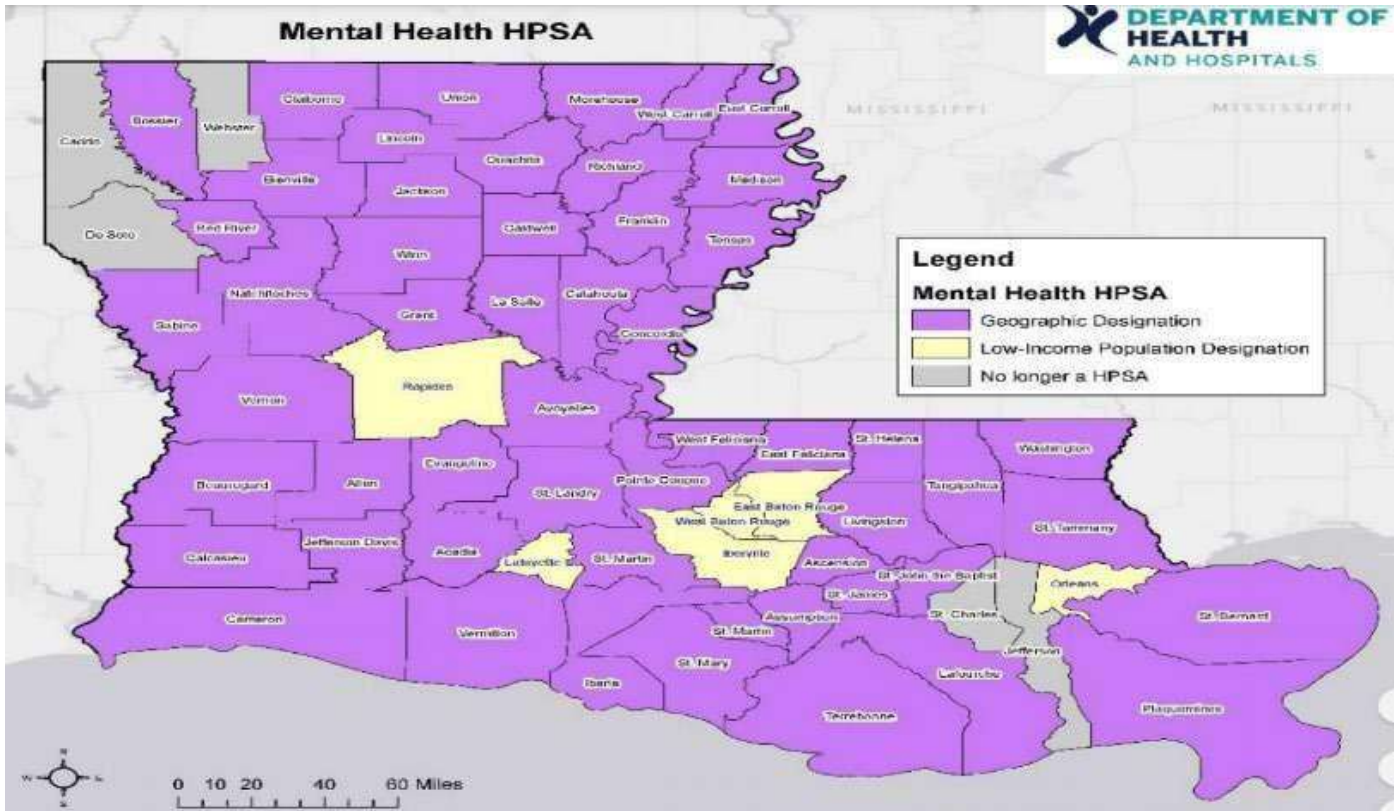
DocuSigned by:

E637EAC991DF4C7...

Vikas Kumar Singh, MD
Vikas Kumar Singh, MD
Hematology/Oncology
University of Louisville, Louisville, KY
vikas.singh@louisville.edu

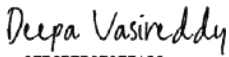
DocuSigned by:

66841B7DBC3D4DA...

Vishwanath Sagi, MD Epilepsy Neurologist
University of Louisville
Louisville, KY
vishu.sagi99@gmail.com

APPEAL FROM PHYSICIANS IN LOUISIANA



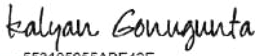
DocuSigned by:



9FD07EB6E3E74C6...

Deepa Vasireddy, MD Pediatrics
Pediatric Group of Acadiana
Lafayette, LA
drvasireddy01@gmail.com

DocuSigned by:



553105055ABE42E...

Kalyan Gonugunta, MD Internal Medicine
Louisiana State University Health Sciences Center
Monroe, LA
Drkgo@yahoo.com

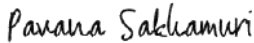
DocuSigned by:



57A1F66D69B44BE...

Muralidhara Devarapalli, MD Neonatology
Franciscan Missionaries of Our Lady Health System
Lafayette, LA
Dmreddy27@gmail.com

DocuSigned by:



24B0A35167764D5...

Pavana Sakhamuri, MD Internal Medicine
Louisiana State University Health Sciences Center
Lafayette, LA
lalithyasakhamuri@gmail.com

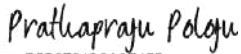
DocuSigned by:



22CACC6FD68548A...

Praneetha Musty, MD Rheumatology
Arthritis and Diabetic clinic
Monroe, LA
drpmusty@gmail.com

DocuSigned by:



B5B0F218CA8E45B...

Prathapraju Poloju, MD Internal Medicine
CSF Cabrini Hospital
Alexandria, LA
dr.poloju@gmail.com

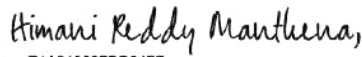
DocuSigned by:



093EDA2BF7E54BF...

Rajesh Gujjula, MD Family Medicine
Franciscan Missionaries of Our Lady Health System
Monroe, LA
Rajesh.gujula@fmolhs.org

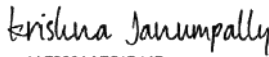
DocuSigned by:



E1A819037DD947D...

Himani Reddy Manthena, MD Internal medicine
Internal Medicine of Acadiana
Lafayette, LA
himanireddy1988@gmail.com

DocuSigned by:



1AF339AAE51B44D...

Krishna Janumpally, MD Pediatrics
Pediatric Group of Acadiana
New Iberia, LA
kjanumpally@pgacadiana.com

DocuSigned by:



095E2FF0CE6C462...

Pavana Naga Tirumaniseti, MD Family Medicine
Franciscan Missionaries of Our Lady Health System
Monroe, LA
tpngopik@gmail.com

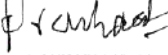
DocuSigned by:



E6B3F0BE537A45E...

Phani Akella, MD Internal Medicine
CSF Cabrini Hospital
Alexandria, LA
apv2907@gmail.com

DocuSigned by:



44237087AA1646C...

Prashanth Pothem, MD, Family Medicine
Hospitalist, Glenwood Regional Medical Center
Monroe, LA
Drpothem@yahoo.com

DocuSigned by:



C40D92193331440...

Rajat Gulati, MD Nephrology
Kidney Care of Louisiana
Alexandria, LA
drrajatgulati@yahoo.co.in

DocuSigned by:



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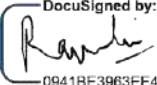
Rajiv Doddamani, MD Internal Medicine
Slidell Memorial Hospital
Slidell, LA
rajiv.doddamani@apogeephysicians.com

DocuSigned by:



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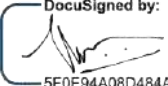
Yugandhara Devarapalli, MD Internal
Medicine CSF Cabrini Hospital,
Alexandria, LA dryugi7@gmail.com

DocuSigned by:

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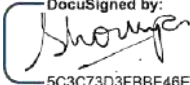
Ravali Bandaru, MD Pediatrics
Pediatric Group of Acadiana
Lafayette, LA
docravali@gmail.com

DocuSigned by:
SAI SUDHAKAR CHENNAMSETTY
09B2DD7BCE148B...

Sai Sudhakar Chennamsetty, MD Internal Medicine
Internal Medicine Group of Acadiana
Lafayette, LA
sudhachnnmstty@gmail.com

DocuSigned by:

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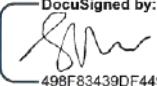
Shema Abraham, MD Internal Medicine
Hospitalist, SCP Health at LGMC
Lafayette, LA
shema83@gmail.com

DocuSigned by:

5C3C73D3FBBE46E...

Shourya Tadisina, MD Internal Medicine
CSF Cabrini Hospital
Alexandria, LA
riya29reddy@gmail.com

DocuSigned by:
Srikanth Vemulapalli
3D17A0636D66456...

Srikanth Vemulapalli, MD Internal Medicine
CSF Cabrini Hospital
Alexandria, LA
drsrikanth90@gmail.com

DocuSigned by:

498F83439DF4496...

Suguna Veeramachineni, MD Internal Medicine
Internal Medicine Group of Acadiana
Lafayette, LA
suguna.ammulu@gmail.com

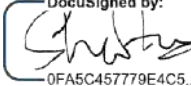
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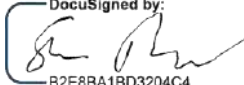
Supraja Yeturi, MD Rheumatology
Opelousas General Hospital Lafayette,
LA Suprajayeturi@gmail.com

DocuSigned by:
Sukreet Raju
07BFE59E27A2406...

Sukreet Raju, MD General Surgery
Byrd Regional Hospital
Leesville, LA
drsukreetr@gmail.com

DocuSigned by:

0FA5C457779E4C5...

Shantan Ravula, MD Family Medicine/Sleep Medicine
LOLO Physician Group
Prairieville, LA
Shantan.ravula1@gmail.com

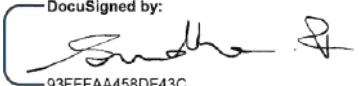
DocuSigned by:

B2E8BA1BD3204C4...

Shiv Pandey, MD Family Medicine
Louisiana State University Health Sciences Center
Monroe, LA
shivpdy@gmail.com

DocuSigned by:

BFE3E680BA2B4D9...

Sreekanth Depa, MD Family Medicine
Franciscan Missionaries of Our Lady Health System
Monroe, LA
Sreekanth.depa@gmail.com

DocuSigned by:

93FFFAA458DF43C...

Sudha Ranganathan, MD Family Medicine
Louisiana State University Health Sciences Center
Monroe, LA
srang1@lsuhsc.edu

DocuSigned by:
Darshan Patel
056C1D4EC3C7421...

Darshan Patel, MD Family medicine, Geriatrics
Franciscan Missionaries of Our Lady Health System
Monroe, LA
Darshan.patel@fmlhs.org

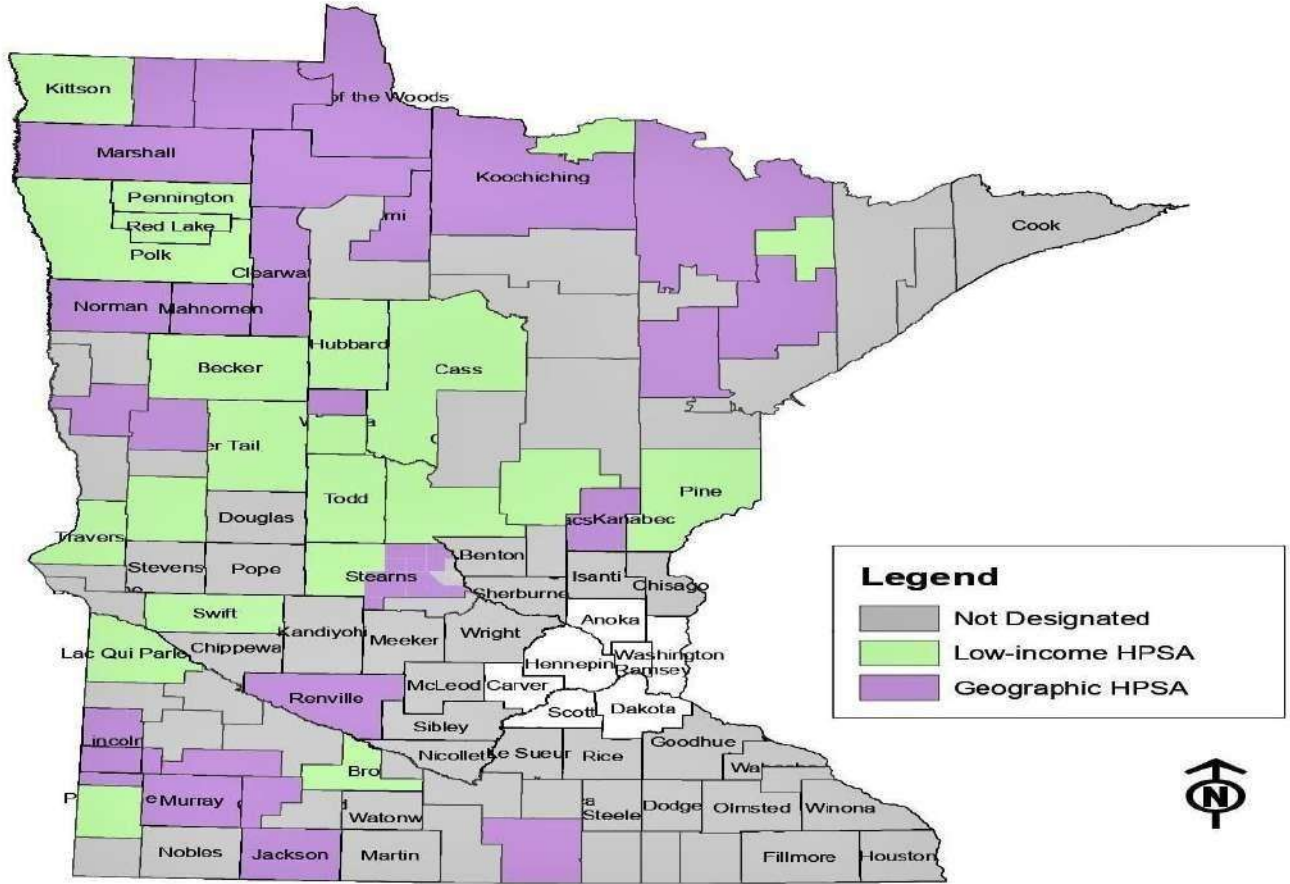
DocuSigned by:
Chezhiyan Murugesan
5DBF2C26840249B...

Chezhiyan Murugesan, MD Pediatrics
Louisiana State University Health Sciences
Center Monroe, LA
chezhiyan.murugesan@ochsnerlushs.org

APPEAL FROM PHYSICIANS IN MINNESOTA

Health Professional Shortage Areas Primary Care

54 of Minnesota's 87 counties are designated as Health Professional Shortage Areas in Primary Care



Source: Minnesota Department of Health; Office of Rural Health and Primary Care, 2016



DocuSigned by:
Aditi Garg

2E8FD6C56CD0451
Aditi Garg, MD Child and Adolescent Psychiatry
Allina Health
additti19@gmail.com

DocuSigned by:
Amit Kulkarni

F314E1F87C71430...
Amit Kulkarni, MD Hematology-Oncology
University of Minnesota
Minneapolis
kulkarni@umn.edu

DocuSigned by:
Arif M Shaik

B99920962A4949A...
Arif M Shaik, MD Critical Care Medicine/Neuro Critical Care
United Hospital, Allina Health
Minneapolis
drarifsm@gmail.com

DocuSigned by:



033373422FDE447...

Aastha Chauhan, MD Pathology
University of Minnesota
aastha.chauhan@icloud.com

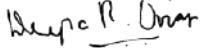
DocuSigned by:



EB1BBCE6D90741A...

Bhaskar Kolla, MD Hematology and Oncology
University of Minnesota
Minneapolis
bckolla@umn.edu

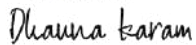
DocuSigned by:



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Deepa Oviar, MD Hospital Medicine
M Health Fairview
dovian1@fairview.org

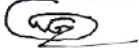
DocuSigned by:



0E38CD5355AD41A...

Dhauna Karam, MD Internal Medicine
Mayo Clinic Health System
Albert Lea & Austin, MN
Karam.dhauna@mayo.edu

DocuSigned by:



5B89456AF11B442...

Guru Trikudanathan, MD Gastroenterology
University of Minnesota
Minneapolis
tgv2000@yahoo.com

DocuSigned by:



10DFFFC9858E41F...

Heli Bhatt, MD Pediatric Gastroenterology and Transplant Hepatology
University of Minnesota, Minneapolis
bhatt376@umn.edu

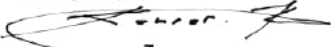
DocuSigned by:



086F191B73B6457...

Hem Desai, MD Pulmonary & Critical Care
University of Minnesota
Minneapolis
drhemdesai@gmail.com

DocuSigned by:



4331AB7EAB9A498...

Kannan Kasturi, MD Pediatric Endocrinology
Essentia Health
Duluth
kannankasturimd@gmail.com

DocuSigned by:



8D277266FA5A48E...

Kaushik Bhunia, MD Nephrology (Fellow)

University of Minnesota

Drkbhuniah@yahoo.com

DocuSigned by:



1FF6E71C80FF4F7...

Khandurao Khot, MD Hospital Medicine/ Internal Medicine,

University of Minnesota Medical Center, Minneapolis

kbkhot@gmail.com

DocuSigned by:



26BE64FCB4694E8...

Kiran Lingala, MD Hospital Medicine

Minneapolis

Drkiranl@yahoo.com

DocuSigned by:



8C25A4F097BF48D...

Kunal Gupta, MD Neonatal-Perinatal medicine

Hennepin County Medical Center

Minneapolis, MN

kunal.gupta@hcmcd.org

DocuSigned by:



105F9FCB15A9435...

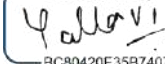
Muralidhara Shankarapura Nanjappa, MD Child and Adolescent Psychiatry

Park Nicollet Speciality Clinic and Methodist hospital

St. Louis Park

muralishanknan@gmail.com

DocuSigned by:



8C90420E35B7407...

Padma Yarrapureddy, MD Pediatrics

Health Partners WBL clinic

Minneapolis

yppallavi@yahoo.com

DocuSigned by:



77116EADA233462...

Raghu Gandhi, MD Child psychiatry

University of Minnesota

gandhi@umn.edu

DocuSigned by:



A09E99BE92C5426...

Rajasekhar Reddy Madathala, MD Internal Medicine

Mayo Clinic Health System Austin Practice

Rochester

drrajasekharreddy@gmail.com

DocuSigned by:



8D277266FA5A48E...

Rajesh Kethireddy, MD Hospital Medicine
Abbott North Western Hospital
Minneapolis
kethirer@yahoo.com

DocuSigned by:



8C64C7CE2E3140A...

Ranjan Gupta, MD Cardiothoracic Surgery (Fellow)
University of Minnesota Medical School
gupta745@umn.edu

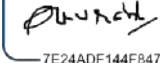
DocuSigned by:



B9F9A456D1E94F6...

Roma Teekamdas, MD Hospital Medicine
M Health Fairview
Minneapolis
romaparyani@gmail.com

DocuSigned by:



7E24ADF144F847A...

Saurabh Gupta, MD Hospital Medicine
M Health Fairview
Minneapolis
saurabhgupta2000@yahoo.com

DocuSigned by:



A7123A1E701C46B...

Sugandha Bhosrekar, MD Psychiatrist
Hennepin Healthcare, Minneapolis
Sugandha.bhosrekar@hcmcd.org

DocuSigned by:



58DB085C3C9143D...

Surbhi Shah, MD Hematology- Oncology
University of Minnesota
Shahx090@umn.edu

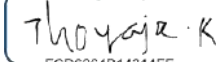
DocuSigned by:



7D26095670E549D...

Thejaswi Poonach, MD Hospital Medicine
University of Minnesota Medical Center
Minneapolis
thej.poonacha@gmail.com

DocuSigned by:



FC06264B14314FF...

Thoyaja Koritala, MD Hospital Medicine
Mayo Clinic Health System, Mankato
Mankato
drkoritala@gmail.com

DocuSigned by:

Umesh Goswami

A4511FB7908B424...

Umesh Goswami, MD Pulmonary, Critical Care and Sleep medicine
University of Minnesota
Goswa009@umn.edu

DocuSigned by:

Varun Aggarwal

011B7F52FE70469...

Varun Aggarwal, MD Pediatric Cardiology
Masonic Children's hospital
Minneapolis
drvarunaggarwal@gmail.com

DocuSigned by:

Vikram Christian

7CD7CC11FF714B0...

Vikram Christian, MD Pediatric Gastroenterology
University of Minnesota Masonic Children's Hospital
Minneapolis
chri4793@umn.edu

DocuSigned by:

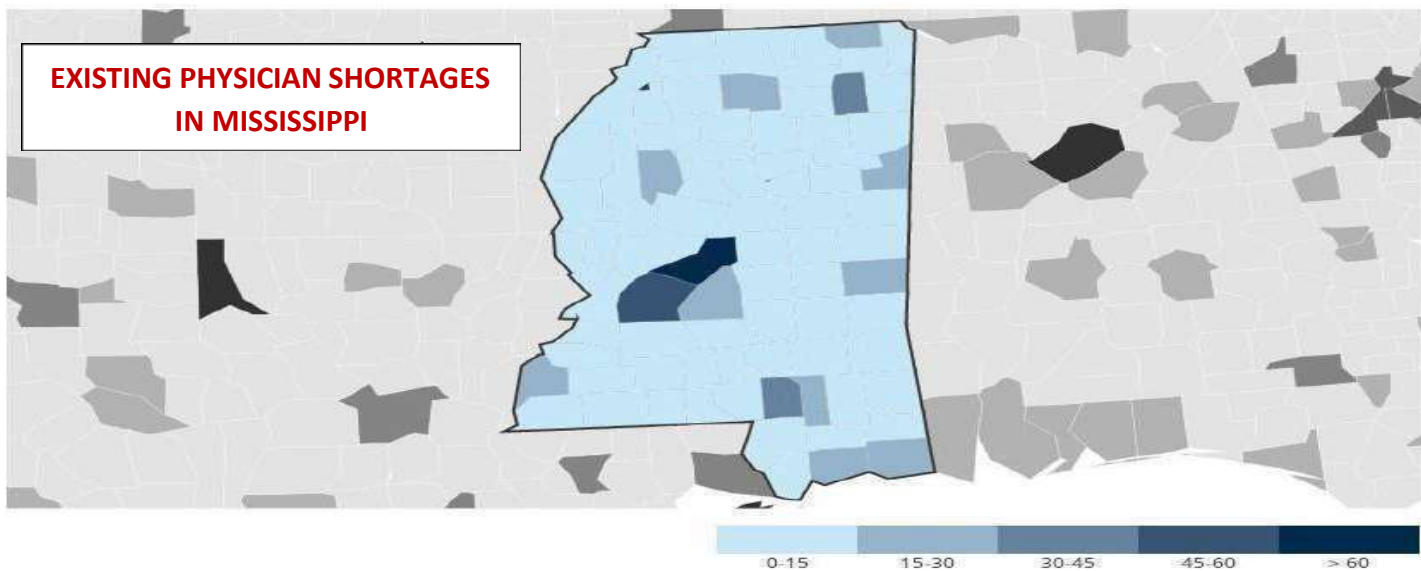
Vinay Sharma

C0ED2411090E487...

Vinay Sharma, MD, FAAP Pediatrics – Neonatal
Hennepin County Medical Center
Vinay.sharma@hcmcd.org

APPEAL FROM PHYSICIANS IN MISSISSIPPI

Doctors of Medicine (MDs) per 10,000 People - Mississippi 2017



Note: Rates are calculated using US Census annual population estimates. Source: HRSA Area Health Resources Files, 2017 and 2018.

Healthcare Demand: Physician Shortages

US could be short as many as 120,000 physicians by 2030

Where are the Physician Shortages?



Mississippi ranks ONE among Top ten states with the worst Physician Shortages/Healthcare Demands

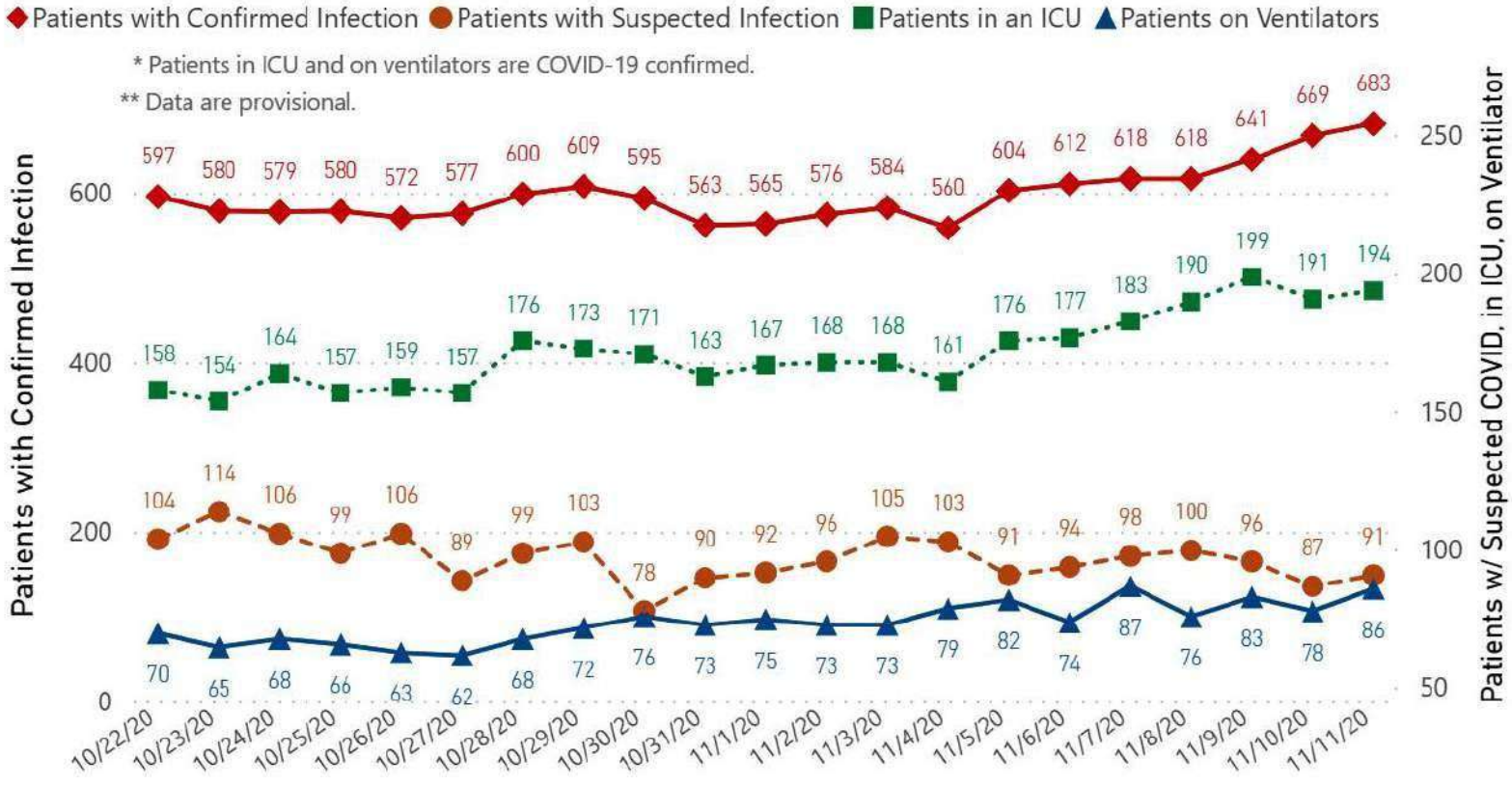
32 states fall below the national average. Here are the top ten states with the worst shortages:

- Mississippi: 186.1 physicians
- Idaho: 192.6 physicians
- Wyoming: 199 physicians
- Nevada: 200.1 physicians
- Arkansas: 203.7 physicians
- Oklahoma: 205.3 physicians
- Utah: 209.4 physicians
- Iowa: 211.4 physicians
- Alabama: 212.4 physicians
- Texas: 219.4 physicians

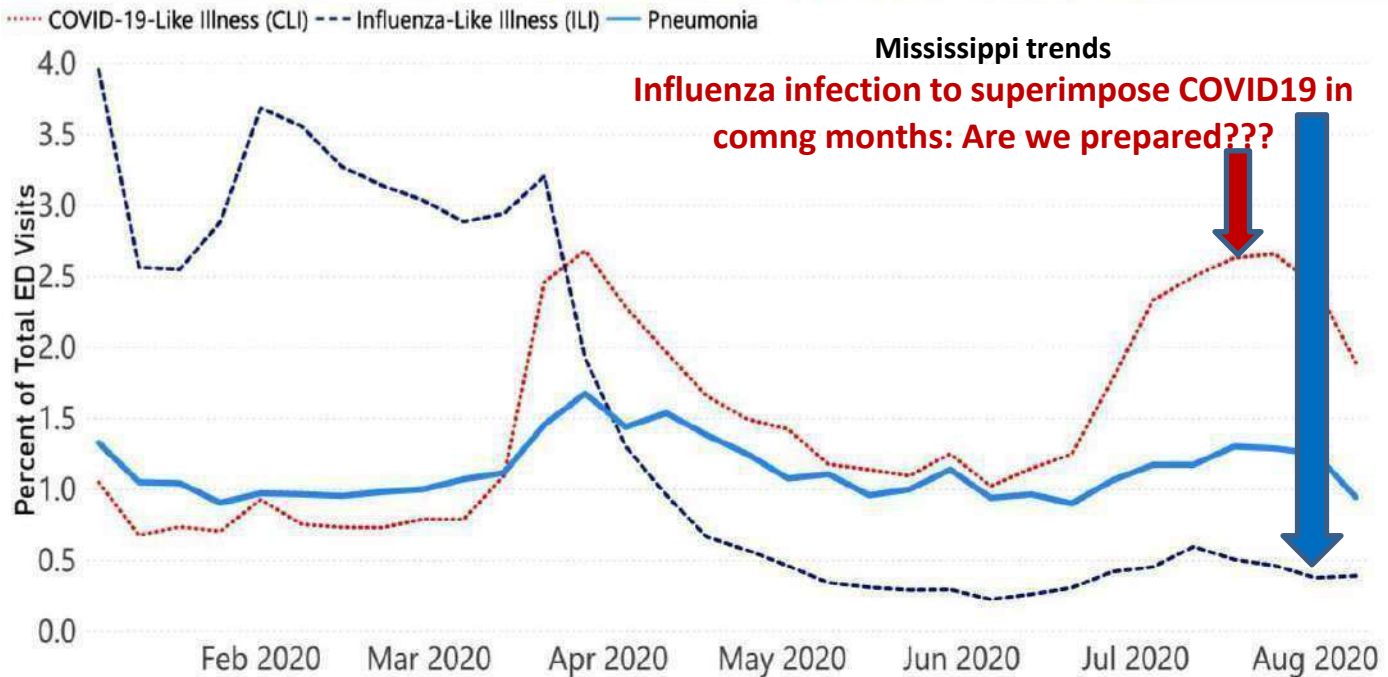
It's well known that there is a physician shortage looming in America. It's estimated that the US could be short as many as 120,000 physicians by 2030. The latest report shows that nearly 13,800 primary care physicians and 33,800 and 72,700 physicians in non-primary care specialties will be needed. That includes a shortage of between 20,700 and 30,500 physicians for surgical specialties. Shortage estimates are growing at an alarming rate. Last year's projected estimate was that the country was short between 40,800 and 104,900

physicians. These shortages may provide new opportunities for physicians looking for challenging positions. Across the US, the average physician to patient ratio is 271.6 per 100,000 people. **Actual numbers of physicians per 100,000 people are LEAST in Mississippi with 186.1 physicians.**⁴

COVID-19 Hospitalizations Reported by MS Hospitals, 10/22/20-11/11/20 **, **



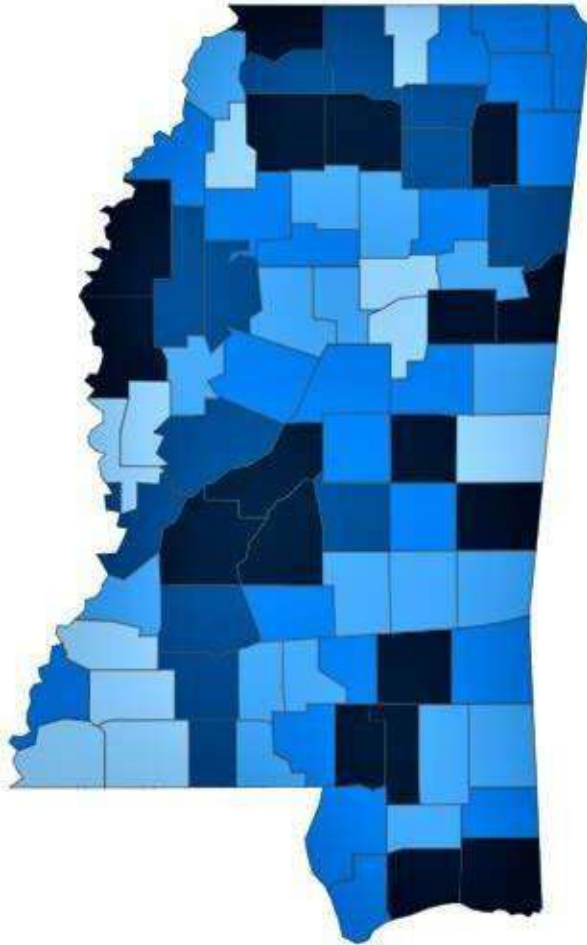
Percentage of Emergency Department and Clinic visits for CLI, ILI, and Pneumonia Cases Weekly Statewide Summary January 4, 2020 - August 8, 2020



*The graph represents syndromic surveillance data from emergency department visits, reported electronically by hospitals throughout the state, that are consistent with COVID-19-Like Illness (CLI), Influenza-Like Illness (ILI), and Pneumonia. Based on available data as of 6pm CT. Graph will be updated weekly.

Mississippi COVID-19 Cases and Deaths by Race with Ethnicity as of 6 pm CT, November 11, 2020

Total Cases 130,665



● 1 to 450 ● 451 to 900 ● 901 to 1350 ● 1351 to 1900 ● >1900

	American Indian or Alaska Native	Asian	Black	White	Other	Unknown
Non Hispanic	601	384	38,907	42,119	1,460	647
Hispanic	21	16	183	1,087	2,033	207
Unknown Ethnicity	804	105	8,743	10,520	5,121	17,707

Total Deaths 3,514

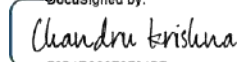
	American Indian or Alaska Native	Asian	Black	White	Other	Unknown
Non Hispanic	65	3	1,388	1,427	18	5
Hispanic	1	0	7	20	15	1
Unknown Ethnicity	21	5	185	240	29	84

DocuSigned by:
Ajay Vongala
91534A5C458C4A5...
Ajay Vongala, MD Hospitalist
Baptist Medical Center
Jackson, Mississippi
Ajayvongala@gmail.com

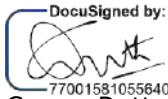
DocuSigned by:
Anu Abraham
E07BDD6FE182460...
Anu Abraham, MD Pathology (Resident)
University Of Mississippi Medical Center
Jackson, MS
anutoms25@gmail.com

DocuSigned by:
A Singh
C93F21077B4C49F...
Amandeep Singh, MD Psychiatry
SCRMC, Laurel
Laurel, MS
asingh2115@gmail.com

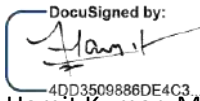
DocuSigned by:
Bharat Kumar Malhotra
53618D96B8BF4D4...
Bharat Malhotra, MD Hospital medicine
St. Dominic hospital
Jackson, MS
drbharat25@gmail.com


Chandru Krishna

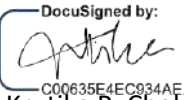
Chandru Krishna, MD Hospital Medicine
Baptist North MS
Oxford, MS
chandrukrishna08@gmail.com

DocuSigned by:

77001581055640F...

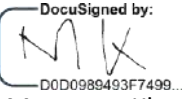
Gaurav Dutta, MD Pulmonary & Critical Care Medicine
Baptist Memorial Hospital Golden Triangle
Columbus, MS
drgauravdutta@gmail.com

DocuSigned by:

4DD3509886DE4C3...

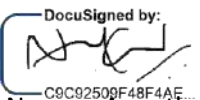
Hamit Kumar, MD Hospitalist
South Central Regional Medical Center
Laurel, MS
dochkt@gmail.com

DocuSigned by:

C00635E4EC84AE...

Krutika P. Chokhawala, MD Psychiatry(Resident)
University Of Mississippi Medical Center
Jackson, MS
krutikapandya@gmail.com

DocuSigned by:

D0D0988493F7499...

Manpreet Khemka, MD Child Psychiatry
Forrest General Hospital
Hattiesburg , MS
manpreet108@gmail.com

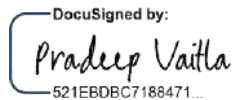
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C9C92509F48F4AE...

Naveen Anantha, MD Hospital Medicine
University Of Mississippi Medical Center- Grenada
Grenada, MS
drnaveen2k@gmail.com

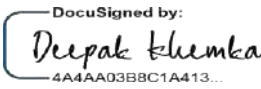
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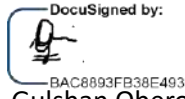
Parul Dutta, MD Internal medicine (resident)
Baptist Memorial Hospital Golden Triangle
Columbus, MS
Parul.Dutta@bmhcc.org

DocuSigned by:

521EBDBC7188471...

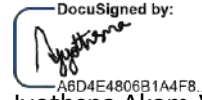
Pradeep Vaitla, MD Transplant Nephrology,
Medical Director Kidney & Pancreas transplantation
University Of Mississippi Medical Center, Jackson, MS
drpradeepvaitla@gmail.com

DocuSigned by:

4A4AA03B8C1A413...

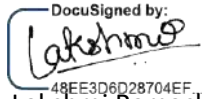
Deepak Khemka, MD Psychiatry, Addiction Medicine,
Sleep Medicine
Forrest General Hospital, Hattiesburg , MS
drdeepakkhemka@gmail.com

DocuSigned by:

BAC8893FB38E493...

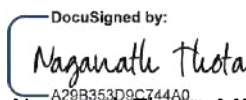
Gulshan Oberoi, MD Neurology
South Central Regional Medical Center
Laurel, MS
gulshanoberoi1@yahoo.com

DocuSigned by:

A6D4E4806B1A4F8...

Jyothsna Akam-Venkata, MD Pediatric Cardiology
University Of Mississippi Medical Center
Jackson, MS
jyothsnaav@gmail.com

DocuSigned by:

48EE3D6D28704EF...

Lakshmi Ramachandran Nair, MD Pathology
University Of Mississippi Medical Center
Jackson, MS
dr.nair4691@gmail.com

DocuSigned by:

A29B353D9C744A0...

Naganath Thota, MD Hospital Medicine
Baptist Desoto
Southaven, MS
drnagz@live.com

DocuSigned by:

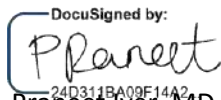
37810694C0C04B2...

Navneet Panesar, MD Hospital Medicine
Baptist North MS
Oxford, MS
panesar_nav89@icloud.com

DocuSigned by:

0BDC16387A7E4A3...

Parul Goyal, MD Neurology
University Of Mississippi Medical Center
Jackson, MS
pgoyal@umc.edu

DocuSigned by:

24D314BA09F14A2...

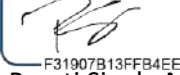
Pranet Iyer, MD Pulmonary & Critical Care Medicine
Baptist Desoto
Southaven, MS
iyerpranet@yahoo.com

DocuSigned by:


687DF688B214AD...

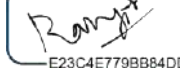
Pranjali Desai, MD Obstetrics & Gynecology
North Mississippi Medical Clinics
Columbus, MS
desaipranjal@yahoo.com

DocuSigned by:


F31907B13FFB4EE...

Preeti Singh, MD Neonatal-Perinatal medicine
North Mississippi Women's Hospital
Tupelo, MS
preetisingh_lh@yahoo.co.in

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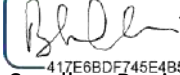
Renjith Kalikkot, MD Neonatal-perinatal medicine
University Of Mississippi Medical Center
Jackson, MS
rkalikkot@gmail.com

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Sachin Patil, MD General & HepatoPancreatoBiliary
Surgeon
South Central Regional Medical Center, Laurel, MS
drpatil.sachin1@gmail.com

DocuSigned by:


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Sandhya Bogi, MD Hospital Medicine
St Dominic Hospital
Jackson, MS
sandhyabogi@gmail.com

DocuSigned by:


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Shashank Shekhar, MD Neurology
University Of Mississippi Medical Center
Madison
Drshashankgmch@hotmail.com

DocuSigned by:


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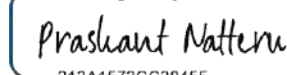
Sneha Desai, MD Obstetrics & Gynecology
North Mississippi Medical Clinic
Columbus, M S
sghesani@yahoo.com

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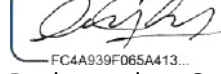
Sridevi Alla, MD Hospitalist/Familypractice
Baptist medical center
Jackson, Mississippi
srideviulla@gmail.com

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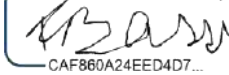
Prashant Natteru, MD Neurology
University Of Mississippi Medical Center
Jackson, MS
patteru@umc.edu

DocuSigned by:


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Raghavendran Gajagowni, MDPsychiatry
North Mississippi Medical Center
Tupelo, MS
rgajagowni@nmhs.net

DocuSigned by:


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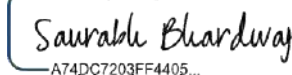
Roopsi Bassi, MD Adult psychiatrist
Forrest General Hospital
Hattiesburg , MS
drroopsi@gmail.com

DocuSigned by:


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Sandeep Arya, MD Pediatric Critical Care Medicine
University Of Mississippi Medical Center
Jackson, MS
docsandeeparya@gmail.com

DocuSigned by:


A74DC7203FF4405...

Saurabh Bhardwaj, MD Psychiatry, Addiction
Psychiatry
University Of Mississippi Medical Center, Jackson , MS
drsaurabh9@gmail.com

DocuSigned by:


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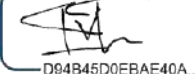
Shirisha Kamidi, MD Internal Medicine & Pediatrics
Baptist Desoto Hospital
Southaven, MS
shirishakamidi@gmail.com

DocuSigned by:


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Sohail Salim, MD Nephrology
St Dominic Hospital
Jackson, MS
sohail3553@gmail.com

DocuSigned by:


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Toms V Thomas, MD Radiation oncology
University Of Mississippi Medical Center
Jackson, MS
Dr.tomsvthomas@gmail.com

DocuSigned by:


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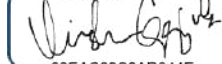
Venkat Baskararajan, MD Psychiatry

PineBelt Mental Health

Hattiesburg, MS

dr_venkat@mac.com

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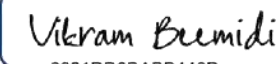
Vishwa Gajula, MD Pediatric Critical Care Medicine

University Of Mississippi Medical Center

Jackson, MS

vgajula@umc.edu

DocuSigned by:


6681DD0BABB446D...

Vikram Beemidi, MD Nephrology

NorthWest Mississippi Regional Medical Center

Clarksdale, MS

vikrambeemidi@yahoo.com

DocuSigned by:


FDD477E9BE4B452...

Yathish Haralur, MD Neurohospitalist Medical director, Vascular Neurology

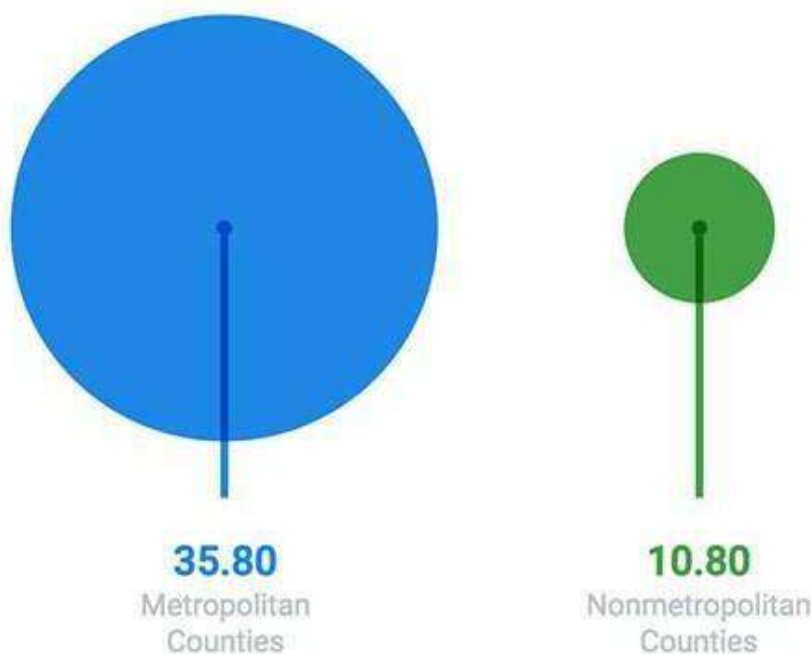
Mississippi Baptist Medical Center,

Jackson MS

yathish.h.s@gmail.com

APPEAL FROM PHYSICIANS IN MISSOURI

Physicians per 10,000 People



Source: Life Support | Part 1: The Rural Health Care Crisis in Missouri

<http://www1.komu.com/news/life-support-the-rural-health-care-crisis-in-missouri>

DocuSigned by:

Aayushman Misra

533EB9B81E7A421


Aayushman Misra, MD
Chair, Internal Medicine and Hospital Medicine Physician,
Mercy Hospital Jefferson
Crystal City, MO
Email: aayushman.misra@gmail.com


DocuSigned by:


Meelie Bordoloi

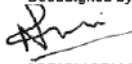
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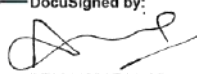
Meelie Bordoloi, MD
Psychiatry Resident Physician, University of Missouri
Columbia,
Columbia, MO
Email: bordoloim@health.missouri.edu

DocuSigned by:

F147138664CF4DD...
Abhishek Bhandiwad, MD
Hospital Medicine Physician, Poplar Bluff Regional Medical Center,
Poplar Bluff, MO
Email: abhishek.bhandiwad@gmail.com

DocuSigned by:

47B4EB58051542F...
Monika Thangada, MD
Psychiatrist, Harry S Truman VA Hospital,
Columbia, MO
Email: monika.sreeja.rao@gmail.com

DocuSigned by:

5545EF5709874BB...
Amar Jadhav, MD
Critical Care Physician/Intensivist, SSM St. Mary's Hospital,
Richmond Heights, MO
Email: ajadhav@soundphysicians.com

DocuSigned by:

8BE953AD703C4DB...
Naganathan Mani, MD
Associate Professor of Radiology and Surgery, Mallinckrodt Institute of Radiology, Washington University School of Medicine,
Saint Louis, MO
Email: manin@wustl.edu

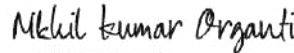
DocuSigned by:

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Amit C Shah, MD, MPH
Hospital Medicine and Family Medicine physician, Mercy Hospital
Springfield, MO.
Email: dramsinhere@gmail.com


DocuSigned by:


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Naveen Yarasi, MD
Psychiatrist, Fulton State Hospital,
Fulton, MO
Email: naveenyarasi@yahoo.com

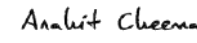
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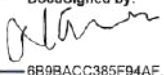
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Amrita Singh, MD
Geriatrician, Missouri Baptist hospital
Saint Louis, MO
Email: assharma.md@gmail.com

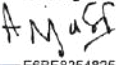
DocuSigned by:

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Nikhil Kumar Organti, MD
Intensivist, Mercy Hospital South,
Saint Louis, MO
Email: norganti@yahoo.com


DocuSigned by:

BCD8D74E8C18478...
Amruta Padhye, MD
Assistant Professor of Clinical Child Health, Division of Pediatric Infectious Diseases, University of Missouri Columbia,
Columbia, MO
Email: padhyea@umssystem.edu

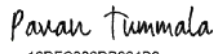
DocuSigned by:

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Niraj Arora, MD
Assistant Professor of Clinical Neurology, University of Missouri Columbia,
Columbia, MO
Email: arorana@health.missouri.edu

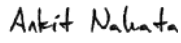
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Anahit Cheema, MD
Nephrologist, Gateway Nephrology,
Saint Louis, MO
Email: Anahit.cheema@gmail.com


DocuSigned by:

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Nitish Kumar, MD
Interventional Neurology Fellow Physician, University of Missouri Columbia,
Columbia, MO
Email: nitishpmch@gmail.com

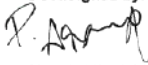
DocuSigned by:

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Anju Susan Prasad, MD
Endocrinologist, Cox Medical Center,
Branson, MO
Email: Anju.Prasad@coxhealth.com

DocuSigned by:

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Nivedita Nagam, MD
Rheumatologist, Missouri Delta Hospital,
Sikeston, MO
Email: nivi.nagam@gmail.com

DocuSigned by:

16DFC388DB92490...
Pavan Tummala, MD
Neurologist & Epileptologist, CoxHealth
Springfield, MO
Email: drtummalapavan@gmail.com


DocuSigned by:

842A3CE97F5140A...
Ankit Nahata, MD
Pulmonary medicine and Critical Care Physician, SSMSt.
Mary's Hospital,
Saint Louis, MO
Email: ankitnahata@gmail.com

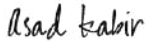
DocuSigned by:

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Anupam Pande, MD, MPH
Assistant Professor of Medicine, Divisions of Infectious
Diseases and Hospital Medicine, Operations Executive Council,
Department of Medicine, Washington University School of
Medicine,
Medical Director of Infectious Disease Consultation Services,
Barnes Jewish Hospital,
Saint Louis, MO
Email: apande@wustl.edu

DocuSigned by:

8BC4210F13D34EB...
Aravind Pothineni, MD
Pulmonary Medicine and Sleep Medicine Physician, Southeast
Health,
Cape Girardeau, MO
Email: apothineni@sehealth.org

DocuSigned by:


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Arihant Jain, MD
Family Medicine Physician, Cameron Regional Medical Center,
Cameron, MO
Email: dr.arihant@gmail.com

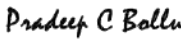
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Arpit Aggarwal, MD
Psychiatrist, University of Missouri Columbia
Columbia, MO
Email: aggarwalar@health.missouri.edu

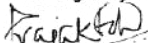
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Asad Kabir, MD
Pulmonary, Critical Care and Sleep Medicine Physician, Mosaic
Life Care,
St Joseph, MO
Email: kabir.asad@gmail.com


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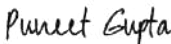
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Ayan Rajgarhia, MD
Neonatologist, Children's Mercy Hospital,
Kansas City, MO
Email: ayanrajgarhia@gmail.com

DocuSigned by:

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Piyush Srivastava, MD
Primary Pediatrician, Parkland Health Center,
Farmington, MO
Email: drps1988@gmail.com

DocuSigned by:

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Pradeep C. Bollu, MD
Assistant Professor of Clinical Neurology, University of
Missouri Columbia,
Columbia, MO
Email: bollup@health.missouri.edu

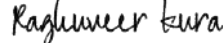
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Primary Care Physician (Internal Medicine), Barnes Jewish
Corporation Medical Group, Saint Peters
St. Peters, MO
Email: prajs124@gmail.com

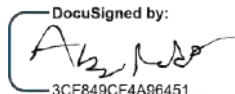
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Prasad Gunasekaran, MD
Interventional Cardiologist, Mercy Clinic,
Springfield, MO
Email: papprasad@gmail.com

DocuSigned by:

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Puneet Gupta, MD
Cardiovascular disease Fellow Physician, University of
Missouri,
Columbia, MO
Email: puneet.gupta@aol.com

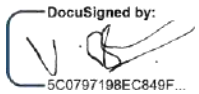
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Raghunandan, MD
Plastic and Reconstructive Surgeon, Mercy Hospital
Springfield, MO
Email: raghunandan86@gmail.com

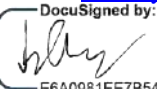
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Raghuvveer Kura, MD
Nephrologist, Poplar Bluff Regional Medical Center, Missouri
Delta Hospital, Sikeston and Southeast Health, Cape Girardeau
Medical Director of Nephrology for Fresenius Medical Center
Dialysis unit, Poplar Bluff and DaVita Dialysis unit Sikeston,
Sikeston, MO
Email: ragred@gmail.com

DocuSigned by:


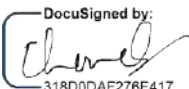
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Bala Sudhakar Reddy Allam, MD
Hospital Medicine Physician, Mercy Hospital
Springfield, MO
Email: bala.allam@mercy.net

DocuSigned by:


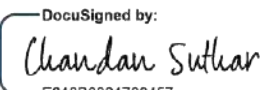
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Bhavani Vaddey, MD
Family Medicine physician, Emergency Medicine Physician,
Southeast Health,
Cape Girardeau, MO
Email: Vaddey.bhavani@gmail.com

DocuSigned by:


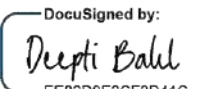
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Bishan Chakravarty, MD
Nephrologist, Amin Nephrology,
Farmington, MO
Email: bishan.c@gmail.com

DocuSigned by:


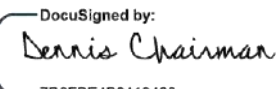
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Chanchal Suthar, MD
Primary Care Physician, Mercy Clinic
Springfield, MO
Email: dr.chanchal21@gmail.com

DocuSigned by:


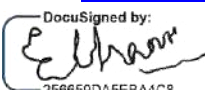
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Chandan Suthar, MD
Hospital Medicine Physician, Mercy hospital,
Springfield, MO
Email: dr.chandansuthar@gmail.com

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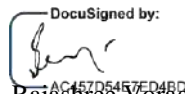
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Deepti Bahl, MD
Psychiatrist, Burrell behavioral health,
Columbia MO
Email: drdeeptibahl@gmail.com

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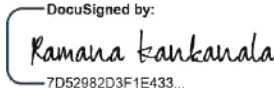
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Dennis Chairman, MD
Assistant Professor of Clinical Medicine, Division of
Pulmonary, Critical Care and Environmental Medicine,
University of Missouri Columbia,
Columbia, MO
Email: chairmand@umsystem.edu

DocuSigned by:


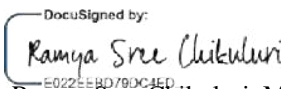
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Elham Fatima Abbas, MD
Child and Adolescent Psychiatrist, Compass health Network,
Adjunct Clinical Assistant Professor, Kansas City University of
Medicine and Biosciences
Raymore, MO
Email: eabbas@compasshn.org

DocuSigned by:


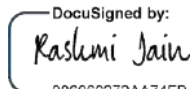
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Rajashree Voraganti Ramamurthy, MD
Hospital Medicine Physician, Mercy Hospital,
Springfield, MO
Email: rajashreemurthy@yahoo.com

DocuSigned by:


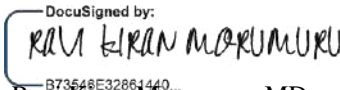
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Ramana Kankanala, MD
Family Medicine Physician, Cox Medical Center,
Springfield, MO
Email: ramana.kankanala@coxhealth.com

DocuSigned by:


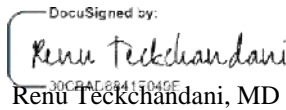
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Ramya Sree Chikuluri, MD
Hospital Medicine Physician, Mercy Hospital,
Springfield, MO
Email: dr.ramyach@gmail.com

DocuSigned by:


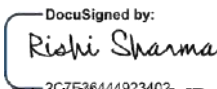
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Rashmi Jain, MD
Radiologist, Mercy Hospital,
Saint Louis, MO
Email: drashmijain@gmail.com

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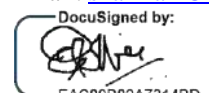
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Ravi Kiran Morumuru, MD
Family Medicine Physician, SSM Health DePaul Hospital
Saint Louis, MO
Email: rmorumuru@gmail.com

DocuSigned by:


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Renu Teckchandani, MD
Hospital Medicine Physician, Missouri Baptist Medical Center
St Louis, MO
Email: drrenut@yahoo.com

DocuSigned by:


2C7F586444923402...
Rishi Sharma, MD, MHSA
Assistant Professor of Medicine, Docent Blue 1 Team, Core
faculty Internal Medicine Residency Program, IT Liaison
Department of Medicine, University of Missouri Kansas City,
Kansas City, MO
Email: sharmari@umkc.edu

DocuSigned by:


EAC89982A7314BD...
Robbie Thomas Mangalasseril, MD
Cardiologist, Cox Medical Center,
Branson, MO
Email: mrobbiethomas@gmail.com

DocuSigned by:

7CECFDDBD0DC4D7...

Falgun Modhia, MD

Hematologist, Medical Oncologist, Mercy Hospital andClinic,

Springfield, MO

Email: falgun.modhia@mercy.net

DocuSigned by:

C74F88A8956442...

Foram Shah, MD

Family Medicine and Hospital Medicine Physician, Mercy

Hospital,

Springfield, MO

Email: forushah@gmail.com

DocuSigned by:

C5896A2D24947E...

Garima Singh, MD

Child and Adolescent Psychiatrist and Chief Medical Officer,

Burrell Behavioral Health

Columbia, MO

Email: garima.singh@burrellcenter.com

DocuSigned by:

3DF5B7380468461...

Gaurav Kulkarni, MD

Child and Adolescent Psychiatrist, Compass Health Network,

Columbia, MO

Email: drgekulkarni@yahoo.com

DocuSigned by:

A96099B051F94A2...

Ghulam Jeelani Siddiqui, MD

Gastroenterologist, Mercy Hospital,

Springfield, MO

Email: gjsiddiqi@gmail.com

DocuSigned by:

80192A15354345A...

Hanish Sampath Kumar, MD

Critical Care Fellow Physician, Mercy Hospital,

Saint Louis, MO

Email: hanishsampathkumar@gmail.com

DocuSigned by:

A82DC15938BF463...

Hari Salana, MD

Hospital Medicine Physician, MercyHospital,

Springfield, MO

Email: shk2411@gmail.com

DocuSigned by:

0EB652C6F5CF41C...

Hariharan Regunath, MD

Infectious Diseases and Critical Care Physician, University of

Missouri Columbia,

Columbia, MO

Email: regunathh@health.missouri.edu

DocuSigned by:

94987CB2B84F44B...

Rohan Devanpalli-Ramaya, MD

Hospital Medicine Physician, Mercy Hospital Jefferson,

Festus, MO

Email: drrohan1981@yahoo.com

DocuSigned by:

6DE24BD771F14C5...

Sachin Patil, MD

Infectious Diseases Fellow Physician, University Of Missouri

Columbia,

Columbia, MO

Email: patilsac@health.missouri.edu

DocuSigned by:

035BD4B186E947D...

Salil Kulkarni, MD

Assistant Professor of Medicine, University of Missouri Kansas

City School of Medicine and Truman Medical Centers,

Kansas City, MO

Email: kulkarnis@umkc.edu

DocuSigned by:

D69E4AF75BBC42C...

Samrina Hassan, MD

Hospital Medicine Physician, Saint Luke's Health Care System,

Kansas City, MO

Email: samrinahassan@gmail.com

DocuSigned by:

C6877E0361E4434...

Sandeep Sharma, MD

Hospital Medicine Physician, Mercy Hospital Jefferson,

Festus, MO

Email: sandeep82@gmail.com

DocuSigned by:

618E7A9F8734A8...

Sandhya Vethachalam, MD

Pediatrician, Mercy Clinic Family Medicine at Smith Glynn

Callaway,

Springfield, MO

Email: sandyvetha@yahoo.com

DocuSigned by:

9E1E9CAC4C184D4...

Sarah Iftiqar, MD

Assistant Professor of Medicine, Division of Rheumatology,

Truman Medical Centers,

Kansas City, MO

Email: sarah.iftiqar@gmail.com

DocuSigned by:

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Saurabh Kumar, MD

Chair, Department of Obstetrics and Gynecology, President of

Medical Staff

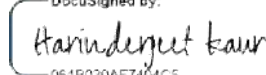
Adjunct Assistant Professor, University of Missouri

Preceptor, A.T. Still University

Parkland Health Center/Medical Arts Clinic

Farmington, MO

Email: drsaurabhk@gmail.com

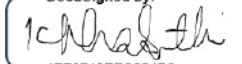
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Harinderjeet Kaur, MD
Internal Medicine Resident, St. Luke's Hospital,
Chesterfield, MO
Email: kaurharinderjeet@gmail.com

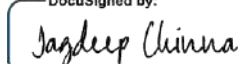
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Harsh Bhartee, MD
Hospital Medicine and Sleep Medicine Physician, Mercy
Hospital
Springfield, MO
Email: harsh.bhartee@live.com

DocuSigned by:

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Ichha Sethi, MD
Family Medicine Physician, MercyClinic,
Springfield, MO
Email: ichha.sethi@mercy.net

DocuSigned by:

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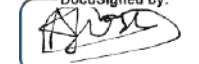
Jagdeep Chinna, MD
Hospital Medicine Physician, Mercy Hospital,
Springfield, MO
Email: jagdeepchinna@gmail.com

DocuSigned by:

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Jeffrin Joseph, MD
Internal Medicine Physician, Mosaic Life care,
Saint Joseph, MO
Email: jeffrinjoseph006@gmail.com

DocuSigned by:

82D41D0F55EF45C

Jiny Olickal, MD
Nephrologist, Mosaic Life Care,
Saint Joseph, MO
Email: jinyolickal@gmail.com

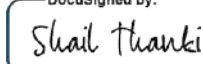
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Jose Moonjely Davis, MD
Hospital Medicine Physician, Golden Valley Memorial
Hospital,
Clinton, MO
Email: jd4465@gvmh.org

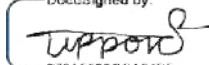
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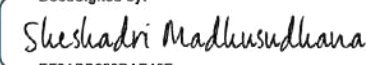
Juee Phalak, MD, MPH
Child and Adolescent Psychiatrist, Affinia HealthCare
Saint Louis, MO
Email: jphalak@affiniahealthcare.org

DocuSigned by:

84201ED889B0455

Shail Thanki, MD
Neurology Resident Physician, University of Missouri
Columbia,
Columbia, MO
Email: shail87@gmail.com

DocuSigned by:

378A5899CC8A84B5

Shamant Tippor, MD, MHA
Hospital Medicine Physician, Mercy Hospital,
Springfield, MO
Email: shamant.tippor@icloud.com

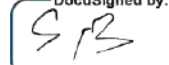
DocuSigned by:

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Sheshadri Madhusudhana, MD
Assistant Professor of Medicine, Section Chief, Hematology
and Oncology, Medical Director of Research, Oncology,
University of Missouri Kansas City and Truman Medical
Centers,
Kansas City, MO
Email: madhusudhanas@umkc.edu

DocuSigned by:

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Shruvan Narmala, MD
Hematologist, Medical Oncologist, Mercy Hospital,
Springfield, MO
Email: snarmala@gmail.com

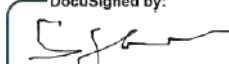
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Sreenivasulu Bogachenchu, MD
Hospital Medicine Physician, Mercy Hospital Jefferson,
Festus, MO
Email: bogachenchu@hotmail.com

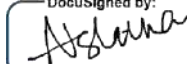
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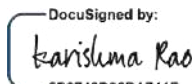
Srikant Nannapaneni, MD
Hematologist, Medical Oncologist, Cox Health,
Springfield, MO
Email: srikant.nannapaneni@gmail.com

DocuSigned by:

6A3999F86D8F400...

Subodh Jain, MD
Child and Adolescent Psychiatrist, Burrell Behavioral Health
and Cox Medical Center,
Columbia, MO
Email: jainsub@gmail.com

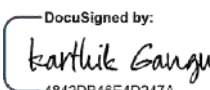
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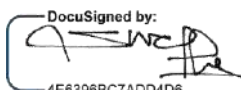
Sumalatha Nandikonda, MD
Internal Medicine Physician, Cox Medical Center,
Springfield, MO
Email: sumalatha.nandikonda@coxhealth.com


DocuSigned by:

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Karishma Rao, MD
Neonatologist, Children's Mercy Hospital,
Kansas City, MO
Email: drkarishmarao@gmail.com

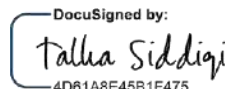
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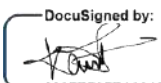
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Sushruth Edla, MD
Interventional Cardiologist, Mercy Hospital Jefferson in Festus
and Mercy Hospital South in Saint Louis
Festus, MO
Email: edlasmd@gmail.com

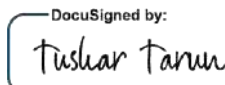
DocuSigned by:

4842DB46E4D247A...
Karthik Gangu, MD
Assistant Professor of Clinical Medicine, University of Missouri
Columbia,
Columbia, MO
Email: krgbcq@health.missouri.edu


DocuSigned by:

4E6396BC7ADD4D6...
Swetha Edla, MD
Hospital Medicine Physician, Mercy Hospital Jefferson,
Festus, MO
Email: drswethaedla@gmail.com

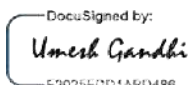
DocuSigned by:

0284678B504340A...
Karthik Vadamalia, MD, MS
Assistant Professor of Clinical Medicine, Adult Critical Care
Physician, University of Missouri Springfield Campus,
Springfield, MO
Email: drkarthik89@gmail.com

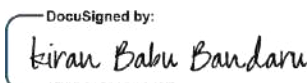
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Talha Siddiqi, MD
Hospital Medicine Physician, Mercy Hospital,
Springfield, MO
Email: siddiqitals@gmail.com

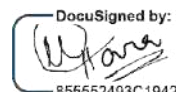
DocuSigned by:

939FE78FE490404...
Kavita Jadhav, MD
Assistant Professor of Medicine, Docent Green 5 team, Core
faculty Internal Medicine Residency Program, University
Health Community Care Linwood Clinic Director, CPM1
Course Director, University of Missouri Kansas City
Kansas City, MO
Email: jadhavk@umkc.edu

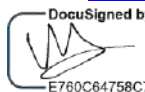
DocuSigned by:

359ABEA73AE4423...
Tushar Tarun, MD
Cardiovascular disease Fellow Physician, University of
Missouri Columbia,
Columbia, MO
Email: tushartarun77@gmail.com

DocuSigned by:

21CC8E0F0876484...
Keith Pereira, MD
Assistant Professor, Division of Vascular & Interventional
Radiology, Saint Louis University Hospital
Saint Louis, MO
Email: keith.pereira@health.slu.edu

DocuSigned by:

F2025F0D1A6D486...
Umesh Gandhi, MD,
Hospital Medicine Physician, SSM St Joseph's Health Center
St Charles, MO
Email: umeshgandhi1@gmail.com

DocuSigned by:

0FCB81586AA840E...
Kiran Babu Bandaru, MD
Hospital Medicine Physician, Mercy Hospital,
Springfield, MO
Email: kiranbabu92@gmail.com

DocuSigned by:

855552493C19429...
Uttara Koul, MD
Neurology Resident Physician, Saint Louis University Hospital,
Saint Louis, MO
Email: uttara.koul@icloud.com

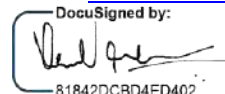
DocuSigned by:

E760C64758C74AE...
Krishnamraju Kosuru, MD
Pediatrician, Mercy hospital,
Joplin, MO
Email: kosurukr@icloud.com

DocuSigned by:

88C720395C774EA...
Vamsi Krishna Chilluru, MD
Hospital Medicine Physician, Parkland Health Center,
Farmington, MO
Email: vamsichilluru@gmail.com

DocuSigned by:

86A2FB26A5AF436...
Kunal Bhatia, MD
Neurology Resident Physician, University of Missouri
Columbia,
Columbia, MO
Email: kunalbhatia.del@gmail.com

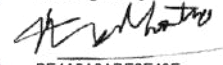
DocuSigned by:

81842DCBD4ED402...
Varsha Venkataraman, MD
Critical Care Medicine Fellow Physician, Mercy Hospital,
Saint Louis, MO
Email: varsha.venkataraman@mercy.net

DocuSigned by:



28CD39F66D1D4EC...
Kunal Gugnani, MD
Family Medicine and Geriatric Medicine Physician, Mercy
Clinic,
Springfield, MO
Email: kunalpreet.gugnani@mercy.net

DocuSigned by:



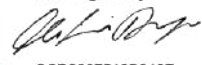
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Kunal Malhotra, MD
Associate Professor of Clinical Medicine, Division of
Nephrology, University of Missouri Columbia,
Columbia, MO
Email: malhotrak@health.missouri.edu

DocuSigned by:



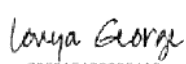
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Lakshmi Manogna Chintalacheruvu, MD
Hematology Oncology Fellow Physician, University of
Missouri, Columbia,
Columbia, MO
Email: lakshmikrishna365@gmail.com

DocuSigned by:



CCD2087512B848E...
Lakshmi Ramya Chelapareddy, MD
Instructor in Medicine, Division of Hospital Medicine,
Washington University School of Medicine,
Saint Louis, MO
Email: l.r.chelapareddy@wustl.edu

DocuSigned by:



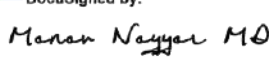
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Lovya George, MD
Neonatologist, Children's Mercy Hospital,
Kansas City, MO
Email: lovyageorge@cmh.edu

DocuSigned by:



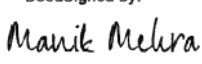
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Madhu Kalyan Pendurthi, MD
Pulmonary and Critical Care Medicine Physician, Mercy
Hospital,
Springfield, MO
Email: mkpendurthi@gmail.com

DocuSigned by:



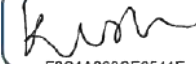
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Manav Nayyar, MD, FACP
Endocrinologist, Capital Region Medical Center,
Jefferson City, MO
Email: MNayyar@crmc.org

DocuSigned by:



3A09A232B8864BA...
Manik Mehra, MD
Family Medicine Physician, Golden Valley Memorial Hospital
Clinton, Missouri
Email: mmehra@gvmh.org

DocuSigned by:



F2C1A268CE6541E...
Venkata Kishore Kenguva, MD
Hospital Medicine Physician, Mercy Hospital,
Saint Louis, MO
Email: drkenguva@gmail.com

DocuSigned by:



DDD61021D6AE4C6...
Venu Madhav Chirunomula, MD
Hospital Medicine Physician, Southeast Health,
Cape Girardeau, MO
Email: vmtexas@gmail.com

DocuSigned by:



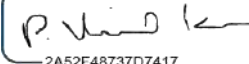
BC8B11E287F041E...
Vikram Balakumar, MD
Critical Care Physician, Mercy Hospital,
Springfield, MO
Email: vikram.balakumar@gmail.com

DocuSigned by:



64CEC3ED7B304A5...
Vikram Oke, MD
Pulmonary Medicine and Critical Care Physician, Mercy
Hospital Jefferson,
Crystal City, MO
Email: vikramoke@gmail.com

DocuSigned by:



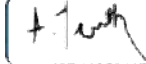
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Vinodkumar Paddolkar, MD
Psychiatrist, Burrell Behavioral Center, Springfield MO
Email id: vkpaddolkar@gmail.com

DocuSigned by:



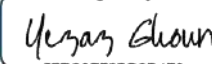
BB2BE531159F489...
Yashwanth Yerramalla, MD
Pulmonary and Critical Care Physician, Freeman Hospital West,
Joplin, MO
Email: yerray02@gmail.com

DocuSigned by:



42D14258417C454...
Yeswanth Attoti, MD
Internal Medicine Resident Physician, Saint Luke's Hospital,
Chesterfield, MO
Email: dr.attoti@gmail.com

DocuSigned by:

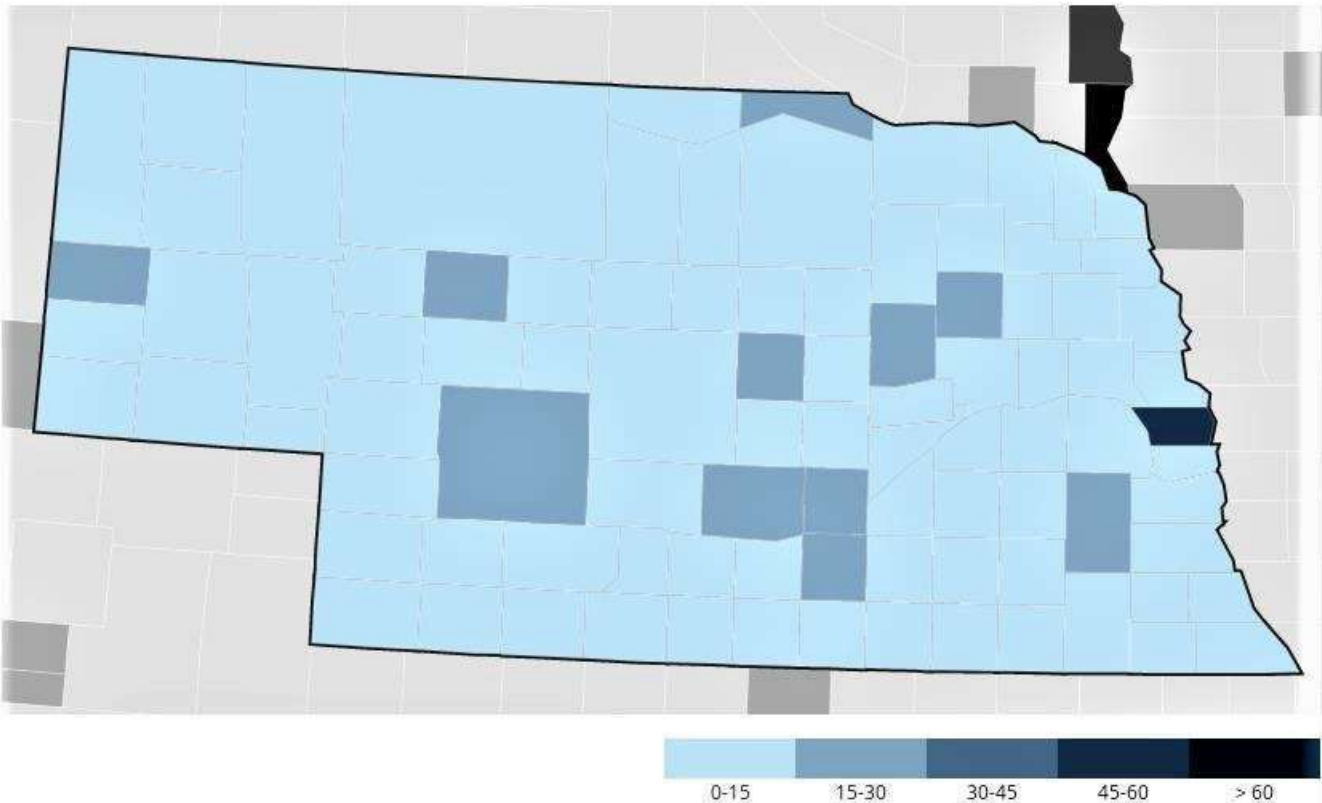



57EC0E72BD2D4F9...
Yezaz Ghouri, MD
Assistant Professor of Clinical Medicine, Division of
Gastroenterology, University of Missouri Columbia,
Columbia, MO
Email: y.ghouri@gmail.com

APPEAL FROM PHYSICIANS IN NEBRASKA

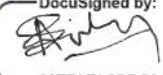


Doctors of Medicine (MDs) per 10,000 People - Nebraska 2017




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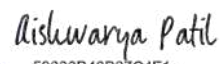
Abhishek Singh, MD Neurology
Crieghton Univeristy /CHI neurological institute
Omaha, NE
neuralcrest@gmail.com

DocuSigned by:

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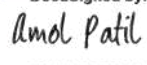
Abhisekh Sinha Ray, MD Nephrology
CHI Health
Kearney, NE
dr.abhisekhsinharay@gmail.com

DocuSigned by:

EACCB10AC696410...

Aditya Vuppala, MD Epilepsy
UNMC
Omaha, NE
Aditya.vuppala@unmc.edu

DocuSigned by:

59696D40B87C4F1...

Aishwarya Patil, MD Physical Medicine & Rehabilitation
CHI Health
Omaha, NE
drashoo@hotmail.com

DocuSigned by:

7C41443A7266414...

Amol Patil, MD Pulmonary & Critical Care Medicine, Neurology Critical Care
UNMC/ Nebraska Medicine
Omaha, NE
dramolpatil@hotmail.com

DocuSigned by:

15D06EEFF111417...

Suresh Manapuram, MD Hospitalist
CHI Health St. Francis Hospital
Grand Island, NE
smanapuram@gmail.com

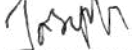
DocuSigned by:



78DC79F763D642F...

Hemant Koduri, MD Interventional Cardiology and Vascular Medicine
Pioneer Heart
Lincoln, NE
hkoduri@pioneerheart.com

DocuSigned by:



433C90Z4BA254E4

Joseph Thirumalareddy, MD Internal medicine/ Hospitalist
CHI Creighton Bergan Mercy Hospital
joseph.thirumalareddy@alegent.org

DocuSigned by:



8A37161BC7BC439...

Madhavi Cherukula, MD Hospitalist
CHI Health StFrancis
Grand Island, NE
madhavi.cherukula@gmail.com

DocuSigned by:



8825437DE2E0420...

Manoj Suryanarayanan, MD Internal Medicine, Sleep Medicine
CHI Health St. Francis Medical Center
Grand Island, NE
M.Suryanarayanan@sfmc-GI.org

DocuSigned by:



908610557C504C2...

Meenakshi Ghosh, MD Pulmonary & Critical Care Medicine
CHI Health
Kearney, NE
dr.mghosh@hotmail.com

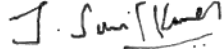
DocuSigned by:



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Natraj Katta, MD Interventional cardiology
Bryan Health
natrajkatta24@gmail.com

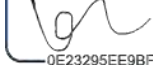
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Sunil Jagadesh, MD Nephrology
CHI Nephrology
Omaha, NE
docsunil20@yahoo.com

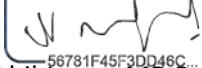
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Narayana Koduri, MD Psychiatry Great
Plains Health
North Platte, NE
kodurim@gphealth.org

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58781F45F3DD48C...

Nikhil Jagan, MD Pulmonary & Critical Care Medicine CHI
Health St Francis
Grand Island, NE
nikhiljagan@creighton.edu

DocuSigned by:



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Prashanth Anand, MD Orthopedics CNOS
Dakota Dunes, SD
Drprashanthanand@gmail.com

DocuSigned by:

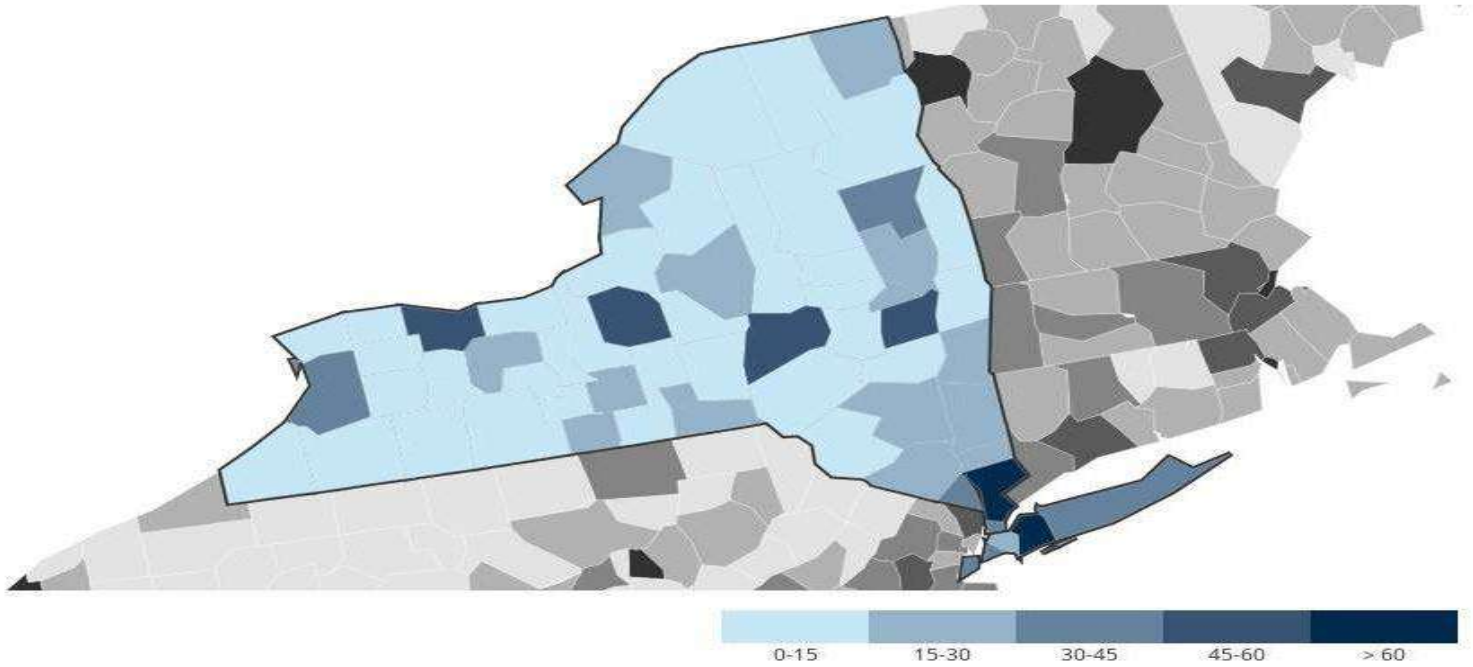


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Ramesh Gadiraju, MD Internal medicine CHI
hospitalist rameshgadiraju@hotmail.com

APPEAL FROM PHYSICIANS IN NEW YORK

Doctors of Medicine (MDs) per 10,000 People - New York 2017

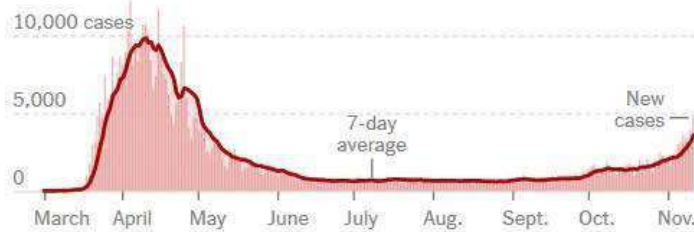


Note: Rates are calculated using US Census annual population estimates.
Source: [HRSA Area Health Resources Files, 2017 and 2018.](#)

Source: <https://www.ruralhealthinfo.org/data-explorer?id=200&state=NY>

New York Covid Map and Case Count

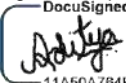
By The New York Times Updated November 12, 2020, 2:05 P.M. E.T.



	TOTAL REPORTED	ON NOV. 11	14-DAY CHANGE
Cases	545,718	4,821	+107% ↗
Deaths	33,398	25	+73% ↗
Hospitalized		1,628	+37% ↗

Hospitalization data from the Covid Tracking Project. 14-day change trends use 7-day averages.

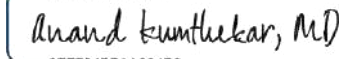
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Aditya Pawaskar, MD
Attending Physician in Rheumatology
UHS, Binghamton, NY
adityapawaskar514@gmail.com

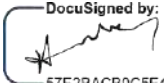
DocuSigned by:



8FF704B7AA094B3...

Anand Kumthekar, MD
Attending Physician Rheumatology Montefiore
Albert Einstein college of medicine
Bronx, NY
anand.kumthekar@gmail.com

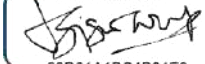
DocuSigned by:



57E2BACB0C5E405...

Aruna Pitchika MD
ER physician and Neonatologist
New York, NY
Pitchika-aruna@hotmail.com

DocuSigned by:



33D01A14BC48B4E2...

Biswarup Ghosh MD
Assistant Professor, Psychiatry
Jacobs School of Medicine and Biomedical Sciences
University at Buffalo, NY
biswarup@buffalo.edu

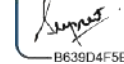
DocuSigned by:



8E2B0502FA1B473...

Devesh Rai, MD
Chief Resident 2020-21, Internal Medicine
Rochester General Hospital, Rochester, NY
deveshraimd@gmail.com

DocuSigned by:



B638D4F5E13844D...

Dr Supreet Dhaliwal
Academic Hospitalist
Jacobi medical center, Bronx, New York
supreetdhaliwal1@gmail.com

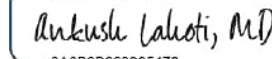
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Amandeep Singh, MD
Hospitalist at Olean General Hospital,
Olean, NY
amandeepsraw@live.com

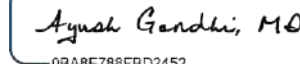
DocuSigned by:



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Ankush Lahoti, MD
Interventional, structural and general Cardiology
Buffalo general Hospital
University at Buffalo, NY
ankush.lahoti@gmail.com

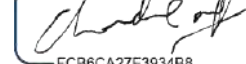
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Ayush Gandhi, MD Internal Medicine
Assistant Professor of Medicine at Mount Sinai
Morningside Hospital in New York city.
Drayush.gandhi@gmail.com

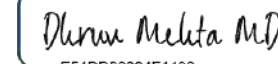
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Chanchal Mangla, MD
Anesthesiologist
NYP-Brooklyn, Methodist Hospital, NY
drchanchalmangla@gmail.com

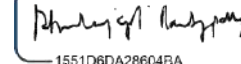
DocuSigned by:



E54DD82394F1492...

Dhruv Mehta MD
Fellow in Gastroenterology
Westchester Medical Center, NY
dsmehta18@gmail.com

DocuSigned by:



1551D6DA28604BA...

Dr. Dhruvajyothi MD
Pgy-1 Internal Medicine
Mt. Sinai, St. Luke's Manhattan, NY
Dhruvajyoti87@gmail.com

DocuSigned by:

Fnu Seemant, MD

91AE72C52CA346D...

Fnu Seemant, MD
Primary Care Sports Medicine
Cayuga medical Center, Ithaca, NY
drseemant@gmail.com

DocuSigned by:

Harini

19C2C3590C5148E...

Harini Chintaluri, MD
Attending Physician /Geriatrics
Essen Health Care, NY
Harini.chintaluri@gmail.com

DocuSigned by:

Jasbir Makker, MD

ECC747F187C04E5...

Jasbir Makker, MBBS, MD
Attending Physician , Division of gastroenterology
Bronxcare Health System, Bronx, NY
makkerjs@gmail.com

DocuSigned by:

Jui

3449154C21564CB...

Jui Choudhuri MBBS, MD
PGY2 Dept of Pathology
Montefiore Medical Center, Bronx, NY
Jui.choudhuri@gmail.com

DocuSigned by:

Muthumeena Kanappan, MD MPH

1EC69AD6D6944F9...

Muthumeena Kanappan, MD MPH
SUNY / University hospital of Brooklyn
Muthumeena.kanappan@downstate.edu

DocuSigned by:

Nishitha

43D2B6642B114A6...

Nishitha Reddy MBBS
Fellow in Hem/Onc
Staten Island University Hospital, NY
nishithareddy99@gmail.com

DocuSigned by:

Palveen Lumba, MBBS

15C7AEC006744FF...

Palveen Lumba, MBBS
PGY 1 Pediatrics
Woodhull hospital
Brooklyn, NY
palveenloomba@gmail.com

DocuSigned by:

Gurdeep Singh MD, FACE IM & Endocrinology

CE49206D94374F4...

Gurdeep Singh MD, FACE IM & Endocrinology
Our Lady of Lourdes Memorial Hospital/Ascension Health
Binghamton, NY
gurdeep2001@hotmail.com

DocuSigned by:

Harish Patel

098C25E887CA417...

Harish Patel, MBBS MD
Associate Program Director, Division of gastroenterology
Bronx care Health System, Bronx, NY
Harishpatel79@gmail.com

DocuSigned by:

Joshna Singh, MBBS

07FB24C73547429...

Joshna Singh, MBBS
University psychiatry Practice Inc
Buffalo, NY
Joshna1@gmail.com

DocuSigned by:

Kiran Kandukurti MD

EC2D97096C244D1...

Kiran Kandukurti MD
Nephrologist and Hypertension Specialist
Great Lakes Physician Practice, Jamestown, NY
kiran.kandukurti@gmail.com

DocuSigned by:

Nishant Singh

5491AF4CAA144ED...

Nishant Singh, MBBS, MD
Attending Physician
MidHudson Valley Health, NY
Nishantsingh70@gmail.com

DocuSigned by:

Nitu Kataria

50E238E275D04EB...

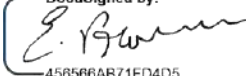
Nitu Kataria, MD
Assistant Professor
University of Buffalo, NY
nkataria@buffalo.edu


DocuSigned by:

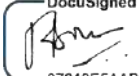
Pranayjit Adsule, MBBS

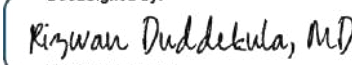
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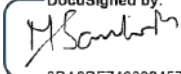
Pranayjit Adsule, MBBS
Attending psychiatrist
Jacobi Medical Center , Bronx, NY
dr_pranay@hotmail.com

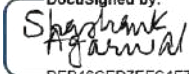
DocuSigned by:

456566AB71FD4D5...
Praveen Elmati, MBBS
CA2 Anesthesia Resident
NYP Brooklyn Methodist Hospital
Praveen.elmati@gmail.com

DocuSigned by:

B19F5D2555724C6...
Purushottam Muthukanagaraj MD
Assistant Director of Dept of Psychiatry
SUNY upstate Binghamton Campus
Purushothmbbs@gmail.com

DocuSigned by:

67619E5AAB19413...
RamKrishna Tangirala, MD
Medical Director
Rochester Regional Health, NY
nrktangirala@gmail.com


DocuSigned by:

77631673F4D3403...
Rizwan Duddekula, MD
Attending in Pulmonary and Sleep medicine
Middletown Medical Center, NY
rizwan2003@gmail.com

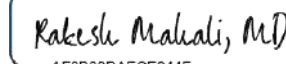
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Santosh Mukka, MD
Pediatrician @ Lourdes Hospital,
Binghamton NY 13905
mukka95@gmail.com

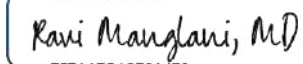
DocuSigned by:

DEB46CED7EFC4E7...
Shashank Agarwal, MD
Neurology Resident,
NYU Langone Health, NY
Shashank.agarwal@hotmail.com


DocuSigned by:

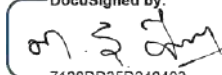
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Shrivatsa Nadiger MBBS, Hospitalist
Montefiore Jack D Weiler Hospital,
Bronx, NY
snadiger@montefiore.org


DocuSigned by:

5C197E94783649B...
Priyanka Mahali, MD
PGY3 Internal Medicine
Montefiore Medical Center, Bronx, NY
Priyanka.penmethsa@gmail.com

DocuSigned by:

AF8B38DAECE644F...
Rakesh Mahali, MD
Nephrologist
Jacobi Medical Center, Bronx, NY
Dr.rakeshraju@hotmail.com

DocuSigned by:

F77A1FC4C78A476...
Ravi Manghani, MD
Fellow in PCCM
Westchester medical Center, Valhalla, NY
dravipm@gmail.com

DocuSigned by:

564D75A796BA466...
Salil Sharma MD, MBBS
Attending Radiologist
Mary Imogene Bassett Hospital
drsaliisharma@gmail.com

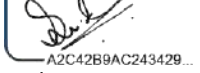
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Shajiuddin Faraz Mohammed MD MPH
Child and adolescent psychiatry
Garnet Health Medical Center, NY
Dr_shajifaraz@hotmail.com

DocuSigned by:

A8E971B653AB475...
Shравan Kooragayalu MD, MBA, MHA
Pulmonary Critical Care, Medical ICU Director CRMC
Garnet Health System, New York
knsk86@gmail.com

DocuSigned by:

06F7EFEC37484C3...
Siva Harsha, MD Associate Program Director
Apogee Physicians, Buffalo, NY
Erie county Medical Society
ysivaharsha@gmail.com

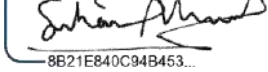
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Sridevi Rajeeve, MD
Hematology-Oncology fellow
Mount Sinai Hospital NYC.
sridevirajeeve@gmail.com

DocuSigned by:



8B21E840C94B453...

Suhaib Andrabi MBBS
Nephrology Attending
NYC health and hospitals/ Harlem, NY
suhaibandrabi@gmail.com

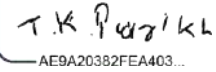
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Surya Prakash, MD
Hospitalist
Kettering Health Network, NY
surya_mmc@yahoo.com

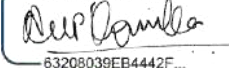
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Taral Parikh
PGY2 Pediatrics
Woodhull Medical Center
parikhtaral@yahoo.com

DocuSigned by:



63208039EB4442F...

Vamsi Amanchi, MBBS, MD
Attending Physician
Bronx care Health System
Dr.koushika@gmail.com

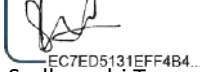
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Srikanth Yandrapalli MD
Fellow in Cardiology
Westchester Medical Center, NY
Sriky.n7100@gmail.com

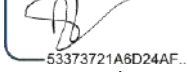
DocuSigned by:



EC7ED5131EFF4B4...

Sudhamshi Toom, MBBS
Hematology/Oncology PGY5
Maimonides Medical Center, Brooklyn, NY
toomsudhamshi@gmail.com

DocuSigned by:



53373721A6D24AF...

Tapti Panda, MD Obstetrics and Gynecology
Attending physician, CrystalRun Healthcare LLP
Sullivan county , NY
pandatapti@gmail.com

DocuSigned by:



6BC2E1782A6A412...

Trupti Vakde MBBS, MD
Attending in PCCM
Bronxcare health System
truptivakde@gmail.com

DocuSigned by:



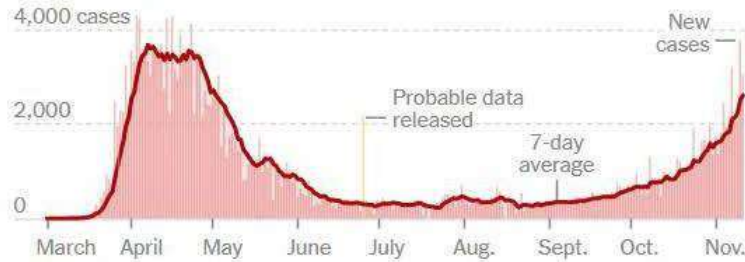
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Vishisht Mehta M.B.B.S.
Fellow, Critical Care Medicine,
Memorial Sloan Kettering Cancer Center, NY
vishisht.mehta@gmail.com

APPEAL FROM PHYSICIANS IN NEW JERSEY

New Jersey Covid Map and Case Count

By The New York Times Updated November 12, 2020, 2:05 P.M. E.T.



	TOTAL REPORTED	ON NOV. 11	14-DAY CHANGE
Cases	268,787	3,065	+87% ↗
Deaths	16,495	15	+8% ↗
Hospitalized		1,801	+62% ↗

■ Day with data reporting anomaly.

Hospitalization data from the Covid Tracking Project. 14-day change trends use 7-day averages.

DocuSigned by:

Akhil Sethi

2D89E8AC018F43A...

Akhil Sethi, MD Psychiatry
Medical Director,
Virtua memorial hospital, Mt Holly NJ
sethiakhil@gmail.com

DocuSigned by:

Anil Anandam

A0DEDF157878447...

Anil Anandam, MD Academic hospitalist.
Saint Peter hospital
New Brunswick , NJ
aanandam@saintpetersuh.com

DocuSigned by:

Ashesha Mechineni

20D51D0434BC46B...

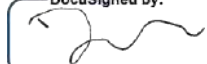
Ashesha Mechineni, MD Internal Medicine
Hospitalist, St. Joseph's Regional Medical Center.
Paterson, NJ.
ashesha.mechineni@gmail.com

DocuSigned by:

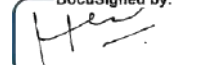
Avishkar Sabharwal

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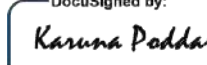
Avishkar Sabharwal, MD Hospitalist
St Joseph's Medical Center
Paterson, NJ
avishkar1984@gmail.com

DocuSigned by:

8D920B41135F492...

Dipty Mangla, MD APG pain management
Atlanticare regional medical center
Galloway, New Jersey
Manglagmc@gmail.com

DocuSigned by:

C0B4B78ADB224B2...

Harshal Parekh, MD Hospitalist
Temple university hospital- Jeanes campus, Philadelphia,
Cherry Hill, NJ
Harshal.parekh@tuhs.templehealth.org


DocuSigned by:

508165FA339B4F0...

Karuna Poddar, MD Child and adolescent psychiatry
Jefferson university
Resident of Cherry Hill NJ
Dr.karunap@gmail.com

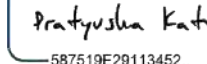
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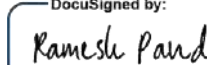
Manjari Gupta MD Obstetrics & Gynecology
Saint Peter's University Hospital
New Brunswick
manjarig@gmail.com

DocuSigned by:

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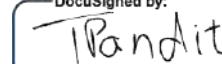
Nabil Ghani, MD Internal Medicine Hospitalist
Saint Peters University Hospital
New Brunswick NJ
nabeel11ghani@gmail.com

DocuSigned by:

587519E29113452...

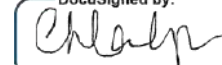
Pratyusha Katta, MD Pediatric Hospitalist
Nemours DuPont Pediatrics
Chief of Inspira Pediatric hospitalist program
Vineland, NJ
pratyushakatta@gmail.com

DocuSigned by:

CD62B4B00B49450...


Ramesh Pandit, MD MPH
Sound Physician Hospitalist
Crozer Chester health system
Upland
dr.rameshpandit@gmail.com

DocuSigned by:

E42FDEAB3FF944F...

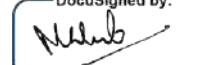
Trupti Pandit, MD Pediatric hospitalist
Dupont pediatrics at inspira medical center
Vineland, NJ
drtruptikale@gmail.com

DocuSigned by:

BF1482DBD189488...

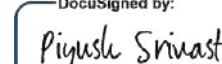
Kalpana Chintna MD Internal Medicine (resident)
Inspira Medical Center,
Vineland, NJ
Drchintna@gmail.com

DocuSigned by:

D9FE19B5C2DF40F...

Kavin Raj, MD Internal Medicine (resident)
Saint Peter university hospital
City New Brunswick, NJ
kavinhenrygray@gmail.com

DocuSigned by:

B0DC9E66335948D...

Meenakshi Khosla, MD Pediatric Hospitalist
Saint Peter's University Hospital
New Brunswick
mkhosla07@gmail.com


DocuSigned by:

79AC15BB897A459...

Piyush Shrivastava, MD Pediatrics
graduated 6/20, Monmouth medical center
Long Branch, NJ
drps1988@gmail.com

DocuSigned by:

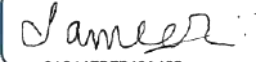
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Preeti Saran MD, MPH
Primary care Physician
Robert Wood johnsonBarnabas-Rutgers
Jersey city / Bayonne
Preeti.Saran@rwjbh.org

DocuSigned by:

C86B90129687436...

Ramkrishna Makani, MD
Child and Adolescent Psychiatry
Atlanticare Health System,
Egg Harbor Township, NJ
dramkrishnamakani@gmail.com

DocuSigned by:



31C14FBFB48A45B...

Sameer Poddar, MD Internal medicine Hospitalist
Cooper health care & Inspira medical center
Vineland, NJ
dr.sameerpoddar@gmail.com

DocuSigned by:



C748FF1EEC304A2...

Shalini Tripathi, MD Internal Medicine (resident)
Saint Peter's University Hospital
New Brunswick
dr.shalini.tripathi@gmail.com


DocuSigned by:



87C5E2BB8D549F...

Sonika Puri, MD Nephrology
Rutgers Robert Wood Johnson School of Medicine
New Brunswick, NJ
puri.sonika@gmail.com

DocuSigned by:



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Swati Poddar, MD Psychiatrist
Dover Behavioral Health
Poddarswati10@gmail.com

DocuSigned by:



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Vinay Gundlapalli, MD Plastic and Reconstructive Surgery
American Surgical Arts,
Mullica Hill, NJ
vinaygsagar@gmail.com

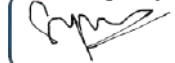
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Shaileja Pamnani, MD Hospitalist
St. Joseph's Regional Medical Center.
Paterson, NJ.
Shaileja.pamnani@gmail.com

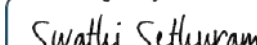
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Sipika Tyagi, MD Obstetrics & Gynecology
Jefferson health ,
Sewell NJ
Sipikatyagi@gmail.com

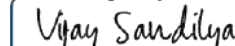
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Swathi Sethuram, MD Peds Endocrinologist
Saint Peter's University Hospital
New Brunswick, NJ
Swathi.s.ram@gmail.com

DocuSigned by:



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Vijay Sandilya, MD Hematology & oncology
Southern Oncology Hematology Associates.
Vineland NJ
Vksandilya@gmail.com

DocuSigned by:



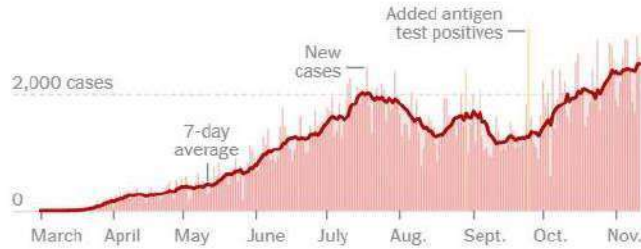
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Vipul Gidwani MD Internal medicine (Resident)
Saint Peter's University Hospital, New Brunswick, NJ
Graduated 6/2020
gidwani30@gmail.com

APPEAL FROM PHYSICIANS IN NORTH CAROLINA

North Carolina Covid Map and Case Count

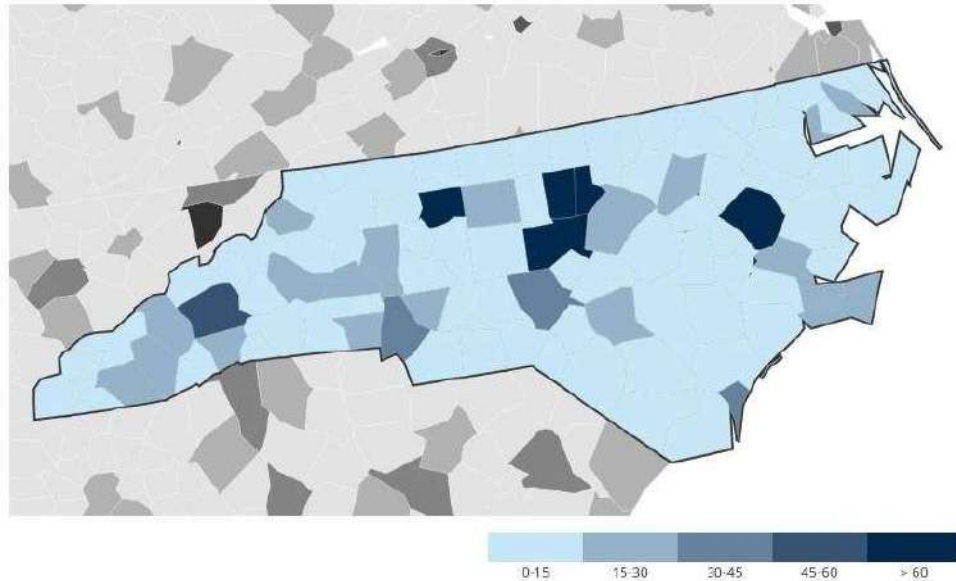
By The New York Times Updated November 12, 2020, 2:05 P.M. E.T.



	TOTAL REPORTED	ON NOV. 11	14-DAY CHANGE
Cases	303,454	2,636	+12% →
Deaths	4,729	38	-11% ↘
Hospitalized		1,246	Flat →

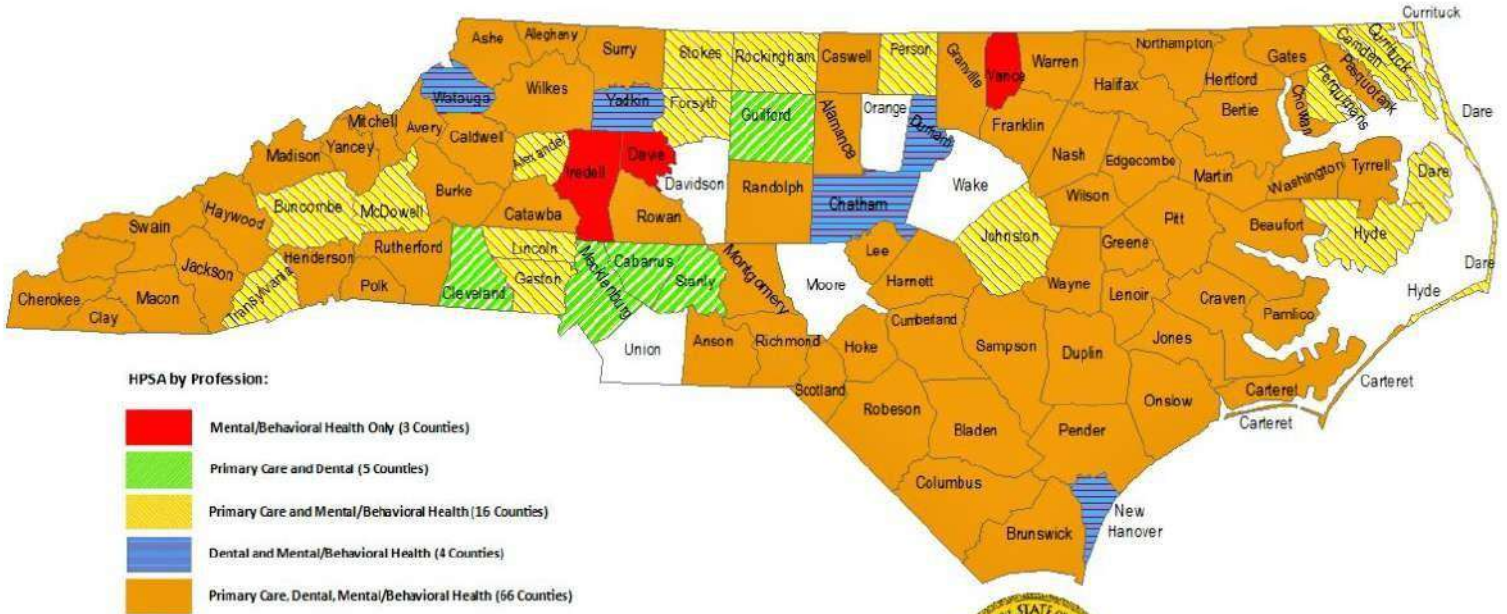
■ Day with data reporting anomaly.
Hospitalization data from the Covid Tracking Project. 14-day change trends use 7-day averages.

Doctors of Medicine (MDs) per 10,000 People - North Carolina 2017



Note: Rates are calculated using US Census annual population estimates.
Source: [HRSA Area Health Resources Files, 2017 and 2018.](#)

North Carolina Counties Designated Health Professional Shortage Areas SFY 2019



*Shortage area may be whole county, or population group or geographical area within a county. Data as of January 3, 2019.
 *Counties that are white are urban counties or rural counties without an official HPSA designation
 *The map is not reflective of counties that, if reviewed, would qualify for primary, dental or mental health HPSAs



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Office of Rural Health

DocuSigned by:
Purnachander Vangala, MD
 B7097CD352D9415...

Purnachander Vangala, MD, Intensive Care and Infectious Disease Specialist, Cape Fear Valley Health System
 Fayetteville, North Carolina
rao.vangala@gmail.com

DocuSigned by:
Venkata Ravi Chivukula, MD
 20611A4B7B8F417...

Ravi Chivukula, MD Geriatric Psychiatrist
 Novant Health System
 Salisbury, NC
drchivukula@yahoo.com

DocuSigned by:
Varun Kumar
 420D0AE47A17411...

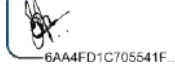
Varun Kumar, MD Cardiology
 Harnett Health System
 Dunn, NC
drvarunk03@gmail.com

DocuSigned by:


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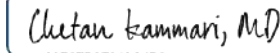
Ajith P. Puram, MD Internal Medicine Hospitalist
Atrium Health Mercy
Charlotte, NC
ajithpuram@gmail.com

DocuSigned by:


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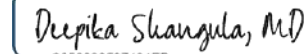
Anil Savarapu, MD Hospital Medicine
Atrium Health,
Charlotte, NC
anilsavarapu@gmail.com

DocuSigned by:


20F6F52F043C4D9...

Chetan Kammari, MD, Internal Medicine Hospitalist
Cape Fear Valley Hospital
Fayetteville, NC
cbkammari@gmail.com

DocuSigned by:


C252239527404ED...

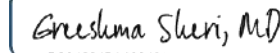
Deepika Shangula, MD, Neurologist
Novant Health Neurology and Sleep specialists
1918 Randolph Rd, Charlotte, NC
drdeepika3@gmail.com

DocuSigned by:


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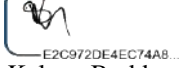
Gagandeep Dhillon, MD Hospitalist
Vidant Health System
Greenville, NC
Gagdhillon@gmail.com

DocuSigned by:


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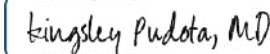
Greeshma Sheri, MD, Associate Professor,
Department of Medicine, East Carolina university,
Greenville, Pitt County, NC
drgreeshmasher@gmail.com

DocuSigned by:


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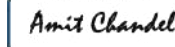
Kalyan Boddapati, MD, Internal Medicine
Co-program Director, Hospitalist Department,
Maria Parham Health, Henderson, Vance County, NC
drbkcr@gmail.com

DocuSigned by:


98855114FC874FA...

Kingsley Pudota, MD Internal Medicine Hospitalist
Wilson Medical Center
Wilson, NC
kingsleypudota@gmail.com

DocuSigned by:


B63EF815D26645F...

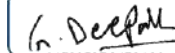
Amit Chandel MD Neonatology
Assistant Professor of Pediatrics, Department of Neonatology
Wake Forest Baptist Medical Center, Winston-Salem, NC
dramitchandel@gmail.com

DocuSigned by:


3433838E897F486...

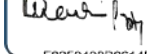
Anusha Boyanpally, MD Neurology
Vidant Medical Center
Greenville, NC
dr.anu3864@gmail.com

DocuSigned by:


3452358FC4724C0...

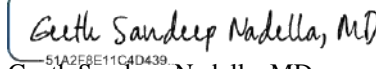
Deepak Garipalli, MD
Hospitalist, Atrium Health Shelby,
Weddington, NC
garipallideepak@gmail.com

DocuSigned by:


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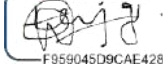
Dharanipriya Beeneedi, MD Hospitalist
Wilson medical center
Wilson NC
dharanib87@gmail.com

DocuSigned by:


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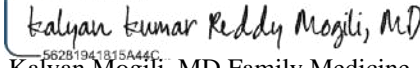
Geeth Sandeep Nadella, MD
Geeth Sandeep Nadella, MD
Clinical Adjunct Faculty, Hospital Medicine
Wake Forest Baptist-Davie Medical center
Nadella1988@gmail.com

DocuSigned by:


F959045D9CAE428...


Hanumantha Jogu, MD Internal Medicine Hospitalist
Wake Forest Baptist Medical Center
Winston Salem, NC
joguhanumant999@gmail.com

DocuSigned by:


562B1941B15A44C...

Kalyan Mogili, MD Family Medicine, Hospital Medicine
Carolinas Hospitalist Group at Atrium Health Union
Monroe, NC
drkalyanreddy@gmail.com

DocuSigned by:


3404E1688799430...

Krishnakanth Gali, MD Hospitalist
Frye Regional Medical Center
Hickory, NC
krishnakanthgali@gmail.com

DocuSigned by:

5A0F3BES20554C1

Lavanya Desai, MD
Primary care, Atrium Health, China Grove , NC
Residing in Huntersville, NC
lavanya.desai@gmail.com

DocuSigned by:

93EB4D19A648403

Mahesh Borhade MD Internal Medicine Hospitalist
Atrium Health, Cleveland Shelby, NC
Congressional district 10.
maheshborhade@gmail.com

DocuSigned by:

006968FD0CEC4B3

Narendranath Sreeram MD, Internal Medicine Hospitalist
Vidant medical group and UNC Lenoir health care
Kinston, Lenoir County, NC
naren.sreeram@hotmail.com

DocuSigned by:

BB9C47099D72484

Neelakanta Sukka M.D, Internal Medicine Hospitalist
Vidant medical group, Lenoir Memorial hospital,
Kinston, Lenoir County, NC
dinakarsn@gmail.com

DocuSigned by:

FE4F681DE6CE444

Pankaj Lamba MD Psychiatry
Novant Health Rowan Medical Center
Salisbury, NC
dr.p.lamba@gmail.com

DocuSigned by:

A9B2429BC7CA4EF

Parul Chandrika
Internal Medicine PGY3, starting as hospitalist at
Vidant Beaufort Hospital, Washington NC
Chandparul9128@gmail.com

DocuSigned by:

AFF0BD3B122E443

Phani Vupadhyayula, MD, Hospitalist
Caromont Hospital,
Gastonia, NC
Phanimohan@yahoo.com

DocuSigned by:

E9C11A20EC2A4ED

Praveen Chada, MD Internal Medicine Hospitalist
Vidant Health System
Greenville, NC
pchada@gmail.com

DocuSigned by:

F17147349E9467

Raghav Gotur, MD, Chair of Department of Medicine &
Adjunct Associate Professor
Harnett Health System, Dunn, NC
raghav_gotur@yahoo.com

DocuSigned by:

9485359655C7421

Madhav R. Muppa, MD General Psychiatry, Child &
Adolescent Psychiatry
Novant Health Presbyterian Medical Center, Charlotte, NC
1995madhav@gmail.com

DocuSigned by:

5C26AFC74ADD4E8

Mohan Pamerla, MD Internal Medicine Hospitalist
Wilson Medical Center
Wilson, NC
mohanpamerla@gmail.com

DocuSigned by:

512D6F978BB94EE

Navneet Arora, MD Critical Care Medicine, Pulmonary Disease
Novant Health Pulmonary & Critical Care
Matthews, NC
Drna2001@gmail.com

DocuSigned by:

CB28AB8FFA9C424

Nikita Patil, MD Internal Medicine Hospitalist
Nash General Hospital (Nash UNC Health Care)
Rocky Mount, NC
nikitaz.patilz@gmail.com

DocuSigned by:

4BB1A7921B2479

Parag Anilkumar Chevli, MD Internal Medicine
Assistant Professor, Hospital Medicine
Wake Forest Baptist Health, Winston-Salem, N.C
paragchevli@gmail.com

DocuSigned by:

8852CEB22F0B440

Poonam Bhyan, MD Internal Medicine Hospitalist
Cape Fear Valley Medical Center
Fayetteville, North Carolina
Bhyanpoonam@gmail.com

DocuSigned by:

AAFBA89976584D3

Prashanthi Veludandi, MD Geriatric Medicine
East Carolina University
Greenville, NC
prashanthi.veludandi@gmail.com

DocuSigned by:


9F39C6BFAC2940A

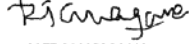
Radhamani Kannaiyan, MD, PhD Internal Medicine Hospitalist
Vidant Health System, Greenville, NC
Radha.maran@gmail.com

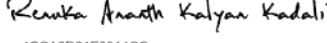
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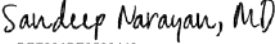
Raghava Nagaraj, MD, MPH, Chief Medical Officer
Lexington Medical Center, Lexington, NC
ragsnags@gmail.com


DocuSigned by:

874C592FC8FD49F...
Ram Lingamgunta, MD Internal Medicine
Atrium Health Mercy, Charlotte
Living in Marvin, 9th district
Dr.ramsankar@yahoo.com

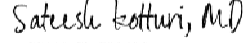
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Ravali Janagama, MD Pediatrics, MSEH
Kidzcare Pediatrics,
Sanford, Lee County, NC
dr.ravali@gmail.com

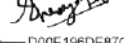
DocuSigned by:

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Renuka Kadali, MD, MSEH, Internal Medicine/Hospitalist
Harnett Health System
Lillington, Harnett County, NC
dr.kadali1982@gmail.com

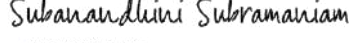
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E557A8384A164B8...
Roshini Radhakrishna, MD Nephrology
Assistant Professor of Medicine, Nephrology & Hypertension
UNC Specialty clinic & UNC Dialysis unit, Sanford, NC
dr.roshnigovind@gmail.com

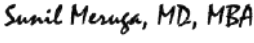
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DEF631DE3538443...
Sandeep Narayan, MD Anesthesiology
Atrium Health, Charlotte
Congressional district 9
sandeep837@gmail.com

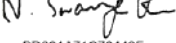
DocuSigned by:

06BE52864E3B4C6...
Sandhya Nakkala, MD Hospitalist
Cape Fear Valley Hospital
Fayetteville, NC
Nsandhya10@gmail.com

DocuSigned by:

E36662783E2D45C...
Sateesh Kotturi, MD Hospitalist
Vidant Health System
Greenville, NC
drkotturi@gmail.com

DocuSigned by:

D00E196DE87C40C...
Shravya Mandavilli, MD Hospitalist
Atrium Health, Charlotte
Live in Waxhaw NC
Shravyamandavilli@yahoo.co.in

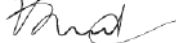
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Subanandhini Subramaniam, MD Internal Medicine
Vidant Medical Center
Greenville, NC
drnandhini@gmail.com

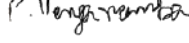
DocuSigned by:

02973CA60815424...
Sunil Meruga, MD, MBA
Internal Medicine- Hospitalist
Atrium Health – Pineville, NC
smeruga1@gmail.com


DocuSigned by:

BD091A71C78442F...
Swaroopa Nalamalapu, MD Pulmonary Disease and Critical
Care Medicine,
East Carolina University/ Vidant Health System, Greenville, NC
swaroopanalamalpu@gmail.com


DocuSigned by:

42E1FACEA4724C1...
Tom Jose, MD Hospitalist
Lenoir Hospitalist Group
Kinston, NC
tomjose81@gmail.com

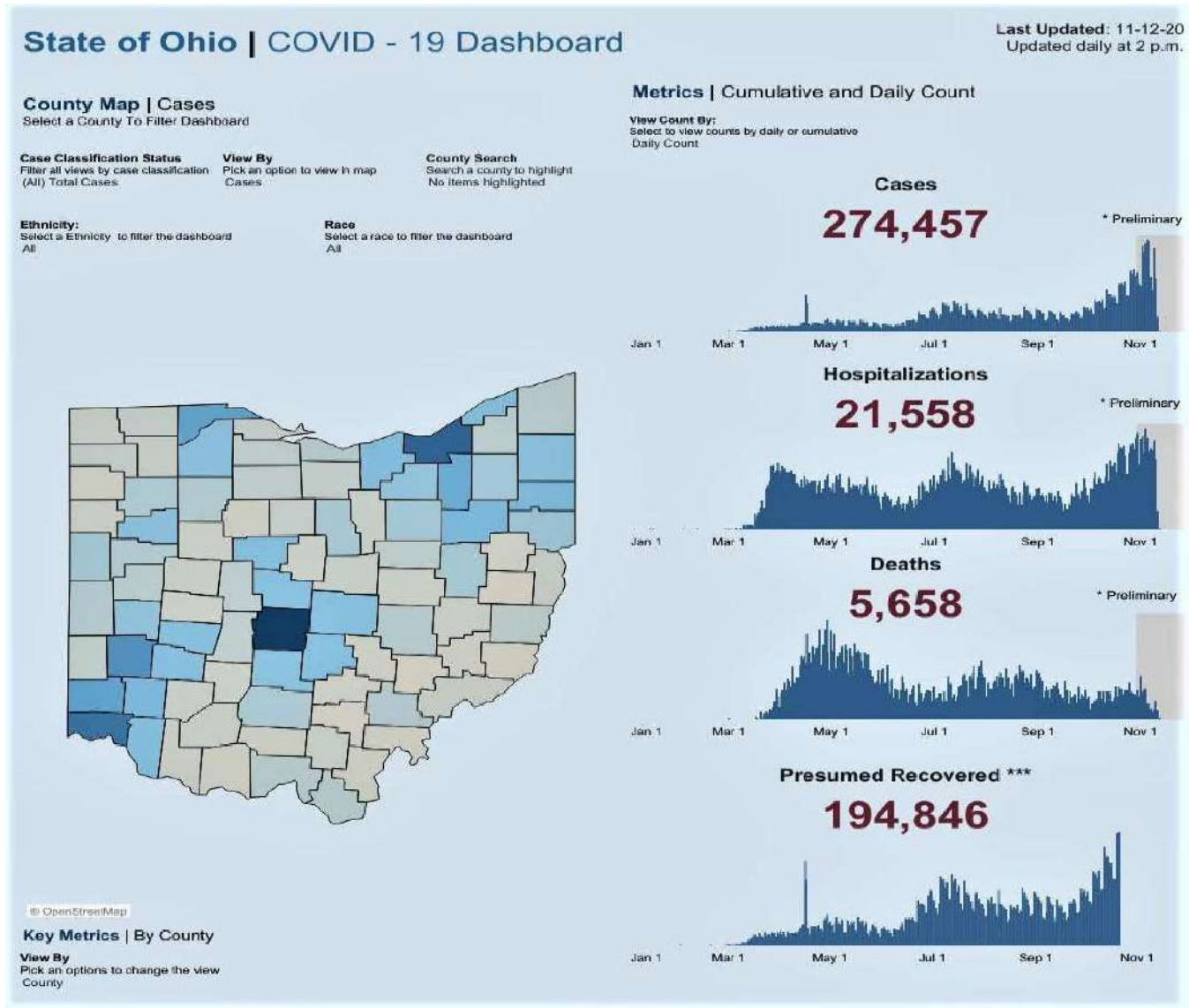
DocuSigned by:

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Vamsi Sreedharala, MD Internal Medicine
Hospital Medicine
UNC Johnston Health, Smithfield, NC
vk.sreedharala@gmail.com

DocuSigned by:

BC5055CEF23244B...
Vengamamba Polu, MD Internal Medicine & Endocrinology
Vidant Health System, Kinston, NC
Congressional district 3
poludr@gmail.com

DocuSigned by:

817B4322CEA04B1...
Vijayashree Mokashi, MD Internal Medicine
Vidant Medical Center
Greenville, NC
vjshree.m@gmail.com


Veranna Maddapaati, MD, FACP, Pulmonary and Critical Care Clinical
Assistant Professor
Vidant Medical Center
Greenville, Pitt County, NC

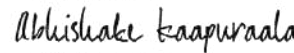
APPEAL FROM PHYSICIANS IN OHIO

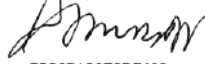



Source: <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/overview>

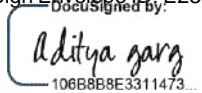
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 Abel Joseph, MD Internal Medicine
 Cleveland Clinic, OH
abeljosephmd@gmail.com

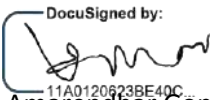
DocuSigned by:

 FE1928D1285C48C...
 Abhishake Kaapuraala, MD Hospitalist
 Marion General Hospital, OH
akaapuraala@gmail.com

DocuSigned by:

 75C074C0E9BF466...
 Abhishek Bhardwaj, MD Pulmonary Critical Care (Fellow)
 Cleveland Clinic, OH
bhardwa3@ccf.org

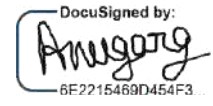
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 FA386906EF2B438...
 Abhishek Kumar, MD Hospital Medicine
 Kettering Health Network, OH
abhishekkumarma@gmail.com

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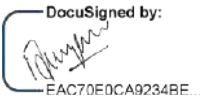
Aditya Garg, MD Internal Medicine/ Hospitalist
Dayton, OH
aditya.garg1405@gmail.com

DocuSigned by:


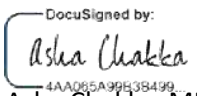
Amarendhar Gopireddy, MD Hospitalist
Cleveland Clinic, OH
gopirea@ccf.org

DocuSigned by:


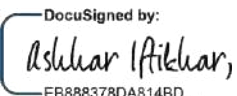
Anu Garg, MD Geriatrics/ hospice and palliative medicine
University of Toledo
Anu.garg@utoledo.edu

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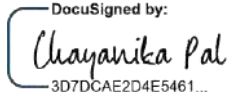
Anupam Jha, MD Psychiatry
Firelands Physician Group, Sandusky, OH
dranupamjha@gmail.com

DocuSigned by:


Asha Chakka, MD Internal Medicine
Canton Medical Education Foundation, Canton, OH.
Asha.Chakka@aultman.com

DocuSigned by:


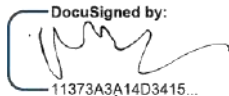
Ashhar Iftikhar, MD Hospitalist
The Christ hospital, Cincinnati, OH
Ashhar.ahmed@thechristhospital.com

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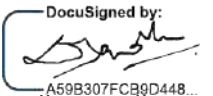
Chayanika Pal, MD Family Medicine
University of Toledo, OH
Chayanika.pal@utoledo.edu

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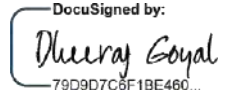

Chitra Ganta, MD Internal Medicine Primary Care
Cleveland Clinic, OH
chitra.ganta@gmail.com

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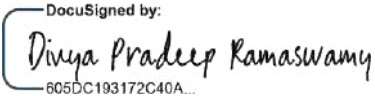
Puneet Chopra, MD Internal medicine,
Mercy Health Oregon, OH
Pxchopra@mercy.com

DocuSigned by:


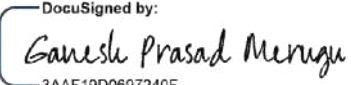
Dalbir Sandhu, MD Gastroenterologist
Cleveland Clinic, OH
Sandhud@ccf.org

DocuSigned by:


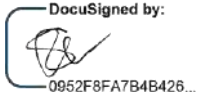
Dheeraj Goyal, MD, MPH Medical Director
Infectious Diseases and Antibiotic Stewardship
Mercy Fairfield Hospital, Cincinnati, OH
dgoyal1@mercy.com

DocuSigned by:


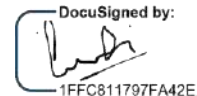
Divya Pradeep Ramaswamy, MD Internal Medicine
Hospitalist
Promedica Toledo hospital, Toledo, OH
Drpradeep99@hotmail.com

DocuSigned by:


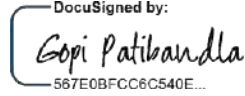
Ganesh Prasad Merugu, MD Geriatrics
University of Toledo, OH
Ganesh.Merugu@utoledo.edu

DocuSigned by:


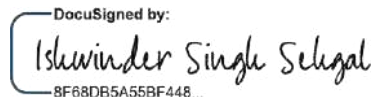
Gayathri Sreedher, MD Pediatric Radiologist
Akron Children's Hospital
Gayathri.sreedher@gmail.com

DocuSigned by:


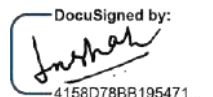
Geeti Sharma, MD Internal Medicine Hospitalist
Mercy Health-Boardman, OH
Gsharma@mercy.com

DocuSigned by:


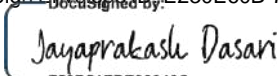
Gopi Patibandla, MD Internal Medicine
Mercy Medical Center, Canton, OH
Gopimadhav2003@gmail.com

DocuSigned by:


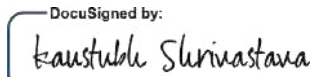
Ishwinder Singh Sehgal, MD Hospitalist
Cleveland Clinic Akron General, Akron, OH
isehgal@soundphysicians.com

DocuSigned by:


Jagruti Shah, MD Hospitalist
Toledo Hospital
Jshah.2102@gmail.com

DocuSigned by:


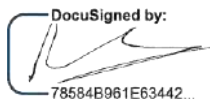
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Jayaprakash Dasari, MD Nephrology
Akron, Ohio
idasari@americarekidney.com

DocuSigned by:


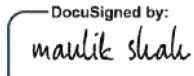
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Kaustubh Shrivastava, MD Hospitalist
Miami Valley Hospital, Dayton, OH
kaustubhks@gmail.com

DocuSigned by:


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Mahesh Manne, MD Internal Medicine
Cleveland Clinic, OH
mennemahesh@gmail.com

DocuSigned by:


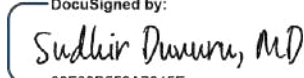
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Mansi Sharma, MD Internal Medicine
Hospitalist
mansi_3012@yahoo.co.in

DocuSigned by:


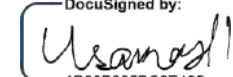
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Maulik Shah, MD Hospitalist,
Ohio state University
Columbus, OH
maulikshah8@gmail.com

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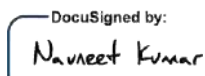

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Meenu Gaba, MD Internal Medicine Hospitalist
Cleveland Clinic, OH
dr_meenugaba@yahoo.com

DocuSigned by:


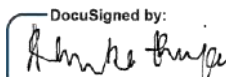
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Sudhir Duvuru, MD
Hospitalist Doctors Hospital, Columbus Ohio
Sudhir.Duvuru@ohiohealth.com

DocuSigned by:


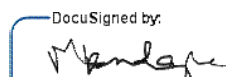
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Muhammad Usama, MD Sleep Medicine Fellow
Cleveland Clinic, OH
Usama480@yahoo.com

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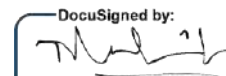
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Navneet Kumar, MD Staff Cardiologist
Cleveland clinic, OH
Kumarn3@ccf.org

DocuSigned by:


4A18D794741D4DD...
Kanika Ahuja, MD Hospitalist
Sandusky, Ohio
Drkanikas10@gmail.com

DocuSigned by:


4030385173E048...
Madhu Kandarpa, MD Nephrology
Kettering Medical Center, OH
mkandarpa@gmail.com

DocuSigned by:


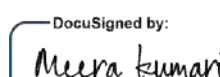
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Malavika Balachandran, MD Internal Medicine
Kettering Medical Center, OH
drmals10.1@gmail.com

DocuSigned by:

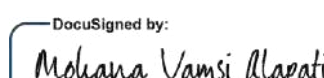

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Mansumet Singh, MD Nephrologist
Akron/Barberton/Cuyahoga Falls, OH
msingh@unityhealthnetwork.com

DocuSigned by:

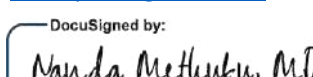

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Meenal Malviya, MD Infectious Diseases
North East Ohio Infectious Disease Associates
Youngstown, OH
drmeenalmalviya@gmail.com

DocuSigned by:


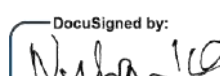
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Meera Kumari, MD Psychiatry
University Hospital, OH
drmeera81@gmail.com

DocuSigned by:


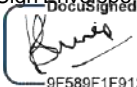
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Mohana Vamsi Alapati, MD Internal Medicine
Aultman Hospital, Canton
vamsy83@gmail.com

DocuSigned by:


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Nanda Methuku, MD Hematology and Oncology
Southern Ohio Medical Center, OH
methukun@somc.org


DocuSigned by:


D4C8D686CC2E4D5...
Niharika Juwarkar, MD Internal Medicine
Firelands Physician Group, Sandusky, OH
dr.niharika.juwarkar@gmail.com

DocuSigned by:


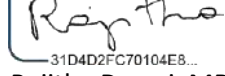
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Pooja Suri, MD Hospitalist
Toledo Hospital
Toledo, OH
Pooja.suri@promedica.org

DocuSigned by:



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Rahul Sharma, MD Endocrinology
Ashtabula County Medical Center, OH
dr.rahul.khn@gmail.com

DocuSigned by:



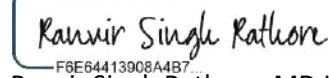
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Rajitha Dasari, MD Internal Medicine Hospitalist
Doctors Hospital, OhioHealth, Columbus, OH
Rajitha.Dasari@ohiohealth.com

DocuSigned by:




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Rajkumar Agarwal, MD Pediatric Neurology
Dayton Children's Hospital, OH
agarwalr@childrensdayton.org

DocuSigned by:



F8E64413908A4B7...
Ranvir Singh Rathore, MD Internal Medicine & Bariatric
Medicine, Medical Director Primary Care, COVID Task
force Physician Representative for Hospital, Toledo, OH
Franklin1857@gmail.com

DocuSigned by:



CE9EA2CE70BF404...
Sai Mukthapuram, MD Neonatology
Cincinnati Children's Hospital Cincinnati
S.mukthapuram@yahoo.com

DocuSigned by:




DDFED9869E2542A...
Sampath Kumar Thiruveedi, MD Nephrologist
Dayton, Ohio
drsampatht@yahoo.com

DocuSigned by:



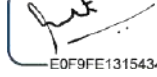
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Satish Boddhula, MD Hospitalist
Grandview Medical Center, Dayton, OH
satish.boddhula@ketteringhealth.org

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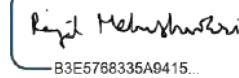
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Shameer Singh Khubber, MD Hospitalist
Cleveland Clinic, OH
Shameersingh.dr@gmail.com

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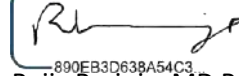
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Prashant Varshney, MD Emergency Medicine
Mercy Regional Medical Center Lorain
Mercy Allen, Oberlin-Mercy Willard , Willard, OH
pv.em.md@gmail.com

DocuSigned by:



B3E5768335A9415...
Rajat Maheshwari, MD Nephrologist
Ravenna, Akron Ohio
rmaheshwari@unityhealthnetwork.com

DocuSigned by:



890EB3D638A54C3...
Rajiv Parinja, MD Psychiatry
Mercy St. Charles Medical Center, OH
Rparinja@mercy.com

DocuSigned by:



A7DC6D6341EE47C...
Ramnath Santosh Ramanathan, MD Neurologist
Aultman Hospital, Canton, MD
Dr_santosh7@yahoo.co.in

DocuSigned by:



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Ravi Desai, MD Pulmonary & Critical care
Kettering Medical Center, OH
rdesai@pulmonary-medicine.net

DocuSigned by:



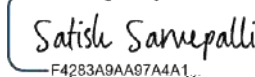
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Roshani Agarwal, MD Hospital Medicine
Dayton Children's Hospital, OH
agarwalr1@childrensdayton.org

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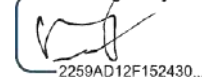
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Sathish Adigopula, MD Pediatrics
Ashtabula County Medical Center, OH
Sathish.Adigopula@acmchealth.org

DocuSigned by:




F4283A9AA97A4A1...
Satish Sarvepalli, MD Infectious Diseases
Kettering Medical Center, OH
Uwrite@gmail.com


DocuSigned by:




2259AD12F152430...
Shinoj Pattali, MD Hematology and Oncology
Ashtabula County Medical Center, OH
Shinojpi@gmail.com

DocuSigned by:

6F86CCB0E6A483...

Sravan Kumar Metla, MD Hospitalist
Kettering Medical Center, OH
Msksravan@gmail.com


DocuSigned by:

A0003F510D75429...

Sudha Jagarlamudi, MD Internal Medicine
Mercy Medical Center, Canton, OH
sudhajagarlamudi132@gmail.com

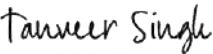
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Sujit Muthukuru, MD Hospitalist
Kettering Medical center, Dayton, OH
Sujit.muthukuru@ketteringhealth.org

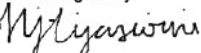
drvinodkhatri@gmail.com

DocuSigned by:

CE9622FB115F430...


Suryakumar Narayanasamy, MD Anesthesiology
Cincinnati Children's Hospital, OH
drsuryakumarmmc@gmail.com

DocuSigned by:

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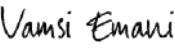
Tanveer Singh, MD Hospital Medicine
Cleveland clinic, OH
Tanveersing@gmail.com

DocuSigned by:

D0CDC52169DD4C9...


Tejaswini Jagadish, MD Internal Medicine Hospitalist
ProMedica Toledo Hospital, OH
Hjtejaswini@yahoo.com

DocuSigned by:

D16874934B624A6...

Vaishal Shah, MD Pediatric Sleep Medicine
Cleveland Clinic, OH
shah.vaishal85@yahoo.com

DocuSigned by:

929A9A3C0AE7450...

Vamsi Emani, MD Hospitalist
Columbus, OH
Vamsi.emani@ohiohealth.com

DocuSigned by:

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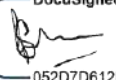
Mahaveer Mukkamalla, MD
Hospitalist Summa Health, Barberton
mahaveerm@gmail.com

DocuSigned by:

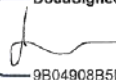
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Vinod Khatri, MD Pulmonary and Critical Care Medicine
Mercy Health, Toledo, OH

Sunjeet Kaur, MD Pulmonary &Critical Care
MedicineMetroHealth & Case Western
Reserve University School of Medicine, OH
sunjeetkaursandhu@gmail.com

DocuSigned by:

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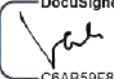
Surya Prakash, MD Internal
MedicineKettering Medical
Center, OH
surya_mmc@yahoo.com

DocuSigned by:

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Taranpreet Kaur, MD
NephrologyUniversity
of Cincinnati, OH
Kaurtt@ucmail.uc.edu

DocuSigned by:

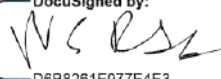
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DocuSigned by:

C6AB59F888424D5...
Vaibhav Verma, MD Hematology and Oncology
Vaibhavsimla@gmail.com

Vaishali Sinha, MD Internal
MedicineMercy Health,
Oregon, OH
VSinha@mercy.com

DocuSigned by:
Vaishali Sinha
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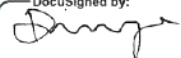
Venkata Vajrala, MD
Hospitalist Miami Valley
Hospital, Dayton, OH
venkata.vajrala@gmail.com

DocuSigned by:

D6B8261E977E4E3...

Vinay Lingabathula, MD Hospitalist
Miami Valley Hospitalist Group, Dayton, OH
vlingabathula@gmail.com

DocuSigned by:
Vinay Lingabathula
C097258BA602452...

Divya Akshintala, MD
EndocrinologyOhio
Health, Columbus, OH.
Divya.akshintala@ohiohealth.com

DocuSigned by:

C79819F93BC34AF...

DocuSigned by:

Mamtha Balla MD, MPH

647BEA7015A04BC...

Mamtha Balla MD Internal Medicine, MPH Clinical Assistant
Professor, University of Toledo
Promedica Physician Hospitalist, Toledo Hospital, Ohio
Athamam@gmail.com

DocuSigned by:

Sandeep Singh

5B2275B969D94C9...

Sandeep Singh, MD Internal medicine
Toledo Ohio
Sandeep.kukrejaMD@promedica.org

DocuSigned by:

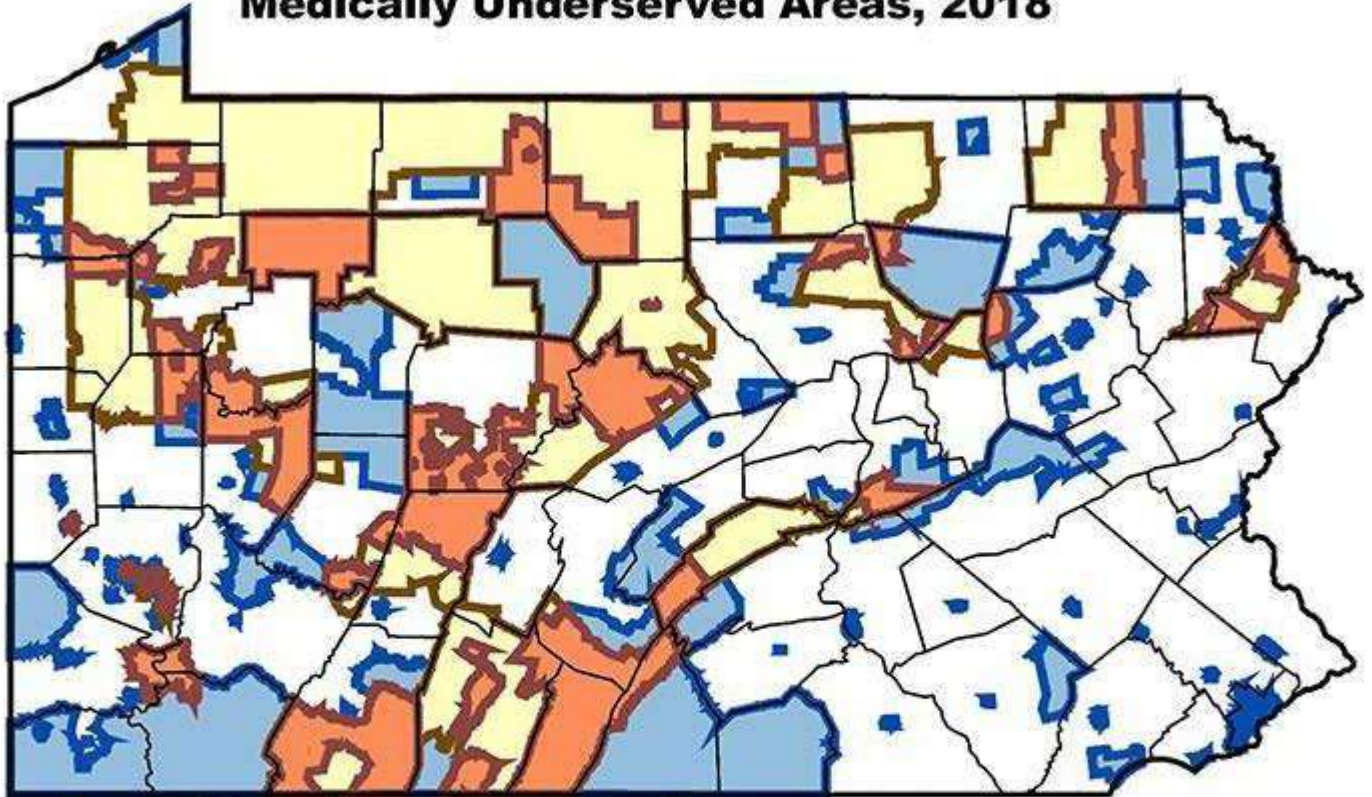
Gokulakrishnan Balasubramanian, MD

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Gokulakrishnan Balasubramanian, MD Gastroenterology
Ohio State University
Columbus, Ohio
Gokul.bala@osumc.edu

APPEAL FROM PHYSICIANS IN PENNSYLVANIA

Location of Pennsylvania Health Professional Shortage Areas and Medically Underserved Areas, 2018



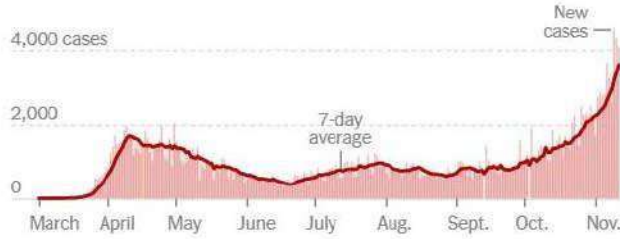
- Primary Care Health Professional Shortage Areas (HPSAs)
- Medically Underserved Areas (MUAs)
- Both Medically Underserved Area and Primary Care Health Professional Shortage Area

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. Data source: HRSA. Map by the Center for Rural Pennsylvania.

Source: https://www.rural.palegislature.us/demographics_datagram_pa_health_shortages.html

Pennsylvania Covid Map and Case Count

By The New York Times Updated November 12, 2020, 2:05 P.M. E.T.



	TOTAL REPORTED	ON NOV. 11	14-DAY CHANGE
Cases	254,167	4,098	+74% ↗
Deaths	9,264	61	+56% ↗
Hospitalized		2,080	+60% ↗

■ Day with data reporting anomaly.
 Hospitalization data from the Covid Tracking Project. 14-day change trends use 7-day averages.

DocuSigned by:

59C461576A4745F...
 Alap Bhavsar MD Hospitalist / Internal Medicine
 Geisinger Medical Centre
 Danville PA
 Email alap.bhavsar@gmail.com

DocuSigned by:

A5F8527808F54FA...
 Amandeep Singh MD Hospitalist/ Internal Medicine
 Geisinger Holy Spirit Hospital
 Camp Hill, PA
 Email asingh5@geisinger.edu

DocuSigned by:

BECB88EA9AD74E3...
 Amit Bansal MD Hospital Medicine/ Internal Medicine
 Geisinger Health
 Danville, PA
 Email abbansal@geisinger.edu

DocuSigned by:

00A20D8A699A42D...
 Amit Misra MD Hospital Medicine
 Geisinger Holy Spirit Hospital
 Camphill PA
 Email amisra@geisinger.edu
drakm31@gmail.com

DocuSigned by:

Ananth Ravi MD

4A2406A1B3CF40D...
Ananth Ravi MD Radiologist
Guthrie Clinic, Sayre, PA
Email ananthkravi@gmail.com

DocuSigned by:

Anil Meesala MD

3B77FF4CD7D54F8...
Anil Meesala MD Child and Adolescent Psychiatrist
Dover Behavioral Health, DE
Email anil.meesala@uhsinc.com

DocuSigned by:

Ankam Abistanand MD

F42B123230B4469...
Ankam Abistanand MD Anesthesiologist
Guthrie Robert Packer Hospital, Sayre, PA
Email abistanand.ankam@guthrie.org

DocuSigned by:

Arpan Thaker MD

CFA7661AD9EE4DC...
Arpan Thaker MD Hospitalist/Internal Medicine
Christiana Health Care System, DE
Email arpankumar.thaker@christianacare.org

DocuSigned by:

Arpita Goswami Benerjee MD

4CA3B13994574C0...
Arpita Goswami Benerjee MD Psychiatry
Assistant Professor, Consultant Transplant Psychiatry
University of Pennsylvania, PA
Email drarpita01@gmail.com

DocuSigned by:

Feroz Abubacker K MD

AAD1C8BAE51346B...
Feroz Abubacker K MD Nephrologist
Christiana Care Health System, DE
Email fabubacker@delawarekidney.com

DocuSigned by:

Gurmukteshwar Singh MD

E1D23D26E12E4F3...
Gurmukteshwar Singh MD Nephrology, Associate Professor,
Geisinger Commonwealth School of Medicine,
Nephrology Department, Geisinger Medical Center, Danville, PA
Email gsingh3@geisinger.edu

DocuSigned by:

Hemamalini Karpurapu MD

DA474F373224461...
Hemamalini Karpurapu MD Oncologist
Weirton Medical Center
Weirton, WV
Email hkarpurapu@gmail.com

DocuSigned by:

Jagdeep Kaur MD

8AB72A7889564B0...
Jagdeep Kaur MD
Psychiatrist.
Keystone health system, Chambersburg, PA
Email drjbenipal@gmail.com

DocuSigned by:

Jagmeet Singh MD

4F79B83FC6424D0...
Jagmeet Singh MD
Nephrologist
Guthrie Robert Packer Hospital, Sayer, PA
Email jsingh2483@gmail.com

DocuSigned by:

JayaPrakash Manda MD

8955DC5AA9AB48D...
JayaPrakash Manda MD
Hospitalist / Internal Medicine
Christiana Care Health System, DE
Email jayaprakash.manda@christianacare.org

DocuSigned by:

Joseph Vadakara MD

7E4F20F71F48413...
Joseph Vadakara MD Hematology & Oncology
Geisinger Medical Center
Danville, PA
Email jvadakara@geisinger.edu

DocuSigned by:

Karuna Poddar MD

506165FA339B4F0...
Karuna Poddar MD Child and Adolescent Psychiatry
Jefferson University Hospital
Email dr.karunap@gmail.com

DocuSigned by:

Kiran Chintam MD

2B1A696C19874BA...
Kiran Chintam MD Nephrology (Fellow)
Geisinger Medical Centre, Danville, PA
Email chintamk@gmail.com

DocuSigned by:

Kunal Bhagatwala

7C4394D0BEAC4DD...
Kunal Bhagatwala MD Hospitalist / Internal Medicine
St Luke's University Hospital, Bethlehem, PA
Email kunalbhagatwala@gmail.com

DocuSigned by:

Nidhi Karia MD

497D5352D4524C1...
Nidhi Karia MD Internal Medicine
St Lukes University Hospital, Bethlehem, PA.
Email nidhikaria@gmail.com

DocuSigned by:

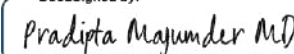
Nirav Barot MD, MPH

AC63D85C1CD641E...
Nirav Barot MD Epileptologist (Neurology)
Presbyterian Hospital, University of Pittsburgh, PA.
Email onenirav@gmail.com

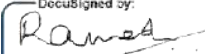
DocuSigned by:

Nitin Chopra MD

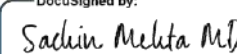
E3B1BF79F260408...
Nitin Chopra MD Anesthesiologist
Guthrie Robert Packer Hospital
Email nitin.chopra@guthrie.org

DocuSigned by:

42D15BADEF98443

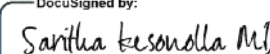
Pradipta Majumder MD Psychiatry, child & adolescentspsychiatry
Medical Director and Site Director
WellSpan- Philhaven- Meadowlands, York,PA
Email drpradipta@yahoo.co.in

DocuSigned by:

AEDD44E8130B478

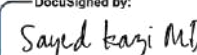
Ramesh Matam MD Neonatologist
The Reading Hospital and Medical Centre, Reading PA
Email dr.matam@gmail.com

DocuSigned by:

E544FRD261FE4FB

Sachin Mehta MDPsychiatry
Division Chief, Belmont Behavioral Health system, PA
Email sachin.mehta@belmontbehavioral.com

DocuSigned by:

B712BCE70F4444C

Saritha Kesonolla MD Hospitalist
Christiana Care Health System, DE
Email saritha.k.kesonolla@christianacare.org

DocuSigned by:

EC52C1C7DFD04DD...

Sayed Kazi MD Nephrologist
Wellspan Health System
York, PA
Email skazi@wellspan.org

DocuSigned by:

33D66FF29570463...

Shaun Noronha MD Critical Care Medicine
Allegheny Health Network
Email dr.shawn.noronha@gmail.com

DocuSigned by:

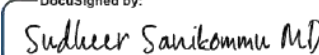
1385266F2A8C40D...

Sireesha Vemuri Reddy MD Family Medicine
Geisinger Hospital, Lewistown , PA
Email drvsvireeshamd@gmail.com

DocuSigned by:

4AEDD548949E4CE

Srilakshmi Vallabhaneni MD Cardiology (Fellow)
St Luke's Hospital University Health Network
Email sriluvallabhaneni@gmail.com


DocuSigned by:

EF5D4F82CFE040A...

Sudheer Sanikommu MD Hospitalist / Internal Medicine
WellSpan, Chambersburg, PA
Email drsanikommu@gmail.com

DocuSigned by:

585366F1B384440...

Pranav D Patel MD Hospital Medicine/ Internal Medicine
Geisinger Medical Center
Danville, PA
Email ppatel7@geisinger.edu

DocuSigned by:

CD62B4B0084948D...

Ramesh Pandit MD Hospitalist / Internal Medicine
Crozer Chester Hospital, PA
Email dr.rameshpandit@gmail.com

DocuSigned by:

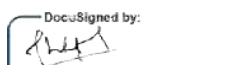
9ABCE52073DE48C...

Sahila Feroz MD Hospitalist / Internal Medicine
Christiana Care Health system DE
Email sahila.feroz@christianacare.org

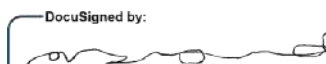
DocuSigned by:

078BCE45BC0E484...

Satyananta Prasada Sivarka Velidi MD Hospitalist
Christiana Care Hospital, DE
Email vsivarka@gmail.com

DocuSigned by:

7B8C65D8E250406...

Shaik Abdul Samad MD
Hospitalist / Internal Medicine BMT unit
Thomas Jefferson University Hospital, PA
Email shaik.rashid@jefferson.edu

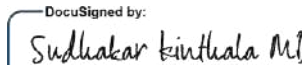
DocuSigned by:

19B06AC56ED4C9...

Syam Mallampalli MD Hospitalist / InternalMedicine
Christiana Care Health system, DE
Email syam.p.mallampalli@christianacare.org

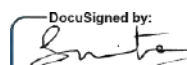
DocuSigned by:

A9A3BE4DCF30433...

Sneh Pandey MD Internal medicine
UPMC McKeesport, PA
Email snehpandey23@gmail.com

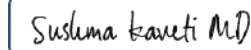
DocuSigned by:

319BC090C1A94EB...

Sudhakar Kinthala MD Anesthesiologist
Guthrie Robert Packer Hospital, Sayre, PA
Email Sudhakar.kinthala@guthrie.org

DocuSigned by:

7ADDCC8BE97504F1...

Sumitra Konda MD Infectious Disease Specialist / Hospitalist
Main Line Health
Email sumitrasaik@gmail.com

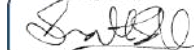
DocuSigned by:



FF282DB31EBC402...

Sushma Kaveti MD Hospitalist / Internal Medicine
Christiana Care Health System. DE
Email sushma.kaveti@christianacare.org

DocuSigned by:



5F3819A23A9D4F4...

Swathi Sangli MD Critical Care Medicine
Allegheny Health Network
Email Swathisang@gmail.com

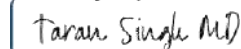
DocuSigned by:



34AAFB9AFABA45F...

Swati Poddar MD Psychiatrist
Dover Behavioral Health, DE
Email Poddarswati10@gmail.com

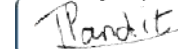
DocuSigned by:



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Taran Singh MD Psychiatrist
Penn state University
Email tjolly@pennstatehealth.psu.edu

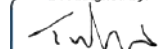
DocuSigned by:



E42FDEAB3FF944F...

Trupti Pandit MD Pediatric Hospitalist
Nemours Dupont Pediatrics Group, DE
Email drtruptikale@gmail.com

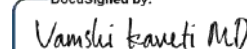
DocuSigned by:



4D6B0E2AED024E5...

Tuhin Gupta MD
Child and Adolescent Psychiatry, Addictionmedicine.
Wayne Memorial Community Health Center.PA
Email guptatuhin@gmail.com

DocuSigned by:



12470CDEDD88447...

Vamshi Kaveti MD
Hospitalist / Internal Medicine
Christiana Care Health System DE
Email vamshi.k.kaveti@christianacare.org

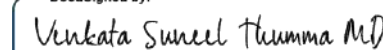
DocuSigned by:



93BDD3368D444AD...

Varun Malayala MD, MPH, FACP, FHM
Hospitalist / Internal Medicine
Jeanes Hospital, PA
Email svmalayala@gmail.com

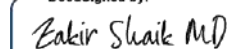
DocuSigned by:



986A93A044C245B...

Venkata Suneel Tammana MD
Gastroenterologist
Weirton Medical Center, Weirton, WV
Email manikyams@gmail.com

DocuSigned by:



4A114C1132B4B6...

Zakir Shaik MD Nephrology (Fellow)
Temple University Hospital, PA
Email zakirshaik@gmail.com

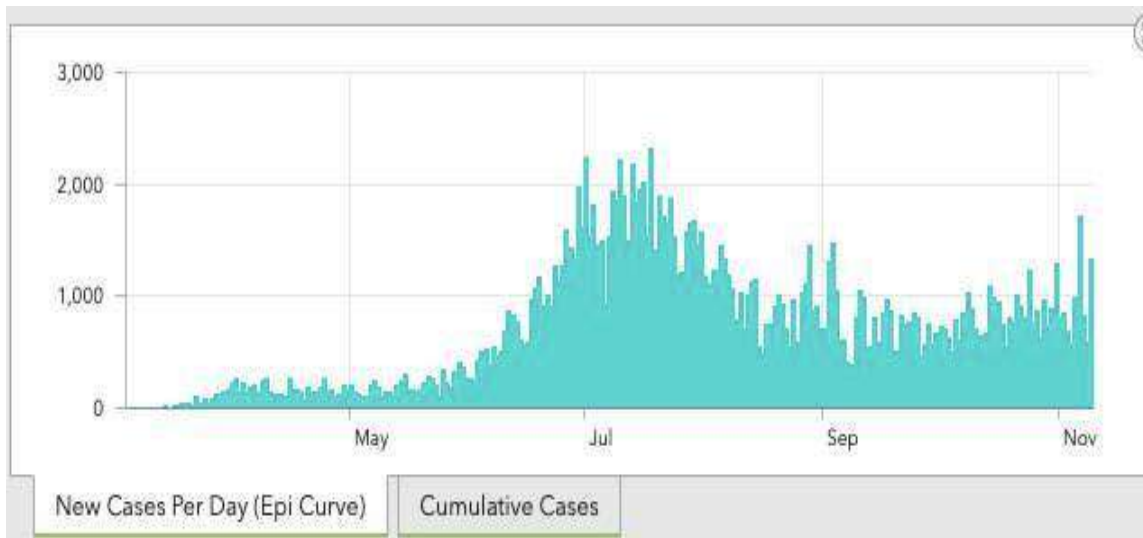
DocuSigned by:



A3276408A1DA4B3...

SivaRamaKrishna Cheetirala, MD Hospitalist
Uniontown hospital, PA.
siva.cheetirala@gmail.com

APPEAL FROM PHYSICIANS IN SOUTH CAROLINA

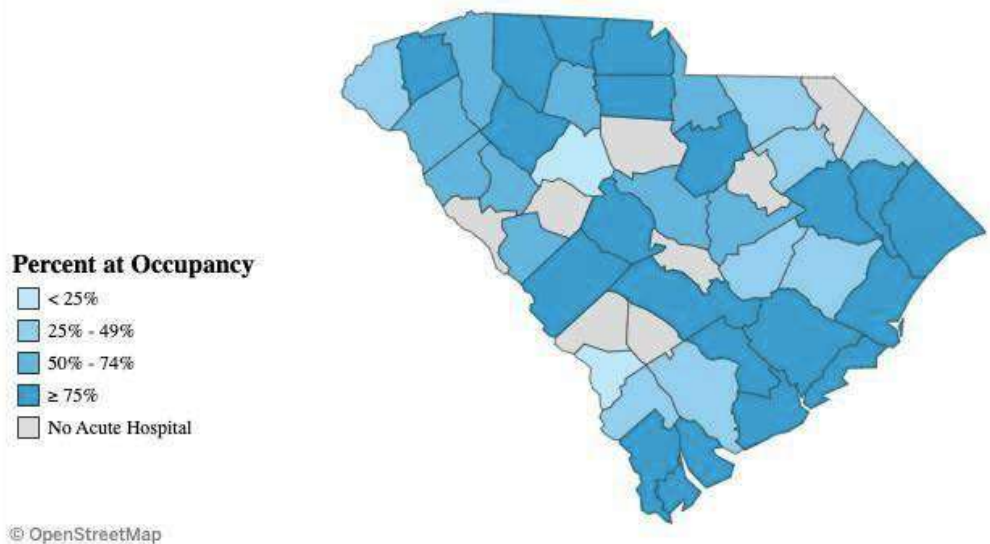


COVID-19 in South Carolina As of 11:59 PM on 11/9/2020

Number of Tests All	Cases All	Hospitalizations All	Deaths All
2,208,233	187,738	10,966	4,062
Go to Testing	Go to Cases	Go to Hospitalizations	Go to Deaths

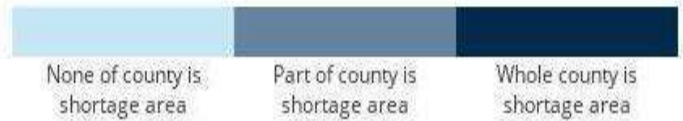
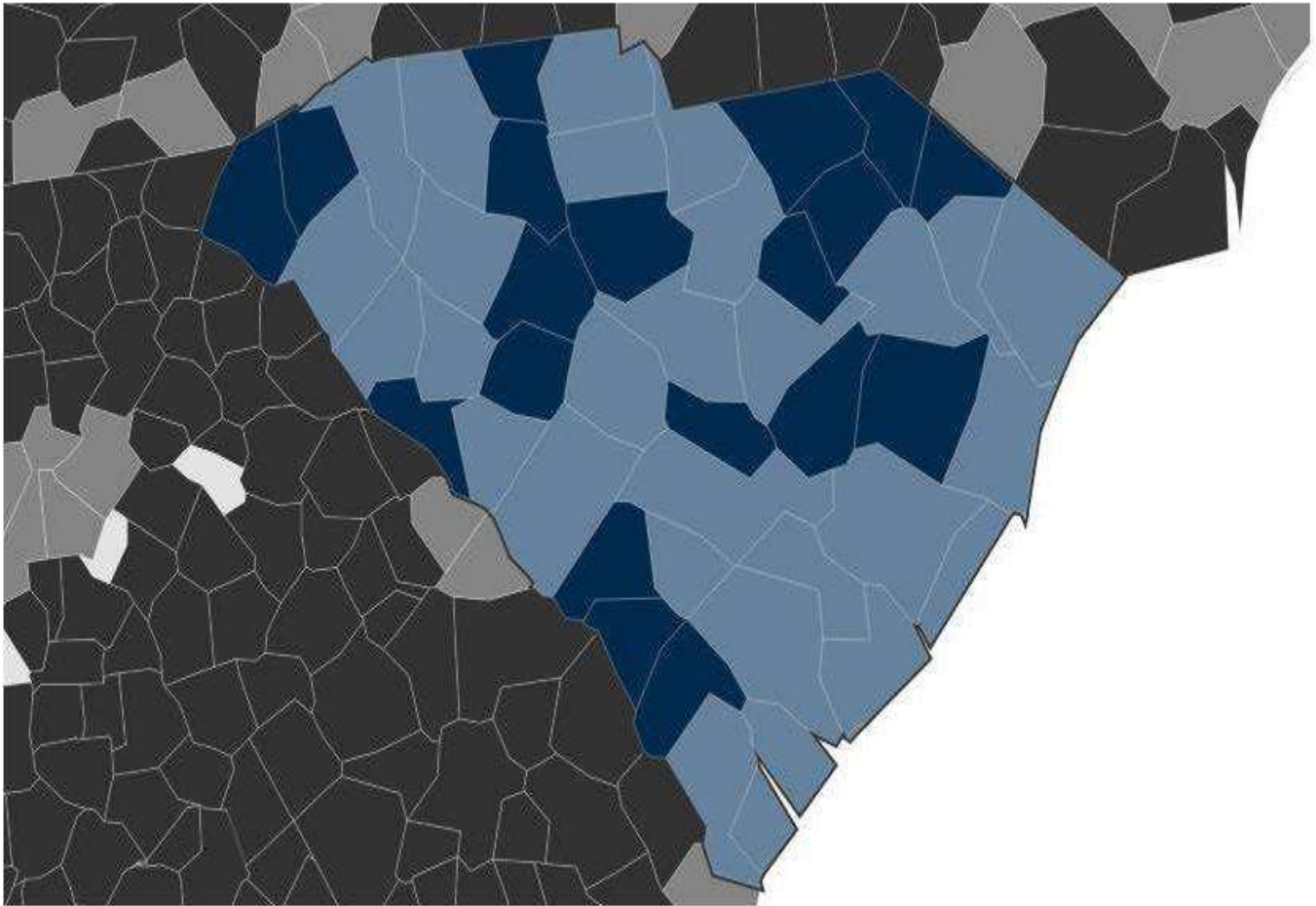
Acute Hospital Bed Occupancy Report As of 11:59 PM on 11/9/2020

Acute Hospital Bed Occupancy, by County



Source: <https://scdhec.gov/covid19/south-carolina-county-level-data-covid-19>

Health Professional Shortage Areas: Primary Care, by County - South Carolina 2020



Source: data.HRSA.gov, October 2020.

DocuSigned by:

B259C80FBC274A8...
Kiran K Nagarajan MD
ABFM certified/Fellowship trained in Hospital Medicine
Hospitalist- Team Health
Piedmont Medical center - Rock Hill SC
Koushik05n@gmail.com

DocuSigned by:

4558757910A34E1...
Karthik Karanam MD
Nephrologist, Pee Dee Nephrology, Florence SC
ABIM certified/ASN certified
Medical Director, Fresenius dialysis units, Florence and Johnsonville SC
Karanam.karthik@gmail.com

DocuSigned by:

Praveen Vemuri, MD

350E53EA574541B...

Praveen Vemuri, MD

NEUROLOGIST

ABPN neurology and neurophysiology board certified

CMC, Myrtle Beach, SC

drpraveenvemuri@gmail.com

DocuSigned by:

Manju Lakra MD

1D817210D3354CD...

Manju Lakra MD

ABFM certified

Chief medical officer

Foothills community health care, Clemson SC

Drmanjulakra@gmail.com

DocuSigned by:

Vinay Jagadeesha MD, MPH

9E527CDD20AC48F...

Vinay Jagadeesha MD, MPH

Family Medicine

Medical Director, McLeod Health Swing beds

Vice Chief of Staff, McLeod Health Darlington SC

vinayjsk@yahoo.com

DocuSigned by:

Tejaskumar Shah MD

C9D009B956724F1...

Tejaskumar Shah MD, Internal Medicine

Fellowship in Interventional Cardiology

Cardiologist- Carolina Cardiology Associates PA

shahtejasm@gmail.com

DocuSigned by:

Jaya Merugu MD

9FBB847BE5C2415...

Jaya Merugu MD, Board certified in General and Geriatric Psychiatry
Psychiatrist
Springbrooks behavioral health, Travelers Rest, SC
jaya0880@yahoo.co.in

DocuSigned by:

Nikunj Kumar Modi MD

41190C4FB5AB4C2...

Nikunj Kumar Modi MD, Board Certified in Psychiatry
Medical Director- Inpatient Psychiatric Services
McLeod Behavioral Health Services, Darlington, SC
drnikunjmodi@gmail.com

DocuSigned by:

Subhose Bathina MD

E89EB5FD1FCF4D6...

Subhose Bathina MD, Family Medicine
Hospitalist
Bon Secours St Francis, Greenville SC
subbujam@gmail.com

DocuSigned by:

Deepti Chowdary Challagolla MD

14A7D73BBBCD3434...

Deepti Chowdary Challagolla MD, Psychiatry
Lighthouse Behavioral Health Hospital
Conway SC
drdeeptichowdary@gmail.com

DocuSigned by:

Satya Datla MD

1541D884C82E485

Satya Datla MD, Internal Medicine
Hospitalist
McLeod Regional Medical center, Florence SC
Doctordatla@gmail.com

DocuSigned by:

Alkesh Gajjar MD

1808CBCD27C34B6...

Alkesh Gajjar MD, Psychiatry
Assistant professor USC
Assistant professor VCOM
Psychiatrist at McLeod Behavioral health, Darlington SC
dralkesh@gmail.com

DocuSigned by:

Subash Ala MD

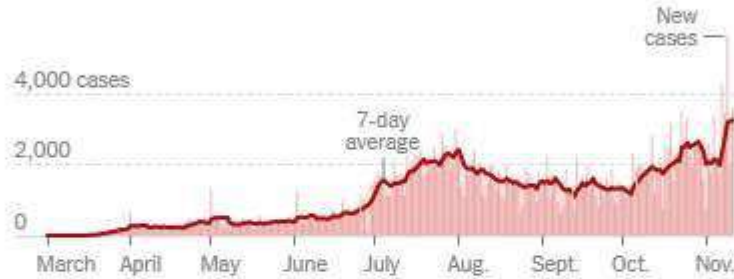
6E64594F8C5945F...

Subash Ala MD, Internal Medicine (Trained in combined Medicine and Pediatrics)
Hospitalist- Bon Secours St Francis
Greenville SC
subashala@gmail.com

APPEAL FROM PHYSICIANS IN TENNESSEE


Tennessee Covid Map and Case Count


By The New York Times Updated November 12, 2020, 8:05 P.M. E.T.



	TOTAL REPORTED	ON NOV. 11	14-DAY CHANGE
Cases	291,482	3,586	+26% ↗
Deaths	3,751	88	+7% ↗
Hospitalized		1,904	+30% →


■ Day with data reporting anomaly.
 Hospitalization data from the Covid Tracking Project. 14-day change trends use 7-day averages.

DocuSigned by:

 E5666EBF4931499
 Shyam Odeti, MD Hospitalist,
 Johnson City, TN
dr.Odeti@gmail.com


DocuSigned by:

 E561F189D1684EC
 Chandra Gourineni, MD Gastroenterologist
 Oak Ridge Gastroenterology Associates / Methodist medical center
 Oak Ridge TN
drchkanth@yahoo.com

DocuSigned by:

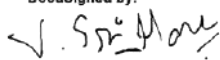

B321F2C63D4A44F...
Chennakeshava Reddy, MD Hospitalist,
Crossville, TN
drckreddy@gmail.com

DocuSigned by:


AB02F9B52F6743B...
Goda Damera, MD Hospitalist
Memphis, TN
Goda_damera@teamhealth.com

DocuSigned by:


34AAE065AF474C8...
Haritha Revana, MD Hospitalist
Chattanooga, TN
Haritha.revana@gmail.com


DocuSigned by:


D5C901FE8E97483...
Harsha Vendantam, MD Hospitalist
Rogersville, TN
harsha5082@gmail.com

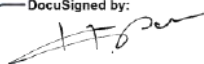
Hiren Pokharna, MD Infectious Disease
Memphis, TN
pokharnahiren@gmail.com

DocuSigned by:


9F4690C3BC834AF...
Jigar Panchal, MD Hospitalist
Knoxville, TN
jjgspanchal@gmail.com

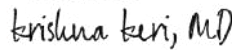
DocuSigned by:


82F9EE60C11247D...
Kartheek Ganta, MD Neurologist
Oakridge, TN
kartheekganta@yahoo.com

DocuSigned by:


AB759759BBC542C...
Kaushal Patel, MD Pulmonary & Critical Care
Cookeville, TN
Kaushal810@gmail.com

DocuSigned by:



8919D0F646E847A...

Krishna Keri, MD Nephrologist
Cleveland, TN
Krishnakeri@gmail.com

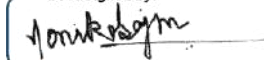
DocuSigned by:



3C410C4C5A884A2

Mihir Patel, MD Hospitalist
Johnson City, TN
Mihir.patel@balladhealth.org

DocuSigned by:



F3E8693783743D...

Monika Karakattu, MD Primary Care
Kingsport, TN
Mkarakattu@gmail.com

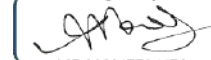
DocuSigned by:



D886559BD865467...

Naga Swetha Samji, MD
Cleveland, TN
snswetha85@gmail.com

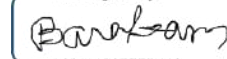
DocuSigned by:



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Namratha Vontela, Hematology/Oncology
Oakridge, TN
nrvontela@yahoo.co.in

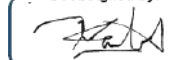
DocuSigned by:



A8016A73FEFD44C...

Neha Barakam, MD Primary Care
Johnson City, TN
Nehab.reddy@gmail.com

DocuSigned by:



988F25886A94C8...

Nilesh Patel, Hospitalist
Knoxville, TN
Patelnilesh7877@gmail.com

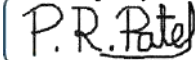
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495F40DC26674AF...

Nimit Kothari, MD Hospitalist
Memphis TN
Nimit_Kothari@teamhealth.com


DocuSigned by:



E3269F81EC0E4BB...

Parshva Patel, MD Hospitalist
Knoxville, TN
Patel.parshva@gmail.com

DocuSigned by:

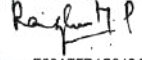


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Praveen Kanneganti, MD Hospitalist
Knoxville, TN

Praveenkanneganti@gmail.com

DocuSigned by:



F39A7FB4C8484D2...

Raghu Reddy Chenna, MD Hospitalist
Crossville TN

draghukommineni@gmail.com

DocuSigned by:



2786ADD436E74A5...

Richir Shah, MD Neurologist
Chattanooga, TN

Drruchirshah@gmail.com

DocuSigned by:

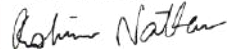


04B298C16382466...

Satyanarayana Raju Pusapati, MD Hospitalist
Memphis, TN

RAJAPUSAPATI@gmail.com

DocuSigned by:



0A37BC59DC7F4DB...

Rohini Nathan, MD Hospitalist
Kingsport, TN

Rohinivembar@gmail.com

DocuSigned by:



317617A3119E4EE...

Sajin Karakattu, MD Pulmonary & Critical care,
Johnson City, TN

Sajin.karakattu@gmail.com

DocuSigned by:



1F59854D59FA427...

Prashanth Chandrashekhar, MD Endocrinologist
Bristol, TN

Psekhar78@gmail.com

DocuSigned by:

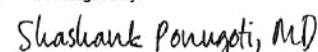


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Saurabh Desai, MD Pulmonary Critical Care
Knoxville, TN

Drsaurabhdesai@yahoo.com

DocuSigned by:



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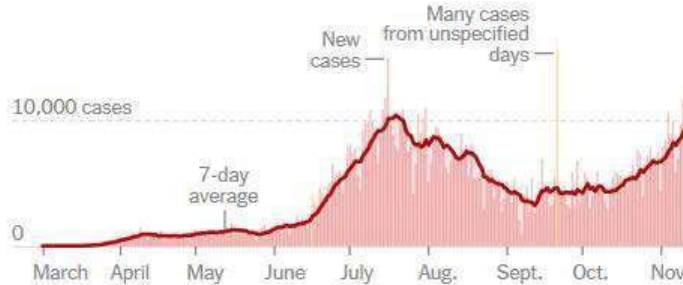
Shashank Ponugoti, MD Hospitalist,
Hermitage, TN

drshashankponugoti@gmail.com

APPEAL FROM PHYSICIANS IN TEXAS

Texas Covid Map and Case Count

By The New York Times Updated November 12, 2020, 2:05 P.M. E.T.



	TOTAL REPORTED	ON NOV. 11	14-DAY CHANGE
Cases	1 million+	12,857	+44% →
Deaths	19,555	121	+33% →
Hospitalized		6,779	+18% →

■ Day with data reporting anomaly.
Hospitalization data from the Covid Tracking Project. 14-day change trends use 7-day averages.

DocuSigned by:

432625166CD54B2...

Amar Sunkari MD
Regional medical director
Advinity hospitalist group
San Antonio, TX
asunkari@advinity.com

DocuSigned by:

CA29954F7960407

Anantha Chentha MD
Hospitalist
Texas Health Presbyterian Hospital
Kaufman TX
ananthachenthamd@gmail.com

DocuSigned by:

B10CE40B455348D

Asma Fatima MD
Hospitalist, John Peter Smith Hospital
Fort Worth, TX
docasmaf@gmail.com

DocuSigned by:

A38F7EF4CD3F4CE...

Bala Ponnamm MD
Hospitalist
Texas health Arlington memorial hospital
Arlington, TX
balusresidency@gmail.com

DocuSigned by:

5620241E43B1454...

Bhoja Katipally MD
Medical Dir/Adjunct Asst Prof
UHS/UT
San Antonio, TX
BKatipally@gmail.com

DocuSigned by:

54FB6852F6E4450...

Chaitanya Reddy MD
Clinical Assistant Prof, Hospitalist
Baylor Scott & White Medical Center
Temple, TX
ccreddy@alumni.harvard.edu

DocuSigned by:
Govardhan Bobbala MD

Govardhan Bobbala MD
Hospitalist
Christus Santa Rosa Westover Hills
San Antonio, TX
drbobbala@gmail.com

DocuSigned by:
Hari Kakarlapudi

Hari Hara Phani Varma Kakarlapudi MD
Hospitalist
John Peter Smith Hospital
Fort Worth, TX
hari.med19@gmail.com

DocuSigned by:
Harsha Nagarajarao MD

Harsha Nagarajarao MD
Interventional Cardiologist
Assistant Professor of Medicine
Texas Tech University of Health Sciences
El Paso, TX
harshasn@hotmail.com

DocuSigned by:
Harikrishna Kotra MD

Harikrishna Kotra MD
Hospitalist, John Peter Smith Hospital
Fort Worth, TX
hkotra@soundphysicians.com

DocuSigned by:
Imam Shaik MD

Imam Shaik MD
Hospitalist
Christus Mother Frances Hospital
Tyler TX
IshaikMD@gmail.com

DocuSigned by:
Irfanali Kugasia MD

Irfanali Kugasia MD
Pulmonary and Critical Care
Baylor Scott and White
Waxahachie, TX
Irfanali102@gmail.com

DocuSigned by:
Jawahar Jagarapu MD

Jawahar Jagarapu MD
Neonatologist, Assistant Professor.
Department Pediatrics-UTSW
Dallas, TX
jawahar.jagarapu@gmail.com

DocuSigned by:
Jija Thomas MD

Jija Thomas MD
Hospitalist
John Peter Smith Hospital
Fort Worth, TX
Jia.manuel@gmail.com

DocuSigned by:
Jyotsna Kuppannagari MD

Jyotsna Kuppannagari MD
Lead Pediatrician, Wylie Childrens Medical Clinic
Health Services of North Texas
Wylie, TX
jkuppannagari@healthntx.org

DocuSigned by:
Kiran Panuganti MD MBA FACP

Kiran Panuganti MD MBA FACP
Hospitalist
Texas Health Presbyterian Hospital
Denton, TX
drkpan@gmail.com

DocuSigned by:
Kirankumar Prajapati MD

Kirankumar Prajapati MD
Hospitalist
St David's Round Rock Medical Center
Round rock, TX
Kprajapatimd@gmail.com

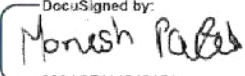
DocuSigned by:
Kishorebhai Jadhavbhai Gangani

Kishore Gangani MD
Hospitalist,
Texas health Arlington memorial hospital
Arlington, TX
kgangani81@gmail.com


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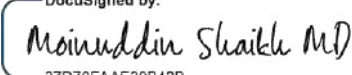
Leela Sharath Pillarisetty MD
OBGYN, Permian Women's Center
Midland-Odessa, TX
Drleelasharath@yahoo.com

DocuSigned by:

30AAACE414B484C1...

Manish Patel MD
Pulmonary Critical Care,
Texas Tech University
Amarillo, TX
Drmanishpatel@gmail.com

DocuSigned by:

194549FD68B145F...

Meghana Gore MD
Hospitalist with Team Health
Houston ,TX
Meghana.gore@gmail.com

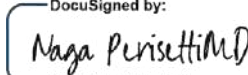
DocuSigned by:

37D70FAAE39B42B...

Moinuddin Shaikh MD
Hospitalist, Christus Trinity Mother Frances
Hospital
Tyler, TX
Mshaikh@soundphysicians.com

DocuSigned by:

BB23F9E228794B9...

Mushtaq Bhat MD
Hospitalist
Texas Health Presbyterian Hospital
Denton , TX
bhatmushtak@gmail.com

DocuSigned by:

9981D15F0CAF45C...

Naga Perisetti MD
Hospitalist
John Peter Smith Hospital
Fort Worth, TX
Nperisetti@soundphysicians.com

DocuSigned by:

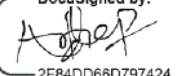
BE36020C531E4BC...

Nagakrishnal Nachimuthu MD
Assistant professor
Infectious disease, Chi St. Luke's
Livingston, TX
Nagakrishnal.nachimuthu@bcm.edu

DocuSigned by:

695E62C1BAC24D7...

Nanda Kishore Akula MD
Hospitalist,
Texas Health Resource
Azle, TX
nandakishoreakula@gmail.com

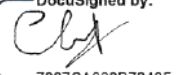
DocuSigned by:

2F84DD68D797424...

Nandakishore Polkampalli MD
Hospitalist
Navarro Regional Hospital
Corsicana, TX
drnanda999@gmail.com

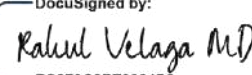
DocuSigned by:

E3EFE9132E85434...


Pavan Devulapally MD
Nephrologist
South Texas Renal Care Grp
San Antonio, TX
dpavan2000@yahoo.com

DocuSigned by:

7987CA068B72495...

Praveen Chava MD
Family physician
Roosevelt General Hospital
Portales, NM
haichava@gmail.com

DocuSigned by:

EC970C2FE0864B8...

Rahul Velaga MD
Hospitalist
Methodist specialty and Transplant Hospital
San Antonio , TX
Velaga75@gmail.com


DocuSigned by:

DF64D652AAF0440...

Rahul Pandey MD
Nephrologist
Kidney Associates PLLC
Houston ,TX
rpandey2005@gmail.com

DocuSigned by:

89183DD3EB77483...

Rajesh Daida MD
Hospitalist
Texas Health Hugley
Fort Worth, TX
Drdaidarajesh@gmail.com

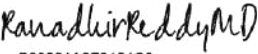
DocuSigned by:

428BF51C8935486...

Rama Kancharla MD
Hospitalist
John Peter Smith Hospital
Fort Worth, TX
rkancharla@soundphysicians.org

DocuSigned by:

512BD4A63A02414...

RameshBandagorlaMD
Hospitalist
John Peter Smith Hospital
Fort Worth, TX
rbandagorla@soundphysicians.org


DocuSigned by:

B33281A8F3154C0...

Ranadhir Reddy MD
Hospitalist/Nocturnist, Christus TrinityMother
Frances Hospital
Tyler, TX
Ranadhir@gmail.com


DocuSigned by:

1E84197DDA5345A...


Ratna Charishma Boppana MD
Assistant professor in Internal Medicine
El Paso, TX
charishmaboppana@gmail.com

DocuSigned by:

F42C6D1281384A6...


Sailaja Sakam MD
Hospitalist
Christus Mother Frances Hospital
Tyler TX
drshailaja.sakam@gmail.com

DocuSigned by:

6BD31C8BE75448B...

Sai Siva Jyothi Kiranmai Mungara MD
Assistant Professor/APD
Texas Tech Univeristy of health sciences
Midland-Odessa, TX
saimungara6@gmail.com

DocuSigned by:

5D4F7B2B9A27481...

Sameera Jabeen MD
Family medicine
Legacy community health
Houston ,TX
Dr.sameera.j@gmail.com

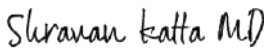
DocuSigned by:

00E9377B395D4C5...

Santosh Yatam Ganesh MD
Hospitalist
CHI St. Luke's
Livingston, TX
Syatamganesh@gmail.com

DocuSigned by:

53F40E9A28EE496...

Seeta Ram Vangala MD
Pediatrician, Lawton community Healthcenter
Lawton, OK
Seetaram.vangala@gmail.com

DocuSigned by:

1A1CD5CDD5E46C...

Shravan Katta MD
Hospitalist, Texas health Arlington
Arlington , TX
drshravan9@gmail.com

DocuSigned by:
Shyamala Madhavi Arani Purushotham
077B1898F488451...

Shyamala Madhavi Arani Purushotham MD
Hospitalist
John Peter Smith Hospital
Fort Worth, TX
shyamalaaranimd@gmail.com

DocuSigned by:
SIRISHA BHEEMANENI
C1C8EB9D30024F1...

Sirisha bheemaneni MD
Hospitalist
THR Huguely hospital
Fort Worth, TX
drbheemaneni@yahoo.com

DocuSigned by:
Siva Mandadi MD
388B619711B54E2...

Siva Mandadi MD
Chief Hospitalist
Christus Trinity Mother Francis Hospital
Tyler, TX
sivamandadi@gmail.com

DocuSigned by:
Sreedevi
148F238DDF3E4BA...

Sreedevi Godey MD
Medical Director
MCH Family Health Clinic
Odessa, TX
sreedevigodey@yahoo.com

DocuSigned by:
Sreenath Meegada MD
1CFAB80AB6E040D...

Sreenath Meegada MD
Hospitalist
Christus Good shepherd Medical Center
Longview, TX
sreenath.meegada@christushealth.org

DocuSigned by:
Srinivas Reddy Banala MD
22E27569F37947A...

Srinivas Reddy Banala MD
Attending Emergency Physician
Valley Baptist Medical Center
Brownsville, TX
Srinivas.banala@me.com

DocuSigned by:
Subba Rao Daggubati
A35CF1A3EA79430...

Subba Rao Daggubati MD
Hospitalist,
Wise Health System
Decatur, TX
subbaraodaggubati@gmail.com

DocuSigned by:
Sudhir Bare
922747FB532D44D...

Sudhir Bare MD
Chairman, Hospitalist Department
Medical Center Hospital
Odessa, TX
drbere@yahoo.com

DocuSigned by:
Sumesh Parat
816A9404FE46489...

Sumesh Parat MD
Pediatrics, Texas Tech University
Amarillo, TX
Drsumesh@gmail.com

DocuSigned by:
Swati Pullamaraju
404CF34D153E402...

Swati Pullamaraju MD
Family Medicine
Ellis County Medical Associates
Ennis TX
drswathi999@gmail.com

DocuSigned by:
Swetha Jangangari MD
4D7553AC43F142B...

Swetha Jangangari MD
Primary care Physician
MCHS
Odessa, TX
Swetha.jangangari@gmail.com

DocuSigned by:
Tejo Challa
AF32431C4B12402...

Tejo Challa MD
Hospitalist
Christus Good shepherd Medical Center
Longview, TX
drtejoramam@gmail.com

DocuSigned by:
Vijaya Gandla MD
6F6B14AA049D47B...

Vijaya Gandla MD
Hospitalist
Christus Trinity mother Francis
Tyler, TX
vijayagandla26@gmail.com

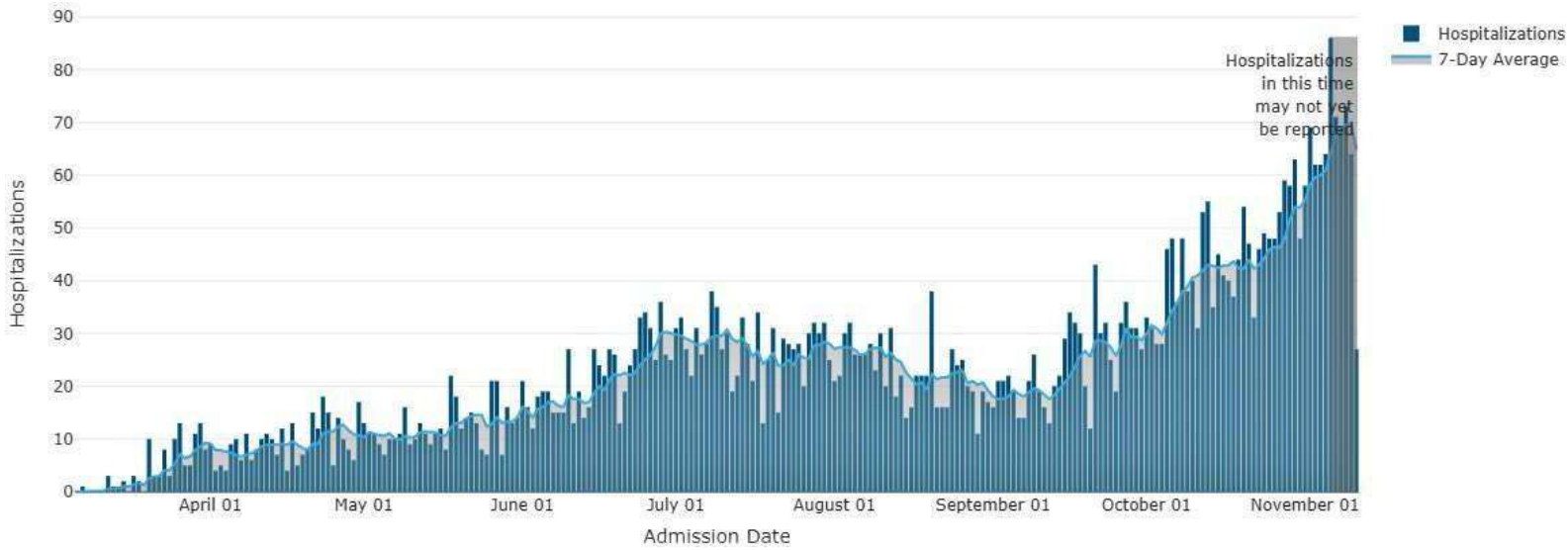
DocuSigned by:
Vinay Punnam MD
D94DB31CA285486...

Vinay Punnam MD
Hospitalist Director
THPG/Texas Health Harris Methodist Hospital
Alliance
Fort Worth, TX
Vinaypunnam@texashealth.org

DocuSigned by:
Sridhar Renuganti MD
8D5CA07CA434489...

Sridhar Renuganti MD
MD
Medical Center Hospital, Odessa, TX/

APPEAL FROM PHYSICIANS IN UTAH



Source: COVID 19 HOSPITALIZATIONS IN UTAH, <https://coronavirus.utah.gov/case-counts/>

DocuSigned by:

Babu P. Mohan

D8761B3303F1433...

Babu P. Mohan, MD Gastroenterology
University of Utah, Salt Lake City, UT
babupmohan@gmail.com

DocuSigned by:

Deepika Garg

5DE544C1C99649A...

Deepika Garg, MD Reproductive endocrinology & Infertility
University of Utah, Salt Lake City, UT
drgargdeepika@gmail.com

DocuSigned by:

Gopi K. Penmetsa

A0545DC194874DE...

Gopi K. Penmetsa, MD Rheumatology
University of Utah, Salt Lake City, UT
gopikrishna111@gmail.com

DocuSigned by:

Janame J. Kottey

822C5763E7BD48A...

Janame Kottey, MD Nephrology
University of Utah, Salt Lake City, UT
jkottey@gmail.com

DocuSigned by:



F9A849DA9AC1485...

Jitendra Adepu MD Hospitalist
Davis hospital and Medical center, LaytonUT
jitendra.adepu@gmail.com

DocuSigned by:



E198D04C008144A...

Keerthi Vejerla, MD AddictionPsychiatry
University of Utah, Salt Lake City, UT
keerthi.vejerla@gmail.com

DocuSigned by:



57DB3AE12F44427...

Kishore Patcha, MD Nephrology
University of Utah, Salt Lake City,UT
Kishorepatcha@gmail.com

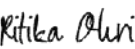
DocuSigned by:



CF1D18214E8445B...

Poorna Nalabothu, MD Cardiologist
St. Mark's hospital, Salt Lake City, UT
Poorikishore@gmail.com

DocuSigned by:



0ACABD8CAF354CD...

Ritika Ohri, MD Nephrology
University of Utah, Salt Lake City, UT
ritiohri@yahoo.co.in

DocuSigned by:



638A123E733149A...

Sonam Puri, MD Medical Oncology
University of Utah, Salt Lake City, UT
sonampuri@gmail.com

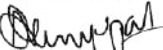
DocuSigned by:



53620C2F6A02475...

Sonia Mehra, MD Pediatric Infectious Disease
University of Utah, Salt Lake City, UT
sons.mdr@gmail.com

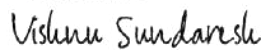
DocuSigned by:



9C543B002384412...

Venu Amula, MD Pediatric Cardiology / Critical Care
University of Utah, Salt Lake City, UT
Venu.amula@gmail.com

DocuSigned by:



1DB2F970664045A...

Vishnu Sundaresh, MD Endocrinology
University of Utah, Salt Lake City, UT
vishnusundaresh@gmail.com

DocuSigned by:

Zahabia Gandhi

23450E8E7DB94F5

Zahabia Gandhi, MD Internal medicine

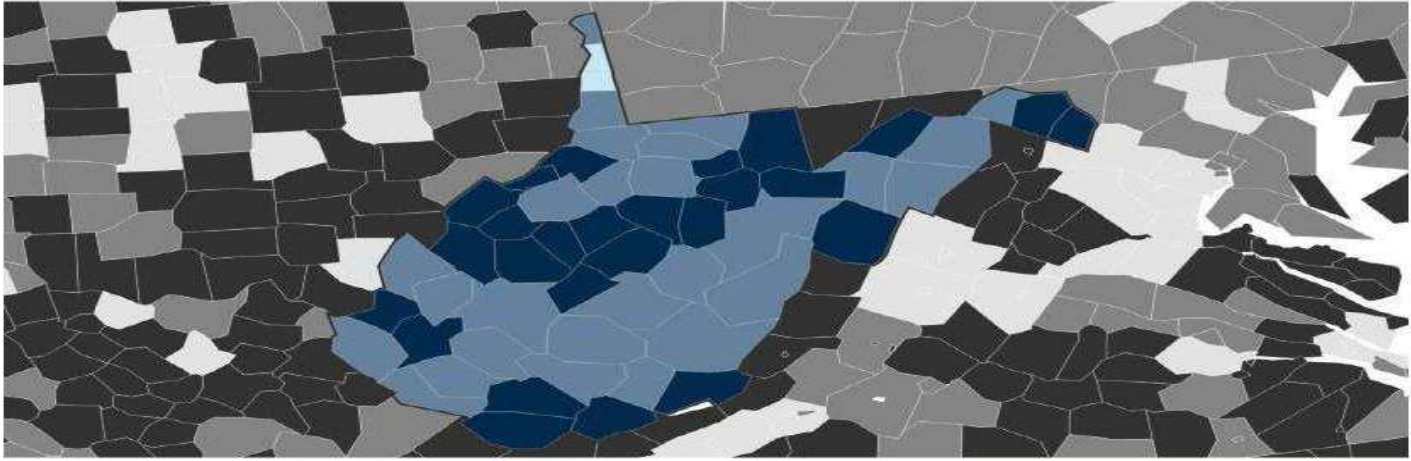
Advanced pulmonary sleep disorders & Internal Medicine, PLLC.

St. George, UT

Mszg@infowest.com

APPEAL FROM PHYSICIANS IN WEST VIRGINIA

Health Professional Shortage Areas: Primary Care, by County - West Virginia 2020



Source: data.HRSA.gov, October 2020.

Source: Rural Health Information Hub, <https://www.ruralhealthinfo.org/data-explorer?id=210&state=WV>

West Virginia COVID-19

Overview County Alert System 7-Day Trend Cumulative Summary Case and Lab Trends Other Trends **Hospital** Long-Term Care State Comparison

Daily Confirmed Cases Hospitalized

As of 11/9/2020

280

Daily Confirmed Cases ICU

As of 11/9/2020

85

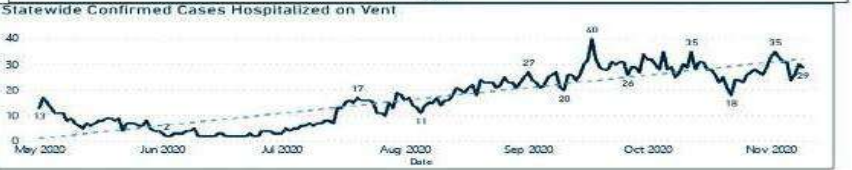
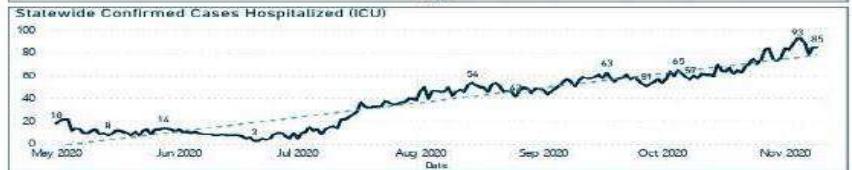
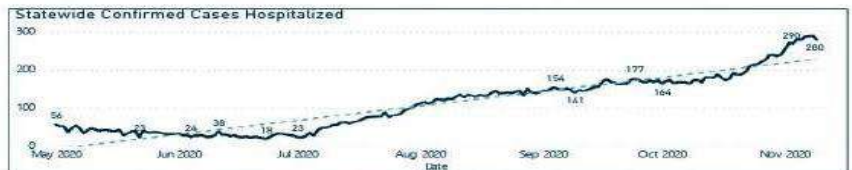
Daily Confirmed Cases Vent

As of 11/9/2020

29

Note: All data are provisional and subject to change based on information obtained during public health investigations.

Updated 11/9/2020



<https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

DocuSigned by:
Abhishek Anand, MD
9D03DB0D741F490...

Abhishek Anand, MD
Assistant Professor of Neurology, Medical Director of Neurology
Berkeley Medical Center, Martinsburg, WV
abhishekanandmd@hotmail.com

DocuSigned by:
Arindam Bagchi, MD
48D66C5241BF499...

Arindam Bagchi, MD
Oncologist/Hematologist
Beckley ARH hospital, Beckley, WV
Bagchi.arindam76@gmail.com

DocuSigned by:
Chaitanya Mishra, MD
92484FD9B01045F...

Chaitanya Mishra, MD
Nephrology Critical Care
Charleston Area Medical Center, Charleston, WV
Chaitanyamishra4@gmail.com


DocuSigned by:
Deep Yadava
9EE7D3F0DDC64ED...

Deep Yadava M.D.
Psychiatrist
William Sharpe JR Hospital, Weston WV
dyadava@yahoo.com

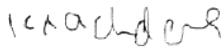
DocuSigned by:

68BB1700308E469...

Dheeraj Kodali, MD
Oncologist/ Hematologist and Psychiatrist
Beckley ARH Hospital, Beckley WV
Kodali.dheeraj@gmail.com

DocuSigned by:

54990EB7F1664BE

Harish Pulluru, MD
Hospitalist, Hospital Medicine
Charleston Area Medical Center, Charleston, WV
Dr.pulluru@gmail.com

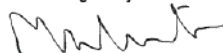
DocuSigned by:

72041373717A404

Kamal Sachdeva, MD
Internal Medicine and Hospitalist physician
Beckley ARH Hospital
Kamalsachdeva2009@yahoo.com


DocuSigned by:

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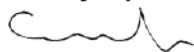
Krishna Kishore Bingi, MD, FACC, FSCAI
Interventional/Structural Cardiologist
Mon Health Heart & Vascular center, Morgantown & Elkins, WV
krishkishoreb@gmail.com

DocuSigned by:

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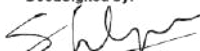
Raghavendra Mulinti, MD
Hospitalist and Geriatric Physician
Charleston Area Medical Center, Charleston, WV
Sunny.99omc@gmail.com

DocuSigned by:

4F1301922FC44E


Ramakrishna Yalamanchili, MD
Hospitalist, Hospital Medicine
Logan Regional Medical center, Logan, WV
Ramu.yalamanchili@gmail.com

DocuSigned by:

D087C9D8C8FC410...


Shantanu Singh, MD
Fellow in Pulmonary and Critical care Medicine
Marshall University School of Medicine, Huntington, WV
Ssingh88@uic.edu

DocuSigned by:

49D5DBC40CFB448...


Shilpa Sammeta, MD
Child, Adolescent and Adult Psychiatrist
Beckley ARH Hospital, Beckley WV
Shilpa.sammeta@gmail.com

DocuSigned by:

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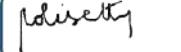
Girish Kolpuru, MD
Hospitalist, Dept of Hospital Medicine
Raleigh General hospital, Beckley, WV
girishkolpuru@gmail.com

DocuSigned by:

1B92A6F7169F445


Himanshu Paliwal, MD, MPH
Chief Medical Officer
MVA Fairmont Clinic INC, Fairmont, WV
Himanshu.paliwal@mvahealth.org

DocuSigned by:

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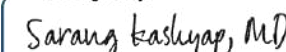
Kiran babu Bandaru, MD
Former Assistant Professor, Hospital Medicine
West Virginia University hospitals, Morgantown, WV
Kiranbabu92@gmail.com

DocuSigned by:

7D126C4DABB04B3...


Prasad Polisetty, MD
Director, Hospital Medicine
Raleigh General hospital, Beckley, WV
Pr6993@gmail.com

DocuSigned by:

767F25BECFD5415...


Ragneel Reddy Bijjula, MD
Oncologist/Hematologist
Beckley ARH hospital, Beckley, WV
ragneel@gmail.com

DocuSigned by:

DFF182229012497...


Sarang Kashyap, MD
General Surgeon
Beckley ARH Hospital, Beckley, WV
Sarang.kashyap@gmail.com


DocuSigned by:

557014D5FCC24A3...


Sheena Pramod, MD
Associate Professor of Nephrology
Marshall University School Of Medicine
Surindran@marshall.edu

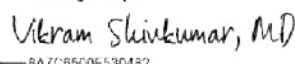
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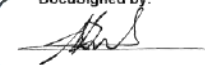
Shivani Jalali-Popli, MS
Physician recruiter
St Mary's Hospital, Huntington, WV
shivanijalali@aol.com

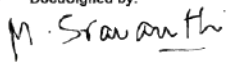
DocuSigned by:

C4A2F381D48F4E2...
Sonal Bajaj, MD
Infectious Disease physician
St Mary's Medical center, Huntington, WV
Sonal_008@yahoo.com,
Email: Sonal.Bajaj@st-marys.org

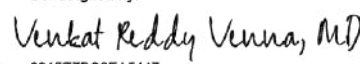
DocuSigned by:

FD739E43F3B24DC...
Subhadra Mandadi, MD
Infectious disease Physician
Charleston Area Medical Center, Charleston, WV
Subhadra.mandadi@gmail.com


DocuSigned by:

7C2DCC827D86498...
Venkata Ravi Chivukula, MD, MPH, FAPA
Former Medical Director, Fairmont Regional Medical Center
Former assistant professor, WVU
drchivukula@yahoo.com


DocuSigned by:

8A7C8500E53D482...
Vikram Shivkumar, MD
Assistant Professor of Neurology and Movement disorders
Marshall University School of Medicine
Huntington, WV
vikramshivkumar@gmail.com

DocuSigned by:

FB9D5D56B1E3443...
Pramod Kumar, MD Attending Physician
Department of Physical Medicine and Rehabilitation
St. Mary's Medical Center, Huntington, West Virginia
Pramodkumar007@gmail.com

DocuSigned by:

C016F1FF107B453...
Sravanthi Marella, MD
Hospitalist, Hospital Medicine
Thomas Memorial hospital and Charleston Area Medical
Center, Charleston, WV
Sravanthy_Marella@yahoo.com

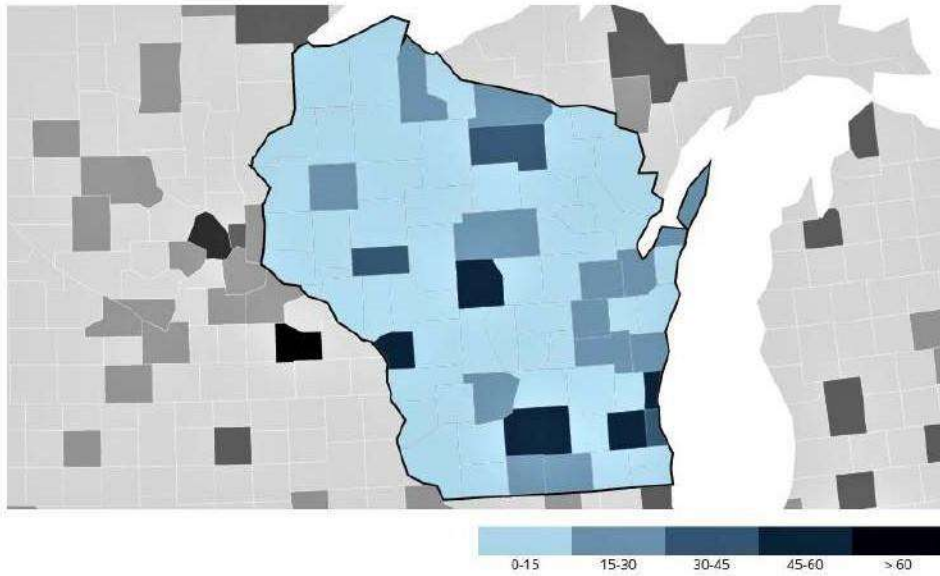
DocuSigned by:

6315E7BC8EA5447...
Venkat Reddy Venna, MD
Hospitalist, Hospital Medicine
Raleigh General Hospital, Beckley, WV
Raghu531988@gmail.com

DocuSigned by:

AC1F5DE6871D4C3...
Venugopala Reddy Gangireddy, MD
Gastroenterology
United Hospital Center, Clarksburg, WV
Venureddy82@gmail.com

DocuSigned by:

75051CC0633845B...
Tarun Popli, MD, Infectious Disease Fellow @NYMC,
Hospitalist, St. Mary's Medical Center
Huntington, WV
tarun.popli@wmchealth.org

APPEAL FROM PHYSICIANS IN WISCONSIN

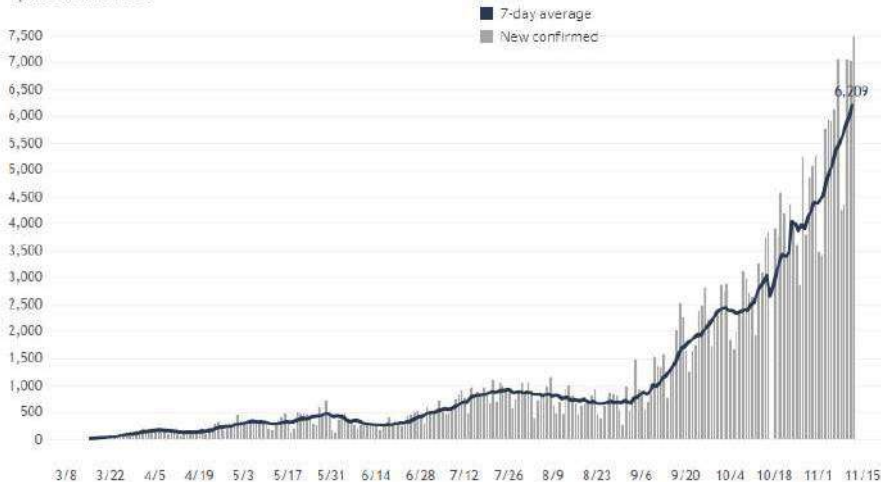
Doctors of Medicine (MDs) per 10,000 People - Wisconsin 2017



Note: Rates are calculated using US Census annual population estimates. Source: HRSA Area Health Resources Files, 2017 and 2018.

New confirmed COVID-19 cases by date confirmed, and 7-day average

Updated: 11/12/2020



Source: Wisconsin Department of Health Services. <https://www.dhs.wisconsin.gov/covid-19/cases.htm>

DocuSigned by:

Aasim Mohammed

8A4D314863C54DC...

Aasim Mohammed, MD Pulmonary and Critical Care
Aurora St Luke's
Milwaukee, WI
mohammedaasim.md@gmail.com

DocuSigned by:

Aby Pynadath

436AD1F33BCC479...

Aby Pynadath, MD Anesthesia, Regional Anesthesia, Acute Pain
Marshfield Medical Center
Marshfield, WI
abypynadath@gmail.com

DocuSigned by:

Aditya Rangbulla

CCA94FED40D041B...

Aditya Rangbulla, MD Internal Medicine/Obesity Medicine
Ascension Medical Group/St Elizabeth Hospital
Appleton, WI
adityarangbulla@gmail.com

DocuSigned by:

Ajay K Parsaik

134D4F8F67BF4F5...

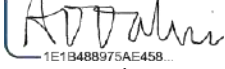
Ajay K Parsaik, MD Psychiatry
Marshfield Clinic Health System
Marshfield, WI
drajayparsaik@gmail.com

DocuSigned by:


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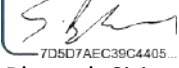
Alok Arora, MD Hospital Medicine
Advocate Aurora Health
Marinette, WI
alokjarora@hotmail.com

DocuSigned by:


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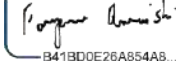
Anjum Dalvi MD Hospital Medicine
Aurora St Luke's Medical Center
Milwaukee WI
anjumdalvi@gmail.com

DocuSigned by:


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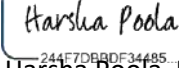
Bhagath Siripurapu, MD Internal Medicine/ Hospitalist
Ascension St. Francis and Franklin
Milwaukee, WI
bhagath.siripurapu@ascension.org

DocuSigned by:


B41BD0E26A854A8...

Farzana Quraishi, MD Family medicine
Marshfield
Rice Lake, WI
farzanaqmd@gmail.com

DocuSigned by:


244F7DB8DF34485...

Harsha Poola, MD Hematology / Oncology
ThedaCare Health systems
Appleton and Neenah (outreach)
harshavpoola@gmail.com

DocuSigned by:


5D56E11F656C4EA...

Kiran Chandrashekarappa, MD Anesthesiology
Medical College of Wisconsin, Froedtert Hospital
Milwaukee, WI
kchandra@mcw.edu

DocuSigned by:


387AE2A5C600452...

Meera Mohan, MD Hematology & Oncology / BMT
Froedtert and Medical college of Wisconsin
Milwaukee, WI
meeramohanmd@gmail.com

DocuSigned by:


D99F43C4C8A84DC...

Omprakash Ahuja, MD Pulmonary & Critical Care Medicine
Ascension St Joseph Hospital
Milwaukee WI
omprakash.ahuja@ascension.org

DocuSigned by:


3E46F816BF0443D...

Amit Aneja, MD Internal medicine- Hospitalist
St. Lukes Hospital
Milwaukee, WI
amit.aneja@aah.org

DocuSigned by:


E52B3EBC0AEB446...

Anterpreet Singh, MD Physical Medicine and Rehabilitation
Prevea Clinic
Green Bay, WI
dranterpreet@gmail.com

DocuSigned by:


E34521CD1FDE4F5...

Dhanvendran Ramar, MD Child & Adolescent Psychiatrist
Bellin Health
Green Bay, WI
Dhanvendran@gmail.com

DocuSigned by:


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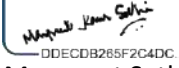
Harpreet Kaur, MD Internal Medicine
Aurora Memorial Medical Center
Sheboygan, WI
hkrx@outlook.com

DocuSigned by:


DD05F9F12860437...

Harsimran Sekhon, MD Internal Medicine/ Hospitalist
Ascension Columbia Saint Mary's Hospital
Milwaukee, WI
sekhon89@gmail.com

DocuSigned by:


DDECD8B265F2C4DC...

Manpreet Sethi, MD Rheumatology
Advocate Aurora
Sheboygan, WI
sethi_manpreet@yahoo.com

DocuSigned by:


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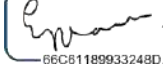
Neha Gupta, MD Internal Medicine
Ascension St Joseph Hospital
Milwaukee, WI
Neha.gupta@ascension.org

DocuSigned by:


B3483456ECCF48C...

Pankaj Bansal, MD Rheumatology
Mayo Clinic Health System
Eau Claire, WI
bansal.pankaj@mayo.edu

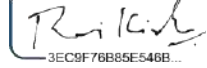
DocuSigned by:



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Praveen Errabelli, MD Nephrology
Hospital: Luther hospital
Eau Claire, WI
errabellip@gmail.com

DocuSigned by:



3EC9F76B85E548B...

Ravi Kishore Narra, MD Hematology & Oncology
Froedtert and Medical college of Wisconsin
Milwaukee, WI
dockishore@gmail.com

DocuSigned by:



E5920FF6167D490...

Satya Varre, MD Hospital Medicine
Marshfield Clinic
Marshfield, WI
satyadr@gmail.com

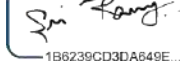
DocuSigned by:



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Sharath Kommu, MD Hospitalist
Marshfield Medical Center
Rice Lake, WI
sharathkommu@gmail.com

DocuSigned by:



1B6239CD3DA649E...

Sree Punukollu, MD Internal Medicine
Advocate aurora health
Sheboygan, WI
ramyapunukollu@gmail.com

DocuSigned by:



13496EBE5570409...

Subhadeep Barman, MD Addiction Medicine/Psychiatry
Waukesha Memorial Hospital/ProHealth Care
Waukesha, WI
subhadeepbarman@yahoo.com

DocuSigned by:



CC0056B2306044F...

Suhas Channappa, MD Emergency Medicine
Marshfield Medical Center
Marshfield, WI
sihys_smg@yahoo.com

DocuSigned by:



B2F0318EA233458...

Swapna Narayana, MD Hematology & Oncology
Gundersen Health System
La Crosse, WI
nswapna97@yahoo.com

DocuSigned by:



93C1349EF084D7...

Ramya Potti Mutyapu MD Pediatrics
Ascension All Saints Hospital
Racine WI
Ramya.Pottimutyapu@ascension.org

DocuSigned by:



7AFC3871FC394CE...

Ravi Mareedu, MD Interventional Cardiology
Ascension All Saints
Racine, WI
Ravi.mareedu@ascension.org

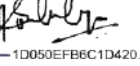
DocuSigned by:



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Shalini Ravi, MD Internal Medicine - Pediatrics
Marshfield Medical Center
Marshfield, WI
docshaliniravi@gmail.com

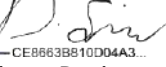
DocuSigned by:



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Sowmya Puvvada, MD Psychiatry
Marshfield Medical Center
Marshfield, WI
sowmya0510@gmail.com

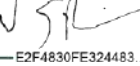
DocuSigned by:



CE8663B810D04A3...

Sriram Darisetty, MD Internal Medicine
Ascension St Joseph
Milwaukee, WI
sriram.darisetty@ascension.org

DocuSigned by:



E2F4830FE324483...

Sugunakar Vangala MD Hospitalist
Ascension St Joseph Hospital
Milwaukee WI
Sugunakar.vangala@ascension.org

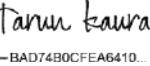
DocuSigned by:



3F5FBFC50959401...

Sushma Bangalore Raju, MD Internal medicine/Hospitalist
Froedtert and Medical college of Wisconsin
Milwaukee
drsushmaraju@gmail.com

DocuSigned by:



BAD7480CFEA6410...

Tarun Kaura, MD Gastroenterology
Aurora St Lukes medical center, Clinical Adjunct Asst Professor-
University of Wisconsin, Milwaukee, WI
tkaura@gmail.com

DocuSigned by:

Vamsi Kodumuri

11C2AC06C2884C6

Vamsi Kodumuri MD Interventional Cardiology Ascension All Saints
Racine, WI
vamsi.kodumuri@ascension.org

DocuSigned by:

Vijay Bandhakavi

79EBB6694F8540C...

Vijay Bandhakavi, MD Pulmonary & Critical Care Medicine
Gundersen health system
La Crosse, WI
vijaybandhakavi@gmail.com

DocuSigned by:

SCh

683E490C5858479...

Sonal Chandratre, MD Pediatric Endocrinology Ascension St. Michaels Hospital Stevens Point, WI
Medical College of Wisconsin Central Wisconsin campus,
Wausau, WI
schandratre@mcw.edu

DocuSigned by:

RGC

D45F6B89026B42B...

Raghu Chandra Gowda Hanumaiah, MD Internal Medicine/Hospitalist Froedert Menomonee Falls Hospital
Menomonee Falls
drghrc@gmail.com

DocuSigned by:

Vidyasagar R Cirra

AE41E175FEB54FB...

Vidyasagar R Cirra, MD Hospitalist Marshfield Clinic
Rice lake, Wisconsin
cirravidyasagar@gmail.com

DocuSigned by:

Vineet

8B562A33701E442...

Vineet Hansaria, MD, FACP, FHM Internal Medicine/Hospitalist Medical Director
Department of Hospital Medicine
Ascension St Francis, SE Wisconsin Hospital – Franklin Campus, Wheaton Franciscan Healthcare
Milwaukee, WI
V5hansaria@gmail.com

DocuSigned by:

Mihir Shah

3B91800B752949B...

Mihir Shah, MD Critical care/Neurology Critical care
Aurora St Lukes medical Center, Milwaukee
Mihir.shah253@gmail.com

DocuSigned by:

Vimarsh Raina

F0A3E8C200644C5...

Vimarsh Raina, MD Internal Medicine/Hospitalist Ascension St. Michaels Hospital
Stevens Point
dr.raina@gmail.com

**OUR PERSONAL STORIES
AND
HOW THESE LEGISLATIONS BENEFIT?**

Sonal Bajaj, MD
Infectious Disease physician
St Mary's Medical center, Huntington, WV
Sonal_008@yahoo.com,
Email: Sonal.Bajaj@st-marys.org

Dear Senator/House Representative,

I am Sonal Bajaj, an Infectious Diseases physician at St. Mary's Medical Center, Huntington, WV since July 2016. I would like to take this opportunity to briefly introduce myself and provide some insight into the impact that "Healthcare Workforce Resilience Act" (HR 2255 (formerly H.R.6788)/S 1024 (formerly S.3599)) would have on the community in our state.

I graduated from Grant Medical College & Sir JJ Group of Hospitals, Mumbai, India in 2009. I completed my Internal Medicine residency in 2014 from Brooklyn, New York. I chose to further specialize in Infectious Diseases at Mount Sinai Beth Israel Medical Center, New York from 2014-2016. I am double board certified by American Board of Internal Medicine in the fields of Internal Medical and Infectious Diseases.

Traditionally, the field of Infectious Diseases has always seen a shortage of physicians. For example, in 2019, approximately 20.7% of infectious disease fellowship positions went unfilled. Additionally, in WV, there are currently less than 40 licensed Infectious disease physicians, most of whom are immigrants. I myself am only 1 of 2 practicing Infectious Disease physicians at my hospital. I provide care to the patient population not only in Cabell County, but several other surrounding areas. **I see patients referred from rural parts of this state where an Infectious Disease physician is not available. Patients often travel 2-3 hours to come for their appointments.**

My education and training in the field of Infectious Diseases has been indispensable in this rural community that unfortunately has become victim to the consequences of the opioid epidemic, where infectious diseases often spread rapidly and go untreated. Majority of my clinic patients suffer from Hepatitis C and HIV. **Currently, as the entire nation is fighting against novel Coronavirus-19, I have worked tirelessly along other front line healthcare workers providing care to the residents of this community that is already at a higher risk due to an increased prevalence of diabetes, heart disease and chronic pulmonary disorders.**

I am currently on an H-1B visa. My Green Card petition was approved in October 2016 but due to the current backlog I am required to apply for an H-1B extension every 3 years in order to continue providing medical care to our community. My visa restrictions state that I can only practice at the hospital through which my visa is sponsored.

During the ongoing COVID 19 pandemic, I have received several calls from hospitals within WV asking me if I can provide my services to other rural areas of this state on a locum basis. I regretfully have to decline the request each time, as I cannot practice outside the scope of my visa authorization.

The goal of HR 2255 (formerly H.R.6788)/S 1024 (formerly S.3599) is to mobilize healthcare workers, both nurses and physicians, to these rural parts of the state during the ongoing pandemic. This would be accomplished by allocating unused green cards to 15,000 physicians and 25,000 nurses that already have approved green card petitions. **These healthcare workers have already undergone the labor certification process that states there were no available US skilled workers to perform their duties. HR 2255 (formerly H.R.6788)/S 1024 (formerly S.3599) does not take away jobs from US workers.** The focus is to provide medical care to those who do not have easy access especially in areas where there are shortages of certain specialists/physicians. I urge you to please consider sponsorship of the "Healthcare Workforce Resilience Act".

Thank you

**Renuka Ananth Kalyan Kadali, MD, MSEH,
Internal Medicine/Hospitalist
Harnett Health System, Lillington, Harnett County, NC
dr.kadali1982@gmail.com**

Dear Senator / Congressman / Congresswoman,

I am a physician and am in United States for the last 13 years on a temporary visa. After medical school in India, I completed Masters of Science at East Carolina University, NC. I then trained in Internal Medicine at Vidant Medical Center, Greenville, NC. After completion of residency program, I have been working in critical access locations and or in medically underserved communities (including Edgecombe, Hertford and Chowan Counties and presently in Harnett County, NC). It's hard for many hospitals in NC to find a doctor who can work nights. Being the only doctor during my night shifts schedule at our site, I am proud to take care of adult population within the hospital system admitting patients from Emergency department and managing sick patients on floors and critically ill patients in Intensive Care Unit (including COVID patients) with required procedural skills by myself WITHOUT immediate access to onsite subspecialists support while managing these critically ill patients. I contribute significantly to patient care, contributed to the medical & scientific literature for the well-being of future generations with peer reviewed clinical research, and have been training future physicians.

Being in the higher-level healthcare jobs, we are NOT replacing citizens, in fact physicians are significantly short. These shortages have been prevalent in all the healthcare systems that I have worked so far. I am restricted to one employer and unable to provide services to other healthcare systems in such shortage areas even during my time off due to work restriction under current H1B visa guidelines. We see doctors working for extended 30-36 hours due to lack of replacement for certain shifts. If I need to cross cover in such locations or change my location to another medically underserved community, I need to file for new H1B status along with applications to update or renew visa on my passport every 3 years or when I go out of country. **In spite of all my achievements, substantial merit, valuable services with national importance in the United States as a legal immigrant, I still got stuck with existing immigration policies to an extent that I couldn't travel out of the country to care for my own aging parents when they felt severely ill requiring ICU admission during this fall in India. For any reason, if there is any delay or denial of visa processing when I visit my country, my patient care services get jeopardized in these medically underserved areas / critical access hospitals here at North Carolina.**

My wife is a physician, who too is on a temporary visa since last 13 years in the United States. She has been providing patient care at her best in medically underserved areas. A few years ago, I was stuck in India for nearly 2 months due to a delay in obtaining my visa and during that time, my wife who was pregnant and near term was left on her own handling her huge workload, her own health and the household. Our 2 children are born here, and we are raising them here. We have strong bonds with our patients and the communities we serve. As physicians, we contribute positively towards growth of local economy by paying high taxes, investing in property, and help sustain employment directly and indirectly. However, we are not eligible to claim disability benefits due to our temporary work visa status. In addition to all the above stressful situations with stringent temporary work visa guidelines, we are now facing more stress than ever. COVID19 has struck our lives significantly. Since the beginning of the COVID pandemic, we have lost our peace of mind as we have **DOUBLE RISK OF CONTRACTING COVID INFECTION**. In my household of 4, with both me and my wife being physicians, we have a double risk of exposure during patient care. One question that constantly worries us is that- **What would our options be if we both get infected during patient care? What will happen to our elementary school going daughters? Our duty towards our patients in these testing times is coupled with the constant worry about the well-being of our children. How will things be for them if we fall sick, get disabled, or die during this pandemic?**

We are doing our best for American healthcare and treat this country like our own. Our eyes are now on you. Enacting these legislations will increase the physician workforce, and further increase healthcare access to patients in all rural and urban communities. It will create jobs for other healthcare professionals, will give peace of mind for us to perform our duties without second thoughts and will give security to our families.

I humbly request our law makers to enact these legislations at the earliest.

Sincerely,

Renuka Ananth Kalyan Kadali, MD

Dheeraj Kodali, MD
Oncologist/ Hematologist and Psychiatrist
Beckley ARH Hospital, Beckley WV
Kodali.dheeraj@gmail.com

Dear legislators of the great state of West Virginia

My name is Dheeraj Kodali, I am currently working at Beckley Appalachian Regional Hospital, Beckley, WV as a Staff Oncologist/Hematologist and Psychiatrist since 2018. I currently treat various solid cancers such as lung, breast, colon, including leukemias, non-cancerous blood disorders. I also play a role as medical director of geriatric psychiatry outpatient program for elderly patients at our critical access hospital in Summers County.

I have been in the state of WV since 2010, when I started my residency at Charleston Area Medical Center in combined Internal Medicine/Psychiatry, training to treat patients as a whole, body and mind alike. My encounter with cancer in my family has taken me into Specialty of Hematology Oncology at WVU Morgantown. Being 2 of the premier academic institutions of WV I was privy to the stark economic and health care disparities seen in WV. **I have seen people coming from rural parts of southern and south eastern parts of the state with poor access to care.** While in training, I remember asking myself, if only these people had better access to care, their health could have been better and likely would have saved their lives. **Most patients used to come in with lack of ability to travel to big academic centers due to lack of transportation, gas money resulting in delayed care.** According to DHHR statistics, majority of the counties in the state have large pockets of Medically Underserved or health professional shortage areas. I decided to continue working in WV after 8 years of training in the state because the people of WV deserve access to good health care and more closer to home options for improving their health. After I completed my training, I and my wife (who is a child psychiatrist in Beckley) were beneficiaries of the Conrad 30 program to serve medically underserved population. We care for a niche of patients in and around Raleigh County, WV. We see patients from Raleigh, Fayette, Wyoming, Summers, Boone, McDowell, Mingo, Logan counties. This large catchment area unfortunately also suffers from some of the highest rates of cancer diagnosis and deaths in the state.

In my oncology practice, we see patients travel long distances to get their chemotherapy, some travel almost 2 hours to get chemotherapy every week. It would be ideal if we can offer treatment to these already critical patients close to their homes but me being on H1B visa restricts my movement anywhere outside Beckley ARH. This is especially important in these times of Covid 19 pandemic which threw new challenges in an already complicated world of cancer therapy. Delays in care due to limited access unfortunately can result in premature death in these patients. The H1B visa restricts our movement to places that need us the most, especially to those areas which have vulnerable elderly population (getting cancer therapy) who cannot travel due to risk of exposure to Corona virus Covid 19.

We have a large group of physicians in our health system on H1b visa, with approved green card petitions waiting in long queues of backlog, who day in and day out work to serve those people who do not have ready access to care. Our hospital has had hard time recruiting specialists such as urology, Obstetrics/Gynecology, Nephrologists, infectious disease doctors. We as US trained immigrant doctors fill that void and keep the communities health by complementing the existing available health care work force. Large proportion of the doctors in these communities who have been here for 30 to 40 years have come here on Visas and eventually fell in love with the people, the communities, developed relationships and ended up staying here all these years still serving the people. These stories are a testament to our commitment to stay and work for these communities where a lot of providers hesitate to even interview.

The bills S1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) and S1810 (formerly S.948)/HR 3541 (formerly H.R.2895) try to address this gap by providing short and long term solutions for the access to care problem facing Rural WV. The S1024 (formerly S.3599) will help complement the current health care workforce making the already existing physicians working in the communities, ability to move around within the county or between counties during any future Covid 19 outbreaks that may happen. It will also provide safeguards to our families who may face hardships if we face illness or death during the pandemic, a fear with which we live in every day

We are ready to provide rural WV the health care they deserve. We can assure you that these bills becoming law will go a long way in ensuring that access to quality health care happens and stays in these communities that need them the most.

Thank you

Kamal Sachdeva, MD
Internal Medicine and Hospitalist physician
Beckley ARH Hospital
Kamalsachdeva2009@yahoo.com

Dear Senators and House representatives,

I am working as full time hospitalist at Beckley ARH hospital, Beckley WV. I have been working in underserved areas of Raleigh County, Mercer County for last 7 years and currently I am working as a medical director for hospitalist group at Beckley ARH. After my medical education in India, I have completed my residency with internal medicine from UPMC (pinnacle hospital) in Harrisburg, PA.

As a hospitalist, I provide care to the hospitalized patients. I admit patients; take consults and referrals from other providers. I work closely with other staff members to provide compassionate care and exceptional service to my patients. **Hospitalist works as a quarterback for the patient's health care needs, taking help from other specialists on the way. Like a football team cannot be organized and managed without a quarterback, hospitalist role is crucial to smooth running of any hospital.** I am also a frontline worker in this COVID crisis and see Covid 19 suspected or positive cases on a regular basis. I worry about my safety and what it would entail if something happens to me every day I go to work but I choose to go to work despite that, as my first duty is to my patients. **Nevertheless, it is difficult to work in our current uncertainty.**

I have an approved petition for green card (After Labor certification by my employer that any American health care provider cannot be hired in this position) and I have been in the waitlist since 2011. **I have an 18 year old son who was born in INDIA but practically brought up in US since the age of 6. Currently he is going to a reputed college for undergrad studies but is considered as a foreign student due to his Visa. Once he turns 21 he will be considered international student and he will be at a risk of getting deported back to home country after completion of his education.**

I am committed to remain in the community with my family and continue to provide service in these underserved areas like I have done all these years. I would also like to extend my services to other parts of state or country if in need if I am not restricted with my visa status. I really appreciate your support in regards to the legislations (S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) and S1810 (formerly S.948)/HR3541 (formerly H.R.2895)) each of the providing short and long term solutions for improving health care access to Rural parts of the states and helping physicians like me get common sense safe guards while being on frontlines of this pandemic for which I have been waiting for almost a decade.

Thank you

Prasad Polisetty, MD
Director, Hospital Medicine
Raleigh General hospital, Beckley, WV
Pr6993@gmail.com

Dear Senator/Congress representative

My name is Prasad Polisetty, working currently as director of hospital medicine at Raleigh General hospital, the largest hospital in Raleigh County, WV. After completing my medical school in India, came to USA on F1 visa in August 2005 after enrolling in MPH program at University of North Florida, Jacksonville. While completing MPH, worked as GA/RA with the faculty, did some research with other physicians at UF/ Shands hospital. In October 2006 attended my first interview and was offered a J1 prematch spot for IM residency at St Joseph Mercy hospital in Pontiac Michigan which is a medically underserved area. In 2009, came for a site visit to Raleigh General Hospital, Beckley, and immediately was in love with the community. It was my first interview looking for a job after residency, but I never looked for anything else and started working in Beckley in October 2010 on a J1 waiver/H1B VISA (beneficiary of Conrad 30 program).

I am working at the same hospital as a hospitalist for the last 10 years. **Being a director and trying to be in a recruiter's position, it is very tough to hire physicians in this part of the state.** I used to have privileges to practice hospital medicine at St Francis hospital in Charleston, Princeton community hospital in Princeton, Bluefield regional medical center in Bluefield and Greenbrier medical center in Lewisburg. Every time if I have to get privileges at a new hospital, need to add an amendment to my H1b visa, which is a tedious process taking few months. And to add to that I have to renew my H1b every 3 years. I applied for green card and waiting for it since 2012. Currently I have license to practice in the states of Virginia and West Virginia and have privileges to see patients at 5 different hospitals, working as program director for hospitalist program at Raleigh general hospital but it has taken a long time and arduous process to get here, which can get revoked at any time. If not for these visa restrictions, I would have been able to freely serve all these areas especially in times of a pandemic like now.

At Raleigh general, we get patients from surrounding 10 counties, we are seeing an uptick in patients with COVID positive or exposure and we are the first line of healthcare providers who gets exposed to these patients. Out of 8 hospitalists, 6 are on H1b visa, all of us are US trained international physicians and came on J1 waiver (Conrad 30) program. If one of them gets sick and not able to work, we don't have enough providers to see the patients, we manage about 55-60% of the hospitalized patients.

I never thought that I need to use N95 mask a whole day and while seeing every patient. Despite rapid testing for the last few weeks, the test being only 70 % sensitive, we have to use precautions even if the test comes back negative. During these COVID times, my job is very challenging but trying my best to balance professional and personal lives. **Since my cousin who working as a hospitalist in Massachusetts got sick with COVID 19, got concerned about my personal safety and what would happen to my wife, and my 2 children who were born here especially that I am the only bread earner for my family.**

I would like to request you to please support Healthcare resilience act which helps to extend my clinical services and ultimately benefit the people of southern West Virginia.

Thank you for your time

Girish Kolpuru, MD
Hospitalist, Dept of Hospital Medicine
Raleigh General hospital, Beckley, WV
girishkolpuru@gmail.com

Respected Senator/Representative

I am writing to request you to cosponsor the S.1024 (formerly S.3599) / H.R. 2255 (formerly H.R.6788) "Healthcare Workers Resilience Act". In this time of the ravaging COVID-19 pandemic this bill aims to help the immigrant health care workers like me, who are working in the frontlines and are languishing in the decades long wait periods for their immigrant visa also called as green cards for permanent residency, get expedited green cards by utilizing the unused visa numbers (recapture) from previous years.

Having come from India as a fresh medical graduate, I completed my Masters in Public Health from the University of South Carolina in 2006 with a GPA of 4.0. Subsequently I worked as a research fellow at the University of Michigan for a year. I did some very exciting work in identifying the pathways behind the poorly understood lung disease Idiopathic pulmonary fibrosis at that time. I went on to do my residency at the St Joseph Mercy Oakland in Pontiac Michigan. Located right across the GM factory which was shut down at that period, many of my patients were those who were laid off due to the factory closure.

Since the time of graduation in 2010 I have been working as a hospitalist at Raleigh General Hospital in Beckley, West Virginia. Having worked close to 10 years I probably might have had more than 40000 patient visits. Since the COVID19 pandemic has begun, we have been at the frontlines taking care of the sickest people being admitted to the hospital including the ICU needing ventilators.

I have been working in a medically underserved area for around 10 years at this time. Due to the nature and duration of my work I have been approved for a National Interest Waiver in the process of getting a green card. However, due to the backlog that exists, I have been unable to get a green card despite being in the queue for 8 years and do not anticipate getting it for about 20 years more. I still continue to be on the H1B visa.

Not having a green card imposes significant challenges in both professional and personal fronts. **It greatly limits my capacity to work in areas where my services might be desperately needed in an area of WV where access to care remains poor. On the personal side any disability or death that might come as a result of me contracting COVID19 at work would mean that my family will have to leave the US within 60 days.**

This COVID-19 related bill aims to enable physicians like me who are on the frontlines of the COVID-19 pandemic to get expedited green cards by authorizing the reutilization of the previously sanctioned green card numbers from previous years and this would expire once the pandemic is over. **It should be noted that this is one time short term solution to complement the American health care workforce and would not compete or replace any American health care worker in these difficult times**

I sincerely request you to cosponsor this bill and advocate for the timely passage of this bill.

Thank you

Shantanu Singh, MD
Fellow in Pulmonary and Critical care Medicine
Marshall University School of Medicine, Huntington, WV
Ssingh88@uic.edu

Respected Lawmakers

I'm a Pulmonary, Critical Care and Sleep Medicine specialist training in WV. I moved to US in 2013 have been training here since. I take care of patients in rural West Virginia from various counties in Southern and South west WV. I also have patients who travel to me from bordering counties in Kentucky and Ohio. I serve veterans who usually travel 90-120 miles for a routine 20 minutes appointment at our Huntington VA hospital.

Our clinics and hospitals in the region are staffed by specialists who are US trained foreign born immigrant physicians. We create jobs and support local economy along with improving the health care access.

However, we face years of wait times for obtaining permanent residency. I therefore write to you to support this fraction of physicians. Off note, **as per American Medical Association, physicians with my subspecialty who are 55 years and higher are 88.8%. There is a significant shortage that will be evident in the next few decades in this sub specialty and we need more physicians like me needed in the country**. And you could help by your support to the S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) bill which will be a one-time solution for recapture of unused immigrant visas also called as green cards from the past.

Thank you

Vikram Shivkumar, MD
Assistant Professor of Neurology and Movement disorders
Marshall University School of Medicine
Huntington, WV
vikramshivkumar@gmail.com

Dear Senators and House Representatives,

I, Vikram Shivkumar, am a US trained and board-certified Neurologist and Movement Disorder specialist. I completed my residency and fellowship training in Toledo, Ohio. I have been working at Marshall University in Huntington, WV since 2016.

As a Movement Disorder specialist, I primarily see patients with Parkinson's disease, tremors and Huntington's disease, to name a few. For about the past 4 years, I have been the only movement disorder specialist in the entire state of WV. I have many patients who travel more than 3 hours for their appointments due to lack of access to care. **I currently manage almost 700 patients with Parkinson's disease in my practice. Unfortunately, many patients are unable to make a 5-6 hour round trip for their appointments. During these past 4 years, I have had numerous requests from other regional hospitals requesting coverage which I am unable to provide due to H1B visa restrictions.**

Since I am on a H1B visa, I have to apply for a new visa stamp whenever I leave the country. **Such visits are stressful and anxiety provoking because of possible delays in visa stamping. During my last visit to India, my visa stamping was delayed by a week and I had to postpone my flight. This resulted in me having to reschedule many patient appointments which are already booked out many months. On a H1B visa, even basic benefits such as renewing driving licenses tend to be complicated. Elimination of these stressors would enable physicians to focus more on patient care.**

COVID19 has presented additional challenges to immigrant physicians. COVID19 can result in numerous neurological complications. While caring for these patients, I am concerned about my well-being, particularly because if something were to happen to me, my wife and son (who is an American citizen) would be deported. My wife is a Neurologist too but since she is on a dependent visa, she would have to stop working as well. My son has grown up here and being forced to move to India would be very hard on him in such circumstances.

I request you to support these bills S1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) and S1810 (formerly S.948)/HR3541 (formerly H.R.2895). In addition to increasing access to care for patients in underserved areas like WV, they would provide immigrant physicians with much needed security and the freedom to help a much wider population. Thank you for taking time to read my letter.

Sheena Pramod, MD
Associate Professor of Nephrology
Marshall University School Of Medicine
Surindran@marshall.edu

Dear Senator/House representative

I am a board-certified nephrologist who has been in the United States since 2007 with the exception of 18 months in between. After completing my training, I have been working as an academic nephrologist in rural West Virginia since 2015 on an H1B visa serving rural counties and patients with kidney diseases needing life-saving dialysis.

In December 2019, 6 days before my H1B status would expire I was notified by the hospital attorney that my application for renewal that had been submitted 4 months prior had been denied. The implication of this was devastating for my patients and my family. It meant that if I could not find a legal way to stay in the US in few days, I would need to leave the country within a week after my visa expired. To further the dilemma, my 3 young kids aged 2, 4 and 7 years who are American citizens by birth would be unable to travel with me as they would need an approved visa to enter India. If I were to leave without them, it could be several months before I could return. If I were to apply for a dependent visa under my husband's visa that would mean I would be unable to work and care for my very sick kidney patients for 8-12 months which would then leave them scrambling to find a nephrologist. Many of my patients were already travelling over an hour to see me due to the areas I serve.

We decided to file an appeal to USCIS to reconsider the rejection and simultaneously filed for a new H1B part time visa. The filing of the new visa application would buy me time till the outcome was known to stay in the United States. After a month of uncertainty and extreme stress my part time visa was approved which enabled me to work under 20 hours a week due the restrictions stated on the visa. During this time COVID-19 happened and due to visa restrictions I could not work in time of utmost need.

Being frontline workers during the pandemic, we were now faced with more challenges. Though I was able to provide limited care to my patients, my appeal application was still pending. I would be limited by the H1B visa restrictions to fully help to my capacity if needed. As a nephrologist well trained to manage critically ill ICU patients including providing dialysis support to these patients, the lack of an approved visa had my hands tied.

When I volunteered to help staff the drive through testing, my institution due to the visa limitations could not accept my services. If my husband or I were to get sick during this time and loose our ability to work, it would mean deportation in spite of serving the American people for the past 13 years.

After waiting for almost 5 months, my appeal was finally accepted, and I was granted visa approval for 14 months which has allowed me to return full time to work and contribute to my full potential during this unprecedented time. What will happen when the next renewal comes is yet an uncertain future.

The Health care resilient act if approved would greatly help the numerous physician families like mine who have been waiting patiently in the green card back log for years and alleviate the healthcare shortage that America currently faces. It also provides the necessary safe guards to the families whilst something happens to frontline workers on these visas.

Thank you

Abhishek Anand, MD
Assistant Professor of Neurology
Medical Director of Neurology
Berkeley Medical Center, Martinsburg, WV
abhishekanandmd@hotmail.com

Dear WV legislators

In the last week of June 2020 USCIS has released official government estimate of number of H1B visa holders working in United States. Initial estimate predicted number to be around 583,420 this number will be less than predicted taking away various categories of people not admitted or deported.

My story is no different than an Indian born University professor who lived in America for about 23 years, earned a bachelor's degree, Master's degree and a PhD in mathematics in the United States. He is a full professor at a College in Midwest and teaches mathematics to American students. He has been working in H1B status and has waited almost 11 years so far.

I have completed my neurology residency at one of the oldest universities of United States, Howard University Hospital, Washington DC after completing my medical school. My residency started in 2013 but I am on H1B status since October of 2012. Due to specific rules and regulation related to H1B Visa, I was not able to file for my green card till I started my job at West Virginia University in 2017. I have started as assistant professor and medical director of neurology. Both Howard University hospital and Berkeley Medical Center Martinsburg, West Virginia are medically underserved area. This has helped me to apply for physician national interest waiver (PNIW) of EB-2 category of green card. My priority date is in 2017 and I have to wait decades to get the green card status let alone citizenship.

Being on H1B I can't work with other hospitals or nearby clinics or any other distant location. Especially in this COVID pandemic situation when hundreds of patients in my county or nearby counties need neurology services. Unless the employer has a satellite clinic, there is no provision to allow H1B holders to work outside. **In last few months my email is flooded with locum offers from different parts of the country and I can only imagine why.** This translates to lost lives in multitude in literal sense. I could have saved hundreds of lives. And this same analogy translates to thousands of other H1B physicians practicing under same circumstances in other states.

What I believe is that whether there is an emergency situation like COVID-19 or not, every American citizen should have this basic health care need in their own community no matter what. My patients literally travel 1-2 hrs and sometimes 3 hrs to see a neurologist like myself because I can't go to them.

We as physicians and nurses are among those few front liners in this COVID situation who are risking and sacrificing lives in the line of greatest service possible i.e. service to save human lives. Health care resilience workforce act (HWRA) if passed and signed into law, will tremendously strengthen medical care as mentioned above and will allow me to work fearlessly knowing the fact if I am not able to provide for my family tomorrow for any reason, they will remain safe, kids will pursue their dreams and will live their lives respectfully!!

Last but not the least, this bill will not replace or contend with even a single American job out there. Needless to say that Healthcare field is already staggeringly deprived of nurses and physicians let alone concerns for replacements! So I strongly urge to pass S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) as short term relief and S1810 (formerly S.948)/HR3541 (formerly H.R.2895) as long term solution.

Thank you.
Best wishes,

Himanshu Paliwal, MD, MPH
Chief Medical Officer
MVA Fairmont Clinic INC, Fairmont, WV
Himanshu.paliwal@mvahealth.org

Respected Senators/House representatives

I am an international medical graduate who came to the USA in 2005 . I completed MPH (Masters in Public Health) from Western Kentucky University in 2007 and a MD in Family Medicine in the year 2010. Since then I have been working at a federally qualified health center in Fairmont, West Virginia. In the last decade, I have been taking care of my patients in the outpatient clinics: Fairmont Hospital and St Barb Nursing Home. Apart from taking care of patients, I am also the Chief Medical Officer of my clinic. Since 2007, I have been on temporary visa status called H1B, where I have to renew my visa/legal status every 3 years, and provide proof that I am still working to benefit the community. After serving 13 years, I am still a temporary frontline worker in this country.

As you might know, Fairmont Hospital/Regional Medical Center was closed in April 2020. Since then I am not able to take care of my patients in any hospital. Due to visa restrictions, I cannot see patients in any of the 3 nearby hospitals that are within a 30 mile radius. With the passing of the Healthcare Workforce Resilience Act, I will be able to take care of my patients in any of these nearby hospitals without worrying about any violations.

Since the start of the COVID-19 pandemic, I have been getting phone calls and emails from nearby hospital recruiters to provide critical services in the nearby understaffed emergency rooms and hospitals. Unfortunately, I have to deny these requests as my Visa status will not allow me to work anywhere else other than my current workplace. If S3599/HR 6788 is approved, I will be able to serve patients who have contracted this life threatening virus in nearby hospitals/emergency rooms.

Currently, I am supporting my wife and 2 kids. If for any reason I die while taking care of COVID-19 patients, my family has to self deport within a month to avoid any immigration violation. If S3599 / HR 6788 become a law, I can take care of COVID-19 patients without worrying about compromising my family's future.

I hope you will strengthen the physician workforce in our state by cosponsoring this bill (S1024 (formerly

S.3599) / HR 2255 (formerly H.R.6788)). Thank you for your time and effort in serving the community.

Krishna Kishore Bingi, MD, FACC, FSCAI
Interventional/Structural Cardiologist
Mon Health Heart and Vascular center, Morgantown and Elkins, WV
krishkishoreb@gmail.com

Dear Senator/Congressman/Congresswoman,

My name is Dr. Krishna Kishore Bingi. **I am an interventional cardiologist working in Elkins and Morgantown** for the last 3 years. **I am a US trained and Board Certified in Internal Medicine, Cardiovascular disease, Interventional Cardiology, Nuclear Cardiology and Echocardiography.** After completing my medical school in India, I came to United States and completed my residency in Internal Medicine/Pediatrics at WVU School of medicine. Then I completed my fellowship in cardiovascular disease and Interventional Cardiology at WVU School of medicine. I have been in West Virginia, since 2009.

I have been practicing in Elkins for the last 3 years. I see patients from Barbour county, Randolph county, Pendleton county, Tucker and Lewis counties. I also take care of patients in Morgantown from Monongalia County, Marion, Preston, Taylor and Harrison counties. My wife is a physician in residency training at WVU School of medicine.

I call West Virginia my home as I have been living here since 2009. I am currently living here on Temporary Work Visa which I had to renew every 3 years. During this COVID 19 pandemic, I am always worried about the family, if something would happen to me. It would create disastrous situation to my family as they lose their legal immigration status and had to leave the country especially my wife. Although, my son is a US citizen, he is still dependent and will have to leave with my wife. Despite knowing the risks, I took care of the patients who are in dire need of cardiology services, as I would take care of my family with the same compassion.

There is extreme shortage of physicians especially in rural West Virginia. As an example, Mon Health System (my employer) is trying to recruit a Cardiologist at Weston office for the last 3 years. We are not able to recruit a Cardiologist as it is extremely hard to recruit specialists in rural areas. I would be happy to see patients there but my visa restrictions wouldn't allow me to see patients there. So the patients travel to either Elkins or Morgantown to see the specialists. Conrad State 30 Bills (S 1810 (formerly S.948) and HR 3541 (formerly H.R.2895)) is a long term solution to this problem as it would draw more physicians to the underserved areas with an incentive to separate pathway for Green Card. I really appreciate your support and co- sponsorship for these important bills. At the same time HWRA bills (S 1024 (formerly S.3599) and HR 2255 (formerly H.R.6788)) are one time solution to clear backlog for 15000 physicians like me which will help us to take care of patients without Visa restrictions.

I would urge you to consider the challenges of the US trained and board certified physicians like me and support our cause by cosponsoring these bills.

Thank you very much for your time.

Kiran Babu Bandaru, MD
Former Assistant Professor, Hospital Medicine
West Virginia University hospitals, Morgantown, WV
Kiranbabu92@gmail.com

I am a US trained internal medicine physician. I joined residency in 2006 and completed in 2009. I worked as an internal medicine faculty and Hospitalist at Ruby Hospital, WVUH, Morgantown from July 2009 to September 2013. My green card was approved in September 2010. I have been waiting for green card since then and there was no let in with the backlog due to cap limits.

My service tenure at WVUH was a fulfilling one, where I took care of poor patients and provided yeoman service to Americans who had nowhere to go and coming from very rural and underserved areas. West Virginia as such is a very medically underserved area with a significant deficit of physicians across the board. I would like to bring to your notice a situation where I could NOT provide services to Veterans even when I was free and my Visa status, being in green card backlog has contributed to that. I would like to share one of my life's biggest regrets with you and as Lawmakers I hope you can prevent an unpatriotic situation like that and help to put Americans first when we do anything.

There is a Veterans affairs hospital in Clarksburg which is affiliated to WVUH where I was working. I and my colleagues were working a week on and week off which is the usual Hospitalist schedule. **We had a lot of spare time that we could have worked. The VA hospital had a significant deficit of internal medicine physicians at that time and was in desperate need for internal medicine coverage. Our administration at the Department of Medicine at WVUH has prevented us from going and working at VA hospital. Us being on work VISAS and not having a green card or employment authorization has contributed to our inability to push harder to work at VA hospital. Our colleagues in Radiology, Surgical Oncology were able to provide services at VA hospital as they had no issues with work visas.**

This an example **of under-utilization of existing physician resources in Underserved areas due to issues with Work Visas. It was very unpatriotic that the existing rules have prevented me from helping Americans, especially in this situation Veterans who sacrificed a lot for the nation.**

Please help us to serve our communities in a better way by making us a permanent part of the communities that we serve, rather than being in backlog and staying on temporary work visas forever. Immigration does cause a lot of personal hardships to us, in spite of being legal and paying millions of dollars in Taxes. But the immigration status of us affecting care of our patients or preventing us from serving our patients in a better way has been a grave consequence of this green card backlog of physicians.

Please pass S1810 (formerly S.948)/HR3541 (formerly H.R.2895) and S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) which are long term and short term solution for improving health care access in rural America and help us to serve our patient population and underserved communities better.

Hoping speedy and effective action from lawmakers.
Thank you

Venkata Ravi Chivukula, MD, MPH, FAPA
Former Medical Director, Fairmont Regional Medical Center
Former assistant professor, WVU
drchivukula@yahoo.com

Senators/House representatives of WV

I am a geriatric psychiatrist trained at Drexel University with a Fellowship at Yale University. After completing fellowship I decided to work in the underserved areas of West Virginia.

I worked in WV from 2010 onwards till 2018. I was one of 3 geriatric psychiatrists for the whole state. Along with providing inpatient service in the hospital, I was also providing out-patient services, also providing psychiatric care for nursing home patients. I also started a Memory Clinic at West Virginia University.

My green card petition was approved in April 2011 & I have been waiting for it since then due to the backlog.

West Virginia as such is a very medically underserved area with a significant deficit of physicians across the board. **I would like to bring to your notice a situation where I could not provide services to other counties and could not go to Nursing Facilities due to the visa restrictions. There is definite need in Assisted Living Facilities, Nursing facilities & group homes. The elderly people in the state are lonely and not able to take care of themselves. They do not have access to good health care. Covid 19 brought in new challenges to this high risk group of patients and their vulnerability and need is more than ever. We need physicians who can work in these testing times for these most vulnerable groups.**

Please help us to server communities in a better way by making us a permanent part of the communities that we serve, we want to feel like we belong here and being on temporary work visas forever will make us live in fear through our lives. **Immigration does cause a lot of personal hardships to us, in spite of being legal and paying millions of dollars in taxes, we fear the risk of deportation of our family if something happens to us. The immigration status affecting care of our patients or preventing us from serving our patients in a better way has been a grave consequence of this green card backlog of physicians.**

Please pass S1810 (formerly S.948)/ HR3541 (formerly H.R.2895) and S1024 (formerly S.3599)/ HR2255 (formerly H.R.6788) at the earliest to help us to serve our patient population and underserved communities better by becoming a permanent part of the community we serve.

Hoping speedy and effective action from lawmakers.

Thank you

Deep Yadava M.D.
Psychiatrist
William Sharpe JR Hospital, Weston WV
dyadava@yahoo.com

My name is Dr. Deep Yadava, I am an assistant professor at WVU . I have been working at my current position for the last 7 years . I work in a state psychiatric hospital, in a very rural part of West Virginia. I work with very vulnerable patient population and get patients from interior areas of rural WV. The patient population includes those with schizophrenia, severe psychosis, various mood disorders like depression/bipolar, severe substance abuse problems and also forensic patients who are court ordered to be admitted here.

I am on a H1B VISA , which restricts me from working at any other site of work other than my primary employer site. If this restriction was not there, I could be of much more help in various other situations even in caring for psychiatric needs of active Covid 19 patients, which would be even more important for a COVID 19 crisis that we are going through at this time.

I have certification to prescribe for Opioid abuse patient, which I could use at a substance abuse clinic without the H1b site restriction. Substance abuse is a problem of epic proportions in this part of the state and not having access to providers who have the ability to take care of another public health emergency like the opioid epidemic is unfortunate.

I respectfully urge you to support legislations S. 1024 (formerly S.3599)/ H.R. 2255 (formerly H.R.6788) and S.1810 (formerly S.948)/ H.R.3541 (formerly H.R.2895) , as short term and long term solutions for access to health care for WV to make this possible.

**Tarun Popli, MD, Infectious Disease Fellow @NYMC,
Hospitalist, St. Mary's Medical Center
Huntington, WV
tarun.popli@wmchealth.org**

Dear Senators and House Representatives,

I hope this letter finds you well in these challenging times. My name is Tarun Popli, and I am a board-certified Internal Medicine physician working at St. Mary's Medical Center as a per diem. Currently, I am doing infectious disease fellowship at New York Medical College/Westchester Medical Center, NY. As a hospitalist physician working at St. Mary's, I realized that we have a shortage of Infectious Diseases Physicians in West Virginia. Once I finished with my fellowship, I am planning to return to West Virginia, which I call home and my family still resides in the state.

During these trying times, I have also been a front-line worker in New York taking care of patients who have contracted COVID-19 and are hospitalized. **Unfortunately, due to the restrictions of my visa, I was handcuffed in many ways that limited my ability to provide care in other avenues or working at health centers that may be understaffed. Given the high-risk nature of our profession in these times and my falling sick from COVID 19 puts my whole family in jeopardy not only for their individual loss but also losing their home and for the kids it means losing their homeland. Our current immigration status not only puts me at risk of deportation once an immigrant worker falls sick but also my entire family will have to leave the country as they are my dependents.** If my VISA is not renewed, it leaves my family in a situation where we have to leave my home (West Virginia), patients I cared for, within 30 days. As you may be aware, there are several bills currently being considered to bolster American healthcare and also provisions to encourage doctors to work in underserved areas with a clear path to long term legal residency. The Current immigration framework is marred by extremely long wait times without any assurances for legal permanent residency despite providing care for millions of Americans as a collective. Furthermore, the current pandemic has increased the vulnerability of family members with well-documented mortality among healthcare providers.

I kindly urge you to consider the Bills and support legislation S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895). These bills will make a profound difference in the ability of physicians and health care providers much like myself, in providing quality healthcare, working without fear for our family's wellbeing and provide resources to the communities that need it the most.

Sincerely,

Tarun Popli, MD

Arindam Bagchi, MD
Oncologist/Hematologist
Beckley ARH hospital, Beckley, WV
Bagchi.arindam76@gmail.com

Dear Senators and House Representatives,

I am Arindam Bagchi, MD, a Medical Oncologist / Hematologist practicing in Beckley, WV (Beckley ARH Hospital), taking care of adult patients with cancers and blood disorders. I **provide medical services in my specialty to patients who possibly come from about 6 to 8 surrounding counties and travel great distances to get their cancer treatments (chemotherapies).**

I'm currently working in my specialty on an H1B visa (through the Conrad 30 J-1 waiver program), which hires us physicians on H1B visa only after a time period in which my current employer previously had tried to recruit American physicians for this area, but were unable to do so.

I have got an approval for a Green Card since 2017 which was filed by my employer (based on Labor Certification Criteria and approved I-140 document from the USCIS), but due to the backlog, I continue to be on H1B visa until the backlog would clear.

Moreover, during these times of unmet medical need with the COVID-19 pandemic, where medical services are needed in other underserved areas, my visa status limits me from providing my services to areas which are in need of coverage. **I have received requests and calls from various other medical facilities in other underserved areas around who are in need of a Medical Oncology specialist in these times of need and our visa status limits us from extending our services to underserved areas in need.**

I kindly urge you to consider this bill as it will have a strong impact in easing the restrictions on physicians on visa status and help Americans living in underserved areas getting the medical care that they need, which we shall will be more flexible to provide them with subsequently.

Thank you.

Sincerely,

Arindam Bagchi, MD.

Tarun Kukkadapu
Pulmonary and Critical care
Huntsville hospital
tarun.kukkadapu@hhsys.org

Dear Sir/Madam,

This is Tarun Kukkadapu, I work as an Intensivist and practice Critical Care Medicine at Huntsville hospital, Alabama since September 2019. I am board certified in Internal Medicine, Pulmonary Medicine and Critical Care Medicine. My time is devoted to serve and treat Madison county people in critical medical condition.

My duties include managing sickest patients in medical intensive care units and coordinating care among multidisciplinary team, performing lifesaving procedures even in patients infected with novel corona virus SARS-Cov2. I am one of the three physician team providing care to at least 7-8 COVID patients on ventilator every day in critical care unit which might increase with current surge. We put ourselves in the dangerous situation of acquiring viral infection while performing procedures on airways in patients infected with COVID-19 with a focus on patient care first and our health next. We monitor patients 24 hours and are available immediately to attend to their needs for constantly changing medical condition.

In addition to taking care of patients, we also provide valuable teaching to students, residents and nurses, actively participate in research activities which improve the current medical care.

I am currently on work visa which restrict and bind us to work with only one employer. We are not allowed to assist another hospital or health care system which are hit hard with COVID and in dire need for our critical care services with current visa rules.

We as front-line health care workers are still facing a lot of visa issues which put me and family to undue stress, uncertainty and insecurity. Just a thought of acquiring serious viral infection at work puts us through lot of trauma because we have no security to our lives and with a deportation risk.

I strongly request you to support S1024 (formerly S.3599) and S1810 (formerly S.948) bills to provide stability and security to physicians and our families and better help the people of Alabama. I would love to take care and provide best critical care to rural Alabama people.

Sincerely,

Tarun Kukkadapu
Pulmonary and Critical Care Medicine
HH Lung Center
Alabama.

Sushant Khaire
Interventional Cardiologist
Montgomery Cardiovascular associates, Baptist Health System
sushant.doc@gmail.com

I am Sushant Khaire, currently residing in Montgomery, AL and originally hail from Mumbai, India. I came to the United States in August, 2007 to pursue Masters in Exercise Physiology and Human Nutrition. I started Master's program at Mississippi State University in August, 2007 and made Mississippi my home for next 10 years. While, I was completing my Masters I also worked as teaching assistant, teaching physiology to Bachelor students, volunteered at local community hospital, and studying for USMLE steps at the same time. I was on F1 student visa at that time. During my three years at Mississippi State University I also participated in research projects and presented our studies at national meetings.

Subsequently, I matched in Internal Medicine residency at University of Mississippi Medical Center which I started in July, 2010 and transferred to J1 visa at that time. During this time, as I forwarded my education in Internal Medicine I also worked on research projects, presenting papers at national meeting and winning recognition for the university. This helped match in fellowship in Cardiovascular disease and then in Interventional Cardiology at the same university. During my fellowship, **I also worked on projects with Jackson Heart Study which is the largest study about cardiovascular diseases amongst African-American population.**

After completing my fellowships, I moved to Montgomery, AL working at Montgomery Cardiovascular Associates. I also round and perform procedures at three hospitals in this area serving the local medically underserved population with management of their cardiovascular problems. During this time, I also started family and have one 3 year old child.

While things have been very positive on personal and professional front, having to apply for visa multiple times where you do not know if your application will be accepted or rejected has created a degree of insecurity about the future as I have realized **if my visa is rejected for any reason it will not only affect me, my wife, 3 years old son born in the United States, but also hundreds of patients I serve on daily basis.** As I was grappling with this insecurity a new uncertainty hit us earlier this year with Covid-19 crisis. We all go to work every day knowing that we will come in contact with patients some whom will be obviously symptomatic, but also there will be some who will be completely asymptomatic. When we are taking care of these sick people who are dying from heart attacks or cardiac arrests there are times where possibility of contracting Covid infection does not even cross our minds till later when things have stabilized. In those, times you worry about your family where the worst-case scenario could be I leave them high and dry; and their only option would be to go back to home country as wife will be out of status who currently works as home maker. My wife is dentist who completed her dental training in India, but cannot practice here as she has to go back to dental school, but her immigration status makes it very difficult to pursue dental education here.

I believe the visa restriction will not only affects us personally, but also restricts us professionally where we can only work under the umbrella of one institution. While the impact of Covid-19 crisis has not been uniformed across all states and counties it has restricted physicians from less affected counties to help our colleagues in counties with high case burden. **I believe The Healthcare Workforce Resilience Act, S1024 (formerly S.3599), S1810 (formerly S.948) will help attract more healthcare professionals to Medically Underserved Area to improve access to healthcare for local population who at times even struggle with traveling to neighboring town to see a doctor.** I would be really thankful for your consideration of this act and would greatly appreciate your support of the same.

Regards,

Sushant Khaire, MD

Montgomery Cardiovascular Associates.

Mukul Sehgal
Pediatric CriticalCare
University of South Alabama, Mobile, AL
mukulsehgal@gmail.com

Dear Senator and Congressmen/women,

I'm a US trained Pediatric Intensivist, board certified in Pediatrics by American Board of Pediatrics. First of all, I'd like to thank the work that you have been doing for the community in these testing times. It is heartening to see how entire community has come together to through this pandemic.

Let me share my little story with you. I have completing my 12 years of training in medicine including medical school, residency and fellowship. After doing my medical school in India, I first came to this country 9 years ago, do

elective in Weill Cornell Medical College in NYC. Since, then I have completed rigorous training in US to take care of very sick kids who are admitted ICU. I'm trained to handle life threatening emergencies in this vulnerable population. **Currently in this pandemic my role has expanded to take care of kids who have been infected with COVID** and also those who have developed sequel like Multi-inflammatory Syndrome (MIS-C) leading to multi-organ dysfunction. And there is nothing more gratifying than this experience to heal these tiny souls.

But there also looms a constant threat of the COVID on my personal life. If tomorrow, I die or get incapacitated from COVID infection while at work, my family who have been on a dependent visa, will face deportation threats. This is an unsettling feeling that always stays at back of my mind.

I have been approved by United States Citizenship and Immigration services (USCIS) for a green card, based on my credentials, where they determined my staying in US will be more beneficial to US. But due to flaws in legal in legal immigration system, we have to wait in green card backlog. **In order to increase workforce of healthcare workers, without spending a single penny to taxpayer's money a solution to this problem has been devised called S1024 (formerly S.3599)/HR2255 (formerly H.R.6788).** This healthcare workforce resilience act (HWRA) aims to increase the physician and nurses in US and as well as increase their availability to the hospitals other than their primary workplace.

Therefore, in order to help citizens of Alabama and Americans elsewhere, I ask your support for this

bill. Thank you

Disha Italiya
Hospitalist
University of Alabama/DCH RMC, Tuscaloosa, Alabama
dr.disha1818@gmail.com

Respected Sir/Madam,

I am Dr. Disha Italiya, certified by American Board of Internal Medicine in 2018. I finished medical school in India & Internal Medicine residency training in Detroit Medical Center/Sinai Grace Hospital. I was on J1 Visa during residency training from 2015-2018 & now I am working as a hospitalist at DCH Regional Medical Center, Tuscaloosa, Alabama since 2018 which is considered as a medically underserved area on H1B visa .

Most of my patient population consists of very sick, low income, advanced age people including those from nursing homes with multiple complex health issues. **I also get a lot of patients transferred from nearby counties due to lack of subspecialty support, ICU beds & sometimes shortage of physicians in their hospitals.** I love what I do & I try to use best of my knowledge in treating these patients & supporting them & their families.

My daily patient census ranges from 15-20 during summer months & it goes as high as 20-25 during winter months due to worsening respiratory/cardiac conditions & flu infection during winter. We deal with high patient load during those 4-5 months as there is a shortage of physicians willing to work in the area & I anticipate the condition is going to be even worse due to COVID 19 pandemic this year. I am proud to be a frontline warrior during this unprecedented time & to be able to help my patients & the community when they need me the most. I put myself at risk of getting the infection every single day & with my husband being a physician as well, it doubles my risk of contracting the deadly virus!

As H1B is a temporary visa, it needs to be renewed every 3 years & hence, me & thousands of other immigrant physicians like me are under constant anxiety & pressure of visa being refused every 3 years. If that happens, it affects our underserved workplaces & our colleagues by putting extra workload on their shoulders which in turn would adversely affect patient care.

We were planning to have a baby this year, but pregnancy would complicate everything by severalfold if I get the COVID 19 infection. Pregnancy is a high-risk condition in itself. On top that, if I get the infection, my health might be jeopardized & I might have to be away from work for unknown number of weeks. Hence, we have rather **chosen to postpone pregnancy for a year than not being able to contribute to the country's betterment when we are needed to do our job the most.**

If above mentioned bills are passed, it will remove uncertainties in our stay in this country & we will be able to continue to serve our underserved patients who need us the most during their bad health days!

I along with other physicians request you to consider passing these bills as we consider this country as our own & we want to contribute to its betterment as much we can!

Thank you,
Disha Italiya

Hari Garapati
Nephrology
Jackson hospital and Baptist health , Montgomery
Drvenug@hotmail.com

Dear Senators and house representatives,

I am Hari Garapati and I am working as part of private practice Nephrology in Montgomery, Alabama for the last 4 years with a H1 B status. I am board certified in Nephrology, Internal Medicine and also Hypertension. Before starting a job in Alabama. I had also completed a J1 waiver working as a nephrologist and hospitalist in Greenville and Laurens County in South Carolina with a H1 B visa status prior to that for 3 years. I finished my fellowship in Nephrology and Internal Medicine Residency with a J1 B visa status for 5 years. I finished MSPH in Epidemiology with a F1 visa status for 3 years. **It has been 17 years I am in the United States on several visas and still struggling for a permanent residency/ Green card.** My wife has recently finished her residency and started working as a primary care physician in Montgomery, AL and she is on a visa as well.

As part of my current job, I serve and see patients who are on dialysis, who have chronic kidney disease in Montgomery in the hospital, office and also outpatient hemodialysis centers. Also, I see several patients from several rural areas in Alabama including Selma, Camden, Tallassee, Union Springs, Greenville as well. I drive to such rural areas and see patients there as well.

With this current Covid 19 situation, this puts me at immense risk and if something were to happen to me and my wife, our son who is a US citizen will be left without any support. Also, **I get numerous calls asking me to come and help in several hospitals around us and also outside of Alabama due to covid 19 crisis. Due to my visa restrictions, not only I am having to say no to any such calls, it hurts me to realize how much of a difference I could make and help more.**

I urge you all to help pass this bill and help me make more of a difference to help and serve more patients and hospitals, which in turn helps and protects me and my family.

Manjula Garapati
Pathologist
Regional Medical center, Anniston, Alabama
Manjugarapati@yahoo.com

Dear Congressmen and Senators,

I am Dr Manjula Garapati, board certified pathologist with subspecialty certifications in cytopathology, and pediatric pathology. I am with UAB community pathology practice program, and serving as attending pathologist at NorthEast Regional Medical Center, and Stringfellow memorial hospitals in Anniston. I am Laboratory Medical Director, and medical executive board committee member at Stringfellow memorial hospital.

I am a board-certified pathologist from India, and came to USA in 2007 with a dream to practice medicine in this great country with state of art facilities in health care. When I came to USA my daughter was 2-year-old, whom I left in India for one year to pursue my dream to get into residency. I worked very hard and got best scores in licensing exams (USMLE), and got into residency program of my choice. My daughter joined once I got my residency, and I worked very hard in my residency to academic excellence and leadership excellence. During my residency I held leadership positions such as GME committee member and as chief resident. I successfully finished my residency and later accepted into highly competitive cytopathology and pediatric pathology fellowships, and successfully completed them.

I joined UAB Community practice pathology program in 2015, and **I work as a community pathologist at NorthEast Regional Medical Center, and Stringfellow Memorial Hospital in Anniston. As a pathologist I play crucial role in diagnosing cancer and pre-cancerous conditions and play crucial role in implementing various laboratory tests. During Covid times my laboratory is playing pivotal role in testing patients in our community.**

I have been working hard all these 13 years (2007- 2020) to best of my abilities to serve the community; However, one thing that haunts me every minute is my immigration status. A few concerns to name; if I am out of status my family will be deported to my country, **If I get sick for long time I will loose my job and subsequently will loose my immigration status , my 16 daughter who was born in India will lose her status when she turn 21. She is an amazing student, who grew up here in USA since she was 4,** and doesn't know anything other than USA. When she was asking me other day, mom I want to apply to this competitive summer program, but I am not eligible due to my immigration status, I had no words to explain why she was not eligible. She is an amazing young girl with high ambitions but living in fear of unstable immigrationstatus.

I urge you to support S1024 (formerly S.3599), and s1810 (formerly S.948) to help physicians like me who work hard in the community every day butcontinue to live in fear and confusion of unstable immigration status.

Regards,
Manjula Garapati

Sumathi Puttu, MD FamilyMedicine
Primary care physician
Alabama Family medical center, Tuscaloosa
sputtumd@gmail.com

I, Sumathi Puttu, MD; Family Physician currently working for Alabama Family Medical Center, Tuscaloosa, Alabama from the past 10 years. I was graduated from a reputed medical school 'Government Kilpauk Medical College', Chennai, India in 1998 and then wanted to travel abroad for my higher training.

After graduating from Medical School, I have served in India for four years as a Primary Care Physician. We moved to Jamaica; West Indies worked as a Resident Physician for five years. I started preparing for the USMLE exams in the middle of our busy lives, managed to complete our requirements and obtained residency at the Selma Family Medicine Program in Selma, University of Alabama at Birmingham.

We moved to the US in June 2007 with my husband and 8 years old Daughter. I was a Chief Resident at Residency Program and good team member currently serving around 7000 patients from ages 5 to 100 years old. I am serving as a Primary Care Physician at our Outpatient Clinic, Assisted Living Community and Urgent Care facility. In many rural clinics of Alabama, they need 'Locum Tenens Physicians' but I cannot help and serve them because of my visa restrictions. I have been working in this Practice for the past 10 years and many of my Patients developed bond with me. However, if I contract COVID-19 while I care for this community, they will be left without a Primary Care Physician. Being a H-1B visa candidate, I have to go through a renewal of visa every 3 years and risk of visa rejection. In such an event I need to exit the country in the next 30 days, thus putting the entire health care needs of the patient population that I take care of at Alabama Family Medical Center. Personally, It is also devastating and very anxiety prone to go through this period of uncertainty (visa renewals) every 3 years for me and myfamily.

Our Daughter is a Valedictorian and National Merit Scholarship finalist currently rising senior in Biomedical Engineering and maintaining 4.0 GPA at University of Alabama in Birmingham, Alabama. It was a very disappointing situation when she could not receive National Merit Scholarship and admission into early acceptance MD Programs because of she is not a Green Card holder even though she got very high score among the students in Alabama.

Our Daughter Gurusai wants to pursue a medical career just like me. She is smart, motivated and compassionate and would have been a great physician in the making. Unfortunately, she is facing serious challenges in the pursuit of her career aspirations. Medical school admissions are already highly competitive and on top of this she cannot apply to two-thirds of the medical schools in the USA, which do not enroll "international" graduates. She then has to apply on her own as an international student to secure further education here. She will have to go through an additional undetermined period of uncertainty applying for her own H-1B visa, permanent immigration, and essentially live through many more decades of insecurity despite residing in the USA for most of her life. She received all her education here, made friends and connections here, and does not have any contacts outside the USA.

My colleagues from different parts of world having of same education and experience like me entered USA in the same year are now Citizens of United States of America. I sincerely wish you could do something to address this glaring injustice. The United States is a country of unmatched greatness and has accomplished far more complicated things than coming up with a fair and equitable immigration policy.

Dear Senator, we greatly appreciate the wonderful work that you have done in sponsoring the Healthcare Workforce Resilience Act. I admire you for your understanding of our unique challenges as health care immigrant workers. Please support this bill and include to next COVID19 relief package.

Sincerely:

Sumathi Puttu MD

Akshai Janak
Family Medicine / Geriatrics/ Hospitalist
Huntsville Hospital,AL
Akshaijanak@gmail.com

Respected Senators/Congressmen/Community Leaders,

I am a Family doctor who is board Certified in Family Medicine, with Certificate of Added Qualification in Geriatrics and Hospice and Palliative Care.

The Number of years on Visa in US altogether: 14 years

I have been trained here at UAB campus in Huntsville Alabama from 2006-2009, have been the chief resident, completed a fellowship in geriatrics at University of Arkansas Medical Sciences. I was instrumental in setting up the palliative care consult service at Huntsville hospital. I personally educated senior leadership, multiple prominent physicians and the community at large regarding the benefits of palliative care and hospice. Most importantly I have worked towards removing the taboo that hospice and palliative care has in the community as the benefits that it provides to our patients is immeasurable at End Of Life.

I have been working as a Hospitalist for more than 10 years at Huntsville hospital. During his global pandemic I am seeing 5 to 6 COVID-19 positive patients on a daily basis. Some in the ICU and some in step down units. The situation in North Alabama is only getting worse. I also am a medical director of a local nursing home and we had our first positive case that I diagnosed when my patient was at the hospital. Subsequently four more patients have turned up positive at the nursing home and unfortunately things will most likely get worse in this vulnerable population.

Our temporary visa status impedes our ability to take care of these patients secondary to lack of portability and the chronic anxiety, fear that is present because of our "TEMPRORY" immigration status. As you know if I were to become disabled or die, my family will be deported. I have a wife who is a family medicine trained physician who teaches at the local family medicine residency program. We have 2 young children aged 8 and 6 years who are born here and consider this home.

My employer has sponsored a green card in a EB-2 category but I have been waiting for more than a decade to get my green card. We have become despondent and many physicians do not know what next?

I request you to kindly consider supporting/co- sponsoring this bill that will NOT ADD any additional green cards but would only use it from the UNUSED visa numbers. Passing this bill would be a bone to the Indian physician community as they can work wholeheartedly in this fight against COVID-19 without being apprehensive about their status in this country. Also it will help us to be more creative, entrepreneurial and in turn benefit this economy during these hard times.

Thank you for your time and I hope you will do the right thing as the American people deserve it.

Prithvi Kukkadapu
Critical CareMedicine
Huntsville hospital.
Prithvi.kukkadapu@hhsys.org

Dear Leaders,

I am Dr Prithvi Kukkadapu, an immigrant physician from India. I am American Board Certified in Critical Care Medicine and Nephrology. I am currently working in Huntsville, AL since September 2018 as an Intensivist.

I am also the Medical Director for Critical Care Services at this hospital.

I take care of some of the sickest patients in this hospital with COVID 19 every day. **My services have been requested at other hospital across Alabama and other Covid hotspots. Unfortunately, I am unable to offer my services due to visa restrictions.**

I strongly urge you to support the aforementioned bills and help us serve our communities.

Sincerely,

Dr Prithvi Kukkadapu, MD
Director, Critical Care Services
Huntsville Hospital Lung Center
AL

Arnab basu
Academic oncology
University of Alabama Cancer Center, Birmingham, AL
abasu@uabmc.edu

Respected Congressmen and Congresswomen

America has always stood for opportunity, freedom and equality. Generations before us have travelled on a boat across an uncertain and dangerous ocean motivated by those ideals- selected for and driven by this spirit, they built the most innovative, powerful and diverse country on earth. We built the American dream.

But these ideals are breaking down for the new generation of immigrants. Today, while we fight for equality and justice for all, irrespective of the color of our skin, or whose we choose to love, the American immigration system tells us that we cannot call this country and its ideals our own, because there was a percentage of a quota that was reached on a law that was created for an obscure reason 30 years ago. An idea that is past its time.

I am an epidemiologist and a cancer researcher, I practice at the University of Alabama at Birmingham, where i am in the process of establishing a kidney cancer research program. **I also recruit patients to the CCC19 consortium trials which are studying the effects of COVID in cancer patients.** At home, I have twin girls who are vivacious, creative and full of the amazing potential that America has in its future. They deserve that their parents get to share in the American dream.

As physicians, we are fighting every day to protect this country from this pandemic, not unlike those who fight for the country's ideals in foreign lands. We least we deserve is to call this country our own. I join my colleagues here in their plea to pass S.3599 and allow us that right.

Yours Sincerely,

Dr. Arnab Basu, MD, MPH, FACP
Asst. Professor, University of Alabama
UAB O Neal Comprehensive Cancer Center
Birmingham, AL, 35294

Monali Patil, MD Pulmonary and Critical Care Medicine
Mercy hospital
Fortsmith, Arkansas
Monali.patil@mercy.net

I am a board certified Pulmonary & Critical Care physician currently practicing in FortSmith, AR. I have been on visa in this country for little over 11 years. Services I render here serve the west Arkansas and East Oklahoma counties.

With COVID surges in Arkansas, we are in need of Critical care doctors. We need full-time 4 critical care doctors but the hospital has currently only 3 full-time and one part time critical care doctors. If other physicians could come here for as needed basis it would definitely help since the ICU staff is very strained.

I myself took care of many COVID patients. **During this time, I even contracted this virus. It was a very stressful time. I have 2 young kids. I am in a very dependent situation with the visa status. What would happen to my family after me? I have never given a second thought about helping my patients but after contracting this virus and being confined to isolation away from my family and kids. I couldn't help but think what if. What happens to my kids and family?**

I implore you senator to champion and help us find the relief we need on personal level as well getting relief from making it easier to find coworkers, who can share some of the burden of care of this large community we serve that is very much underserved.

Thank you

Shashank Garg, MD Gastroenterology
University of Arkansas for Medical Sciences
Little Rock, Arkansas
Sgarg@uams.edu

I moved to Little Rock in 2017 after completing my GI fellowship at University of Kentucky, Lexington. I joined UAMS to provide quality healthcare, conduct research and teach medical students, residents and Gastroenterology fellows. **At that time, there was no other general gastroenterologist at UAMS and I put my blood and sweat into expanding the general Gastroenterology care at UAMS including prevention programs for colon, esophageal and stomach cancers.** In the last 3 years, I have been involved in the care of countless number of patients that have been referred to UAMS from the community and other facilities. Most of these patients have Medicare/ Medicaid or are underinsured/ uninsured and typically have multiple health care issues that pose a challenge in the management of their disease state(s). However, this has not deterred me from my goal of providing evidence-based health care to this population.

I have been on a visa since 2011 and have been uncertain about getting a permanent residency in the US given the current status of green card processing for people of Indian origin. **Being on a visa poses many challenges especially the inability work / volunteer part-time for another facility within or outside the state that is in desperate need of healthcare professionals. Access to healthcare in the state of Arkansas and the surrounding states of LA, TN, MS and MO remains poor especially in the non-urban areas and additional availability of part-time physicians can significantly improve health related outcomes particularly during the COVID-19 pandemic.**

Therefore, I request you to support S1024 (formerly S.3599) / HR 2255 (formerly H.R.6788) and garner support from your fellow senators to better the healthcare access for people in your state.

Aniket Sakharpe, MD Plastic and reconstructive surgery
Mercy clinic Fortsmith
Aniket.sakharpe@mercy.net

I am an **American Board of Surgery Certified General Surgeon and a Board Eligible Plastic and reconstructive Surgeon currently practicing in FortSmith AR**. I have been on visa in this country for little over 11 years.

Services I render here serve the west Arkansas and East Oklahoma counties. I provide both trauma care and Cancer surgery for the above areas. Practice I am associated with hires 5 employees between me and my partner at the clinic and need more people support to run 2 operating rooms all 5 days a week.

I recently had to leave United States for emergency with a parent. Both me and my wife left the country with a legal approval of work authorization and Visa status. But once we went to the consulate for a renewal Visa got stuck in administrative processing. All my patients here were stuck without me in the country. I had patients waiting to get cancer surgery. This is one of many problems I have faced to do my job and serve the community at the fullest.

Hospital I work for has a hard time hiring physicians to work in the area. This is especially true for the ICU which currently needs full-time 4 critical care doctors but the hospital has currently only 2 full-time and one part time critical care docs. The 4th person that covers the shift comes from out of town. But recently we had one physician contract covid and that put extreme stress on the rest to take care of ICU with COVID patients and other critical patients that require ICU care. If other physicians could come here for as needed basis it would definitely help since the ICU staff is very strained.

Vikas Chowdhary, MD Neonatology
Hospital practice
Vikas1184@gmail.com

I am an ICU physician and have been in the US for 9 years. I completed my residency 6 years ago in New Jersey and finished my fellowship in Cleveland from the prestigious Cleveland Clinic.

I then moved to Arkansas to serve the underserved community here. Every month, I work shifts that can last anywhere from 24-30 hrs. **I have been contributing significantly to patient care, contributed to the medical & scientific literature for the well-being of future generations with peer reviewed clinical research, and have been training future physicians.**

I called this country my home and treat every patient who comes across my way with utmost compassion and care. This green card backlog leaves me renewing my visa every 3 years. Due to the current situation if the visa does not get renewed it leaves me in a situation where I have to leave my so-called home, patients I cared for, within 30 days.

Being in the higher-level healthcare jobs, we are NOT replacing citizens, in fact there is a significant shortage of physicians. These shortages have been prevalent in most of the healthcare systems that I have worked so far. I am restricted to one employer and unable to provide services to other healthcare systems in such shortage areas even during my time off due to work restriction under current H1B visa guidelines. **We see doctors working for extended 30-36 hours due to lack of replacement for certain shifts. If I need to cross cover in such locations or change my location to another medically underserved community, I need to file for new H1B status along with applications to update or renew visa on my passport every 3 years or when I go out of country. For any reason, if there is any delay or denial of visa processing, my patient care services get jeopardized in these medically underserved areas/ critical access hospitals.**

There is an immense scarcity of physicians in the United States, especially in the current pandemic situation. Immigrant physicians are an integral part of the American health care system. **By supporting and passing these 2 above mentioned bills you will be not only increasing the number of physicians, employment opportunities that come from them in the United States but also give freedom for us to work anywhere in the United States plus the security that we are taken care of like how we take care of our patients and their families.**

Chaitanya Musham, MD Hospitalist
CHI St. Vincent Infirmary
Little Rock, AR
Drchaitanyakumar@gmail.com

Dear Senator Cotton,

I am an internal medicine physician and a hospitalist at St.Vincent Infirmary. Me and my wife, Archana Jarathi MD, an endocrinologist, have made Little Rock, AR as our home. Our kids are born here and we consider ourselves as much an Arkansan as anyone else.

As a physician, I have been at the frontline of the pandemic since it began and have been actively taking care of COVID-19 patients and serving the needs of the community. I have been exposed to the infection unsuspectingly quite a few times putting myself and my family at risk. *I have also stayed away from my family for week at a time, every time I got exposed, without seeing them in order to protect them. I pride in my profession and am extremely happy that I am able to take care of the community and people of Arkansas.*

Today, I would like to request your support towards this bill which will enable the frontline healthcare workers to obtain their immigration quickly. **These healthcare professionals can work with renewed energy without having the anxiety of being deported in case they lose their job for whatever reason and feel they have been befittingly awarded for risking their lives on a daily basis to help take care of Arkansans.**

Hence, I would like to once again request you to support the bills S.1024 (formerly S.3599) and S.1810 (formerly S.948) and indirectly support the healthcareworkers taking care of the sick folks in the State of Arkansas.

Thank you very much.
Sincerely,
Chaitanya Musham MD

Aswini Kumar, MD Cardiologist
Mercy Hospital, Fort Smith AR
Aswini.kumar@mercy.net

Dear Honorable Senate and House of Representative members,

First of all, I would like to thank you all for the great effort and actions during this unprecedented time. I am Aswini Kumar, Cardiologist working in Mercy Hospital, Fort Smith, AR. I finished my Cardiology training in Hartford Hospital/University of Connecticut and moved to Fort Smith last year.

Our Cardiology group has seven physicians, out of which three are from India. I am so thankful to this wonderful state and people of Arkansas, I feel like I belong to this community. We take care of so many patients from the surrounding rural areas and we are in need of specialists. The temporary work visa status is anxiety provoking especially with the COVID-19 pandemic. Kindly support this bill which will benefit a huge number of physicians like myself so we can continue to provide care for our patients. My community needs a stable Doctor and I would to serve them for years to come!

Anil Bachu, MD, Psychiatry
Clinical Director, Baptist Behavioral Health
North Little Rock, AR
Anilkbachu@gmail.com

8/2/2020

Dear Senator Tom Cotton,

Thank you for your Leadership, and guidance for the state of Arkansas during the frightening COVID -19 pandemic times. I am writing to bring to your attention to win your support to all immigrant healthcare workers by supporting The Healthcare Workforce Resilience Act (S. 1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788)).

I am the clinical director for Baptist Behavior Health, North Little Rock. I have been living on a temporary visa in the united states since 2008 for the past 12 years. I finished my residency in psychiatry from Case western Reserve Metrohealth in Cleveland on an H1B visa. I worked as an Attending physician at Allegheny Health Network, Pittsburg, PA. Early 2019 my wife and I moved to Arkansas for her residency in Internal Medicine at Baptist health. We both fell in love with the city and people, faster than we anticipated. The hospitality, religious values, importance of family, and relationships were inspiring and exemplary. Both my wife and I decided to stay back and serve for the community of North Little Rock, and little rock.

‘This COVID 19 pandemic has created a significant fear and stress for people around the country, and world. The heightened levels of fear perceived health risks, and an overwhelming sense of dread,’ wrote Kevin M.Fitzpatrick, Ph.D., of the University of Arkansas and colleagues.

The report by Fitzpatrick and colleagues focused on the responses of thousands of U.S. adults to an online survey in late March. **The survey included questions about the respondents’ depressive symptoms (based on the Center for Epidemiological Studies Depression Scale or CES-D), fear of COVID-19 (on a scale of 0-10), access to healthy food, and physical symptoms. The “results highlight the significance of vulnerability and individual stressors in the wake of the COVID-19 pandemic,”** Fitzpatrick and colleagues wrote. **“In addition to worsening depression in people, the analysis affirms the importance of access to social and psychological resources to combat heightened fear and anxiety that persons report during the current pandemic.”**

There has been an additional fear and insecurity for immigrant physicians like me. Being on a visa and the uncertainties that can follow is very stressful. **The front-line health workers, like my wife and I, are among high-risk groups of contracting the virus. Nevertheless, we have been completing our responsibilities as physicians, by treating and caring for our patients. We do this because this what we are trained for, and there is no going back even if it COVID, or any other illness, we strive our best for the best possible care and outcomes.**

I now look up to you, for your support of the above-mentioned immigration bills which expand our possibilities sparing the H1 B restrictions of limiting to one hospital. Additionally, it ensures security to me and my family, even in my absence to continue to stay in our home, the United States of America.

Thank you

Sincerely,

Anil K Bachu, MD

Rangarajan Purushothaman, MD Radiology
University of Arkansas for Medical Sciences
Little Rock, AR
dr.rangarp@gmail.com

I started working in Little Rock, AR in 2019. It was a completely new place to me, when I moved here having spent my entire life in big cities. Arkansans are really friendly and they helped me ease with my moving in and getting used to the place. Soon I realized about the current health care needs of Arkansas, talking to my friends who were born and raised here. **There are many areas in Arkansas which are medically underserved with huge shortage of nurses and doctors.** With the CoVid Pandemic, this is just getting worse. **I thought I would be a lone international medical graduate in the state, but soon I realized almost close to half the doctors in the state are international medical graduates.**

One of the issues that we (as international medical graduates) come across is visa issues that **severely restricts the way we can serve. For example, my department wanted to go out to the community and interior parts of Arkansas to help with screening, and I wanted to help them. But unfortunately, I am contracted to work only with UAMS, and even during a pandemic like CoVid I am not able help my colleagues and people of Arkansas although I have the time and skills.** **This is very unfortunate and adds up to the lack of availability of essential medical personnel.**

Dear Senator, I hope you can understand this and help us out. Thank you very much.

Ramakrishna Thotakura, MD Direct care Hospitalist / Nephrology
University of Arkansas for Medical Sciences
Little Rock, Arkansas.
Rthotakura@uams.edu

Hello

I have been a working physician in the United States since 2012.

I have been part of UAMS since 2016.

I am a front-line worker to fight COVID infection and **I DIAGNOSED THE VERY FIRST COVID -19 case at UAMS in Arkansas on March 11 2020**

In a group of 15 physicians, I am one of four volunteers to run the COVID inpatient unit at UAMS and recently shared twitter space with Chancellor Cam Patterson tweeting his visit to COVID unit while I was on the unit.

I am also a Nephrologist providing DIALYSIS services to Arkansans.

I will continue to **support Arkansans who are in need of health care moving forward.**

Raju Vaddepally, MD Hematology and Oncology
Yuma regional medical center
Yuma, AZ
rkvaddepally@gmail.com

I am Raju Vaddepally, M.D. specialized, board-certified in hematology & medical oncology, and director-at-large for Arizona Oncology Society (TACOS). **I am an attending physician at Yuma Regional Medical Center Cancer Center, serving one of the most unfortunate, under-served, and poor socio-economic communities in the United States. My wife is a pediatrician taking care of the sick kids during these challenging pandemic times!**

I live in a border-town and the economy here is driven by farming, military, and other small businesses. I **provide care for cancer & blood related problems in this underserved area and I know the plight of these individuals who struggle to receive specialized care due to health-care provider shortage** as we are one of the many designated medically underserved areas in the state per the Arizona health department (ADHS). **I work hard to care for their well-being and support them for socioeconomic needs as a part of comprehensive cancer care and provide some of the state-of-the art care here in Yuma without them traveling to Phoenix or San Diego including clinical trials for new breakthroughs in cancer care. I am also a physician champion pioneering the lung cancer screening program in this community which can save hundreds of lives just in Yuma if the program is implemented.**

As you know, Arizona has been hardly hit by COVID-19, cases and fatality rate continue to rise, as per NYT Yuma is third in hotspot list for the pandemic and Arizona as such is considered to be notoriously topping the world for its sheer unfortunate volume.

On a spectrum of life, myself and my wife take care of the patients from infants to the respected older gentleman and women including the veterans in the Yuma community where we have one of the largest military bases and proving grounds.

It is quite challenging for us to keep sane during this hardship from pandemic and our sorrows are only accentuated by the fact that if we contract the virus- disabled or dead- we lose the valid immigrant status given the broken immigration system & significant backlogs in green card processing for countries like India who are disproportionately affected given the inequality in the provisions for green cards. Heaven forbid, if a fatality had to occur to one of us, my daughter who is a citizen will be stranded in this country and the living spouse will have to leave the country- due to the unfair rules for the highly-skilled working class immigrants-healthcare providers like doctors and nurses!

We have been in the United States for more than 9 years and our plight is only getting worse in spite of selfless service to the community and this nation and is altogether so complicated given a significant backlog for the green card. I would like to secure our berth in this great country, continue to take care of the sick ones in the under-deserved communities. I sincerely urge you to consider expediting the bills S.1024 (formerly S.3599)/H.R. 2255 (formerly H.R.6788) & S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895) and having these bills passes will certainly fix the broken immigration system, retain the physician talent in the unfortunate communities, fills the holes in the shattered health-care system without additional federal spending, and thrive economy by a sustainable employment with hospital & private practices.

Last but not the least, it helps to secure our future in this amazing land, and we will be able pursue our dream in this country we consider is our 'home'- gives us the liberty to be a proud resident letting us do the one we trained for life- 'taking care of the sick ones'.

**Sabyasachi Roy, MD Internal Medicine
Hospitalist St. Joseph's Hospital
Phoenix, AZ
dr.sabyasachiroy@gmail.com**

I am Sabyasachi Roy, M.D. board certified in Internal Medicine and I work as a Hospitalist at St. Joseph's Hospital, Phoenix AZ. I came to the USA in 2011 and have been working at St. Joseph's since then, first as a trainee Resident and then as a faculty. I also hold an academic position with Creighton University as an Assistant Professor, and I am actively involved in education of medical students and Internal Medicine residents.

St. Joseph's Hospital is located in an underserved area of Phoenix, and a significant percentage of our patients are without insurance and come from less fortunate backgrounds. I consider it a privilege to work with these patients; and this is my way of giving back to society and this country, which has given me so much in the last 9-10 years that I have been here.

In the last 4 months, we have had a significant number of COVID-19 patients. Needless to say, we have all hands-on deck and it has been a stressful time for everyone. Several physicians of our team have fallen sick with infection from COVID, including myself. My wife is a Pulmonary and Critical Care fellow at Mayo Clinic, Arizona. She got infected as well. We have a 2.5 year old son, and we got him infected too. All 3 of us suffered through this together.

I have been on an H1b visa for the last 6+ years; my wife is on an H4 dependent visa. My son was born here and hence a US citizen. Honestly speaking, what was more painful than the suffering from COVID-19 is the stress from thinking what would happen if I and/or my wife were to die from this infection. The uncertainty of our future from being on a work visa, with no light at the end of this visa-tunnel, can make one spend sleepless nights, night after night.

I look at physicians from other countries than India, and they came to the USA at the same time as I did and did their residency training with me, and they have already got their Green Card several years ago; whereas I am not even sure how many more years it will take for me/us. Some say another 25 years, some say another 40, and some say more than 100 years!

Every day my wife and I are risking our lives and health to serve the sick patients of this country. We love what we do daily, but we think this Green Card distribution needs to be fairer.

We would like to request you from the bottom of our hearts to support these bipartisan bills: S.1024 (formerly S.3599)/H.R. 2255 (formerly H.R.6788) and S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895) in a timely manner, so that we can also be treated in a fair manner. We love this country; we have received our medical training here and we understand the healthcare system here. We would love to be part of this country and continue serving its people and society forever.

Thank you,

Sabyasachi Roy, M.D.

Rashi Agarwal, MD Endocrinologist Banner Medical group
Peoria, AZ
rash_dr@yahoo.com

I am an adult endocrinologist working for Banner Medical Group in the Peoria/Phoenix area. **I have been on visa since 2003**, initially j2 and then on h1b.

After completing my training in internal medicine and serving as a chief resident for a year, I had to take time off, due to limitations of work years on a J2 visa and was not able to pursue further training.

Subsequently moved to Kansas for my husband's waiver and worked as an internist where I started the obesity and diabetes center as a "one stop shop" to provide comprehensive diabetes care for the underserved and underprivileged patients who didn't have the opportunity for comprehensive diabetic care prior to that.

Once my husband completed his waiver, I had the opportunity to pursue further training in endocrinology.

Due to visa limitations and job opportunities we had to stay from each other. I had my 2 young kids with me at the time while I trained cross country alone and my husband was employed in Arizona. We have had an opportunity to treat patients from all walks of life and have really enjoyed while making a difference and have taken pride to provide our services to the people of this great country. However the sword of our unstable immigration status always hangs over our heads.

On a personal note, during my training, I was not able to go help my family in India when my father was diagnosed with a malignancy, due to visa restrictions. My husband was unable to go to New York when their numbers were soaring due to his visa restrictions and limitations.

We are faced with challenges and limitations time and again both at personal and professional levels due to visa limitations. Regardless, we never hesitate and always continue to be available and provide top notch medical care to our patients.

I kindly urge for your support and strong consideration for the immigration bills for streamlining the immigration process for health care workers so we can continue to provide excellent care, and rise to do more without visa limitations and make the nation we call "land of opportunities" soar higher.

Regards
Rashi Agarwal, MD FACP

Nagachandra Dharmavaram Harirao Kiran, MD Internal medicine
Hospitalist Abrazo central campus
Phoenix, AZ
Dhckiran@gmail.com

My wife and I are physicians currently practicing in Arizona. I am working as a hospitalist and she is a primary care physician. **We moved to Arizona seven years ago and we call it home now.**

My career started as an anesthesiologist in India, however, ten years ago, we decided to move to the United States of America as we considered it as a land of great opportunities, where hard working and talented professionals can succeed and contribute to society like nowhere else in the world.

We continue to serve as medical professionals, attending to very sick patients, especially in the current of COVID-19 pandemic. Some of the patients affected by this disease survive while some do not and working in a COVID-19 referral center, we are taking care of the critically ill patients. Each day, we put our lives at risk in taking care of our patients. We have a double risk of COVID infection as my wife is also a physician. It is not only me; I am also risking the well-being of my family due to the degree of exposure that I have, being a frontline medical professional. I have a newly born beautiful daughter and not a day goes by where I am not worried about the well-being of the baby and her mother.

We are in a unique situation that even though we are serving the community as a front-line worker, if something happens to my wife or me, my children will be left without any support and we would even face risk of deportation. This fear always runs in the back of our mind and a hindrance in serving the people of the country without the fear of putting our family at risk.

We sincerely request to kindly pass this bill, which will give us immense sense to security and peace of mind.

Sincerely
Dharmavaram

Shilpa Pedapati, MD
Internal Medicine Hospitalist
Banner University Medical Center
Tucson, AZ
shilpapedapati@gmail.com

I am Shilpa Pedapati, MD, board certified Internal medicine physician currently working as a hospitalist in Banner University Medical Center in Tucson AZ. I came to the US in 2015 and completed my residency in Pennsylvania and moved to Arizona in 2018 and have been here since the last 2 years. I also serve as **an academic hospitalist and Clinical Assistant Professor taking part in education of medical students and residents. Being a hospitalist, I am a front-line worker taking care of COVID positive patients since the beginning of this pandemic.** Since moving here, I have come to love Arizona and enjoy interactions with my patients and feel proud to care for this population especially in these trying and testing times.

Like many others in my profession, I came here on an employment-based visa, and now am in the long line of workers waiting for green cards. **Imagine working in a very satisfying but stressful occupation for which you train several years and which requires every ounce of your mind and now in these times also requires you to be in harm's way every day. In addition to all of this I also have to constantly keep a track of my immigration paperwork in a long drawn out process that is also unfair to people from certain countries owing to country quotas.**

Furthermore, this is linked to daily necessities, like driver's license. I need to renew mine every year as it needs updated immigration paperwork. This year I ran pillar to post to 3 different DMVs to be able to renew my driver's license to be able to drive to work to take care of my sick COVID patients in the midst of this raging pandemic. I worry about my physical and mental health on a daily basis. I also worry about potentially exposing my elderly parents with co-morbidities that have come to visit me from India for a few days. If I were to fall sick, I risk losing my life, risk losing my job and risk losing my visa status and risk being deported after all that I have done to take care of my patients. Imagine being told you have to do all of this for the next 15 or 25 years or your entire life time with no guarantees of being able to get permanent residency but the risk of losing everything any day. I feel almost like a "dangling man" every day.

I am honored to be working as a physician and trained hard for it and I love taking care of my patients. I also love this country and I am prepared to go wherever I am needed and that's because this is my true calling **and I think of myself as a "health care warrior" rather than a healthcare worker. We are prepared to go to battle wherever there is need, however given visa restrictions, I'm unable to offer my services beyond my current place of employment.** I can only hope for the immigration process to be fair and stream lined for physicians who are putting their life on the line every day. I request you to please consider and co-sponsor the bills being proposed and help us to take care of the people of this great country.

Rajesh Kotagiri, MD Internal Medicine
Hospitalist Banner University Medical Center
Tucson, AZ
dr-raiesh67@gmail.com

I have been a **Hospitalist serving Arizonians for 7 years at Banner University medical center** Tucson and south Campuses. This is a tertiary care center and we get patients from all over Arizona as well as the neighboring states. The last few months I have been taking care of Covid 19 patients as well. **As a frontline worker in this pandemic, I cherish the service I offer and will continue to serve this community which I belong to.**

Going through this pandemic while on a temporary work visa has been very stressful. If god forbid, something is to happen to me, my wife and kids have to leave the country. I have been in this country for 12 years and been serving this community in the last 7 years on a temporary work visa which requires renewal once every 3 years. Every time this needs to be renewed, we go through a lot regarding the uncertainty of getting the work permit and visa, not mentioning the VISA approval when we go visit my home country, India.

We have been an integral part of this community and I pride myself as an Arizonian. My kids were born here and have friends here.

With the long green card backlogs for India, many physicians risk getting work visas denied in the future. This would greatly affect the health services for the state of Arizona as well as the whole country. It is also frustrating to live with uncertainty all our lives with no light at the end of the tunnel regarding getting a permanent residency. Please support the above bills which would enable us as physicians to continue serving our local communities and give us mobility to serve other parts of the country when and wherever there is a need due to this pandemic or other times when medical necessity might arise. If the above bills get approved, we would get permanent residencies to be able to live with certainty in Arizona and this great nation.

Ashish Sharma, MD Internal Medicine Hospitalist,
Yuma regional medical center, Yuma, AZ
Drashish.sharma@hotmail.com

Dear Senators and House Representatives,

I am an Internal medicine physician working in Yuma regional medical center. I trained on a J1 waiver, and after completion of my residency training, I started working at YRMC on an H1b visa. My wife is a homemaker and is on dependent H4 visa status. My wife and I bought a house and made this our home town. My 4-year-old son is born here and a US citizen. We all know that our city Yuma along with the whole state of Arizona, has been facing the worsening pandemic situation. **YRMC is the only acute care hospital in the town where I work as the hospitalist and taking care of COVID 19 ward patients along with our brave staff. I feel proud that I belong to the profession, which is on the frontline today, fighting hard against this pandemic to save lives and serve people of the city and state.**

Many of our colleagues have fallen sick to COVID-19, and many of those returned right back to serve and help in this testing time once they have gotten better. We know we are tired, exhausted, and fatigued both physically and mentally with a rising number of cases every day. However, we are not discouraged, and we know that we won't give up until we get over with this pandemic. **To say that I am not scared of falling sick or dying would be a blatant lie. I am afraid of, but what I am scared more than that is what would happen to my family and me if I get sick or succumb to this disease in the worst-case scenario.** Working as a frontline healthcare worker in this pandemic and going through a renewal of visa, not knowing how long will have to work with a constant sense of insecurity regarding me and my family's future, has been keeping us in continual anxiety and stress. While we are all doing our best here to fight COVID 19 with available best of resources, we are also hoping that our leaders of this great nation would **understand our plight and have our back in this testing time.** I sincerely request you to support and consider passing Healthcare and immigration bill for medical professionals S1810 (formerly S.948)/ HR3541 (formerly H.R.2895) and S.1024 (formerly S.3599)/HR2255 (formerly H.R.6788).

Thank you

Sincerely,

Ashish Sharma MD FACP
Yuma Regional Medical Center
Yuma, AZ

Arshad Banday, MD Internal Medicine
Clinical Assistant Professor, Division of Hospital medicine Banner University Medical Center
Phoenix, AZ
abanday74@gmail.com

Dear Senator and House Representatives Greetings of the day!

My name is Arshad Banday. I am American board-certified Internal Medicine physician currently working as faculty in an academic program at the Banner University Medical Center Phoenix. I have been **working as a physician for the last 11 years in various underserved areas of this country**. My dream of coming to this great nation for higher education was realized when I entered the Internal medicine residency program at the University of Buffalo in 2009, I graduated from residency in 2012. I love this country and wanted to serve and live here. I have completed all the requirements to acquire permanent residency in this country in 2012 but unfortunately due to green card backlogs in my category the matter has been lingering on.

Stress in our lives is at peak due to COVID pandemic. **I have mostly been working with COVID patients on Mechanical ventilators admitted to ICU. I am at risk of getting infected with COVID-19 thereby putting my family at risk. I have been living in a separate area of my house for the last 3 months to minimize exposure to my family which is very hard to do and in case I succumb to this infection my family would immediately lose the status in this country and would be deported immediately. My wife and my elder son are on dependent visas and cannot stay or work in the US in my absence. My two kids will face extreme financial, social and emotional strain. Every day while going to work I fear for this.**

I kindly request your support for the healthcare bills which are to address the immigration issues for international physicians in visa backlogs. Besides ensuring security for me and my family, this immigration reform will also help the community we both have pledged to serve.

Sincerely,
Arshad Banday

Dhaval Shah, MD Interventional cardiologist
Casa grande/Chandler, AZ
dmdhav@gmail.com

Dear Senators and House Representatives,

My name is Dhaval Shah. I'm **a board-certified Interventional cardiologist** practicing in Casa Grande, Arizona. **I started my journey 10 years back.** I came to the United States in 2010. I did my residency and fellowship training in Massachusetts and I came to Arizona in 2017. I've been here for the last three years on an H1 Visa working in an underserved area of Casa Grande and **taking care of the underprivileged population in the community.**

As you are very well aware of the current situation, **Arizona has the highest number of per capita cases in the country and highest number of positivity rates of all the testing done. It has put an immense pressure on our public and private health system.** We are at a crossroads in our history where we need to make some very important and timely decisions. One among them is fixing our immigration system. Right now, the healthcare workers are under immense pressure due to medical and non-medical reasons.

I am a family of 5 with my wife and three kids, all my kids are American citizens. My wife is also on a dependent visa and a physician working and taking care of covid-19 patients. If anything would happen to me, my family would have to go back to India and face significant difficulties. My kids being American citizens, also have the right to be protected and would not be able to stay away from either of the parents if something were to happen to the other parent.

I would thereby sincerely request you from the bottom of our hearts, to take timely decision and action for fixing our immigration system and supporting the immigration-related bills. I believe in the great American dream and each one of us has a role to play in weaving the fabric of this great nation.

Sincerely,

Dhaval Shah

Ramprakash Devadoss, MD Interventional Cardiology
Casa Grande, AZ
Ramprakash2000@gmail.com

I am Ramprakash Devadoss M.D., **board certified in Interventional Cardiology**. I came to the US in 2012 for higher education after my basic medical schooling in India. I spent my initial 7 years in Massachusetts, where I had the wonderful opportunity to train in internal medicine and specialize in interventional cardiology. I then joined a private practice group and started my practice in Arizona. My predominant role is to provide comprehensive cardiology coverage for Banner Casa Grande Medical center and also see patients in my office which is adjacent to the hospital. Both the hospital and my office serve a vast majority of patients in the underserved area. **I am in fact one of the only two interventional cardiologists that cover emergency cardiac care in this hospital.**

My family includes my wife and 2 kids. Both my kids were born here. We love this country and would love an opportunity to serve the people for a long time. **With the recent surge of COVID 19 cases, life has been very stressful with a lot of uncertainty regarding myself and my dependents' future in this country. Every day, I am risking myself to serve the sick patients in the hospital without any safety to my family if something happens to me in the process.**

My family and I would like to request you from the bottom of our heart to consider taking necessary action to streamline the immigration process with a path for us to get through the backlog for permanent residency. This will ease up our mind and enable us to serve confidently and contribute to a healthy community.

Jagpal S Suman, MD Internal Medicine
Fresno, CA
[**jsinghs1224@gmail.com**](mailto:jsinghs1224@gmail.com)

Dear Senator/ Congresswoman/ Congressman

I am board certified Internal Medicine physician working in Fresno, California which is medically underserved/ physician shortage area. I have been working in valley's biggest hospital where I have been taking care of one of the most socially and economically weaker sections of the society. I have serving Fresno for more than 6 years. **Currently we have been seeing overwhelming number of COVID 19 patients putting our lives at risk. Some of my coworkers have already tested positive and lot more are in quarantine.** I have been in United states for 11 years and still on H1B. My ex-wife is pediatrician who is also on H1B. She has been working as outpatient pediatrician in Fresno Area for more than 6 years. Initially she worked in Reedley, California. Currently she is working as outpatient pediatrician with a FQHC in Fresno. She has been working from a Trailer which is her office now. Her patient population consists of kids from poorest families. There is extremely high risk of exposure to COVID patients. Some of the physicians/ PAs and MAs at her clinic have tested positive for COVID 19 most likely catching infection from the patients.

I have 2 daughters. Younger one was born in Fresno California. Elder one was born in India and is on dependent visa (H4) with me. She is almost 13 now. She came to USA with us when she was less than 2 years old.

As I have mentioned above that I am still on H1B visa. My current stamped Visa has expired although I have valid approval notice for H1B extension from USCIS. I have elderly parents back in India. With the current pandemic, I am always worried if they get COVID 19, I would most likely never be able to visit them in their need of hour because since the US embassies are closed in India, I would not be able to renew my H1B visa. If I can't get a visa stamp renewed, I will not be able to return to my daughters in USA. And nobody knows for how long this situation will persist.

My elder daughter, who is almost 13 now, is on dependent H4 visa. **Given the current immigration policy and the amount of backlog of green card applicants from India, I am sure she would age out and I would not be able to have her on dependent visa. Then she would have no choice but to go back to India as she will not be able to legally stay in USA.**

So I would request you to please support S1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788), and get it passed at the earliest. This will help me to continue to provide services to Fresno without worrying about the immigration status of myself and my daughter

Thank You very much

Jagpal Singh Suman

Amtinder Batth, MD Internal Medicine
Hospitalist, Community Regional Medical Center
Fresno, CA
amtinderbatth@gmail.com

Honorable Senator/Congressman/Congresswoman,

I am a US trained, Internal Medicine Board Certified physician, working in Fresno California and serving in an underserved/physician shortage area for over 8 years. Together with my years of residency training, I have been in US for 13 years. My wife is also a physician and runs a primary care clinic. We have 2 beautiful children who were born here in US. Although we have called this country "home" for over a decade, we are still waiting to be called Americans.

There is no doubt to the fact that Healthcare is an issue that impacts each and every American irrespective of their social status, race, demography or level of education. **COVID 19 pandemic has put this reality right in front of us that virus makes no distinction in who it infects. However one's ability to fight back and stay healthy is definitely dependent on the above variables. Immigrant physicians are a crucial element in providing healthcare, especially to the more vulnerable patient population living in areas of physician shortage.**

The reasons behind these are: 1. Immigrant physicians mostly practice in primary care specialties making them crucial first line of contact for healthcare. 2. Because most immigrant physicians work on H1b visas or J1 waivers, their practice location is mostly in areas of physician shortages or underserved patient population.

When me and my wife moved from New York to Fresno after residency training, some of our American Graduate colleagues poked fun at us for moving into "middle of nowhere" & called our new home town an "Armpit of California". Yet we made this city home and never regretted our decision.

We have been serving tirelessly the people of Fresno and surrounding areas. Some of the patients we see, tell us that they hadn't seen a doctor in a decade because it was hard to find one. We are their sole torch

bearers & their only destination for healthcare. In addition, by living here and investing locally, we have become the economic engines of our community. My wife's office employs 4 US citizens- a receptionist, 2 Medical Assistants & a Referral Coordinator. In other words, with her working in this city and community, she has generated employment for 4 other people. Similar is the story with myself and thousands of other physicians that work in similar areas. **We create jobs and NOT take them.**

Yet we are being asked to wait 70-100 years before we can be called "Permanent Residents" and get our green cards. This is mostly due to age old laws in legal immigration system that need a serious overhaul. I have a very unique situation- my parents came on a family visa (through my US citizen sister) and became US citizens while I have remained on visa all along. When I took my dad to his naturalization ceremony in 2018, it was a very emotional for me. **All I could think of was -what did I NOT do in this country to NOT deserve this ceremony for myself and whether I would EVER be able to attend one.**

So Respected lawmakers, the time for change is now. It is long deserved and long overdue. Please pass S.1810 (formerly S.948)/HR.3541 (formerly H.R.2895) & S.1024 (formerly S.3599)/HR2255 (formerly H.R.6788) to bring justice to the people of this country and the immigrant physicians who have been selflessly serving them.

These bills will ensure that the access to basic healthcare is everywhere & to everyone. These are the most important weapons in battling COVID and similar pandemics that can ravage a strong nation like US. These bills once passed will reflect the true strength & resilience of the people of this great nation. God bless America!!

**Navneet Attri, MD Internal Medicine/ Hospitalist,
Sutter Santa Rosa Regional Hospital,
Santa Rosa, CA
attrinavneet@gmail.com**

I came to the US on H1B visa in 2006 to start my residency in Internal Medicine in Mount Sinai Hospital on Chicago's West Side. I took my first job post residency in Santa Rosa in 2009 with Sutter Health as an Internist. My Employer sponsored card petition was approved with a priority date of August 23' 2010. I have remained in the same job since the time, working as a Hospitalist in Sutter Santa Rosa taking care of sick hospitalized adults over age 18, veterans, elderly, Indian Health, uninsured and the homeless. I have recently been involved in surge preparation and taking care of COVID patients.

Despite waiting for nearly 10 years after approval of my green card petition, I am still waiting for permanent status. USCIS has huge backlogs and per my immigration lawyers, I might have to wait at least 5-10 more years. During this wait period, if I get ill or develop a chronic health condition causing me to be disabled or death, my family loses its status as well and will be involuntarily deported to my home country.

Lack of permanent status puts me and my family at a severe disadvantage. On a trip to India in December 2018 after 7 years to visit family, we were stranded there for nearly 3 months due to delays in visa processing. We have faced problems in renewing our Driver's License due to visa issues. In 2012, DMV would not renew my Driver's License as USCIS delayed renewing my visa by more than 6 months. Besides this, many internship and job opportunities are not available to us. **My elder son is 18 yo, a very bright and intelligent young man** who came here when he was 4 years old. **He wanted to do internship at the state senate but couldn't due to his visa status. He recently got accepted to every state college he applied and will be going to UCLA in fall. He will lose dependent status on me on his 21st Birthday and would need a student visa of his own right in the middle of his undergraduate degree, and would need visa sponsors every single step of his higher education. I have registered with California Health Corp for my availability during disaster / COVID Management. Unfortunately, I am unable to help anywhere else but for my employer.** We pay taxes into the system but are not eligible for disability if God forbid, ill health befalls on any of us.

As you can see, our status in this country is based on our promise to maintain an excellent health during a pandemic while taking care of the unfortunate victims of the pandemic. We hope United States of America will take care of us and our families while we commit ourselves to our fight against this Pandemic.

Nandhini Madhanagopal, MD Child and Adolescent Psychiatrist
Kern Medical
Bakersfield, CA
drnandhu75@gmail.com

Honorable Senator, Congressman/Congresswoman,

I am a Duke trained child and adolescent psychiatrist serving in a medically underserved/ physician shortage area in Bakersfield, CA. I take care of children and adolescents at one of the largest county operated mental health clinics for children and adolescents in Kern County. Per the American Association of Child and Adolescent psychiatry, Kern county has a total of 17 child and adolescent psychiatrists serving an under age of 18 years population of 256,757 (1). In my current role a child psychiatrist, I take care of a vulnerable population including youth in the foster care system who are transitioning to adulthood. I make sure that the mental health services of the children and adolescents are continued and help mitigate the long-term consequences of the pandemic on our future generation.

In addition to my role as a child psychiatrist, I also serve as the associate program director for the child and adolescent psychiatry fellowship program and play a main role in training our fellows who will go on to fill the dire need for child psychiatrists the country is facing now. I supervise fellows and residents and oversee the clinical care of hundreds of patients seen by our trainees. I am currently working on a research project to study the impact of COVID-19 on the mental health needs of the community with an objective is to create a protocol for improving the efficiency of mental health services during periods of crisis.

Patient care is the foremost of my priorities and I continue to strive to provide the best care for my patients and their families. Most recently, I was placed under immense stress when premium processing was suspended due to the pandemic and my H1B visa was about to end in June 30, 2020. Both I and our psychiatry department were concerned that this will lead to an unplanned interruption of the services for the children and adolescents I have been caring for especially at a time when they need it the most. My husband, I and our two children 4 and 6 years old moved to USA in 2009 when my husband joined a pediatric residency in a program in Detroit. We have moved to live in four states in the USA since then due to the limitations of job and training opportunities while on a visa status so that our children are able to see both their parents at least 1-2 weeks in a month. **After 6 years of staying apart, our family just started living under one roof, however, both our children will soon age out of their dependent visas and will face deportation unless they opt to choose the long and arduous visa process which they have seen us, their parents go through.** My husband is a pediatric hospitalist and has been taking care of COVID-19 positive children and there is constant fear for his life if he gets infected with the virus. The damage of this acute stress and the long-standing fear and uncertainty while living on H1B visa is huge on my family, especially on our children. Nonetheless, this fear and stress have never deterred me in my role as a psychiatrist.

The role of immigrant health care workers in the health care in USA has been well studied. Most recently, the pandemic has created a greater need for health care professionals to treat our people as we figure out a long-term solution for the COVID-19. I am sure that you would agree with me that there is no better time than now to pass the bills S.1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788) and S.1810 (formerly S.948)/ HR 3541 (formerly H.R.2895) which would allow immigrant physicians to practice without visa limitations and expand the health care work force to address the pandemic.

We, the immigrant physicians will continue to uphold our oath to this fulfilling profession and serve our patients in any situation and we hope that you understand our lives lived in fear and uncertainty and do the needful.

Thank you for your time and consideration. Sincerely,
Nandhini Madhanagopal, M.D.

References:

1. https://www.aacap.org/AACAP/Resources_for_Primary_Care/Workforce_Issues.aspx

Melin Narayan, MD Nephrology
Loma Linda University
drmelin@gmail.com

Honorable senator, Congresswoman/congressman,

I am an American board-certified physician in internal medicine and nephrology and am currently working as an assistant professor of medicine at Loma Linda University in Loma Linda, CA. I have been working in the US on a H1B visa for the past 10 years caring for underserved communities. Due to the current backlog I'm unable to obtain a green card, permanent residency and citizenship. **My son who is 15 years old will age out of his visa in just 6 years and will have to leave the country if the current backlog continues.**

My current situation has been worsened by the COVID 19 pandemic. **As a nephrologist, I am looking after several COVID 19 patients with renal disease who are critically ill and on life support.** while it is my duty to provide the utmost care for these patients, I'm also afraid that if I contract the disease, become ill and pass away, my wife and two children who are dependent on my visa, will have no other choice but to leave the country they have called home all these years.

I would sincerely urge you to support S 1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) (Healthcare Workforce Resilience Act) and S 1810 (formerly S.948)/HR 3541 (formerly H.R.2895) (Conrad 30 Reauthorization Act) so that physicians like me who are like soldiers on the frontline of the pandemic can be taken care of in case of any eventuality.

Thank you for your time.

Sincerely,

Melin Narayan MD

Mansi Madiwale, MD Pediatric Hematology and Oncology
Community Medical Centers
Manteca, CA
mmadiwale@cmcenters.org

Honorable Congressman/Congresswoman/Senator,

Thank you for lending us a ear and listening to the concerns of several immigrant physicians who provide services to numerous American residents and citizens.

I am a US-trained pediatrician, and specialize in the treatment of blood disorders in children. I work in Manteca, a medically underserved area in Central California, and am on an H1B visa. Majority of my patients are unable to drive large distances to reach the closest Children's Hospitals which can provide specialty care to them. These patients depend on me to bring them life-saving treatments locally.

I was recently diagnosed with COVID-19 after a work-related exposure. During my period of self-isolation, I was constantly plagued with worries for my family and patients. What if I were to lose my job/visa status and hence, my ability to stay in the United States? who will be taking care of the nearly 1000 patients that I take care of? will there be a physician who will be available immediately to take over their care, if I have to return to my home-country?

HR.3541 (formerly H.R.2895)/S.1810 (formerly S.948) and HR.2255 (formerly H.R.6788)/S.1024 (formerly S.3599) would allow us immigrant physicians some security, while we work tirelessly to take care of our medically fragile communities. Please consider supporting these bills so that we can continue to provide valuable services to our communities.

Sincerely,
Manasi Madiwale, MD

Shailesh Kumar Singh, MD Internal medicine/ Hospitalist
St Joseph medical center
Stockton, CA
[**Shailkmc05@gmail.com**](mailto:Shailkmc05@gmail.com)

I have been in United States since 2013.

I have been working in St Joseph medical center Stockton for 4 years. I would like to help other hospital when they are short staff but unfortunately due to visa restriction I cannot help.

2 years ago, when I went to India to visit my family. It took 4 months for US embassy to process my visa. These kind of situations obviously compromises the patient care. I am scared to visit my family due to past experience of visa renewal every time I visit there.

Fixing the green card backlog process for frontline healthcare workers will create huge impact on physician shortage in underserved area.

Deepika Sankaran, MD, Neonatal-perinatal medicine
Work location- Sacramento
dsankaran@ucdavis.edu

Greetings!

I am a US trained and licensed physician and a Neonatologist who cares for critically ill newborn infants in Sacramento and Yuba city, CA. I care for a very high risk population in this area including newborn babies born very premature, born to mothers with history of drug abuse and those with various genetic conditions that could be otherwise fatal. We have had a few COVID-19 suspected as well as positive women delivering here in this hospital and I have been part of the team reviving the newborn babies. **Being in the front-lines of this pandemic while being on visa is a very risky situation if our lives were being endangered.**

I have been on H1b visa during my pediatric residency and neonatology fellowship, and I am currently on H1b visa as well. Currently I serve as the associate medical director at the NICU in a community hospital in Marysville, in order to improve neonatal care and show better access to necessary care for the newborn babies. **This hospital has a wide heightening area that it caters to and I am about to bring in a higher level of care without them having to travel to Sacramento and also my presence has prevented several transfers of sick newborn babies and hence prevented early separation of the mother-newborn dyad.**

Please see the below links that demonstrate the impact of my presence here:

<https://www.bizjournals.com/sacramento/news/2020/02/25/adventist-rideout-hospital-to-bring-in-more-uc.html>

<https://health.ucdavis.edu/health-news/newsroom/uc-davis-health-expands-neonatology-services-at-adventist-health-and-rideouts-nicu-/2020/02>

Grateful patient video:

<https://www.youtube.com/watch?v=64hnR6JUhg&feature=youtu.be>

In addition, I am actively involved in research to improve "newborn resuscitation at birth". **I was awarded with "Young investigator trainee of the year" in 2019 by Eastern society of pediatric research and also was awarded "Junior faculty travel award" by Western Society of pediatric research in 2020.**

I would like to sincerely request you to give some attention to the bills HR.3541 (formerly H.R.2895) and HR.2255 (formerly H.R.6788). Please consider this as a cry for help from the physicians and nurses in the front-line during this pandemic.

Thank you

Sincerely,

Deepika

Pallavi Shikaripur Nadig MD Obstetrics and Gynecology
Golden Valley Health Centers
Modesto, Stanislaus County, CA
pnadig@gvhc.org

I am Pallavi Shikaripur Nadig MD, a **board certified Obstetrician and a gynecologist** working at Golden Valley Health Centers, Stanislaus county, CA. I started my employment under Conrad 30 J1 waiver. I have been on H1B visa since 2013, I have completed my National Interest Waiver with an approved I 140 since June 2014. **I provide critical services related to my specialty in remote and underserved locations.** In one of the work locations- Patterson, I have been the only Obgyn for a few years with one of my colleagues joining me intermittently. **I have and continue to derive immense professional satisfaction working for the underserved.** I am affiliated with Doctors Medical Center, Modesto where I provide inpatient Obgyn services. I am also ViceChairman of the department of Obgyn. **In 2019, I performed 281 deliveries, ranking 3rd in volume of deliveries conducted, the first and second ranks belong to my Senior colleagues at Golden Valley Health Centers.** Currently, we are 5 Obgyns with Golden Valley Health Centers. **Over the years, I have witnessed the huge shortage of Obgyn physicians in the valley and the difficulties with recruiting and retaining Obgyns here.**

The current Covid pandemic has had me wonder about my current immigration situation and the uncertainty that my family is facing as a result. **I have a 15 year old daughter who was 2 years old when I came to USA. She is on a H4 visa and will age out at 21. She aspires to be a physician and contribute to the society.**

The proposed bills will help ease the uncertainty that myself and several other physicians face; allowing us to focus on our profession without fear of consequences to our families.

Rishika Sharma, MD Pediatrics
Family Healthcare Network, Visalia, CA
[**Rsharma@fhn.org**](mailto:Rsharma@fhn.org)

I moved to The United States of America, the land of the free and home of the brave, in 2009, to pursue my dream of becoming a pediatrician. After finishing my training in 2012 from St John Hospital and Medical Center in Detroit, Michigan, I served in Maryland for 2 years in a private practice and then moved to California in pursuit of serving the underserved. After moving to this little town in Central Valley called Visalia in 2014, in an instant I knew, this was home!

I work for a federally qualified health center called Family Healthcare Network. It is amongst the biggest FQHCs in California and in US. We are spanned over three counties and have 40 locations that we operate out of. We see a total of 70,000-80,000 patients every single month. The community, extremely underserved when it comes to healthcare, has welcomed me with open arms. **Within 3 years of working here, I was promoted to the position of Medical Director, managing multiple clinics under my leadership.** I have also been given the honor of serving as a consultant physician for Tulare County Office of Education for last 6 years. My passion for working for the vulnerable was recognized by my CEO and I have been chosen as an advisory member for the health and safety of children for National Association for Community Health Centers.

The privilege of serving the underserved is one that I don't take for granted. This country and this community has fulfilled my mission for serving the humanity and has given me so much. My two kids, 4 years and 5 months old, citizens of this country, don't know of any other home. I belong here, they belong here.

Foreign born, US trained physicians make an extremely important part of healthcare in US. One in four physicians is an immigrant and it is only in the interest of the nation that we are given a permanent status here. Hereby with utmost humility I am requesting your support for our bills. Besides providing us and our families the security, these reforms will only help the communities that we have pledged to serve.

**Satyakant Chitturi, MD Family Medicine / Sports Medicine
California Department of Corrections and Rehabilitation
California Health Care Facility, Stockton
drcsatva@yahoo.com**

I am Satyakant Chitturi, trained in Family Medicine and sub-specialized in Sports Medicine. I worked as a hospitalist at a Community Hospital for 3 years and now I am working at California Health Care Facility, Stockton for California Department of Corrections. It is a tertiary referral prison health care center. My wife Naga Vijaya Swathi Chitta is a primary care pediatrician and has been working for Community Medical Centers for past 4 years. It is a Federally Qualified Health Center with clinics located at Stockton, Manteca and Tracy, CA.

Most of the patients we see are from local socioeconomic status with several complicated medical conditions. We have been on visa for last 8 years requiring renewals at regular intervals. Both our kids were born in United States. We want to call this amazing country our home.

I received several job opportunities including telemedicine to help Covid hot spots. I even wanted to set up a multispecialty clinic in my neighborhood. There are several sick older patients who are unable to come out of their house for medical care. I wanted to conduct home visits and help take care of them. There is a lot of me and my wife together can provide to our community. This potential is not captured because of visa restrictions. I am unable to visit my ageing parents who live in India due to uncertainty of our return once we leave the country. My colleague could not return to US for several months after visiting his family abroad because of visa process. Hundreds of his patients had to face hardships during that time.

Most of us work in areas where it is tough to recruit physicians. Loss of one physician can negatively impact health and financial balance of that particular community. Supporting S.1810 (formerly S.948)/HR.3541 (formerly H.R.2895) and S.1024 (formerly S.3599)/HR.2255 (formerly H.R.6788) is the solution to address physician shortage and making US healthcare system more efficient.

Sheshashree Seshadri, MD Pediatrics
Bay area community health
Whatsurdiagnosis@gmail.com

I am a pediatrician currently serving as Director of pediatrics and clinical director at Bay Area community health. We have 24 clinics across two counties and see 75,000 patients encounter a MONTH despite being understaffed. We have created 15 jobs per physician in my community. Recently our clinic provided health services during the Black lives matter protests.

As the covid pandemic started, Santa Clara county in California was one of the first to be hit with several cases and still increasing. **I set up a covid drive through and relentlessly worked everyday screening and treating patients. The tent has flown away in the rain and wind but I have never stopped performing covid tests. I have been asked to come to other cities in California and to other states specially New York to help them in this crisis. I haven't been able to do so due to the visa status. The visa allows us to work for only one employer and cannot help out even in a neighboring clinic. Today marks my 10-year anniversary in USA. I have called it my home but I want you to call me one of your own and not "an alien physician".**

I worked on the border in El Paso Texas serving the underserved and then now at federally qualified community health center for over 7 years treating Medicaid and uninsured patients. I precept medical students and residents from Kaiser and Stanford who are gaining knowledge from physicians like me who work in the community. **Let's not forget first woman physician Dr Elizabeth Blackwell was an immigrant physician. As we celebrate woman physician's day year after year, let's also celebrate immigrant woman physicians by helping them call US their home.**

I urge you to consider the bills so that I can continue to serve my community which truly needs me.

Jyothi R Patri, MD Family Medicine
UCSF
Fresno, CA
[**dripatri@gmail.com**](mailto:dripatri@gmail.com)

To Whom It May Concern,
Thank you for giving us the opportunity to discuss our concerns with you.

I am Family Medicine Physician working in Fresno on an H-1B visa with as Assistant Clinical Professor at UCSF, Fresno Family and Community Medicine. I have been serving in an under-served community for more than five years now.

The current COVID-19 pandemic crisis has created new and unforeseen challenges in the community and health care centers. I have been in this country for more than ten years and am grateful for the opportunities the United States has provided. I and my fellow-physicians colleagues who are also on H1-B visas would like to contribute our services during this unprecedented and dangerous crisis, especially with the number of cases rising in the Bay Area as well as Central Valley. **I believe that all hospitals will need frontline physicians like myself and my colleagues to help during this national emergency. According to Infectious Disease experts, we could also be looking at a re-occurrence of COVID-19 again in the fall, but the hope is that we would be better prepared by then.**

Unfortunately, visa restrictions strictly inhibit our services anywhere else other than with our current employer. Physicians on Visa restrictions (J-1 and H1-B) are able to work in only authorized centers unless we have a green card or work authorization (EAD). I am citing my own case below as an example, but most of my fellow physicians are in a similar situation:

I have a 3.5-year-old daughter and my husband is also a physician and works as a hospitalist. **Raising my child in a two-physician family poses a greater challenge in the Covid-19 era. Being on frontline, we are both at risk for exposure to Covid-19 and always scared for my child and family.**

My I-140 (green card application) was already approved in 2016. However, I am still waiting to receive my green card (I-485 approval) since 2016. Based on current USCIS processing times, physicians have a very long wait time, especially those from certain countries. The estimated wait time is greater than 30 years in most cases.

We would appreciate if our passion to serve the country during this vital time is recognized. My colleagues and I are seeking your help to pass the HWRA bill, it would allow us to help fight Covid-19 without any immigration restrictions wherever there is a great need not only now, but also this fall and beyond until there is a safe and effective vaccine. The bill will also help 25 thousand nurses (in addition to 15 thousand physicians).. **This will heighten the opportunity for many more physicians like me to help during this crisis. This will also ensure that if COVID-19 re-occurs again this fall, there will not be a shortage of physicians to help those in need.**

I thank you for your time and consideration.

Sincerely

Jyothi Patri, MD, MHA, FAAFP

Aparna Yadatore, MD Pediatrics
Golden Valley Health Center
Modesto, CA Aparnavc@gmail.com

I am a Pediatrician at Golden Valley Health Centers, a Federally Qualified Health Center caring for California's under-served communities in the Central Valley for over 3 years. I provide preventative care and treatment from newborns to adolescents including medically complex patients. I also train Nurse Practitioners in the Advanced Training Program to enable them in turn to provide quality medical care and supplement the severe shortage of physicians in rural areas. I have been recognized by the Rising Leader award at my organization and have previously been endowed with Compassionate Physician, Teaching, and Trainee Research awards. I bring my training from an inner-city under-served hospital in New York and my leadership, collaborative, and teaching skills from being a Chief Resident to understand the diverse needs of patients and their families and work on quality improvements at my organization. **We care for farmers, rural and industrial workers, foster children, children with prenatal drug exposure, and refugees among others; their individual challenges and needs are different and it is my role to understand that and provide medical advice suitable to their situation.** **The importance of my contributions to my organization and our community cannot be understated; having access to health care without a doubt significantly improves their quality of life and has become even more critical during the Covid19 Pandemic.**

Despite working in the United States for over 7 years on H1B visa, I continue to remain on the same path with the possibility of obtaining Permanent Residency highly unlikely in my lifetime. **This has adversely affected me personally – I am unable to have a basic sense of security and stability, doing long-distance with my husband for years so that we can both pursue our individual careers that we are passionate about, and delaying us from putting down our roots, owning a home, and contributing so much more that we are capable of.**

I strongly urge you to be cognizant of the difficulties highly skilled immigrant physicians face in the United States, all while delivering essential medical care to rural communities. I implore you to support these legislative bills that will enable us to make long term commitments to stay put in our communities without visa fears and ensure that we remain accessible to the large under-served populations we serve.

Deepika Shangula, MD, Neurologist
Novant Health Neurology and Sleep specialists
1918 Randolph Rd, Charlotte, NC
drdeepika3@gmail.com

Dear Senator and House Representatives,

I am Deepika Shangula, US-trained and Board Certified by the American Board of Neurology and Psychiatry. After finishing my medical school in India, I did residency in Internal medicine at Western Reserve Health Education in Ohio, Neurology residency from Temple University Hospital, Pennsylvania. I have been on an H1b visa for the last 8 yrs and have renewed my visa twice. I have been waiting on the green card backlog ever since.

I am currently working at Novant Health - Neurology and Sleep Specialists. Novant Health Presbyterian Hospital is the only comprehensive stroke center in the Charlotte area, hence we serve stroke patients at a tertiary care level. We also have comprehensive epilepsy, multiple sclerosis, headache, and memory centers. With my special interest in stroke care, I have served multiple stroke patients across the state. In my 4 yrs of service at Novant Health in NC, I have cared and am the neurology care provider for around 3000 patients.

I called this country my home and treat every patient who comes across my way with utmost compassion and care. This green card backlog leaves me renewing my visa every 3 years. Due to the current situation if the visa does not get renewed it leaves me in a situation where I have to leave my so-called home, patients I cared for, within 30days.

During this national pandemic, there has been an increased number of stroke patients in nearby hospitals. I was called to work in other hospitals which I could not do since I was restricted by visa to specific work locations.

I am a mother of 2yr old twins. My work is my passion and I thoroughly enjoy what I do. During these times of uncertainty, it leaves me worried that if I contract or succumb to COVID, what will happen to my children. What is my back up plan, and I have none?

There is an immense scarcity of physicians in the United States, especially in the current pandemic situation. Immigrant physicians are an integral part of the American health care system. By supporting and passing these 2 above mentioned bills you will be not only increasing the number of physicians, employment opportunities that come from them in the United States but also give freedom for us to work anywhere in the United States plus the security that we are taken care of like how we take care of American patients.

Sincerely,
Deepika Shangula

Dr. Veeranna Maddipati, MD
Greenville, North Carolina

Reg: Immigration status for physicians

Respected sir/madam,

My name is Dr. Veeranna Maddipati and I am a lung and intensive care physician. First off, I would like to thank you for being there for all of us during these unprecedented times. As a people's representative, I can only imagine how much you are going through trying to cater the needs of all effected. Secondly, I would like to bring to your attention, our current situation hoping to win your support.

I have been in the United States since 2007 after I finished medical school in India. I was on J1 visa and finished my training in internal medicine and subsequently a fellowship in pulmonary

and critical care medicine. I am very grateful for the opportunity as the country has not only invested in my training, but entrusted the care of its citizens upon me. In 2015, I joined as a faculty in East Carolina University and as you are already aware, this is a major referral center in the Eastern North Carolina. **As a physician, educator and research scientist**, I find tremendous joy going to work every day. I get to help patients, train the next generation doctors and contribute to science.

As COVID swept through the US, we planned and prepared for the worst. Like every other health care worker, being in the front lines is anxiety provoking. **In addition, the insecurity of being on a visa and the uncertainties that can follow is very stressful. Yet, we made work schedules and coverage plans, anticipating that some of us would succumb to the pandemic. We did it because, people counted upon and looked up to us. It's also the right thing to do.**

I would now look up to you, for your support the for-immigration bills which are to address the immigration issues for international physician visa backlogs. Besides ensuring security for me and my family, this immigration reform will also help the community we both have pledged to serve.

Sincerely,

Veranna Maddapaati, MD, FACP, Pulmonary and Critical Care Physician
Clinical Assistant Professor
Vidant Medical Center
Greenville, Pitt County, NC
veerumaddipati@gmail.com

Deepak Garipalli, MD
Hospitalist, Atrium Health Shelby,
Weddington, NC
garipallideepak@gmail.com

Dear Senator and House Representatives,

I am Deepak Garipalli, Board certified Internal medicine Physician, working in underserved areas for last 6 years. I am In USA for 14 years. Completed Masters in public administration, Health care before I did my residency at mercy hospital and medical center in Chicago. I applied for Green Card in 2015, and have been waiting in backlog since then. Right now, I am working in Shelby, NC.

During this pandemic of COVID, I am willing to go beyond and work extra volunteering where needed, but I cannot do, because of visa restrictions which are employer specific. I am on H1B visa, going through renewal every 3 years with the fear of refusal in mind. If refused, my family is at risk of deportation. **This would really cripple my family along with the hospital where I work as it has big shortage of physicians, taking an average of 1 to 1.5 years to hire a new one. That means health care access to the community is at risk which will make the real sufferer to be a COMMON PEOPLE in the community.** Being on the frontline of this pandemic, keeping my life at risk, It would be hard to imagine the situation of my family who will be deported if I die, working.

Hence, I would urge this senate bill S.3599, S 948 which **will give stability to the healthcare force, the REAL BACKBONE IN THIS PANDEMIC.** Let us have what we really deserve.

Thank you very much. Hope you consider cosponsoring those bills, to help health care force.

Deepak Garipalli MD MPA
Hospitalist
Atrium Heath hospital, Shelby.

Mahesh Borhade MD Internal Medicine Hospitalist
Atrium Health, Cleveland Shelby, NC
Congressional district 10.
maheshbborhade@gmail.com

Dear Senator and Congressmen / Congresswomen.
Greetings,

My name is Mahesh Borhade, a trained and board-certified physician in internal medicine. I have been working as a physician for last 12 years. All these years I have worked in underserved / physician shortage areas. Currently I am the hospitalist at atrium health, Cleveland Shelby North Carolina.

My journey to become a physician and serve for others began in India when I completed my medicine school in 2001. I came to the United States in 2002 to pursue my degrees in molecular biology and Public Health in Georgia. Subsequent to that I finished my residency in internal medicine at Flint Michigan an underserved area. I worked as a primary care physician in a small rural area in Maine, town called Caribou with a population of 6000. Since 2014 I am working in the state of North Carolina. I worked at Fayetteville for 4 years and subsequently 1 year at Roxboro as a medical director. I realized how difficult it is to recruit providers in underserved area. We providers form a bulk of that population.

I have finished my 5 years requirement for working in an underserved area and eligible to apply for change of status although being from India, I would have to wait to get my green card until priority date becomes current for India. As a matter of fact I do have a letter from USCIS stating the aforementioned fact and statement mentioning I am ready to apply for change of status but file will be on hold. It is been almost 10 years and waiting for that day.

We take pride in working as a frontline hero in this COVID-19 pandemic. I would like to quote a statement once made by a German aviator, airline executive Mr. Uchtdorf. "**As we lose ourselves in the service of others, we discover our own lives and our own happiness**". **This statement does represent all of us physicians who are stuck in green card backlog. This is the career we have chosen and give satisfaction to us for this Godly profession. Although while working we also worry about our families.**

A hypothetical situation where if we run the risk of being infected with COVID-19, succumbing to infection would leave our family at risk of being deported immediately. Every day while going to work I do fear for this. My wife who has supported me during all these years who has been on a dependent visa along with my son who is born and brought up here in the United States are always at the back of my mind.

The approval of this bill will alleviate all the aforementioned uncertainties. Myself along with all physicians would request all congressman to consider our immigration as priority and approve the bills in Senate and house to boost American healthcare workforce. Thank you for your support and time.

Mahesh B Borhade MD.

Varun Kumar, MD Cardiology
Medical Director
Cardiovascular Services
Harnett Health System Dunn, NC
drvarunk03@gmail.com

Dear Senator and Congressmen,

This has been a long and trying time for our nation and the world. Just as we are controlling the incidence of new COVID-19 cases, looming over our heads is the possible second wave of infections. There has always been shortage of medical personnel and COVID-19 is further worsening this imbalance as many of my fellow physicians have contracted the virus and few have been fatal.

I am on work visa and serving a rural community in North Carolina where I am providing cardiac care approximately 21days /month due to lack of other cardiologists. Before I started practicing here in Harnett County, many patients have had to travel at least 30 miles for basic cardiac care. I have been working here in this county since 1 year and many of my patients have developed bond with me and my practice is growing. **However, if I contract COVID-19 while I care for this community, they will be left without a cardiologist whom they can approach without jumping multiple hoops.**

Personally, I support my wife and our 2 kids and I fear for their future if I contract the virus turns fatal. This is because my wife is on dependent visa and she cannot stay or work in US in my absence. Our two kids who are US citizens will face extreme financial, social and emotional strain.

If this bill gets approved, I do not have to fear for my family's future and I can continue to care for the underserved region of Harnett County and also provide medical assistance at other regions of the country where COVID-19 is prevalent which I cannot currently do due to visa restrictions.

Thank you for taking time to read my letter and I hope you will support the immigrant physician force who are caring for people of The USA.

Varun Kumar,MD
Medical Director of Cardiovascular Services
Harnett Health System
Dunn and Lillington, Harnett County
NC

Purnachander Vangala, MD,
Intensive Care and Infectious Disease Specialist
Cape Fear Valley Health System
Fayetteville, North Carolina
rao.vangala@gmail.com

I am attending working at Cape Fear Valley Health System. I did my medical schooling from prestigious Gandhi Medical College in India. I then pursued my post graduation career in United Kingdom and obtained Member of Royal of College physicians. I came to United States of America to pursue speciality training in Critical care in 2010.

After obtaining IM residency at Grand Rapids Medical Education research in Michigan in 2012. I went on to do Geriatric fellow ship at Cleveland Clinic in 2013. I subsequently obtained Infectious disease fellowship at Wayne state University in 2015. I then finally achieved my dream of obtaining Critical Care Fellowship at Wayne State University in 2016.

I trained in 3 different fellowships along with Post-graduation in United Kingdom before pursuing career in Critical care. I am currently working as an Attending physician at CFVH since 2016. CFVH serves a large underprivileged community including Womack VA and our army personnel at Fort Bragg.

United States has given me an opportunity to not only grow as a physician but also made my dream come true of becoming a critical care physician. My training also helped me in gaining compassion to work with sick patients and strong work ethic with sound knowledge and humility. It has helped to grow as a good human being.

My training has helped me to gain medical knowledge during all these years have helped me to combat COVID-19 Pandemic. **As a forefront physician in managing critically ill patients we are facing a different kind of challenge which we have not faced in the past. We not only help patients but also have to be cognizant of protecting ourselves from not falling sick.**

My role as a Critical care physician has broadened to become part of national task force against COVID-19 in the state as well as locally at our hospital

Given high risk nature of our profession and constant fear of falling sick from COVID-19, which could curtail our future. Our current immigration status which not only puts me at risk but also my entire family. I would like to continue to serve the community as long as possible and pursue my career in critical care.

My humble request given unforeseen circumstances is to consider Bipartisan Health Care workforce resilience act which could expedite processing and enable physicians to receive the benefits and flexibility of obtaining a green card, which will enable them to work in the areas of dire need without visa hassles.

Sandeep Narayan, MD Anesthesiology
Atrium Health, Charlotte
Congressional district 9
sandeep837@gmail.com

Dear Senators, Congressmen and Congresswomen

Hope you are all doing well and keeping safe amidst the Covid-19 Pandemic.

I am Sandeep Narayan, an anesthesiologist currently practicing in Charlotte, NC. Following my Anesthesiology Residency graduation in 2013, I practiced in an underserved area for more than five years at Bangor, Maine. I have been on a visa (J1 and H1b) ever since I arrived at US to pursue Anesthesiology Residency (2009 till to date- 11 years total). Working in an underserved area has been blessing as it has provided me a broad breadth clinical exposure that was well supported by the hospital system and, a close bonding with the local community. This unique opportunity has indeed made me a better physician.

The practice of Anesthesiology has changed completely since this pandemic arose. The generation of aerosols during the placement and removal of the breathing tube is known to be the highest risk category for a Corona virus infection. It has affected the practice of Anesthesiology in several ways-

- Providers wear gowns, double gloves and double masks for these procedures. We limit providers in the operating room to reduce infection risk to other operating room staff.
- Created a Covid operating room to take care of Covid + pts. Provide 24*7 coverage for intubations.
- Canceled elective surgical cases to reduce the volume and conserve resources in the hospital.

• The hardest impact is during management of ICU patients requiring ventilation. We are the last providers that they see before receiving sedation. I provide the utmost comfort and reassure them that they will get better and we will take good care of them. It is extremely disheartening that their loved family members cannot be by their bedside during this stressful situation.

This virus can be shed with and without symptoms. **If I get infected, it will be an utterly devastating situation as I am the only working member for my family with a dependent wife, a charming infant and loving elderly parents at my home.** This will also be deadly as we are an immigrant family waiting on the green card backlog for over 6 years now! Being on this prolonged visa status has severe limitations on changing jobs, pursuing fellowship opportunities and providing care outside of visa restrictions.

The coronavirus situation is an unprecedented disaster that has affected all our lives one way or the other significantly. We will get through this situation with our sincere thoughts, sustained efforts and evidence-based actions to eradicate this virus. We will provide the best care to all people- that is medicine!

I, kindly request, your support to all immigrant healthcare workers during this pandemic situation by supporting The Healthcare Workforce Resilience Act (S. 1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788)). Being a proud recipient of the Conrad 30 Program, I strongly advocate and request your support for the Conrad 30 Program and Physician Reauthorization Act (S.1810 (formerly S.948)/ H.R. 3541 (formerly H.R.2895)). It goes without saying that all immigrant providers will be deeply indebted to your support during the current public health crisis.

Thank you for the time, help and consideration.

Sincerely
Sandeep Narayan

Sunil Meruga, MD, MBA
Internal Medicine- Hospitalist
Atrium Health – Pineville, NC
smeruga1@gmail.com

Dear Senators and House Representatives.

Greetings. I am Sunil Meruga. I am currently working as an Internal Medicine-Hospitalist at Atrium Health, Pineville, Charlotte, NC. I arrived in this country in 2009 for residency training. I did my residency training in Flint Michigan, serving a very needy population for four years. I am double board-certified in Internal Medicine and Pediatrics. Following my training, I worked in northern Indiana, a Health Professional Shortage Area (HPSA) till mid-2019. Since then I have been working in the South Charlotte area. During all these years, I strived diligently to serve my patients and train the next generation of healthcare professionals. While working and raising a young family, I completed my MBA from the Isenberg School of Management, UMass. I used every opportunity that came across me, to upskill myself to better serve my patients, improve the policies and processes, and benefit the organizations, I work for.

From the day my journey began in this country in 2009, I have been on H1B visa. I have lost the exact number of times my visa was renewed. I am still a temporary worker on H1B visa. Navigating the complex immigration system with no hope in sight is not only exhausting but can cause severe human tragedy. **In 2015, I got the terrible news that my father was terminally ill. Instead of rushing to my father's side, I was busy filling my H1B renewal application and waiting on getting a visa appointment at the consulate. I could not travel right away because I would not be able to return without proper papers. By the time I was able to travel, it was too late. Whenever I reflect on that time, I am overwhelmed with grief and guilt.** Sadly, having a current visa is constantly on my mind, if in case I need to travel in emergencies.

My wife is a physician too and her journey is similar to mine. Both our visa cycles are not synchronized, i.e. if I have a renewed visa, my wife is in the process of getting hers renewed or vice-a-versa. This compounds our problems and frustrations. We are limited in the way we travel and interact with the extended family. I have 2 young sons and awaiting a new addition soon. Being here for so long, my family has been forging a new life and a new identity, slowly drawing away from the past. But the uncertainty of the future always evokes fear of hopelessness and frustration that my children may end up in no man's land.

We, international medical graduates (IMGs) received our tertiary training in this country and are serving where the need is most, never hesitating to put over lives on the forefront, especially in challenging times such as these. We bring value and hope to the communities we serve. Leaders, I humbly appeal to you to consider our case and give us hope by supporting legislations S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895).

Sincerely,
Sunil Meruga, MD, MBA.
Internal Medicine-Hospitalist
Atrium Health -Pineville

Nikita Patil, MD Internal Medicine Hospitalist
Nash General Hospital (Nash UNC Health Care)
Rocky Mount, NC
nikitaz.patilz@gmail.com

I have been in the United States since 2007. I completed my Internal Medicine Residency from Washington Hospital Center in Washington, DC in 2013. Since then I have been working mainly in medically underserved areas. I am also involved in medical research.

There has been a physician shortage for years in the United States that causes severe problems with access to medical care for patients, particularly in underserved areas. I applied for my Green Card in 2015 and am waiting due to the Green Card backlog. I now hear that there is a projected wait time of several years or even decades from various sources. Along with my colleagues, I fill in a critical need for physicians in underserved areas. Being on a temporary visa status restricts my ability to provide services beyond my specified job description and specified work site, even when there is a need for them elsewhere.

As the COVID-19 pandemic hit and we treat affected patients, there is always a fear at the back of my mind of (a) Bringing the disease home to my husband and 5-year-old son, (b) What happens to my family if I become disabled or die while treating patients? **If I die, my husband will lose legal status, and my family will have to leave the country. How would they leave the country with international travel restrictions with COVID-19? Would they get infected while undertaking this journey after my death?**

I love what I do and it is a privilege to be able to serve the patients in need. I only wish that my family were protected better. I also hope for some long-term stability while planning for our lives ahead. A permanent residency would address some of these problems.

Thank you for your time and consideration.

Navneet Arora, MD Critical Care Medicine, Pulmonary Disease

Chair of Internal Medicine

Director of Pulmonary and Intensive care unit

Matthews Medical center, Matthews, NC

Drna2001@gmail.com

Dear Senator and Congressman/women,

My name is Navneet Arora and I am a board certified pulmonary critical care physician in Novant Health Matthews Medical Center, Matthews, NC. I have been working in this position for last 4 years. Novant Health Matthews Medical Center is a 157-bed hospital offering a wide range of services in cardiovascular, surgery, maternity, cancer, outpatient and high-level diagnostic capabilities for cities of Matthews, Mint Hill, Monroe and Indian Trail. ICU care plays a major role in developing these robust services helping our elderly population and help in creating more jobs in health care force.

I came to USA in 2006 with my wife and 2 children and have undergone training for 7 years (4 years in internal medicine/Pediatrics residency and 3 years in pulmonary critical care fellowship and I am triple board certified) at Beth Israel Medical Center, Newark, NJ. This is an inner city community hospital. After finishing my training I moved down to Lynchburg, Virginia which is a small city of 60,000 serving many small surrounding counties. Now I am close to Matthews NC which is close to Charlotte. Since 2006 I have worked in underserved areas helping under-privileged population. I have been on H1B visa since 2006 and my green card application is pending since 2012.

During these tough times of COVID 19 pandemic NYC and NJ were hit really badly. I received multiple calls from my colleagues and friends for help as they were stretched due to extensive number of very sick patient. **Though I had time as we were not getting hit with COVID yet and was willing to go and work in NYC/NJ, but I could not as law prohibits me from working outside of visa application sponsor. I think it was not fare to medical community which fought so hard to save sick American citizens who were in dire need of help.** I have seen them struggle during this tough time pleading for extra help.

I have been very active in making difference in patient care and outcomes. I have published during my fellowship a study which decreased urinary tract infection by implementing early catheter removal in ICU which have save thousands of dollars as hospital expenses and has become a quality measure for patient outcomes.

I think there are so many physicians like me who treat USA as home and have sacrificed a lot during these tough times. We all have put our lives in danger working as front line workers in this pandemic. We all want to take care of patients- that's what we signed up for as we all love our profession but want some security for my family if something happens to us. There is significant physician shortage in every medical field. USA has invested in all physicians who have come from other countries. I think passing senate bills S1024 (formerly S.3599), S1810 (formerly S.948) and house bills will help keeping highly skilled American health force in place.

I thank you all very much for taking out time to read our letters and giving consideration to our cause.

Navneet Arora, MD

Praveen Chada, MD Internal Medicine Hospitalist
Vidant Health System
Greenville, NC
pchada@gmail.com

Dear Honorable Senate and House of Representative Members,

First, allow me to thank you for your great effort and support during this unprecedented time. As a member of the professional health care community, I am personally grateful for your swift action and on-going assistance.

I am writing today to request that you support the legislature mentioned in the introduction to our request letters. Please allow me to share a bit of my professional history to illustrate the great and life-altering importance of this action.

I am an hospitalist working at VMC Greenville. I have been in United States since 2004 and working on a H1B visa. I did my Internal Medicine residency at Bassett Medical Center, Cooperstown, New York from 2007- 2010 and then moved to North Carolina in 2013 and since then working as a hospitalist.

The Covid-19 pandemic has been a very challenging time for the American health care community. Many of us have sincerely wished to help our colleagues at other hospitals and in underserved locations. Currently, there is a great need of hospitalist all cross NC hospitals as the number of cases going up and we needed physician who can help the hospitals to combat this pandemic. As I am working on an H1B visa, I am restricted to working exclusively for one employer. If I had been able to, I would have eagerly stepped in to assist, especially as an hospitalist during this pandemic times.

It is clear to see that for more efficient patient care can be achieved especially by international health care providers living in the USA if they have better flexibility to work anywhere in the healthcare system. Having restrictions, like an H1B visa, should not hinder needed professionals from providing service to patients in great need. Being on this type of restrictive visa limits our ability to help when needed, go when requested, step in as our medical ethics call us to. **My request for you to vote for the mentioned legislation would not only benefit me but also my family, my patients, and the professional community in my region. The inability to provide assistance is not only stressful to physicians in the midst of this challenge, it is also potentially life-threatening to the patients in that area.**

Enacting the legislation mentioned would serve to help our families, our communities, and increase access to vital health care resources in our vulnerable communities. It will help us to fight COVID19 and any other such unforeseeable threats and increase the stability of our healthcare systems with many more US trained physicians ready to help.

I sincerely thank you for your time and attention and hope that you will consider this very important legislation.

Best wishes, Praveen Chada
Hospitalist, VMC Greenville

Kingsley Pudota, MD Internal Medicine Hospitalist
Wilson Medical Center
Wilson , NC
kingsleypudota@gmail.com

I am Dr.Kingsley Pudota trained and board certified in Internal Medicine. I have been working as an Hospitalist in a H1B visa for the last 6 plus years in a physician shortage areas. Currently I am the hospitalist in Wilson medical center at Wilson, NC. The Hospitalist program in Wilson provides in-patient care to more than 85% of the hospitalized patients in this 294 bed hospital. The hospitalist team consists of 10 physicians of which 9 of them are immigrant physicians. Despite this hospital being a 294 bed hospital more than 50 % of the hospital beds are out of use due to shortage of Physicians and Nurses. On an average it takes more than 2 plus years to recruit a physician here. For every physician recruited here we have been able to creat more job opportunities for ancillary health care workers such as nurses, respiratory therapist, physical, occupation and speech therapist, health care administrative personal.

The most significant of them all is the opportunity to have more capacity by the hospital to provide care to the patients from Wilson and the surrounding counties. In the current situation of COVID the gap in the care to be provided is more evident. Our hospital in Wilson and surrounding hospitals have been scrambling for beds in the surrounding hospitals over the radius of 100 miles to accommodate the needs of the COVID situation.

This situation is currently made more uncertain by the fact that the hospitalist physician such as me and my colleague serving this community are currently on a H1B visa. **Being a visa candidate, I have to go through a renewal of visa every 3 years and risk of visa rejection. In such an event I need to exit the country in the next 30 days, thus putting the entire health care needs at risk for the patient population that I take care of at Wilson.**

Personally, it is also devastating and very anxiety prone to go through this period of uncertainty (visa renewals) every 3 years for me and my family. After having spent more than 11 years here in United States , having trained here as a Internal medicine physician utilizing the health care dollars, having raised my family with 2 young children who were born here and know nothing about the life in my home country, realizing that all of this is at stake and heavily hinges on that visa renewal every 3 years is so intimidating.

This has been made worse by the COVID situation. As a frontline worker treating sick COVID patient we run the risk of being infected with COVID. In the event that I succumb to this infection, my family will be deported immediately. Thus completely jeopardizing the future of my family.

The approval of this bill will alleviate all the above-mentioned uncertainties. Make health care more certain for Wilson and its surrounding counties. It will give me more opportunities to provide care to patient in other hospitals beside Wilson which otherwise is restricted by my H1B visa. This will also help me to continue my aspirations in Cardiology research that I have not been able to pursue since my training years and also contribute in medical advances. Personally, it will consolidate my family's position and lift the burden of uncertainty for my family.

Thank you for your time and requesting your support for this bill.
Kingsley Pudota MD

Krishnakanth Gali, MD Hospitalist
Frye Regional Medical Center
Hickory, NC
krishnakanthgali@gmail.com

I am Krishna Kanth Gali, trained and board certified in Internal Medicine. I did my residency in New Jersey, followed by J1 waiver job under Conrad-30 program in Roswell, NM. After J1 waiver I stayed at same place to complete another two years of waiver to make up to a total of 5 year rural practice. I was granted national interest waiver immigrant petition I-140 by USCIS with the support of State of NM. After 5 years of rural practice of medicine I moved to Frye regional Medical center, Hickory, NC which is also a rural town. Hickory, NC is also a J1 waiver location. I am practicing medicine in rural America for 6 year now.

I am living in USA since 2011 continuously under several visas such as J1 for three year during Internal medicine training, followed by another three years of J1 waiver under H1 visa followed by renewal of H1 visa since then. I was approved petition for immigration(I-140) filed by my employer and also National interest waiver by USCIS.

I was serving Rural population where there is a need for physicians since 2014. I was approved two different petitions for immigration to USA, yet I was not given green card because I was born in India. Me as a physician serve vital role in keeping rural America healthy and treat their illness. I am patiently waiting for my turn to get the green card, but I am not sure if I will get it in my life time because of back log due to country caps based on country of origin. I was considered beneficial to the country based on National Interest, yet need to wait for decades to apply for green card. I am not sure if it is fair to keep some one waiting for decades because that person was stuck in country cap (back log) to get green card.

Now we have Covid-19 pandemic. I am serving Covid-19 patients in my hospital. **Now we were called front line heroes or warrior to treat Covid-19 patients. We risk our lives every day to see the Covid-19 patients under nonimmigrant H1B visa.** If I get sick and get disabled due to contracting Covid-19 from a patient who will support my family? With your approval of the immigration bills for physicians my family can self-sustain. If not, my family will be deported back to India where we came from. My children were born here and they say "we were American" when we ask who they were? They go to schools here, learning culture and became part of the country. They don't imagine any other country as their home country. They say this is their country. If I loose this job due to Covid-19 or some other issue they can't stay because they were tied to my Visa though they were born here and believe they were Americans. I don't think it's fair to the kids that were born here.

Myself with other doctors on Visa waiting for green cards play a vital role in serving the country. All of us were trained here and board certified in our specialties, invested our time and live here. **The United States will see a shortage of up to nearly 122,000 physicians by 2032. We, immigrant physicians help fill the shortage and boost the health care work force. Please consider our immigration as priority and approve the bills** in Senate and House of representatives to boost American health care work force. Thank you for your time and support.

Krishna Kanth Gali

Arun Muthusamy, MD Gastroenterology
Cedar Valley Medical Specialists P.C., and Cedar Valley Digestive Health Center, Waterloo, IA
drarunm@gmail.com

Dear Sen. Grassley,

I am a Gastroenterologist working at CVMS, Waterloo for the last 2 years. In addition, I cover multiple counties around Waterloo (Independence, Oelwein, Jessup, Fayette, Fairbank, Sumner, etc.) **as the only gastroenterologist providing service to the needy and elderly people. My patients are very thankful and feels very convenient/ comfortable seeing someone locally.**

As a gastroenterologist, I see a lot of patients requiring emergent endoscopy for conditions such as food impactions, GI bleed, biliary cholangitis. **We don't have time to perform COVID-19 testing prior to these procedures.** In those circumstances, my team and I risk ourselves to help those patients without a second thought.

In one instance, I have to take care of a 2-year-old who swallowed a quarter with complete obstruction of her food pipe causing severe problems. During initial interview, I found out that one of her immediate family members (the child had contact with) was tested positive for COVID-19 requiring hospitalization. Our choices were to transfer her to tertiary center vs intervene in Waterloo. The nearest major hospital was Iowa City which is 1.5 hours away. Our entire team (including staff nurses) performed emergent endoscopy to help that child with success. These kinds of procedures are considered high risk for acquiring infection from aerosolization. Fortunately, none of us were infected. What happens to the families of people like us if an unfortunate event occurs?

Please keep us in mind and consider voting for the above bills.

Sincerely,
Arun Muthusamy

Deepti Smitha Kurra, MD Family medicine

Unitypoint, Marion, Iowa

Deepthismithareddy@gmail.com

Dear Senators and representatives,

I am a board-certified family practice physician and trained in wound care as well. **I have been in Iowa since 2009 for over ten years as a family practice physician, trained in Cedar rapids and decided to stay back in Iowa.** I have faced the consequences of health care shortage in rural areas myself and I have been actively advocating to change this situation for the last couple years as it has affected my community that I was serving for six years which desperately needed me.

I am a family practice physician from India, decided to settle down in Iowa as we liked the community and people here, found a wonderful job that matched my needs in Marshalltown, Iowa and have worked there for six years.

Unfortunately, due to issues with delays in processing of our permanent residency applications and inability to move my husband's job due to lack of flexibility and daily commute for six years, after a long wait, I had to move with a lot of sadness due to losing a career that I liked with a lot of concern for my patients who have to now go to travel at least over 35 minutes to get to an MD. Especially hard for patients who are old and fragile and have multiple medical issues with transportation issues and need prompt help - which actually describes my patient population. Many of my patients have complicated medical issues as I was one of the last physicians in Marshalltown that was accepting patients in the last few years and did my best to fill in the gap and meet the demand. **Since I started there, we lost about 15 experienced providers to retirements and moves, and have only 4 left which has been very stressful for physicians as patients as well.**

After years of personal hardship due to visa issues , compromises in multiple levels due to extra planning for visas and appointments and avoiding any essential or emergency travel to avoid jeopardizing patient care due to the indefinite and long visa stamping and renewal process , and the lack of security if something were to happen to me, in the country we now call home , raised two young daughters who were born and brought up here, **served the people in Iowa and made myself available to any healthcare needs selflessly, with no limits to the long never ending days of work , where I have used all my life's training to become the doctor I wanted to be ,I am hoping that you will find a solution for better healthcare that I would like to provide.** I am restricted on how much care I can provide and also at a point of decision about our family's future. As many of my immigrant colleagues who have been trained and practicing here, and waiting for over a decade with no end to our green card situation, I am also contemplating about where in this world we would settle down. After all these years of emotional investment in America and the years of youth spent here in educating myself and building a life here, it is very disappointing to bear the feeling of not belonging. **I hope my services as a family practice and wound physician are recognized in 'My home state Iowa'** and I request you to consider passing the above bills.

Thank you,

Sincerely,

Dr. Smitha Kurra M.D
Family medicine,
Unitypoint clinic,
Marion, Iowa

Padmanabhan Priyesh, MD Cardiologist
Unity Point cardiology, Des Moines, IA
priyeshpadmanabhan@gmail.com

I am a Cardiologist with Unity Point Cardiology in Des Moines Iowa. I have been on a visa for last 10 years in United States. I trained at Univ of Massachusetts before taking up my current job in 2016.

My practice has 11 full time cardiologists of which 6 are on H1B visas. Me and my colleagues have worked nonstop managing patients in the clinic and at Iowa Methodist and Lutheran hospitals throughout this pandemic. At a personal level I can say that I have just taken 2 days off from my clinic since Feb 2020 when the pandemic began in Iowa.

I have patients who drive close to 150 miles to see us in the office here. I tried to reach out to peripheral hospitals to help rural Iowans get cardiac care closer home but I cannot do it as I am restricted to work in the 2 clinics approved on my visa.

My family life has been affected immensely due to visa status. In spite of giving the best possible cardiac care to patients, I always live in the fear of getting infected with COVID and the affect it will have on my family. My 2 young children aged 7 and 1 and my wife will have no choice but to deport themselves within 30 days if I were to be incapacitated by COVID. **My spouse who is a US trained physician on a H-4 dependent visa cannot work and contribute to healthcare of our community** because she cannot find an employer who can sponsor a visa.

We have currently close to 13000 physicians nationally and more than 500 in Iowa stuck in a green card backlog who are facing extremely stressful situation due to their visa status. **I can assure you that not one of these physicians including myself has replaced an American Worker/American physician.** We have contributed immensely to the communities we live in. Iowa has a severe shortage of physicians and has used foreign born American Trained physicians to provide quality healthcare to Iowans in need.

I urge you to help me and my fellow physicians by including the bipartisan S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) The Healthcare Workforce Resilience Act with the upcoming COVID relief bill. This step will enable physicians like myself to spread our services to more rural parts of Iowa. Allotting unused green card to nurses and physicians will not increase the immigration to United States as these individuals are already working here for years and have approved for permanent residencies.

Please help Iowans get better healthcare by helping physicians taking care of them

Abhishake Kaapuraala, MD Hospitalist
Marion General Hospital
akaapuraala@gmail.com

I am a Family medicine physician, currently working at Marion General Hospital, Ohio, as a full-time hospitalist. I came to the United States of America in 2008 for my residency training under the J-1 Exchange Visa Program. **After the completion of my residency training, I availed the opportunity to transfer to the H-1B visa and served as a primary care physician in rural Iowa in a severe physician shortage area. After serving in Iowa for 5 years** I moved to Ohio and have continued to work for last 4 years as a hospitalist here in medically underserved areas of Urbana county and Marion county.

I have been a working physician in the USA for over 12 years now, **with 9+ years of those on a H1 visa.** I am very grateful for the opportunity to serve my patients in the communities here. My focus of work has been rural medicine with a special interest in treating the geriatric population. I have built very strong relationships within the communities here, where I have lived and worked. I take great pride in my work and look forward to continuing to serve them.

I have been at the forefront of the COVID-19 pandemic from the day 1 and have continued to take care of COVID cases at our hospital hands-on. I feel very uncertain of the future especially for my wife and two young kids, aged 6 and 9 respectively. Without my legal presence in this country, my wife risks deportation. My kids are born in the USA and are citizens here and this is the only life they have ever known. This pandemic has definitely brought new challenges for a lot of physicians like me, who are stuck in the green card backlog. We continue to work under a lot of stress when we think of what would happen to our families, if we ever contracted COVID-19 while at work.

On July 9th 2020, I lost my father to COVID-19, in India. However due to my visa restrictions and embassy closures, I, unfortunately, am not able to travel to be with my mother as she struggles to cope with this situation all by herself. While I continue to cope with this immense personal loss, I also continue to care for COVID-19 and all my other patients with utmost dedication here.

I, therefore earnestly request all the policy makers and leaders to heed to our plight and help us find a path to permanent residency without years and years of wait. This will help us work with renewed energy and peace of mind, knowing the future of our families is safe in this country which we have chosen to serve and call home.

Sincerely,

Dr. Abhishake Kaapuraala

Phanireddy BabiReddy, MD Internal Medicine

Unitypoint, Bettendorf, IA

docphanivr@yahoo.com

Dear Senator/Representative,

I work as at Unity point Trinity Bettendorf. I have been on H1 visa for 11 years waiting for green card. I **have worked in underserved areas for the past 11 years.** It has given me immense satisfaction for providing care and support for patient for the past years. **I was not concerned about my Visa status as I had the option to renew it every 3 years. This has changed after COVID pandemic hit. This is the first time in my life where I felt the real purpose of being a doctor, playing my role in serving the community and nation. Paradoxically this is the first time I felt so insecure taking care of COVID patient due to high risk of infection. It's a mixed feeling of feeling proud to serve and face the insecurity of what will happen to my family if they lose visa status.** I try to talk to myself every minute that my duty comes first and then my family. I know lot of physicians on Visa are in the same boat.

So, I request you to support the bill and make sure our immigration concerns get resolved to render our services with no second thoughts.

Thank you

Phanivardhan Babireddy

Prashanth Anand, MD Orthopedics
UnityPoint Health Fort Dodge, Iowa
Drprashanthanand@gmail.com

I am an Orthopedic Surgeon practicing at UnityPoint Health, Fort Dodge, IA. Before starting my practice at Fort Dodge, IA, I practiced in another rural hospital (Carle Richland Memorial Hospital, Olney, IL) for almost 8 years. I am an Indian national who did my fellowship training in the US and subsequently opted to practice orthopedics in a rural hospital. I have been in the US for almost a decade under a work visa. I would like to bring your attention today towards the plight of rural hospitals and immigrant physicians. Today, I write to you as a physician, immigrant, father, and a member of PAHA (Physicians for American Healthcare Access).

My previous hospital like many other rural hospitals has been experiencing financial difficulties. When I joined this hospital in 2012, we had around 6 surgeons and that has now come down to one surgeon. They have been actively trying to recruit physicians but being a rural community has struggled to bring in young talent. During this difficult time, they had to make some hard decisions and, unfortunately, that resulted in me moving away from that position. Eventually, I found my current employer in Iowa who was willing to sponsor my visa. But many immigrant physicians like me who are under a visa may not be so lucky. I know some physicians who had to leave the country because of the 60day grace period following employment termination for those under work visas.

I believe all the above issues could be easily addressed by passing senate bills S.1810 (formerly S.948) and S1024 (formerly S.3599). I would like to focus on how these bills would have benefited me and my former rural

- 1. If these bills were law, then I am sure my former hospital would not have had the physician shortage they are experiencing now** as they would have found many young physicians on the J1 waiver due to the expansion of the Conrad 30 program. This would have benefited the hospital financially by providing much-needed treatment to the community locally and maybe they would not have taken the drastic steps of shutting down some departments including mine.
2. The bills would also incentivize these US-trained immigrant physicians by providing a path towards permanent residency if they continue to serve in these rural communities for 5 years. **Much research has shown that physicians who stay in a community for more than 3 years tend to stay there longer, thereby helping the rural hospitals** to do better financially.
3. Finally, the COVID-19 pandemic is now hitting rural communities and at some point, I would be involved in the care of these patients. As a physician, this is what I signed up for and I would be glad to share my expertise in the management of these patients. However, my only concern is what if I get infected or become disabled. Under the current law, as an h1b visa holder, **I am not eligible for social security or disability benefits**. I may lose my job and have to self deport. If I die from COVID-19 complications, my kids who call the US as their home risk deportation along with my wife.

hospital in IL.

Many Immigrant physicians like me have been living in the US with an uncertain future. We do not know whether this country would eventually accept us as citizens. There is no way we can wait for another decade to get our green card and many already have plans of moving to Canada or back home. This is not the time for the US to lose highly skilled physicians and this is rather a time to recruit and retain more physicians.

So I sincerely request you to strongly consider these bills which have bipartisan support and include them in the next COVID relief package. Please do not hesitate to contact me if you have any questions. I can be reached at 618-240-2387.

Sincerely,
Prashanth Anand, MD

Rahul Khanna, MD Neurology
Burlington Neurology & sleep clinic, Burlington Iowa
Rahulkhanna.doctor@gmail.com

Dear Senators and house representatives,

I am Dr. Rahul Khanna, started practicing neurology in Burlington, Iowa. I completed my Neurology residency and neurophysiology fellowship in Houston, Texas. I have been on visa since 2015, initially on J1, and now on H1B.

Being a physician, we, alien physicians, give our best to serve the under-served communities but constantly face difficulties to sustain a normal family life due to stressors of immigration status. I currently support my wife and 2 US born daughters. **To give a small example of the stressors, when we transitioned our status from J Visa to H visa, my wife has to change from J2 to H4. The processing time for her transition currently is 12-15.5 months per USCIS. During this process, she can stay in US, but she cannot get driver's license. Now this does compromise the ability to serve this population, due to this stressor on our family life.**

This was just a small example, and we go through such struggles throughout the period until we get a green card. We have already adapted US and its people as our family, but unfortunately it takes decades for US to officially accept us as a permanent resident, as current wait time for us to get greencards is just unimaginable.

I hope you consider supporting these bills, which will definitely help us serve these under-served population in a much efficient way. And we are already doing that, but by compromising our personal life.

I will be grateful to you for supporting these

bills Thank You
Dr. Rahul Khanna

Vara Ponnada, MD Hospitalist
Unity point, Allen Hospital, Waterloo, Iowa
kamalakrishna@yahoo.com

I, Vara Ponnada, am an Internal Medicine board certified physician working as a hospitalist in an underserved area in Iowa ever since I completed my training in 2012.

As a hospitalist physician, I take care of very sick patients, including those who require critical care. More than 80% of our hospitalist program is comprised of international medical graduates who utilize the Conrad Waiver program and serve patients from surrounding 3-4 rural county areas who do not have access to higher level medical care.

I am at risk of being infected, as is every other frontline healthcare provider during this COVID -19 pandemic irrespective of country of origin. However, as alien physicians on visas, we face serious consequences.

Every day when I go to work, I have a fear in the back of my mind that if I become sick and disabled permanently, I will be deported to my country of origin where I have no immediate family.

My employer filed for my permanent residency which was approved five years ago. I have been stuck in the backlog since.

During this time, my daughter, after completing high school and college in the U.S, became a software engineer and got job at Microsoft on OPT but had to leave this country as she could not get through H1- B lottery. She aged out to be on H4. My son, who completed middle school, high school, and college in the U.S. is still on international student status as he goes on to pursue his doctoral studies and will have to leave to country after completion if he does not receive a visa. Both of my children consider the United States their home country and have lived here through most of their formative years, ever since we moved here 11 years ago.

We face multiple problems with having to renew our visas every 3 years, getting visa appointments abroad when leaving the country for family emergencies, getting stuck abroad because of administrative delays, and finding physicians here for covering our absence when our hospitals are already struggling with staffing issues. Geographical visa restrictions limit our ability to extend our help in needy areas in a timely manner.

Through the passage of bills S.1024 (formerly S.3599) and S.1810 (formerly S.948), many doctors in situations similar to mine will be able to continue providing essential medical services both during and after the pandemic. Permanent residency status would enable us to call this country as our country with pride.

Rajasekhar Madathala, MD Internal Medicine Hospitalist

Unity Point Health, Fort Dodge, Iowa

drrajasekharreddy@gmail.com

Dear Senator / Congressman / Congresswoman.

I am an Internal Medicine Physician trained and licensed in the state of Iowa / Minnesota. I moved to US 13 years ago in 2008, after graduating from Medical school in India. Successfully finished extremely hard USMLE (US medical licensing exam) and Matched at Loyola Medicine Mac Neal hospital Internal Medicine Residency Program in Berwyn Illinois. After successfully finishing my Residency I have moved to Fort Dodge Iowa, where I started practicing Internal Medicine and working towards my waiver program. As you are aware Fort Dodge is a Medically Underserved area and had extreme difficulty in recruiting provider. As Internal Medicine physician worked in the hospital caring for

Sick adult patient and critically ill patient. **Due to short staffing, I had to pick up number of extra hours, almost working 300 (12-hour shifts) per year, which is working 60 to 70 hours / week.**

As you are aware, there are other hospital surrounding fort dodge, including Waterloo, Mason city, Sioux city, Humboldt and Webster county, I used to get multiple calls requesting for help. Unfortunately, due to restriction on visa, I could not go to their assistance, even when I was available.

Unfortunately due to decades long backlog for Green cards especially for Indian nationals , even after being a part of community who is respected , appreciated and accepted in community, paid 100's of thousands of dollars in taxes is still considered a temporary foreign national and not welcomed by the country , due to current immigration policies.

I had to Move to Southern Minnesota to Join Mayo clinic health system, as my wife who is a researcher at Mayo clinic had to relocate.

We Physicians Leaders in health care, we contribute positively towards growth of local economy by investing in properties, paying higher taxes, help sustaining employment directly and indirectly. However, we are not eligible to claim disability benefits due to our temporary work visa status.

Unfortunately, with COVID 19 pandemic, we are in even more stressful situation. Being a Front-line health care worker caring for patient with COVID especially very sick critically ill patients, we are Higher Risk of contracting COVID infection. Still being in this noble profession we strive to take care of the sick and needy.

I have a 6-year-old daughter going to elementary school and my wife who is a doctor in India and currently a researcher at Mayo clinic, I constantly worry about them, what will happen to them in case I contract this deadly virus , become sick, disabled or worst-case die. I worry about their future here, due to current immigration policies they will be kicked out of this country, the moment I cannot work even after being a part of the community for 13 long years. This adds to our stress on the top of taking care of our sick patient.

We are doing our best for Health of American People.

Enacting these legislations will increase the physician workforce, increase healthcare access to patients in all rural and urban communities. It will create Jobs for other health care professionals. And most importantly it will give us peace of mind to serve the community which we own and give security to our families

Sincerely

Dr Rajasekhar Reddy Madathala M.D.

Shrey Velani, MD Pulmonary and Critical Care Medicine

MercyOne, Des Moines

velani.shrey@gmail.com

I have been in the United States of America since 2012, now for about 10 years. I began my journey as an Internal Medicine resident at Western Michigan University in Kalamazoo, MI. I then decided to pursue further training in form of fellowship in Pulmonary/Critical Care Medicine at Case Western Reserve University in Cleveland, OH. I served 1 year as chief fellow. After this training, I moved to Iowa where I have been practicing as a pulmonologist and intensivist at MercyOne Des Moines medical center for past 2 years.

I have dedicated my career in helping patients with lung related ailments and more importantly taking care of critically ill patients in intensive care units where my passion lies. **I am part of a very reputed group of physicians who provide excellent care in the field but they have had very hard time recruiting physicians in the area and so they had to recruit by making use of Conrad 30 program designed to recruit physicians in the underserved regions.** Since COVID 19 pandemic started, **I have been at the front lines providing care to critically ill patients. I have personally taken care of more than 100 patients with COVID 19 disease. I have seen first-hand the heroism and selfless dedication of health care workers.** Because of my visa restrictions, I am limited to providing care at the same hospital even if I wished to use my spare time to help elsewhere where there is dire need of physicians of my specialty.

I have 2 children who are both less than 2 years of age. I worry on a daily basis what would happen to them if I were to get sick with COVID 19 and was disabled in which case I would have to leave the United States and would have to uproot my family. My family calls the United States home.

S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) and S.1810 (formerly S.948)/HR 3541 (formerly H.R.2895) will definitely help me and my family, provide peace of mind and provide flexibility so I could help in any way needed to deal with this pandemic.

Thank you for your time.

Jaseena Elikkottil, MD Geriatrics (Fellow)
University of Louisville
Louisville, KY
[jaseenace@gmail.co](mailto:jaseenace@gmail.com)
[m](#)

Dear Senator McConnell

I am writing to you as a local constituent from Louisville KY and as an immigrant physician involved in COVID-19 care in this city. I request your support for the Healthcare workforce resiliency act S1024 (formerly S.3599).

I would like to tell you a little bit more about me and my family. I am internal medicine physician who did medical school in India and finished residency training in Minnesota. My husband and I are both practicing physicians in Louisville KY. We have 2 young US citizen children aged 3 and 5 years. **My husband and I are still on H1b visas despite having approved green card petitions from 2014.** I have worked for the last 3 years as a primary care physician in Louisville and am starting further training in geriatrics through the University of Louisville geriatrics fellowship program this month.

Geriatrics is the sub specialty that focuses on care of older adults, and residents in nursing homes and long-term care facilities. **As you know, this community is disproportionately affected by the COVID 19 pandemic. There is a dire shortage of trained geriatricians in the US. There are currently only 56 certified geriatricians in Kentucky per the American Society of Geriatrics, which is significantly below the number that our state needs. I am worried that even after finishing my training as a geriatrician, I will not be able to practice to the full scope of my ability and serve my community due to H1b visa restrictions.**

My husband is a neuroradiologist who specializes in advanced brain imaging and research. Due to restrictions in NIH research funding for doctors on H1b visas, he has been limited as well in his ability to conduct medical research and also limited in offering his expertise at other practice locations.

I urge you to support S1024 (formerly S.3599) to provide green cards to immigrant physicians like us who have been in practice for years in Kentucky and consider Kentucky our home. Most of us are also parents to minor US citizen children. This will remove undue bureaucratic barriers we face in regards to our medical practice and enable us to provide care for more Kentuckians, especially during the COVID pandemic.

On a more personal note, I also write to you as the mother of a 5 yr US citizen who is currently facing a serious and possibly life-threatening medical diagnosis. I worry that although my child is a US citizen, his medical care will be adversely impacted if his immigrant parents cannot continue to stay on in the US in the event of job loss or personal illness.

I urge you to please support this legislation. I also thank you for your rational and calm leadership in these challenging times.

Thank you

Dr Jaseena Elikkottil
Fellow in Geriatrics
University of Louisville

Venu Madhav Konala, MD Medical Oncologist
Ashland Bellefonte Cancer Center
Ashland, KY
vkonala@ashlandcancer.com

Dear Honorable Senate and House of Representative Members,

First, allow me to thank you for your great effort and support during this unprecedented time. As a member of the professional health care community, I am personally grateful for your swift action and on-going assistance.

I am writing today to request that you support the legislature mentioned in the introduction to our request letters. Please allow me to share a bit of my professional history to illustrate the great and life-altering importance of this action.

I graduated from Rangaraya medical college in India in 2003. After that, I trained in General medicine in the United Kingdom until 2008. I came to the United States in 2009 and completed my residency in Internal medicine at Pennsylvania Hospital of the University of Pennsylvania health system. I completed my fellowship in medical oncology at the Texas Tech University health system in Lubbock. I am a board-certified oncologist and internist and

have been practicing in the United States for more than six years. **I am currently working in Ashland Bellefonte Cancer Center in Ashland, KY.** I live with my wife and two children aged 3 and 7 in Russell, Kentucky.

Approximately 17 million Americans with a history of cancers are alive as of January 1, 2019, and most of them were diagnosed many years ago with no current evidence of cancer. Cancer is the second most common cause of death in the United States, exceeded only by heart disease. **In Kentucky, approximately 10,540 cancer-related deaths are expected in 2020. Eastern Kentucky is poor, remote, and inadequately serviced and is, unfortunately, number one in the incidence and mortality rates of cancer, making it the "cancer capital" of the United States. Also, as reported by the CDC in 2017, the incidence of cancer is lower in rural areas, but mortality is higher in rural areas compared to urban areas.** The American Society of clinical oncology estimates that the demand for oncology services will grow by 42% by 2025, compared to the supply of oncologists that will grow by 28%, which will create a shortage of approximately 1500 oncologists by 2025.

Recently our community lost at least 1000 jobs, with the closing of our Lady of Bellefonte Hospital, while pandemic with COVID-19 continues, making it harder for the patients with limited options. My clinical work thus far has helped the medical community in understanding the natural history of cancer, its impact on the patient and the family, and the recent evolution of effective therapies for managing these diseases. I feel enormously privileged to be a physician, who has worked in three different continents, as this has allowed me to sharpen my clinical acumen, to practice evidence-based medicine, and to provide patient-oriented quality clinical care. I hereby confirm that I will continue to practice hematology and oncology in the United States. More specifically, I would like to continue serving patients with cancer in the Eastern Kentucky area, which is an underserved area, as well as continue multiple critical roles as a medical director of Ashland Bellefonte Cancer Center, principal investigator of clinical trials.

I think there are so many physicians like me who treat the USA as home and have sacrificed a lot during these tough times. We all have put our lives in danger working as front-line workers in this pandemic. We all want to take care of patients that is what we signed up for as we all love our profession but want some security for my family if something happens to us. I think passing senate bills S1024 (formerly S.3599), S1810 (formerly S.948), and house bills will help to keep highly skilled American healthforce in place. I thank you all very much for taking out time to read our letters and considering our cause.

Sincerely,

Venu Madhav Konala MD

Kalyana Pallerla, MD Hospitalist
The Medical Center Bowling Green, LU
chavlap@gmail.com

Dear Senator and House representatives,

I am Kalyana Pallerla board certified Internal Medicine /Hospitalist Medicine Physician, **has been working in underserved area in Kentucky since July 2011**. I did Master's in Public Health from Eastern Tennessee and then Internal Medicine residency from New York. I applied for Green card in 2011 but has been waiting in backlog since then.

As a Hospitalist I admit and take care of patients during hospital stay where I follow up on sick patients with life threatening medical issues in critical care units too. Now with COVID pandemic the situation of the community as well our responsibilities got more challenging. **I have been taking care of COVID patients but some of them not with typical signs/symptoms initially so making us furthermore vulnerable to get exposed. I ended up testing myself too for COVID in the last few weeks once I got to know that few of my patients, I saw later turned positive since I got exposed without appropriate precautions at that time due atypical symptoms.** We all know still not sure how long it will be before we are able to come up with right treatment as well to eradicate COVID. **Without appropriate immigration status it's going to put my family, community at risk in addition to me.**

We are happy to work and take care of the community but try to do justice to our immigration status by addressing the bills as its way too long and not fair based on just country of origin than the merit.

Hence, I would request to consider S1024 (formerly S.3599), S1810 (formerly S.948) bills which will give stability to health care work force aswell underserved community during this pandemic.

Thank you

Manikya Kuriti, MD Endocrinologist
Baptist Hospital
Louisville, KY
kuriti.manikya@gmail.com

I am a practicing endocrinologist at Baptist hospital, Louisville Ky working as a J1 waiver physician in the underserved area and same is the case with my husband who is a pulmonary and critical care specialist working in Baptist Louisville and La Grange.

My husband is working with extremely sick covid suspect patients and doing the best he can to help the society. If he gets disabled and cannot work - the current rules make him lose his visa in spite of working for more than 10 years taking care of thousands of sick pts as a critical care doctor. We have been paying 100s of thousands of taxes as well. every single doctor working and doing this from other countries has a green card. We Indians **stand to get deported in 60 days if the above situation happens.**
Is this fair sir??

If my husband dies unfortunately and I can't work mostly due tot trauma and I and my American citizen daughter have to leave the country changing our lives fully again where every other country citizen including those from the high risk countries has the right to stay back with a green card and wait and take a break from work for however long he/ she needs.. we are not asking for favors but just a fair treatment.

We get our jobs only after we prove that American citizens are not joining these jobs. We are not taking any American jobs. We are helping the rural America. If we get furloughed, we are at risk for deportation.

Plz show us ur support in this scary times and make our sacrifices worth it.. Support S1024 (formerly S.3599).

Mohiuddin Hadi, MD Neuro-Radiology
University of Louisville
Louisville, KY
dochadi@gmail.com

I have been on a visa for 16 years. I had a National Interest waiver EB-2 I-140 approved in 2013. with the priority date for India still not moving much beyond 2009, I face a wait of multiple years. I have renewed my H1B 5 times already. For the foreseeable future, I will be on continuously renewing H1B visas under AC-21, subject to any changes in administration of this visa program.

I am one of 4 subspecialty trained and certified Neuroradiologists at University of Louisville. This subspecialty of radiology that covers head, neck, brain and spine imaging and several spine procedures and I provide a critical specialty service to patients imaged for stroke, cancers of the brain, head, neck and spine, and trauma of the head, neck, brain and spine. Additionally, my job involves interpreting initial and follow up imaging in multiple other conditions such as multiple sclerosis, degenerative diseases of the spine, workup of headaches, and many more neurologic and neurosurgical conditions. Not only do I interpret images, but provide a consulting and collaborative role at Tumor Boards, to ensure the best care for our cancer patients. I also serve our veterans in a similar capacity being one of the neuroradiologists at the Robley Rex VA Medical Center, rotating there through my employment with University of Louisville.

I have won several teaching awards in my short time at UofL, and recently been appointed the Neuroradiology Fellowship program Director, tasked with setting up an ACGME-accredited training program in this subspecialty of Neuroradiology which did not exist before at UofL. This uniquely multidisciplinary program at UofL has been painstakingly set up and designed by me over the last few months, and is on the verge of being submitted for accreditation to the ACGME.

I have a strong background in research, having worked in a research capacity at such reputed institutions such as the US National Institutes of Health, Bethesda, MD, University of California San Francisco and Massachusetts General Hospital, Boston, MA. However, I am ineligible to apply for many NIH grants as they require the applicant be a US Citizen or green-card holder, and have reluctantly tuned down larger research roles that I would have preferred to undertake as principal investigator as with my visa status, as I am ineligible for commonly used awards at my level such as NIH Career development awards ("K" grants).

I have been asked at times for my availability to provide my services on a temporary basis to cover staffing shortages at various places in Kentucky. I have had to refuse all of them without even a second thought as a H1B holder can only work for the primary employer (in this case UofL).

Trips outside the country have to be planned carefully. If my visa is near expiry or expired, I have to ensure that I have an appointment lined up at a Consulate abroad, and these appointments may sometimes take weeks to obtain. I always worry that if something untoward were to happen to me, my wife would lose her dependent immigration status and would have to leave the country with our minor US-citizen children.

Even a driving license requires onerous documentation to prove current immigration status, and can be problematic when USCIS delays result in delayed approval of an extension of stay and authorization to work. Recently, I realize I am ineligible even for the Real-ID program in Kentucky, and am faced with having to carry a passport even for domestic travel when Real ID is implemented by the TSA. All this is frustratingly 16 years after I arrived in the USA in 2004, and 7 years and counting following the approval of a permanent residence application in the "national interest". Even as a physician, I am subject to a country-cap which has led to the priority date for physicians of Indian origin hardly ever moving forward and sometimes even retrogressing, with no clear sign of my 2013 priority date being current.

Rishi Agarwal, MD Hematology/Oncology
The Medical Center,
Bowling Green, KY
drishagarwal@gmail.com

Dear Senators and House Representatives.

My name is Rishi Agarwal and I am a board-certified hematologist and oncologist currently practicing as the medical director of hematology and oncology service line at the Medical Center, Bowling Green Kentucky. I have been practicing here for 4 years and providing service to Bowling Green and nearby counties.

The American Society of Clinical Oncology (ASCO) is projecting a shortage of over 2,200 oncologists by 2025. Need for cancer treatment is expected to grow by 40 percent over the next six years. Oncologists carry heavy and time sensitive workload. In communities where access to oncology services are limited, but shortage of oncologist will lead to further delay in screening, diagnosis, treatment.

Kentucky, unfortunately has a distinction of being #1 in Cancer Related Mortality per Capita. There would be approximately 10,540 deaths related to cancer in 2020 and 26,500 new cancer cases in Kentucky. Two of Kentucky metropolitan areas Louisville and Lexington are among the top 10 metropolitan statistical areas in the country with highest rates of lung cancer in women. Although cancer is a universal problem-we clearly know that the problem is more significant in Kentucky because of lack of oncology education and care to our rural areas.

Bowling Green with a metropolitan area population of 177,400 only has 5 dedicated full-time oncologists. Since I have joined the Medical Center at Bowling Green, I have made it mission to develop outreach clinics to increase access to oncology services for our patients in rural Kentucky. **We have been able to open up outreach clinics in nearby counties like HART, LOGAN and Simpson.**

I am an internationally trained physician from India and did my training in internal medicine and oncology at Central Michigan University, followed by MD Anderson cancer Center, Houston followed by University of Cincinnati before joining The Medical Center in Bowling Green as a full-time oncologist and hematologist. I am on H1B visa which causes constant issues such as uncertainty, frequent renewals, license restrictions. The legislation bills S.1024 (formerly S.3599)/HR2255 (formerly H.R.6788) and S1810 (formerly S.948)/HR3541 (formerly H.R.2895) will allow physicians like myself to continue to improve access to healthcare to rural areas of Kentucky.

These bills will help us worry less about renewing visas every few years, renewing driving licenses and focus more on what we are trained for. With your help, we can increase the much-needed oncology education and care to Kentuckians and this will help improve the cancer related mortality in Kentucky.

Vikas Kumar Singh, MD Hematology/Oncology
University of Louisville
Louisville, KY
vikas.singh@louisville.edu

Honorable Senators, Congress-men & women,

Hope you are doing well and keeping safe amidst this pandemic.

I am writing this letter to request your support and effort to realize “HealthCare Workforce Resilience Act” S.1024 (formerly S.3599)/HR.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/HR.3541 (formerly H.R.2895) “Conrad 30 program and Physician Re-authorization Act”. On behalf of the international physician community, I would like to thank you for your time in reading our letters. It is an honor to serve the VETERANS community and the medically underserved population in the Jefferson County, KY. It fills my heart when my patients express their gratitude for alleviating their suffering and that fuels my desire to ensure they do not feel a lack of sufficient health care due to shortage of physicians in the area.

As a medical oncologist & hematologist trained at the University of Louisville, KY, I provide cancer care service to the Robley Rex Veterans Affairs Medical Center (VAMC), Louisville, UofL Health Jewish Hospital while conducting research in finding new cancer therapies at the UofL Health Brown Cancer Center.

Many of the veterans I care for, possibly developed cancer after getting exposed to Agent Orange during Vietnam war, exposure to nerve gas, smoke from burning oil wells during Gulf War and contaminated water at Camp Lejeune.

It is rather disheartening, however, that despite the valuable service being provided to this community, living in the United States for almost 9 years in good standing, completing internal medicine residency and hematology-oncology fellowship, my family is stuck in the Green Card backlog simply because I was born in India. This single issue in immigration process is the source of significant stress for my family and prevents us from pursuing the American Dream.

Most importantly, H1-B restrictions does not allow me to cover additional COVID shifts at other medically underserved sites in the county/state, even though they desperately need more physicians to cover their patients.

This stress is significantly aggravated with the thought about my family’s future should something happen to me as I step into the front lines of COVID-19 pandemic. **This great nation has never turned away service men and women who are dedicated in protecting the health and wealth of the citizens. We are on the front lines against COVID-19 in every state and region in the United States.**

Support us and support our families with your sponsorship and “yes/yay” vote for the above bills.

Sincerely,

Vikas K. Singh, MD
Medical Oncology-Hematology
UofL Health and VAMC, Louisville, KY

Shafia Rubeen MD, Family medicine
Medical Center
Scottsville, KY
shafiarubeen@gmail.com

I work as a Family Physician as a part of rural health clinic at Scottsville and primary care clinic Franklin, KY. I truly enjoy my work serving these highly underserved rural communities. We have a team of 3 physicians including myself, one of whom will be retiring in less than a year. **We have been trying to hire a 3rd physician for 5 consecutive years. Given the remote area we have been unsuccessful so far.** Given my immigration status of being in H1B it limits my service to visa valid dates. So, if the above bills go into complete effect, it would really benefit small places like Scottsville in availing services from physicians like me who are on H1 and willing to serve the rural communities. It will help rural communities like Scottsville, Franklin to have more access to direct physician care where most providers are reluctant to work. The bills may open more doors for immigrant physicians like me who are willing to serve rural communities.

Thanks

Rubeen

Vinay Nidadavolu, MD Pulmonary and Critical Care
Louisville Pulmonary Care
Louisville, KY
nidadavolu.vinav@gmail.com

I am pulmonary and critical physician practicing in Kentucky @ Lagrange, Louisville and Madisonville with several of my colleagues @ Louisville Pulmonary Care. I work with several other 9 other physicians and we are serving many underserved patients driving sometimes several hundreds of miles to get help for COPD, lung cancer, asthma and many other breathing issues.

As you know sir, **KY is unfortunately standing in the worst 5-10 states in health care outcomes, No 1 in the country in lung cancer and smoking – related lung disease.** While I feel sad to have this situation in my home state, I feel that this is an excellent opportunity to make a difference in the community for young physicians like me. I am absolutely honored and feel that this is of a great privilege to help this underserved population. I have been doing this as part of my advanced training at University hospital for 3 years and then decided to stay back in Kentucky after being approved for a J1 waiver in 2017. I am practicing for 3 years and feel very satisfied with the work I do and get appreciated every day. **I also work @ Baptist Hospital at Lagrange as well as Louisville taking care of patients in their Intensive Care Units (ICU) with several of the patients with heart diseases and drug abuse, which is also plaguing our community here due to rampant smoking. Our practice employs more than 30 HCWs and we as physicians provide downstream employment to several hundreds of people in the state.**

My family would like to continue to stay here as community physicians and are only able to do so on a work visa but with **several restrictions starting from obtaining a driver's license to inability to help other locations in urgent need where we literally can save lives on a daily basis.** The current immigration system makes us wait more than 100 years for green card as Indian physician in spite of following every single rule in the book.

We are trying to recruit other international medical graduate physicians to help our state improve our health care access and outcomes. The latest national survey puts KY as least attractive to physicians. This is really hampering our recruiting efforts and unfortunately **the current immigration system is making it even worse by continued to be significantly unfair for physicians like me and my wife along with several thousands of physicians from Indian origin** who would want to work in an underserved area.

All the above issues multiplied several times now with the COVID pandemic from insecurity for life to uncertainty of immigration status for family in case of disability or death. This is not fair and I implore you to fix this injustice.

KY needs URGENT solutions to move towards better health, better access for its residents to quality health care and better support for us trained, qualified and legal physicians who are able and willing to help and work shoulder to shoulder with an American born physician. The above bills currently in the senate and congress are the solution and win win to all the stakeholders as is explained. Looking forward for your unanimous support sir.

**Prasannalaxmi Palabindela, MD Internal
Medicine/Hospitalist Jennie Stuart Medical Center,
Hopkinsville, KY drpprasanna@gmail.com**

Reg: Immigration status for physicians

Dear Senator and House representatives,

I am Dr. Palabindela, I did my medical school from India. I came to the United states to learn advanced medicine. I did complete internal medicine residency from Charleston Area medical center and currently working as a Hospitalist at Jennie Stuart Medical Center, KY.

JSMC is a 194 bedded hospital, we have a total of 5 hospitalists serving the area. Being in the underserved area, we do a lot of critical care admissions here. I am the only female provider in our group. We do 70% - 80% of total hospital admissions. Our hospital does not have a dedicated nocturnist, we split and take night calls. During our work week, our service is very busy.

Yes, I am the front-liner and a hero. I am always happy and enjoy my work to treat patients especially when the world is in crisis with COVID. But my path to become a physician is not that easy. I have to leave my family and go to a different place to do residency. **I have to send my son to India during my residency along with his grandparents as I do not have any family here. Finally, my husband has to leave his job to stay at one place. I always wonder what will happen to my family if something happens to me because of COVID as I am the sole provider for the family??** Even being a qualified person, my husband is still jobless because of the visa processing time.

If this bill gets approved, I do not have to fear for my family's future.

Thank you for taking time to read my letter and I hope you will support the immigrant physician force.

Sincerely,

Dr. Palabindela.

Darshan Patel, MD Family medicine, Geriatrics
Franciscan Missionaries of Our Lady Health System
Monroe, LA
Darshan.patel@fmlhs.org

Darshan Patel, MD, FAAFP, MPA
Family Medicine, Geriatrics Medicine, Obesity Medicine

St Francis medical center, Monroe, Louisiana
The Franciscan Missionaries of Our Lady Health System

Medical Director, St Francis Medical Center Home Health, LHC Group, Louisiana

I work in medically underserved area in North-east Louisiana since last 10 years as a Primary Care Provider. I also serve as a front-line provider in Outpatient clinic and inpatient floors in Hospital for COVID patients. I am board certified in Family Medicine & Geriatrics by ABFM.

“Medicine, for me, has always been a calling as well as a privilege.” After graduating from medical school in India, I came to USA 14 yrs ago and obtained training from Louisiana State University Shreveport and University of Arkansas for Medical Science.

Shortage of PCP and nurses harm Americans especially during pandemic in various ways.
S3599 and S948 healthcare bills for workforce would help communities in the following ways:

Patients: Timely patient care in office, ER and hospitals during the pandemic, improving morbidity and mortality, access to better healthcare especially in underserved/ rural areas in Louisiana, patient education, and prevention for COVID 19 and prepare for plasma donation.

More numbers: several medical group/ hospitals would be **able to hire more nurses and physicians**

Quicker: No time lost in the immigration process by lawyers/ USCIS to start Timely care.

Economy: more revenue to employers, prevents shutdown and reduces nurses shortage/stress

creating more Jobs: the average physician creates 10-14 jobs and helps to reduce unemployment

No cost / No harm to Taxpayers

With inclusion of above bills in next COVID package, we US trained physicians will not be bound to one workplace (current visa restriction) but, we will be able to reach hot spots and treat American lives and veterans in hospitals and nursing homes and reduce morbidity & mortality.

Deepa Vasireddy, MD Pediatrics
Pediatric Group of Acadiana
Lafayette, LA
drvasireddy01@gmail.com

I am a Pediatrician in a physician shortage area. I provide medical care to children in outpatient and inpatient settings. Louisiana has been hit hard since the start of the pandemic and continues to be a hotspot.

We have 3,769 deaths and 112,773 cases at this time. We on the front lines are seeing a rise in case burden and risk getting exposed every hour and every day at our jobs.

In order to keep the clinic as safe as I can for well children to get vaccinated, I have been out in the sweltering heat in my PPE to provide drive through services for Covid exposed and suspected children and have been seeing a rise in cases as we go along.

I have risen above and beyond the way I have been used to practice medicine in order to maintain patient safety and provide the best service possible to my community.

I have had colleagues fall sick with Covid-19 themselves.

We are physicians with approved green card paperwork that the current system allows with the way it has been set up but are stuck in the administrative backlog.

If such physician is out of work in quarantine or falls prey to Covid-19 that has been causing extended and varying intensity of illness, they are at risk of being deported due to being non-compliant with work hours as demanded by the visa or if they die as at least 600 healthcare professionals already have in this country, their family faces a risk of deportation.

We were given our jobs after proof of submission that no American medical graduate was available to fill the position.

If we are taken away from the frontlines, our communities will suffer finding immediate healthcare providers. They had been prior to our presence and it will be only made worse during times like these.

We at the frontlines are proud to serve our communities and continue to do so, rising to the best of our abilities during unimaginable times like these.

I hope that Congress does the same and supports and provides us with the backing we need to continue to do our jobs.

Rajat Gulati, M.D., F.A.S.N
Department chair of Medicine
Rapides Regional Medical Center
Medical Director, dialysis clinics in Alexandria, LA
dr Rajatgulati@yahoo.co.in

My name is Dr. Rajat Gulati, I a.m. a practicing nephrologist in Alexandria, LA for the last 10 years. I came to United States on a J1 visa in 2006, finished my residency at UIC / advocate Christ Medical Center in Chicago and then moved to New Orleans to Louisiana state University to continue fellowship in Nephrology. After finishing the Nephrology fellowship, I moved to Alexandria, LA which was an underserved community under my J1 Waiver contract. this is a community which is short on physician's all the time, having a very large dialysis population which is covered by 7 dialysis centers leaves the community short on physicians and staff all the time. For the last few years I also have been serving as the department chair for medicine at Rapides Regional Medical Center in Alexandria, Louisiana. This underserved community has a significant shortage of physicians specially in times of

this Pandemic. I was in India when the coronavirus started effecting are community, I was requested by the hospital to cut short my visit to the family and come back to help the community. Because of the virus I left my wife (who is on a dependent visa) and my 2 sons who are now U.S. Citizens by birth in India. now with visa restrictions my wife is not able to travel to United States, I have not been able to see my family for the last 5 months but I still continue to serve my patients with full dedication. As physicians, we are trained to help the community in times of need but we have families to support also. In these hard times off the coronavirus infections, I always have to worry about my wife and my kids who are stuck in India, if something was to happen to me during this coronavirus infection phase then my wife will not be allowed to enter the continue a and continue to live the life we have built at a place we call home.

Passing the these bills would give physician family's like mines the respect and the safety net we need for hour family in times when we continue to support a very under served population in Louisiana.

Sincerely,

Rajat Gulati

Pavana Naga Tirumanisetti, MD Family Medicine
Franciscan Missionaries of Our Lady Health System
Monroe, LA
tpngopik@gmail.com

This is Pavana Naga Tirumanisetti.

I did my residency in Family Medicine from LSU MONROE and had been working here in Monroe for the last seven plus years. I was on J-1 Visa for 3 years during residency and have been on H-1 visa for more than 7 years.

Monroe in Louisiana is an underserved area and I worked as a Primary care physician, worked at Walk-on clinic and am currently working as a hospitalist. We see a lot of Medicaid patients and there are many practices that don't take Medicaid. I was lucky enough to see anyone without looking at their payor source.

Due to my visa restrictions, I cannot work for any employer other than the employer that has sponsored my visa. My schedule is one week on and one week off. I spend the whole off week at home when I know that I could have worked at many places that don't have doctors around Monroe due to my visa restrictions. I have friends around Monroe and my patients had asked me if I could come and work at their places for at least few days in a month but I had to explain them the Visa restrictions which no one has a clue about.

Monroe has been my home for the last ten plus years and it hurts that half of my most productive years are spent at home due to the visa restrictions and I could have worked in at least one or two places that have acute physician shortages during my off weeks.

The pandemic has made the situation even worse for everyone. **If the current bills are passed as they are, it would just give me extra days to work at few other places and I would not have visa restrictions. I think I will be more productive during the most productive years of my life if this bill is passed and would be the case with most other physicians. I hope and pray that these bills will be passed to help the Society and country at large.**

God bless us all and this great country USA.

Thanks

Pavana Tirumanisetti.

Aayushman Misra, MD

Chair, Internal Medicine and Hospital Medicine Physician, Mercy Hospital Jefferson

Crystal City, MO

Email: aayushman.misra@gmail.com

Dear Legislators,

I am presently employed at Mercy Hospital Jefferson, Crystal City, Missouri. I completed Internal Medicine Residency program from Michigan on a J1 visa and then re-located with my family to Missouri in 2013. Crystal city is designated as a medically underserved area and I was approved to pursue J1 waiver in this hospital. Mercy Hospital Jefferson is the largest hospital south of Arnold and provides medical services to a catchment area comprising of at least 300,000 people. Initially I started working as a hospitalist from 2013 and completed my J1 waiver in 2016. Since then I have continued to work here on an H1b visa till present.

I provide medical services to hospitalized patients, medical consultation for surgical patients and behavioral health patients. In addition to my clinical responsibilities as hospitalist I was elected as the Chair of Internal Medicine and sub specialties and provide administrative services in this additional role. I am personally involved in recruiting new physicians for the hospitalist team and also credential physicians for other sub specialties. It has been extremely difficult to recruit skilled physicians to this hospital and reasons for this is that the location is not really favored by new providers due to the long distance from the city and lack of resources in a rural underserved community. However, personally I have liked working in this hospital and enjoy serving the people here and hence made a conscious decision to continue working here despite completing my J1 waiver more than four years ago.

For the last three months, I was heavily involved in the COVID 19 task force planning in our hospital and led the hospitalist team in this effort. I was involved in creation of COVID 19 units in our hospital and planning and execution of effective operational strategies. During this crisis, we had severe physician shortage in our hospital and also in other hospitals under Mercy organization. However due to my visa restrictions I was unable to provide care or medical services outside my location of practice.

Given the resurgence of COVID 19 cases again in various states it is highly concerning how the next few months will unfold and how it will affect the health of the people in the community. Given the existing physician shortage in this hospital it will be extremely difficult to provide adequate medical services to our people if any of our physicians fall sick due to COVID 19. Moreover I am worried about my family who will have no support in this country if I succumb to COVID 19 while selflessly taking care of patients.

I have a pending I140 petition for green card since 2014 and still waiting for it to be approved due to extensive backlog. I have worked in this hospital for more than six years and plan to continue providing medical services here even after approval of green card.

Through this combined letter and efforts of several physicians we sincerely request you and your colleagues to consider our appeal urgently and support the bills S.1024 (formerly S.3599)/HR.3541 (formerly H.R.2895) and S.498/HR.2255 (formerly H.R.6788). This will help with immigration backlog for physicians and nurses and prevent any hurdles for physicians to serve and provide care to our affected patients in every community and health care organizations. We as physicians are here to answer the call of this pandemic. We request your support for us so that we can in turn help our country to stay healthy, strong and overcome this health crisis together.

Sincerely,

Aayushman Misra, MD
Chair, Internal Medicine and Subspecialties
Mercy Hospital Jefferson

Crystal City, MO.

Saurabh Kumar, MD

Chair, Department of Obstetrics and Gynecology, President of Medical Staff

Adjunct Assistant Professor, University of Missouri

Preceptor, A.T. Still University Parkland Health Center/Medical Arts Clinic

Farmington, MO

Email: drsaurabhk@gmail.com

Dear Sir/Madam,

I am Saurabh Kumar, a physician leader. I served as an OBGYN in the town of Farmington, MO which serves the counties of St Francois, Iron, Saint Genevieve. When I first came to this area the Obstetrics and Gynecology program in this area was very unstable. The people in this rural area had to travel vast distances to obtain quality Obstetrics and Gynecology care. Historically, rarely do physicians who did not require Visas come to this area, and quickly leave to go to more desirable areas for practice.

After my arrival I developed the program into the most successful and stable programs. By providing a backbone, the local critical access hospital that I work for has now been able to recruit more physicians under the same program (Conrad 30), and as a senior physician now I could provide new graduate support that is required for continued development of the program. Reviewing the history of the type of physicians who desired to work in such areas clearly demonstrates that the areas that I was in, is not only rural but also considered undesirable by current graduates and therefore consistently remain as shortage areas. Induction of physicians on H1b provides the necessary filler needed for these areas.

The Community provides love and strong support which therefore gives me/us motivation to stay in these areas. The hospital of course desires to do everything they possibly can to retain such physicians, however the current inadequate and unjust immigration laws, make it extremely difficult for these rural hospitals to retain physicians like me, and place a very high burden, unpredictability and stress on the hospitals and the physicians serving in these rural areas.

Physicians are unlike other professionals on such immigrant visas and provide services which are in the general people and patients' interest, and physician services are truly in shortage in most communities.

We understand that some professionals and businesses have taken advantage of the great immigration system of this country. However all immigration officials, general people and politicians understand that physicians are not part of this. Therefore, provisions should be made, fine tuning of the system must be done to retain physicians.

When I decided to come to America, I had several choices. At that time, the immigration scenario was different than the present. Due to the respect I had for America, I chose this country over the other choices I had available. I would have been successful anywhere, and I still have the same capability. However current immigration lag times in America make America very unattractive when current and new physicians are deciding to immigrate between different countries. This will lead to Brain Drain from America in medicine, which is as stated above truly is in a state of shortage as the current indefinite wait for physicians will make them look elsewhere.

You as leaders in the current political world, can make these professions attractive again, by supporting the hard-working physicians serving these rural communities their just right - stability to their families, while they provide stability and service to their communities in these times and in the future.

Please support these immigration bills and show your support to the true heroes of America. Make America Great Again!

Kunal Malhotra, MD

Associate Professor of Clinical Medicine, Division of Nephrology, University of Missouri

Columbia, Columbia, MO

Email: malhotrak@health.missouri.edu

Dear senators and house representatives,

I am a kidney doctor at University of Missouri Columbia Missouri. I am an Associate professor and have been an academic physician since 2013. I treat Missourians including veterans in both inpatient and outpatient settings, rural and urban settings, people who are acutely ill in intensive care unit with multi organ failure and people undergoing maintenance outpatient hemodialysis or home dialysis. I see patients in Columbia, Jefferson City, Fulton and I have outreach telemedicine clinic in Iron County and Carrol County. I reach out to Missourians in remote rural areas where there is no specialist. Besides that, I see referral patients who come to my clinic from all parts of Missouri. I teach medical students and train residents and future nephrology fellows at the medical school at University of Missouri. I serve our University in various committees and subcommittees to help advance its mission. Last year I saw more than 1000 patients and touched lives of as many families. I also work for our transplant program and evaluate people who want to donate their kidneys to their loved ones and their friends. Besides this, I am the medical director of a dialysis clinic in rural MO in Fulton. I am a lead facilitator and faculty for kidney disease ECHO is funded by the state and I am instrumental in teaching and mentoring multiple rural, community and primary physicians, nurse practitioners, dietitians, nurses and social workers to help them take care of their patients with kidney problems. This supports local care of patients and also empowering these rural providers to take care of complex patients with complex problems.

Kidney disease increases as people become older and with increasing older population the burden of chronic kidney disease and end-stage kidney disease is going to increase. In the future, we will face a worsening shortage of kidney doctors because in the last 5 years fewer trainees are specializing in nephrology. According to medical society of nephrology United States will face a workforce crisis in nephrology- <https://www.kidneynews.org/kidney-news/special-sections/special-se%20ction/the-impending-workforce-crisis-in-nephrology>.

To testify to the above fact, for last 5 years our program have not trained nephrology doctors to its capacity. what is alarming is that we do not have a new nephrology fellow candidate for the session starting in July 2020. This not only means more work for the faculty and existing nephrologists for an ever-increasing burden of kidney disease but also on how we will support communities and patients due to lack of trained workforce. My work is primarily in the area of need and it is very difficult to recruit physicians and trainees to work in these areas. If god forbid, I have to quit my job and leave the country due to visa issues, I fear for my patients and my community where I have lived for the last several years.

According to my department data, in my group of 12 nephrology physician at University of Missouri, I was the top performer in terms of number of patients seen and number of dialysis patients cared for at our institution. I work and volunteer more than any other physicians and have consistently outperformed on my job responsibilities and seeing more patients than I was ever assigned. Due to my outreach clinics in Carrol County Iron County and Fulton, MO, I have reduced travel time for Missourians living there from 4 hours to 1 hour, to see a kidney specialist. I have also decreased the wait time to see a kidney specialist in these areas from 1 to 2months to 1 week.

PLEASE TURN OVER

Kunal Malhotra, MD

Associate Professor of Clinical Medicine, Division of Nephrology, University of Missouri

Columbia, Columbia, MO

Email: malhotrak@health.missouri.edu

I am a **frontline worker** in current COVID crisis, taking care of many patients who had acute renal failure due to multiorgan failure in the intensive care unit at University of Missouri Hospital and also at **Capital regional hospital in Jefferson City**. Patients who get kidney failure die within hours to days unless they get life-sustaining dialysis treatment. I have had the risk of exposure every single day and have not taken a single day off during this crisis. As a medical director of my dialysis unit, I have implemented policy to prevent spread of COVID in my dialysis unit. I am happy to report that none of the patients in my dialysis unit in Fulton, MO have tested positive for COVID yet. Besides this **I am also on University of Missouri's telehealth steering committee and was instrumental in implementing statewide telemedicine capability.**

I came to United States in 2008 from India and I believe in the American dream. Me and my wife started our family here and has 2 beautiful kids age 7 and 5. My 7-year-old son sometimes asked me when I am worried about visa issues. His questions have been "Dadda, why are you not American? why can't you be an American? why do you need a visa to stay? what will happen if you do not get a visa? will we have to leave and go somewhere else? what about my friends? will I get to play with them?" His questions never end and I have no answers to those questions.

Columbia is my home now. I have more friends, family, associates, colleagues, contacts in my community than in my home country. My love for America is equal if not more than any American. Me and my family **love to go for football games and cheer M-I-Z-Z-O-U!** we love to volunteer for local charity, support local businesses, perform all our civil duties and will stay in heartland forever because this is our home.

I have applied and successfully obtained a national interest waiver and have been waiting for green card since 2012, when my I140 was approved. Due to work and visa restrictions, I am unable to volunteer outside my organization during this crisis and do more.

It is my sincere appeal to you to consider our request, for this is a genuine solution for not just healthcare crisis, but also for immigration issues for us hardworking, tax paying and law-abiding physicians. This will be a service to the Missourians who vote for and count on you to meet their healthcare needs. This is an answer to future crisis and one of the many solutions ensure that United States of America stays healthy and strong.

Kunal Malhotra MD MBA FASN FNKF
Associate Professor of Clinical
Medicine Karl D. Nolph, MD, Division
of Nephrology
Director, Chronic Dialysis Unit, DCI Fulton
University of Missouri Hospitals and Clinics
Columbia, MO 65212.

Anahit Cheema, MD

Nephrologist, Gateway Nephrology,

Saint Louis, MO

Email: Anahit.cheema@gmail.com

Respected Members of Congress and Senators,

I am a Nephrologist providing services in rural Missouri (Potosi, Farmington and Festus) as well as rural Illinois (Granite City and Maryville). The majority of my patients have multiple medical conditions and many are elderly and/or disabled residing at Nursing Facilities. I am also responsible for the care of more than 70 Dialysis patient with ESRD (End Stage Renal Disease). We are currently a 2 Physician group and over the last few years, the group has tried unsuccessfully to hire more Physicians, due to the spread of the rural geographical locations we serve and the long daily commutes associated with the nature of our practice. We have considered reducing the areas we serve, given the strain on our Staff and our families. However, this would involve putting the burden on our patients to travel to us and lead to more wait times. Some of the patients already travel more than 50 miles to reach our current outreach clinics. Currently, I work 10-12 hours daily and every other weekend just to be able to maintain current levels of patient care. There have been occasions that I have worked 3-4 straight weeks, including weekends when my colleague has been unavailable to cover for personal or health issues (much to the dismay of my family).

The COVID Pandemic has placed International Physicians in an even more precarious position. We know and accept that it is a matter of "when, not if" we get exposed given the virulent nature of the disease and our roles at the frontline of providing care to patients with exposure. I have been and expect to continue taking care of COVID 19 infected patients during this pandemic and my exposure remains significant at the Hospitals and Dialysis Clinics. While I do accept my risk (including adverse outcomes) I cannot help but worry for the wellbeing of my family during these unusual times. I am an Indian physician on a H1B Visa and my wife is on a H4, and we have an 8 year old daughter who is an American Citizen. My I-140 was approved in January 2014 but given the current country caps I do not expect my Green Card to be issued within the next 5-10 years (based on current projections). My family's ability to remain in the US is directly tied to my maintaining my H1B status and should I be affected by the current pandemic (either temporarily or permanently) we/they would be deported under the current laws. Moreover the current H1B limitations only allow me to work from predetermined locations and I am unable to help at other locations that may need more support if/when there are Pandemic spikes, due to patient surge or physician illness/inability to work. My amazing office staff of 5 (some of who are the only ones in their families currently with a Job) who are all American citizens, and their jobs directly depend on my ability to continue to work. We are very proud that we did not let go of any of our wonderful Office staff during these extraordinary times.

I urge you to support the proposed bills on behalf of my patients in rural Missouri and Illinois, my staff, my family and myself.

Amruta Padhye, MD

Assistant Professor of Clinical Child Health, Division of Pediatric Infectious Diseases, University of Missouri Columbia,

Columbia, MO

Email: padhyea@umsystem.edu

I am a board certified pediatrician and also board certified pediatric infectious diseases physician who has been working at University of Missouri Healthcare in Columbia, Missouri since 2017. Outside of St Louis city/county and Kansas City area, I am only one of two board certified pediatric infectious diseases physicians serving a large referral population in mid-Missouri.

I am on an H1B visa and have an I-140 with approval date of June 2017. My husband, who has also signed this letter, is also a physician, Dennis Chairman. He is a board certified Pulmonary/critical care physician also with University of Missouri Healthcare, on H1B visa with a Priority date of 2012. We are waiting many years to become eligible to apply for a green card and based on the current backlog are very likely to remain waiting through the end of our careers.

We are both invested in serving the mid-Missouri community in the long run. As a two physician family, we have both been actively involved in care of COVID-19 patients in our respective roles. Being on an H1B visa, restricts our ability to contribute to serving our community effectively. If I were to lose my current position due to the economic impact of the pandemic, mid-Missouri would suffer from having only one remaining pediatric infectious diseases doctor who would also burn out over time due to lack of support. Due to longer waiting times, children and their families would then need to travel 2-3 hours to either St Louis or Kansas City to seek a timely consultation. There are only a limited number of pediatric infectious diseases physicians who graduate from fellowship training every year in the country. I was recruited to this position after it was unfilled when advertised due to a dearth of physicians with my qualifications wanting to work in mid-Missouri.

There is also the tangible possibility of one or both of us in the family becoming sick from COVID-19 while doing our job. If we were to become severely ill and in that process lose our job, this would again be at detriment to the community we serve. This would put a great physical, financial and emotional stress on my family. We would have no other option but to leave the country as it would be impossible to find a new position in a short time frame. Our two young elementary school kids would suffer the most from being uprooted from their home town.

I request your support of this bill that would allow international physicians to continue serving this country.

Raghuveer Kura, MD

Nephrologist, Poplar Bluff Regional Medical Center, Missouri Delta Hospital, Sikeston and Southeast Health, Cape Girardeau

Medical Director of Nephrology for Fresenius Medical Center Dialysis unit, Poplar Bluff and DaVita Dialysis unit Sikeston,

Sikeston, MO

Email: ragred@gmail.com

Respected Legislators,

I'm a nephrologist (kidney specialist) from South East Missouri and have been working in the USA for the past 10 years. I have seen more than 3000 patients, caring for them in Poplar Bluff, Sikeston, Cape Girardeau. I take pride in saying that I have saved lives of American Citizens during emergencies by providing dialysis. I cater dialysis services approximately to 100 dialysis patients every other day. My presence in south east Missouri is very much necessary to keep my patients alive.

I have enjoyed living and working in rural communities. They need physicians more than anybody else and I value the culture more than anything. These Patients are a part of my family and me a part of theirs.

Neither the way I look nor has the way I speak played a role in the way I treated my patients. To me all of them need my help and I WILL PROVIDE THEM WITH ALL THE ABILITIES THAT GOD HAD PROVIDED ME. They love me for what I am and will continue to do so as long as I'm living with them. They all don't care what visa I'm on. All they care is for me to help them and be for them.

I was thanked many a times by my patients and their families. Some walked out of the hospitals waving their hands goodbye with a smile on their faces while others said "THANK YOU DOCTOR FOR YOUR HELP" before they closed their eyes forever.

To my patients, I'm seen as a trusted and learned friend with ability to take care of their pathology.

After being in this country and taking care pf my patients for more than 20 years, listening to my patients and their families, caring for them, I take pride in myself.

I'm however beginning to sense that the dignity and decency of a patient physician relationship being buried by the barrier of immigration which is being forced in the minds of people. Patients are human beings who need help from physicians and we are here to help and nothing more than that.

Let us help the needy. I believe that the values of our nation are above all the separation that is brought upon us. If we all have to fight a disease let us a fight the most terrible disease of all which the disease of indifference.

I plead to you all law makers to kindly let us help our patients who need us in our communities and during the times when they need us the most. Let us the bury the indifference of visas, race and religion. Let's all work together in improving the healthcare.

Thank you
Dr Kura.

Yashwanth Yerramalla, MD

Pulmonary and Critical Care Physician, Freeman Hospital West,

Joplin, MO

Email: yerray02@gmail.com

Dear Senators and House Representatives,

I am Yashwanth Yerramalla and work as a specialist in pulmonary and critical care medicine at Freeman health system in Joplin, MO which is an underserved area. In addition to treating patients in the clinic, ward and intensive care unit I also supervise residents at our hospital and teach medical students from the newly established Kansas City University (Joplin campus). Majority of the population I serve is covered by Medicare/Medicaid. Freeman health system is also a referral hospital for many smaller and critical access hospitals around and serve as a lifeline for them. Some of my patients I see in my lung clinic travel as far as fifty to sixty miles to see me because of the expertise and advanced care we provide at Freeman.

I have chosen to work in Joplin because of waiver requirement for my visa to work in an underserved area. It has been traditionally difficult to recruit and retain physicians in these areas and offering waiver jobs in Joplin mitigates these difficulties to a certain extent. Since I am currently on a H1B visa, immigration rules require me to find another job or leave the US in the event of my current job loss. This would have a detrimental effect on physician availability in this underserved area potentially causing delays in care and worse outcomes. This is especially true now since Joplin is a new hot spot for the COVID-19 infections.

I am on frontline taking care of sickest of the sick patients with COVID-19 infection due to my training in pulmonary and critical care. I remember vividly many sleepless nights that I had to go through when I first started to take care of these patients. Many unanswered questions linger in my mind. What would happen if I get infected? What if my wife or daughter gets the infection? worse, due to the occupational hazard I might even succumb to COVID-19 infection contracted at work in which case my wife would lose her dependent visa and employment authorization and has to leave this country with my daughter. Less catastrophic would be my temporary disability when I cannot work, lose visa and my family and myself would be forced to leave the country making me ineligible for any disability insurance. Recently, I got exposed to a fellow health care worker who later tested positive for the virus and I had to quarantine myself away from my family in a different apartment that I had leased at the start of the pandemic. The emotional burden from all of these uncertainties cannot be quantified. Despite all these I am willing to work in other hotspots such as New York but cannot because of my visa restrictions. Having a permanent residency (green card) status would allow me to offer my services at these places during these desperate times. However for people like me who have almost half a century of waiting time due to the backlog before I can even proceed to the next step of green card application, this seems to be a distant dream but with hope. Hope that the senators and house representatives realize the gravity of the situation and support these bipartisan bills. This matters, to the frontline health care workers, to the people we serve and their political representatives who strive for the common good.

Anupam Pande, MD, MPH

Assistant Professor of Medicine, Divisions of Infectious Diseases and Hospital Medicine, Operations Executive Council, Department of Medicine, Washington University School of Medicine,

Medical Director of Infectious Disease Consultation Services, Barnes Jewish Hospital,

Saint Louis, MO

Email: apande@wustl.edu

I am a specialist in infections in patients who have undergone organ or bone marrow /stem cell transplant - my specialty is rare and there are very few in the state of Missouri who have this training. I provide consultative care to patients who receive transplants all across Missouri from St. Joseph to Sikeston and from Branson to Hannibal. In addition, I also admit, care for and discharge patients who are admitted for bone marrow transplant at Barnes Jewish Hospital in concert with the hemato-oncologists. I do not know of any other doctor in Missouri (actually none in the entire country) with this unique combination of skills. In addition, I also manage the administration behind the largest consultative service (infectious diseases) in the hospital and manage its staffing.

When I applied to work at Washington University, despite it being a prestigious job, it paid considerably less than other similar jobs elsewhere (which is the case with jobs in academic universities), so no American applied for it. Washington University could hire me only after placing the classified in the New England Journal of Medicine (most popular medical Journal of the country) for 6 months, to prove to the Dept of Labor that no other candidates were willing to work at this position. To this day, we have a tough time recruiting physicians in Infectious Diseases. I did not replace any American for this job.

I have been in constant contact with COVID-19 patients for last 3 months. We have had a handful of admissions daily for last 3 months and it does not seem to be going away and now the rate is rising. I have been helping in managing how the hospital patient surge affects infectious disease consultation volume in addition as well. I live in daily fear that if something were to happen to me due to COVID-19, how will my wife take care of our 2 year-old son all by herself while continuing to work? My wife is an essential employee at her workplace too. Every day, after work, I sanitize all my effects at work and shower in the hospital call room due to fear of bringing the virus home, because it is impossible for me to quarantine from my wife and son at home. We have no one to help with child care, so we must share this responsibility between us, making quarantining difficult.

I have an approved EB-2 green card I-140 petition since January 2017, but I'm likely to stay on a visa (due to the backlog) for decades. I will probably retire before the backlog will end for me, and I'm only 34. Due to being on a visa, I've had to forgo research projects because I cannot avail of funding. I cannot fully contribute to Washington University's scientific mission. In the end, it is America's loss.

If I were to lose my job due to the economic effects of the pandemic on my employer, I would have only 60 days to search for a job, interview, apply for state licensing if outside Missouri, create a new visa petition for transfer and complete hospital privilege credentialing in 60 days- this is virtually impossible. It means, I'd have to leave America. My patients would have to wait longer for appointments since there are very few transplant infection specialists in the state. My university would struggle to find a replacement, especially in a pandemic when there is a dire need for infectious disease physicians at a tertiary care center like Barnes Jewish Hospital.

It is very likely that Saint Louis will be hit hard with COVID-19 soon based on patterns seen in AZ, NC, SC, FL, CA, TX right now. It will hit North Saint Louis, the most medically underserved area of town, harder where hospitals really were under pressure a month or 2 ago. I was not able to hospitals in North Saint Louis offer any help due to being on a visa. Please pass these bills so that I could do so in the future.

Arihant Jain, MD

Family Medicine Physician, Cameron Regional Medical Center,

Cameron, MO

Email: dr.arihant@gmail.com

Honorable Missouri Senators and Representatives in United States Congress,

I have been practicing rural family medicine in Northwest MO for last 10 years and I can tell you helping my patients and my community has been very fulfilling and satisfying and my patients have come to rely on and trust my advice and recommendations for their health care needs. I provide comprehensive primary care in outpatient clinic to all ages, newborn care in our nursery, inpatient care in the hospital and also work few shifts in our emergency room. My hospital is independently owned rural regional non for profit hospital serving 5 counties in Northwest MO with 17 clinics with 10 of them in rural/underserved areas out of which I work in 5 of those rural clinic and our hospital serves a population of over 50,000 Missourians. The next nearest tertiary care hospital is at least 30-40 minutes away from our hospital and over an hour for my more remotely living patients.

I have been associated with local high school football team in Hamilton, MO from 2010-2013 where we went twice for state championship and won, given 2 lectures on smoking cessation and hand hygiene to elementary school kids in Hamilton. I am currently serving on Missouri Academy of Family Physicians Board of Directors for District 1. I have been involved with AAFP in there national conference of constituent leaders (NCCL) as IMG (international medical graduate) delegate for Missouri for last 2 years. One of my colleagues, Dr. Jim Neely has been a MO state rep for last 8 years and is running for MO Governor this fall and we have a close working relationship.

I have 2 beautiful kids age 6 yrs and 6 month old both are US born citizens and my daughter started Kindergarten last year in Kearney, MO. My wife is on H4 spouse visa but has 2 post graduate degrees from US universities including MBA in Marketing and MS Accounting with MO CPA license.

with this COVID-19 pandemic this year and seeing people all over the country suffering and dying and having difficulty with access to care and made me come to realize my limitations being on H1b visa and restricted to work only for my employer and even though having the ability and skills to help out and serve in this time of national emergency but unable to do so due to visa restrictions. Also have been restricted from working more in providing access to care at different and more rural locations even more locally here in Northwest MO and I get about 5-10 emails weekly asking for help providing locums coverage all over Missouri but unable to do so due to visa restrictions. I have been in EB-2 green card backlog for last 9 years and have an I-140 approved but due to backlog have several years of wait time.

I urge you and your colleagues support, in helping physicians like myself and others who are ready and available to help provide access to care during this national emergency and even normal times to rural population of Missouri but restricted due to visa backlogs and restrictions; we would like your support on immigration bills especially S.1024 (formerly S.3599), S.1810 (formerly S.948), H.R. 3541 (formerly H.R.2895) to help decrease the backlog so that we can do our jobs with security and provide access to care to our patients without any fear. Always appreciate your time and consideration. Thanks for all you do on behalf of Missourians especially Northwest MO.

Bala Sudhakar Reddy Allam, MD

Hospital Medicine Physician, Mercy Hospital

Springfield, MO

Email: bala.allam@mercy.net

I am working as a full-time hospitalist at Mercy Hospital, Springfield, Missouri since July 2010. I have led Mercy Hospitalist group as section chair at times of most need. Currently I am leading as Medical Director for hospitalist group, MEC member, and the Board of Directors of Mercy Clinic.

I received primary medical education at NTRUHS, (NTR University of Health Sciences, Andhra Medical College, India) followed by internship at King George Hospital (Visakhapatnam, India), and house physician work at St. Teresa's Hospital (Hyderabad, India). I have completed residency with MD degree in Internal Medicine (UPMC, Pittsburgh). With great interest and passion towards health care, I have successfully completed Master of Health Administration (MHA) in December 2019.

As a hospitalist, I provide medical care to the hospitalized patients. I admit patients, take referrals and consults from other providers, also co-ordinate entire medical care around hospitalized patients. I work closely with other medical staff members, section chairs, directors, nurse leaders, nurses, and other care teams to fulfill my mission, to provide compassionate care and exceptional service.

Since I started working as a hospitalist at Mercy Hospital, I have been involved in the departmental activities and key initiatives. My goal is to provide high quality medical care to all patients. I will actively support hospital leaders in the case of difficult transformation, work to improve communication processes and workflows, and enhance clinical guidelines across the diagnoses and various disciplines.

I have been serving in the Springfield community for almost a decade. There is a need to strengthen general health of the community along with the fight against COVID-19.

I have approved petition for green card and I have been in the waiting list since 2011. I have helped in designing workflows and processes in response to COVID-19 at the Mercy Hospital.

I have also worked with Green County medical Society and the Green County health department in response to COVID-19. I was first physician at the Mercy Hospital Springfield, to take care of patients with COVID-19 infection. With VISA restrictions, I was unable to reach out to neighboring communities.

I am committed to remain in the community along with my family and continue to provide my service. I really appreciate your support in regards to legislations helping physicians like me who have been waiting for more than a decade.

Sincerely
Bala S.R. Allam

Akhil Sethi, MD Psychiatry
Medical Director,
Virtua memorial hospital, Mt Holly NJ
sethiakhil@gmail.com

Dear Honorable Senators and house Representatives,

Thank you for your service to the nation and leadership in this hour of crisis.

I am reaching out to you today regarding bills S1810 (formerly S.948)/HR3541 (formerly H.R.2895) which were introduced in the year 2019 to help with shortcomings in the immigration system to fast track permanent residency for highly skilled healthcare workers.

Just to give a brief background about myself. I started my training in Psychiatry in the UK. I did my residency at Cleveland Clinic, Ohio gaining MD in Psychiatry. Having worked in the field of psychiatry for the last 15 years and as a trained board-certified psychiatrist for the last 10 years in the state of New Jersey, I am on H1b work permit and still waiting to become a permanent resident. **The application for permanent residency was filed 10 years ago in 2011 and it is much needed now during this pandemic for me to work without any limitations or restrictions wherever I'm required the most.**

As a Medical Director in Psychiatry in a hospital I'm tirelessly working each day treating a number of patients including COVID-19. I lead a team of nurse practitioners, social workers and mental health nurses. My work entails not only treating patients but also healthcare professionals as needed who are under tremendous mental stress during this crisis. Needless to say, that this pandemic has been causing significant stress to people of all walks of life resulting in a surge of patients in various mental health crises. I get exposed to Covid patients on a day to day basis and dread bringing the same risk home to my family. I work in constant fear that if I am infected from coronavirus and god forbid if something bad happens to me in the line of duty, my family will lose their immigration status and will get self-deported losing everything I have worked for. I can't imagine my daughter who was not even a year old when she came to the US and currently in high school will have to go through deportation to her country, she has not visited for the last 12 years. Her two younger brothers will have to go through this uprooting as well if any of these unforeseen circumstances happen.

During this time of crisis, the COVID task force has described doctors as soldiers fighting this war. The United States has always recognized the service of its soldiers and naturalized them. This is no less than a war. I urge you at this time to support the bill to include emergency relief with green cards so the doctors like me can continue to serve the community to the best of their ability in ways which are not limited or restricted to certain geographical areas or location of work due to their immigration application.

Kindly extend your support for this bill to expedite the grant of permanent residency to physicians in this hour of need to strengthen the healthcare force.

Thank you for taking the time and hearing me for this matter.

Sincerely,

Akhil Sethi, MD

Trupti Pandit, MD Pediatric hospitalist
Dupont pediatrics at Inspira medical center
Vineland, NJ
drtruptikale@gmail.com

Dear Senator and House Representative,

I am Trupti Pandit, board certified pediatric hospitalist with Inspira Medical center and Dupont Nemours pediatric group. As a clinician, educator, and clinical researcher, I am grateful for the opportunity to be able to care for patients and comfort them during the most vulnerable time and sickness. **While working in hospital and caring for covid-19 patients me and my physician husband have double risk of acquiring covid-19 infection and bringing it back to our child. If we get sick for a few weeks, without permanent residency we carry the significant risk of deportation out of the USA.**

Prior to my current job, I worked in an underserved area with high gun violence, where they could not recruit American physician as sometimes there would be gun shooting in front of my workplace and once there was a mass shooting few blocks from me, in spite of shooting and violence risk, I made it to the work to serve American patients.

I also worked in the rural area who could not recruit an American physician for a high-risk patient's work. I saved the lives of multiple dying premature babies, since the hospital did not have pediatric or neonatal intensivists in the hospital. The neonatal & pediatric intensive Care unit was over an hour away. **During fellowship, my patients used to travel over 2 hours to see specialists like me since they had none in their area.**

Even being in the US for 12 years, I am still in a permanent residency / Green card backlog, so I have to go through visa renewal multiple times. **When my H1B visa was stuck in administration processing hold in India and another time visa renewal took almost 1 year so my driving license couldn't be renewed so my inability to go to work for a long time affected multiple American patients and high-risk newborn coverage areas.** To avoid this situation again, I request you help American patients and to strengthen US healthcare workforce to fight current pandemic and future healthcare workforce shortages by co-sponsoring HWRA S 1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788) and long term fix by Conrad 30 reauthorization S 1810 (formerly S.948) /HR 3541 (formerly H.R.2895) which will bring more physician and specialist to rural & critical access communities.

I greatly appreciate your time & consideration

Best wishes

Trupti Pandit, MD, FAAP

Piyush Shrivastava, MD Pediatrics
graduated 6/20, Monmouth medical center, Long Branch, NJ
drps1988@gmail.com

Dear Senator and House Representative,

My name is Dr Piyush Shrivastava and I worked as a resident physician in pediatrics in one of the major teaching hospitals in NJ. **My residency training hospital / Monmouth Medical center hospital covers a population of close to a million and most of the residents who work here are international medical graduates on J1 visa.**

It was February 2020 and everyone around was following the news of COVID situation in China and European countries with a sip of coffee. There were still debates as to whether it is even worth so much hype as the influenza kills way more annually than this virus. We were being advised to avoid news channels as it was only sensationalism which is being served, "a media propaganda". Nothing to be worried about, we were assured and we continued with our lives. We did not go to supermarkets to stock things up as it was just another viral illness. Then came March and it hit like a big wave. Within a few days, the situation in New York worsened. We were regularly updated by our hospital ID department but still everything very casual. Hospital was struggling in providing medical staff with essential things like N95 or even regular procedure masks. I was denied any N95 by the nursing supervisor as they did not have enough and they were rationing it for aerosol producing procedures. We were expected to go into the room of Patient with an unknown / suspected infection with surgical masks saying that we just need to stay 6 feet away from newborn's moms. They were few cases of newborns who were admitted with fevers who turned out to be positive COVID. Bear in mind by the time the results were back many residents were already exposed to it. The attending physicians were going to PUI/ COVID positive mother's delivery. We were told to stay out during all this process to save Personal Protective equipment/ PPE. I wondered if things would go on like this, how many months of training/experience/learning, that many trainee physicians will miss.

As the state of affairs became grim in NY and NJ, our hospital converted the pediatrics floor to adult covid ICU and all necessary measures were taken to prevent pediatric residents from unnecessary exposure to hospital settings by cancelling all electives, ED rotations. I was seeing our Internal medicine physicians getting overwhelmed by the admissions as there were 3 adult ICUs to be managed by them. They asked for help from the other departments. **I, along with other residents volunteered to help them in adult covid ICU. I had no formal training in the adult side let alone managing patients in adult ICU. What I saw there was no less than out of a movie, like a war zone. 3-5 nurses were required on each patient. The ICU specialists were trying anything and everything which might help these patients. Yet the patients were dropping like flies. The rounds were interrupted several times because someone would code & need resuscitation in the middle of it.** I had to stop many interns going into the rooms of patients to resuscitate them hastily without any N95 /PPE. We were constantly updating families about the changing situation. Sometimes requesting them to make extremely difficult decisions over the phone or updating them about the loss of their loved ones. My friend applied to work in New York hospitals after the governor of New York called for assistance, but she could not because of visa restrictions.

We are trained such that when someone needs us, we just rush without thinking about our safety. Physicians tend to think that they won't be affected until they are finally in the grip of the disease. **As I speak, I know of 2 very prominent pediatricians in the community who are struggling for their lives in the adult ICU.** Both got exposed while taking care of their patients. I have a cousin and many friends working in New York who are terrified about their safety due to lack of basic protective equipment. Our family members are thousands of miles away just praying for us. **While all this was happening, my wife started showing symptoms of Covid 19. We have a 1-bedroom apartment and isolation was very difficult. I slept outside in the hall with one ear listening if she needed any help. Few times I just watched her at night fearing if anything happened to her in her sleep. Luckily her symptoms did not worsen, and she felt better after day 5. These 5 days were very difficult for me as I constantly blamed myself for bringing COVID infection at home.**

As the Covid situation continues, my plans to work in an underserved area of the USA is hanging in uncertainty because of delays and immigration suspension news. I feel my 15 years of focused hard work might just go down the drain because of these immigration restrictions and I might end up starting from scratch. I am not only worried about my job but also my learning/training, my family and my own health. Hence, I humbly request you to consider the legislation of Health Care workforce resilience act S 1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788) and its long-term fix by Conrad 30 reauthorization S 1810 (formerly S.948) / HR 3541 (formerly H.R.2895)

Thank you so much for your time and consideration.
Best wishes to you and your family.

Dr Piyush Shrivastava

Ramesh Pandit, MD MPH
Sound Physician Hospitalist
Crozer Chester health system, Upland
dr.rameshpandit@gmail.com

Dear Senator and House Representative,

I am Ramesh Pandit, board certified internal medicine physician with a Master's degree in public health. Currently, I am working as a hospitalist and serving Covid-19 infected patients from NJ & PA states.

My current workplace is already short of physicians on top of which my colleague physician got sick for a long time with COVID -19 which further worsens the shortage of physicians. **During this crisis of Coronavirus infection, frequently I've been asked if I can work extra days during my alternate 1 week work off period in the other hospitals of the same employer. I'm willing to go above and beyond to work extra hours but because of H1b visa restrictions, I am not allowed to work at any other site than the specific work site documented on my H1 visa application.** While taking care of covid-19 patients on a daily basis, I don't mind to put my own health in danger with the risk of acquiring covid-19 infection but I'm concerned to take this covid-19 infection back to my family and my child. My colleague physician working in the same work room as me got ill with COVID 19 for multiple weeks. This concerns me that if I get infected with covid-19 and get sick for weeks, like my colleague physician, then me & my family would be at risk of deportation out of the USA due H1 visa rules.

It takes an employer over a year to hire a new physician. As per H1 Visa rule as well as healthcare workforce resilience act and Conrad 30 bill international healthcare workers would not displace an American citizen physician from his job. US. trained international Physicians will create more nursing & support jobs in clinics as well as in hospitals while serving American citizens and saving their lives, but **If a physician on a visa dies in this pandemic, their ultimate sacrifice is rewarded with deportation of their dependents.**

Hence, my sincere request to co-sponsor bill S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) so US trained international doctors can be deployed to covid affected areas. S1810 (formerly S.948)/ HR3541 (formerly H.R.2895) will bring board certified Physicians & specialists to rural communities and underserved areas to create a long-term stability to the healthcare of American citizens.

Hence, I humbly request you to consider the legislation of Health Care workforce resilience act S.1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788) and its long-term fix by Conrad 30 reauthorization S 1810 (formerly S.948) / HR 3541 (formerly H.R.2895)

Thank you so much for your time and consideration.

Best wishes to you and your family.

Ramesh Pandit, MD MPH

Swati Poddar, MD Psychiatrist
Dover Behavioral Health
Poddarswati10@gmail.com

Dear Senators and Representatives,

I am a full-time inpatient psychiatrist working at Dover Behavioral Health, Dover, DE. I see patients from DE, NJ and PA. I work in a 107 bedded inpatient hospital.

My patients have all lost something meaningful to them during this pandemic. What else can they loose? The answer is 'me'. I am the world to my vulnerable patients. They know that even when I am not with them, I root for them, I mourn with them and they have a part of me with them. This helps them traverse their losses. Most time, it's not the pill but this part of me which keeps them going. This is the tenet of psychodynamic psychotherapy.

When I get home and am by myself, I am harshly reminded of another reality, a bit like a third pandemic! But this one only affects me and the 15-20,000 physicians like me. I do not talk about it and I seem unfazed by it all. However, it is imperative that I share it with you today. You as lawmakers play the pivotal role akin to the role I play for my vulnerable patients.

Recently we have seen a surge in mental health conditions, due to the psychological effects of this pandemic. **With the loss of human lives, most of our attention is focused on the emotional, physical and financial suffering. However, there is an inevitable mental health crisis looming on the horizon.**

If I contract Covid- 19, I either become disabled or I die. Being a non-US citizen that is on a work visa, I will not be able to avail the benefits entitled to disabled citizen. If I perish, the loss will be felt by my aging parents in India, who I haven't seen due to travel and visa restrictions; my friends and the vulnerable patients to whom I'm a hero. **Psychiatry is my passion and there is nothing else I'd rather do for a living. My patients need me, and in the bigger scheme of things, a pandemic needs a physician. But these physicians also need to be taken care of holistically as they too are humans.** I humbly request you to support S.1024 (formerly S.3599)/HR.2255 (formerly H.R.6788), which will help the American healthcare retain physicians at no extra cost and in return support the community

Thank you.

Sincerely,

Swati Poddar, MD.

Kiran Kandukurti MD
Nephrologist and Hypertension Specialist
Great Lakes Physician Practice, Jamestown, NY
kiran.kandukurti@gmail.com

After completing my residency in Internal Medicine and fellowship training in Nephrology at University of Buffalo, I chose to work in Chautauqua County, NY as it was close to the place where I finished my training. I have been thoroughly enjoying working in my current job for the last 5 years and have built great relationships with my patients and the local community in general. As a physician couple, we raise our two kids in this wonderful community. I fear that this may become short lived due to the green card backlog that physicians of Indian origin such as myself are currently encountering.

*I'm only one of the two nephrologists providing specialty care service in the county along with two other neighboring counties which comprises of a catchment area of a population of about 80,00-100,000. Prior to my commencement, my current job was not filled for at least two years. **Since I started working with Great Lakes Physician Practice, the group was able to hire a practice nurse, an administrative assistant and the dialysis units have employed three new hemodialysis nurses and a peritoneal dialysis nurse. We are also in the process of starting two new hemodialysis shifts thereby expanding dialysis services to the local population. This also highlights the pivotal role that a physician plays in generating employment in the community. By providing specialty services locally, a substantial number of patients with renal problems are being cared for closer to their home, thereby saving their travel time, a fact that is hugely appreciated by their family members as well.** I also participate in teaching medical students regularly and guide them in their endeavors of becoming future physicians.*

*As a physician on a H1B visa, I fear job loss which may displace me and my family with a possibility of return to my home country if I were to get affected by COVID illness. This would also prove to be a tremendous loss to the rural patient population that I m currently serving. A H1B visa renewal every 3 years and a prolonged Green Card back log for physicians of Indian origin places us in a vulnerable situation. Also, there is lack of settlement at one place due to associated unforeseen circumstances, hence a long term future cannot be planned easily. **The underserved/rural community that I serve and similar communities across the country also seem frustrated by this uncertainty and hate to see their beloved physicians leave the area every few years, especially more so, during this pandemic year.** I urge the Senators and House representatives to take up this matter as of utmost importance during these extraordinarily challenging times and render support to all the bills as outlined in the petition.*

Warmest regards,

Dr.Kiran Kandukurti MD

Nephrologist and Hypertension Specialist.
Adjunct Clinical Faculty, Lake Erie College of Osteopathic Medicine. Great
Lakes Physician Practice, Chautauqua County, NY.

Ayush Gandhi, MD Internal Medicine
Assistant Professor of Medicine at Mount Sinai Morningside Hospital in New York city.
Drayush.gandhi@gmail.com

OUR HEALTHCARE SYSTEM NEEDS HEALING!

To Whom It May Concern,

My name is Ayush Gandhi, MD and I am an International Medical Graduate from India. I came to the USA in 2010 and completed Internal Medicine Residency in Guthrie/ Robert Packer hospital, Sayre, PA from 2011-2014. My employer has started process to file green card for me in 2014 and I received I-140 in 2015.

*Since then my family (My wife on H4 visa and my son who is US citizen) waiting in this never-ending green card backlog. I am currently practicing as an Internal Medicine attending at Mount Sinai Morningside hospital in New York City, where I provide care to the patients admitted in the hospital as well as responsible to provide teaching to medical residents and students. **I have seen and provided care to numerous COVID-19 patient during this pandemic as my hospital is in the epicenter for this pandemic. Even with that, I still felt that I could have provided care to multiple other places where they needed physicians, however I was prohibited to do that on H1B visa.***

While treating COVID-19 patients with best of my ability and dedication, I was always fearful for my family. Not only for me to expose them to COVID, but in case if something happened to me while providing care to the sickest, I was risking them to get deported!

Current proposed bill will provide stability in our life so that we can provide care to the sickest without fear of deportation. I believe with awarding permanent residency to the physicians and nurses currently working in the US will ensure adequate workforce of physicians and nurses for next wave of COVID-19 or any other major healthcare crisis in future.

Sincerely,
Ayush Gandhi, MD.

Dhruv Mehta MD
Fellow in Gastroenterology
Westchester Medical Center, NY
dsmehta18@gmail.com

Dear Sir/Madam,

My name is Dhruv Mehta and I arrived to the United States after completion of Medical School to start internal medicine residency training in 2014. After completion of my residency, I matched for gastroenterology and hepatology fellowship at Westchester Medical Center, NY. I have been on H1B visa for the last 6 years. As a fellow physician, I also work at the underserved south Bronx area hospital-Lincoln hospital. Besides patient care, I am actively involved in medical education of students and residents as well as clinical research and have received teaching awards from the academic division of new your medical college.

During the covid-19 crisis, I was assigned the responsibility of managing a large pool of subspecialty fellow and attending physicians. I was responsible for staffing tele-hospitalist and tele-icu services. I was also emergency credentialed and worked as a hospitalist attending on two occasions for patients affected with covid-19. My ability to serve during this crisis was severely limited due to my current visa status and the restriction that I could only work with westchester medical center. Being licensed in New York and 30 minutes away from the city, I could have used my ability to help some of the worst affected hospitals but was not able to due to visa.

The shortage of doctors is real and work visas are severely restricting doctors abilities to serve the populace. I request for your immediate support to these visa reform bills for medical professionals.

Sincerely,

Dhruv Mehta

Suhaib AndrabiMBBS
NephrologyAttending
NYC health+hospitals/ Harlem, NY
suhaibandrabi@gmail.com

To Whom it may concern

My name is Suhaib Andrabi. I have been in the united states since 2012. I have trained as a resident in Internal Medicine followed by a fellowship in Nephrology & Hypertension. My training has been in undeserved minority neighborhoods of NYC. Initially in Buschwic, Brooklyn and then Harlem.

I have been on waiting for my green card since July 2017. Since 2017 I have been practicing as an attending physician at NYC Health+Hospitals/Harlem Hospital. NYC Health + Hospitals/Harlem provides a wide range of medical, surgical, diagnostic, therapeutic, and family support services to the residents of Central Harlem, West Harlem, Washington Heights, and Inwood. The hospital is a 272-bed acute care facility and a designated Level 1 Trauma Center, with a full spectrum of specialty services, including a burn unit, an adult intensive care unit, a neonatal intensive care unit, a pediatric intensive care unit, and a cardiac care unit. NYC Health + Hospitals/Harlem is the largest hospital in Central Harlem, capable of treating the most seriously ill.

*Harlem has some of the highest incidence and prevalence of Hypertension diabetes and kidney disease. I provide Nephrology care and dialysis care to a population that is often uninsured and otherwise would have no recourse. Harlem hospital has been at the forefront of much medical research that is of importance to the African American community. We were hit hard during the on-going COVID-19 epidemic . **Unlike my other colleagues I was limited to Harlem Hospital due to my visa status and could not volunteer to Work in other hospitals that had it even worse.***

I chose to practice medicine in an Urban Undeserved area. I have been blessed with more success (professionally and monetarily) than I could have ever imagined growing up in India. I felt a certain obligation to give back to the great City where I received my training and to the patients and community that gave me the privilege of treating them. I was fortunate that I was able to obtain an H1B sponsorship through a Nation Interest Waiver that allowed me to practice in NYC undeserved areas as well as employer-based petition.

I have now spent a large portion of my adult life in NYC and this city is now my home. In these uncertain times there is always a fear in the back of my mind that unforeseen decisions could end my privilege to work and live in the United states in general and NYC in particular. The passage of Health Force and Resilience Force Act would allow me to remain in the US and to continue practicing my profession., serving the community and be a part of the great experiment that is the United States.

Vishisht Mehta M.B.B.S.
Fellow, Critical Care Medicine,
Memorial Sloan Kettering Cancer Center, NY
vishisht.mehta@gmail.com

I began my training in the U.S. in July 2014. My wife and I (both physicians on J-1 visas) were at Creighton in Omaha for 3 years. We loved the Midwest during our time there. We then both moved to NY City for another three years for our training in Pulmonary & Critical Care. I worked at Memorial Sloan Kettering Cancer Center (MSKCC).

We have been privileged to live and work in such contrasting environments during our time in the US. I have since moved to finish my training by doing an Interventional Pulmonary Fellowship at Henry Ford Hospital in Detroit for 1 year, starting 7-1-2020.

We have felt welcomed, wanted and really needed at our work. In Omaha, we proudly served veterans at the Omaha VA and also cared for many under-served and un-insured patients at Creighton University Medical Center (which unfortunately shut down in 6-2017). The community really relied on the hospital as it met a great need for quality medical care. We were proud to serve the area we lived and worked in and still remember our patients fondly. We have made lasting connections with the community and always consider Omaha our first home.

In NY City, we have seen a wide-spectrum of patients from different strata of society. Regardless of social status, the need to care for and be cared for are so basic and human. Hardship does not discriminate. We are proud to have played our part in serving our communities in our area of expertise.

COVID-19 hit NY City the hardest and we were on the front-line in the ICU. My wife went back to work in the ICU 6 weeks after giving birth to twin boys. We realized fully well the danger to our family and children (we have another 4 YO son) with their parents being ICU doctors during this time. Also, the need for our service was not lost on us and I am proud to say we were there when it mattered.

I have now arrived at Henry Ford Hospital in Detroit, the premier health system of the city. Detroit has been terribly affected by COVID-19 as well.

My training here focuses on Interventional Pulmonology. In simple terms, it involves the screening, diagnosis, staging, management and palliation of cancers in the chest. The need for my services is profound and it is an honor for me to be able to take care of my patients at such a crucial time in their lives. The hardships posed by a cancer diagnosis cannot be understated and I have seen that up-front at MSKCC.

I am also proud to have been selected for such a prestigious fellowship. Only 30-35 such fellows graduate every year in the US and I have worked continuously for the past 6 years to be ready. My commitment to my field and my patients is only matched by my love for my family. I have published peer-reviewed abstracts, manuscripts, spoken at international meetings and am the co-founder/trustee of the Lung India Foundation as well. I know I will use my training for those that need it most and there is no greater honor than to serve my patients.

There are various challenges with being a physician on a J-1 visa. With my training, there are fewer institutes with the support system to maximize my skills. While the need for my services is tremendous, I am not necessarily able to practice where I am needed the most. Cancer is everywhere and does not discriminate. I want to give my patients, the community and my hospital the 'best of me' and feel at times I am held back by regulations.

Enabling a wider scope of practice for J-1 physicians would let us more readily serve in areas of the greatest need. This was seen most acutely during COVID-19 where physicians in areas with lower case counts could not travel to work in harder-hit cities. This exacerbates the already considerable physician shortage wide-spread in the US. In short, legislation to improve physician access and alter J-1 visa restrictions will permit physicians such as myself to be more readily available where we are needed.

Aditya Pawaskar, MD
Attending Physician in Rheumatology
UHS, Binghamton, NY
adityapawaskar514@gmail.com

To whom it may concern,

My name is Dr. Aditya Pawaskar, and I am an IMG (International Medical Graduate) and I have been in the United States since 2014. I trained as a resident in Internal Medicine at Westchester Medical Center of New York Medical College in Valhalla, NY, followed by a fellowship in Rheumatology at the University of Connecticut School of Medicine, which I recently completed in June 2020. As a resident, I won the best teaching PGY2 resident award for my role in being a teacher and mentor for my junior residents as well as medical students. As a fellow, I won the American College of Rheumatology's (ACR) Annual International Thieves Market Competition, which was held at ACR's 2019 Annual International Meeting at Atlanta, GA.

Later in 2020, I will begin my J1 waiver job as a practicing attending in Adult Rheumatology at United Health Services in Binghamton, NY. Binghamton is the county seat of Broome county in NY, and it is a Health Professional Shortage Area (HPSA) for Primary Care. For the field of Rheumatology, there exists a similar shortage of adequate and timely access to Rheumatology Professionals, and most of these patients also require long term management and close follow-up due to the chronic nature of Rheumatic diseases. That is the principal reason why I chose to take up a position of an attending Rheumatologist so that this unmet need can be fulfilled. I will work alongside 2 other Rheumatologists, as well as 3 Rheumatology Nurse Practitioners (NPs) as well as a medical support staff that includes a Registered Nurse (RN) who will all be involved in the management and care of the Rheumatology patients in the area. UHS Rheumatology also serves patients from surrounding counties in NY state who do not have access to a Rheumatologist in their counties. The goal is to begin expanding the patient population that we serve and to build a long term healthcare practice that patients can trust and depend upon and will benefit the community at large.

On a personal level, the journey as a medical trainee in the United States has been rewarding, but challenging at the same time. My wife is a physician as well, and she is currently pursuing a fellowship in Neonatology at Maria Fareri's Children's Hospital in Westchester, NY. For us, the most challenging part has been having to stay apart for the past 5 years, as due to visa restrictions, we have not been able to stay together after marriage, and this is something that will continue for at least the next 2-3 years as I will have to move to Binghamton NY for my J1 waiver job while she will stay in Westchester NY for her fellowship. I was unable to get a J1 waiver job close to my wife in Westchester NY due to geographical visa restrictions as well as the extremely limited number of spots (only 30 for all specialties together) in the CONRAD-30 J1 waiver program. We both also worked at our respective medical positions during the ongoing COVID-19 pandemic and saw patients on a regular (daily) basis, despite the high risk nature of the medical positions we work in and shortages of PPE for doctors and other medical professionals.

Currently, I am waiting for my J1 waiver to get processed as soon as possible so that I can begin working as an attending physician later this year. However, if it does not get processed within the next 3 months then I will have to leave the country and wait till it gets processed before I can begin my work as an attending, with the added stress of travel restrictions and risks due to the COVID-19 pandemic.

The current 2 bills mentioned in this letter will help medical professionals such as myself by making the J1 visa waiver process a little less stressful and with relatively better opportunities and also providing us with a better long term solution towards long-term stay in USA and permanent residency, while also ensuring adequate number of doctors for USA's population, especially during these difficult times of the COVID-19 pandemic.

Shrivatsa Nadiger MBBS, Hospitalist
Montefiore Jack D Weiler Hospital,
Bronx, NY
snadiger@montefiore.org

I work as a hospitalist (Internal medicine doctor who works in a hospital). Our hospital, being in the Bronx, was in the epicenter of the COVID crisis. We were and are the frontline physicians taking care of patients in the hospital.

As I went to work, especially during the early period when there was an acute shortage of PPE, we were all worried about getting sick and bringing the infection home to wife and kids. But on top of that I carried the extra burden as a physician on a H1B visa - that if something happens to me, my family will have to self deport. I have seen many sad stories of broken families that were forced to self deport on the news. The latest story I heard is of a young resident trainee in New York City who got sick during COVID and died. His family is now at risk of deportation. I am a healthy young physician without other medical conditions and I know that chances of severe COVID are less but I also know its not zero. I know other physicians who are still on a visa and other medical conditions that put them at higher risk of severe infection and death.

As the COVID waned down in New York, I have thought about working/helping in other parts of the country that's affected by COVID but my H1B visa prevents me from working anywhere other than my employer and also if I am volunteering and get sick, I am not covered by any protections as I am an "Alien".

I came to the USA in 2007 and am still stuck in the green card backlog that countless Indians are suffering from. I have lost many opportunities during these years because of not having a green card.

Thank you for taking the time out to read and I hope you take a look at the bills mentioned in the cover letter above and support them.

Shrivatsa Nadiger, MBBS

Nitu Kataria, MD
Assistant Professor
University of Buffalo, NY
nkataria@buffalo.edu

I am Dr Nitu Kataria, an Internal Medicine Attending physician and Assistant Professor with University at Buffalo (Buffalo, NY). For the last 10 years, I work in an inner-city clinic in Buffalo that serves the underserved and underprivileged minority communities. I work in an outpatient clinic that was providing medical care via Telemedicine during the peak crisis, but will now be seeing potentially COVID patients in the clinic as we enter the next phases of reopening. This worries me because I am on an H1B visa (same for my husband) and our kids are US citizens.

I am an Indian origin physician who is stuck in the green card backlog all this time with no end in sight. As I serve the community that I have come to love like family - I always have this worry at the back of my mind that I don't really have any permanent residency status in the country I call home. And that I permanently remain a 'non-immigrant' as my legal status. It limits me so much in all that I can do to help and contribute.

I hope that this bill gets passed and I am accorded a legal acceptance in this beautiful country whose people have otherwise accepted me as their physician and friend. And my family can have the peace of mind, that whatever happens, we don't have to worry about the risk of deportation on top of everything else..

Purushottam Muthukanagaraj MD
Assistant Director of Dept of Psychiatry
SUNY upstate Binghamton Campus
Purushothmbbs@gmail.com

Sir/ Madam,

I currently work as the assistant director of department of Psychiatry at NYUHS hospitals, Binghamton, NY. I am a dual trained physician (Internal Medicine and Psychiatry). I graduated in 2016 and worked 3 years in an underserved area in NC. *I moved to central NY/Twin tier region last year and continue to serve in a medically underserved area. My hospital caters to the needs of significantly underserved communities in the rural regions in the central NY. We serve and cater to the mental health, medical and substance use treatment needs of our patients. We are at the front line of COVID management and cater to the complex medical and psychological needs of COVID affected patients.* I also participate in the administrative, educational and functional needs of the departments of Psychiatry and Internal Medicine here. I am part of the residency training program which trains future physicians. I also played a vital role in the healthcare resilience workforce project during COVID at my facility. I have been on the H1b visa for 4 years now. With the current immigration policy, I will face a near impossible wait time to get a immigration status, despite serving underserved communities all through my residency and employment since 2011. Despite all this, I fear losing my visa status and risking deportation of my dependent family if I fall sick. I request you to kindly consider supporting the bills above in order to remove the green card backlog of physicians serving at the front line treating COVID patients.

Sincerely,

Purushothaman Muthukanagaraj, MD

Ankush Lahoti, MD
Interventional, structural and general Cardiology
Buffalo general Hospital University at Buffalo, NY
ankush.lahoti@gmail.com

To whom it may concern

My name is Ankush Lahoti and I have been in the US since 2010. I have completed residency in Internal medicine from 2010-2013 and went on to do a fellowship in cardiology from 2013-2016. I practiced cardiology for one year while on h1b Visa and went back to training and did 1 year interventional cardiology and two years of structural heart training involving minimally invasive valve replacements, PFO/ASD (small hole closures through minimally invasive techniques).

I applied for my green card in June 2015 and was awarded the I -140 based on National Interest waiver (based on my research in cardiology). I have been waiting in line since that time.

During the COVID-19 crisis, we were asked to serve at different community hospital in the Western New York and also in downstate. Due to being on H1b visa and my place of work listed as only Buffalo General hospital, I was not allowed to help my colleagues in time of need. While working at Buffalo General taking care of sick cardiac patient in ICU along side the COvid 19 patients We had to change our entire routine to protect my family. We had to set up a changing station in garage so that we can leave our hospital clothes in the garage before going up to meet my family (wife and 4 year old son). My wife is a resident at University at Buffalo in the department of Orthodontics. It was difficult for us to get a student loan also as we were not permanent US residents and had to have my friends co sign the loans (which we responsibly paid off).

Also, every time we had to visit our home country we had to get Visa stamping and there have been times when my return has been delayed because of administrative processing. This has affected my patient who had to rescheduled. If something happens to me my wife will have to leave United states immediately with my 4 year old son who has been born and brought up in USA (US citizen) back to my home country.

I will request that please consider the bill and provide us the relief and hassle of going through visa process very couple of years.

Sincerely

Ankush Lahoti, MD

Ravi Desai, MD, Pulmonary & Critical Care Medicine
Kettering Medical Center, OH
rdesai@pulmonary-medicine.net

Honorable Senators/Congressmen/Congresswomen,

I am a Pulmonary and Critical Care physician working in Montgomery county, Ohio. **As an intensivist (ICU doctor) I directly attend some of the sickest patients with COVID-19 in the intensive care units at Kettering Medical Center and Sycamore Hospital. I am proud of being a key part of a team of professionals (physicians, nurses, respiratory therapies and many more) fighting against the COVID battle at the front line.** I can say with confidence that we have made difference in many patient's lives who may not have otherwise survived this highly unpredictable and (sometimes) deadly disease.

I am an international medical graduate from India, who has been in USA for over 12 years, including 6 years of residency and fellowship leading to triple board certification - Internal medicine, Pulmonary and Critical care medicine, and have been practicing medicine in the state of Ohio for last 4 years on work visa (H1-B), I have been patiently waiting for permanent residency (aka green card) with an approved petition (I-140) since 2012 .

Working in healthcare set up has always carried occupation hazard like contracting communicable diseases. But now the risk is higher than ever. Unfortunately, during this COVID-19 pandemic, I have seen quite a few of my colleagues including physicians, nursing and other auxiliary staff getting ill with COVID-19 and some of them on the verge of permanent disability or even worst - death.

Due to "temporary" nature of my work visa, the biggest concern I have is if I was to become disabled or die due to such illness, my "dependent family" would be left with no choice but to leave this country as my work visa cannot be continued. **Additionally, due to visa related restrictions, my work is tied to my employer at a particulate location only. This prevents me from being assigned at a different hospital if needed in short period of time. And also limits my ability to volunteer services outside my work area approved in H1B visa petition. S.1024 (formerly S.3599)addresses many of these issues by granting us an expedited path to permanent residency,**

This COVID-19 pandemic has come with many challenges. And as physicians, assuming role of healthcare team leader we have come up with solutions for many of challenges. Be it innovations with tele visits, enhancing safe work environment in our clinics and hospitals, coming up with new treatment protocols or work flow for better patient care, I have been a very productive member of my team. I intent to continue to provide my service to the best of my ability. What I would expect from you, would be a support for legislation such as S.1024 (formerly S.3599). With that, you will not only provide me (and my family) with peace of mind but you will also enhance my ability to continue to serve our community and strengthen our healthcare workforce.

Thank you in advance for your consideration.

Ravi Desai MD, MPH
Pulmonary & Critical Care Medicine
Dayton, Ohio

Dheeraj Goyal, MD, MPH
Medical Director, Infectious Diseases and Antibiotic Stewardship
Mercy Fairfield Hospital, Cincinnati, OH
dgoyal1@mercy.com

Dear Congressmen,

Let me start by introducing myself. I am an infectious disease physician and a public health expert currently working at the forefront of COVID-19 pandemic. **I am the medical director of infectious diseases at Mercy Fairfield Hospital, one of the hospitals with highest number of COVID-19 cases in Ohio, and one of the main hospitals dealing with the brunt of COVID-19 in Hamilton County.** I also direct the infection control and antibiotic stewardship committees of Mercy Fairfield Hospital.

I did my MBBS from one of the top most medical schools in India. Due to my strong interest in Public Health, I came to the US in 1999 to pursue a master's degree in public health at Drexel university in Philadelphia, where I graduated among the top 10 students in my class and was inducted into Delta Omega national honor Society for public health professionals. After that, I did my residency in internal medicine in Toledo, Ohio, worked as a hospitalist for one year in Missouri and then went on to pursue fellowship training in infectious diseases at University of Utah. After completing my fellowship, I have been serving this wonderful community of Fairfield, Ohio for over three years now.

It has truly been a privilege for me to serve my patients during the past two decades of my medical career. And I look forward to continue to do so for coming several decades. However, the challenges currently posed by our immigration system and seemingly never-ending dark tunnel of "green card backlog" has really limited my abilities to serve my patients to the best of my abilities. It not only limits how and where I can provide my services even during this pandemic, it also puts my family in great jeopardy. For example, if I end up contracting and succumbing to COVID-19. It will mean my wife will end up facing deportation and my 4-year-old son, who is a US citizen may have to go foster care... Currently, there are hundreds of licensed immigrant physicians practicing in the United States, who are in a situation like me.

These are difficult times for all of us. No matter which profession we belong to or how we choose to serve the fellow members of our communities, we all strive to fulfill our duties with conviction and to the best of our abilities. However, these personal struggles due to the current immigration laws have made things even worse for hundreds of immigrant healthcare heroes of our country. S1024 (formerly S.3599), HR2255 (formerly H.R.6788), S1810 (formerly S.948) and HR3541 (formerly H.R.2895) can address these problems effectively by adding well qualified, US trained and licensed immigrant physicians and nurses to permanent workforce of this great country. In addition to providing medical services, on average each physician adds around 10 jobs to the American economy and contributes directly to the country's economy through taxes and by maintaining a healthy American workforce. Hence, I strongly urge you to provide your strong support to these bills, and also discuss the merits of these bills with your fellow congressmen. Thanks, and God bless.

Abhishek Bhardwaj, MD Pulmonary Critical Care (Fellow)
Cleveland Clinic, OH
bhardwa3@ccf.org

Dear Senators,

I am a pulmonary critical care fellow at the Cleveland Clinic. I am at frontline of managing COVID19 patients both as a pulmonary fellow and as a critical care fellow in the ICU. **I have been on H1b visa since 2011(9 years).** I have an approved petition for green card but will have a long wait time due to the country of birth, India.

I have trained in internal medicine and have research experience in cardiac arrest and pulmonary hypertension. I am an elected member of many professional societies and have contributed to the scientific medical community with many manuscripts in prestigious journals. I have worked in underserved community of Philadelphia at Penn Presbyterian Medical Center of University of Pennsylvania previously for 5 years as part of National Interest Waiver prior to starting my fellowship at the Cleveland Clinic.

I hope that you look into the per country cap of green card that disproportionately affects physicians of Indian citizenship.

We recently published an opinion piece about it in the prestigious Annals of Internal Medicine to shed light on this issue.

<https://www.acpjournals.org/doi/full/10.7326/M20-4103>

Please let us know how we can help the US government understand our contribution to the economy and the healthcare system.

Thanks,

Sincerely

Abhishek Bhardwaj, MD FACP

Navneet Kumar, MD Staff Cardiologist
Cleveland clinic, OH
Kumarn3@ccf.org

I started my medical training in US in 2010 at Providence Hospital in Southfield, Michigan. Since then I completed my Transitional year residency (one year) followed by Internal medicine residency (3 years) and then Cardiology Fellowship (3 years) from St John Hospital and Medical Center in Detroit, Michigan. After 7 years of extensive training I joined Cleveland Clinic as Staff Cardiologist. **For the past 10 years I have taken care of a lot of medically underserved people which I continue to do. I am currently at a hospital which has the only cardiac catheterization lab in the whole county.** In 2019 my I140 petition got approved which basically means my immigration petition is approved and I am in line for Green Card whenever my turn comes. Over these 10 years I never cared that I was on h1b visa. However, the COVID-19 crisis has brought to light the glaring fallacies of this situation. As per estimates my turn to get a **Green Card would come in 150 years.** give or take a few decades depending on how many people drop off the line. Practically speaking I will die on my current visa before I can get a permanent Green Card. With H1b I cannot open my own practice. If I want to start a business and provide well-paying jobs to Americans, my visa is stopping me from it. **As per research, every physician who gets out of the shackles of visa limitations provides 14-16 jobs and contribute 1+ million to the local economy.** My visa severely limits my potential to give back to American economy.

This COVID-19 world also made me realize that despite my best efforts to provide excellent healthcare to the underserved Americans, if I get sick, disabled or die, my family would have to leave this country which they have called home for past decade. This lack of long-term protection along with other issues faced due to being on a “perpetual” visa weighs more on me and my family than the COVID-19 crisis itself.

When I tell my story to my patients, they are applauded by the difficulties I and my family face on day to day basis despite being here legally.

I always this opportunity to request you to pass S1024 (formerly S.3599) and S1810 (formerly S.948) which would help in alleviating the healthcare

physician shortage and provide much needed relief to the physicians and their families who are fighting on the front line together.

Sincerely

Navneet Kumar, MD

**Mamtha Balla MD Internal Medicine, MPH Clinical
Assistant Professor, University of Toledo
Promedica Physician Hospitalist, Toledo Hospital, Ohio
Athamam@gmail.com**

Dear Senators and House Representatives,

I am Mamtha Balla, MD, MPH, an internist working as a Clinical Assistant Professor and Hospitalist at the University of Toledo and Promedica Toledo Hospital. I want to share my thoughts and concerns from our fellow physicians, as the situation currently is so crucial due to the Coronavirus pandemic, I feel congress should help us out in these challenging situations.

I want to take this opportunity to highlight how it's been impacting physicians as such. COVID19 is affecting physicians from all directions **as we are one among the frontline soldiers fighting this COVID-19 war**. At the same time, our families are also dependent on us. We worry about our patients and try to keep them safe every day, but we also come home each day and ensure our loved ones are treated the same. In these hard times, making sure the family is safe is crucial. **The risk of getting a disease amongst health care providers is extremely high. From the latest report, more than 500 healthcare workers died in the United States due to COVID-19.** And one in every six infected is a health care worker in Ohio. That's one of the reasons it's both challenging and difficult to be a healthcare provider right now

My husband, who is a Geriatrician and myself, both are physicians and front-line health care providers for COVID-19. And have high chances of contracting the disease. One thing that always haunts me nowadays is, what will happen to my baby if something happens to either of us! the thought of both getting sick is giving me nightmares nowadays!!

When military personnel die or is injured in a war, the family is offered federal benefits that are enough to lead a decent life. The "corona-era" soldiers (the front-line healthcare personnel) are no less than soldiers at war. They should be treated like one and be offered similar benefits, including medical and financial benefits, along with immunity to the close family from being deported by providing Citizenship/Green card. So, nowadays, when I talk to my friends who are in the same profession as I am, everyone talks about life insurances, living will, and disability insurances. I am in the process of preparing one for us. I have never imagined in my life that I will be preparing a living will in mid-30. Unfortunately, these are all the truths which no one can deny. However, at least now, Congress can give us hope and assurance so that we won't be battling two wars!

I came to USA in 2008, completed my Master in Public Health from Missouri State University. I worked at Georgia Health Sciences University as a Research coordinator in Movement disorders and ran several research trials in movement disorders. After that I completed Internal Medicine residency from Abington Jefferson hospital Philadelphia. Since 2015 I started working as Promedica physician hospitalist and clinical assistant professor at University of Toledo and presently I am active in COVID control team and part of safety team in doing study on COVID-19. Being a front-line health care provider and having a degree with a master's in public health provider with major in Epidemiology, I am trying in all the directions to tackle this pandemic. Recently wrote two papers on COVID-19. Currently working on a retrospective study on COVID-19 patients at NW Ohio. Right now, in this war of "humans against the virus" we all need to unite together to stop it from spreading. I always believe 'Prevention is better than cure' so I started doing community education with a Facebook page created by Mihir Joshi (<https://www.facebook.com/outbreakready/>). This is my two cents of help to the community so that we can share knowledge, spread the message of unity, strength, peace, and love, as a result, we will be combating this pandemic in a multidirectional and smart way.

I thank you for reading this letter and kindly help us out so that we will help the United States of America's our level best in this challenging situation. I sincerely request you to support and consider passing Healthcare and immigration bill for medical professionals S1810 (formerly S.948)/HR3541 (formerly H.R.2895) and HR2255 (formerly H.R.6788). Kindly provide us your support.

Sincerely,
Mamtha Balla, MD, MPH
Clinical Assistant Professor, University of Toledo
Promedica Physician Hospitalist, Toledo hospital
Toledo, Ohio.

Anupam Jha, MD Psychiatry
Firelands Physician Group, Sandusky, OH
dranupamjha@gmail.com

After receiving residency training in psychiatry in DC me and my wife fell in love with this small town on Lake Erie in Ohio and got our job together at this rural health system. There was a huge need for psychiatrist to help with long appointment Wait time, cutting edge technologies and treatments for patient with mental illness, **opiate epidemic and young lives lost and my endeavor to do a variety of psychiatric work for right in.** From neuromodulation treatments to helping opiate dependent patients to providing medical directorship in developing a strong program while nurturing an ever-growing clinical staff sensitive to such needs has been a daunting effort. Covid brought unique challenges and we had to overnight switch to telepsychiatry platforms. **I have provided direct care to covid affected patients and families but also those who are struggling with worsened mental state from isolation and being scared. Close to 1,200 patients altogether directly depend on my clinical care.**

My days are rarely ever less than 12 hours work week or 60 hours work weeks. I have been on H1b visa for 11 years now and prior to that close to a year on F1 visa. I am the medical director for inpatient and outpatient behavioral health at my rural health system. **I supervise around 12 psychiatrist and NP providers.** I also help design cutting edge evidence driven psychiatric care for our 7 counties in northwest's Ohio. I also help train close to 240 staff in crisis management, neuromodulation and referral services; developing the program to help telepsychiatry, opiate epidemic, physician retention in rural hospital. I teach family medicine residents and 3rd and 4th year medical students and have been able to get several medical students into psychiatry residencies as the need for this branch is huge. I own two houses and employ babysitter, lawn keepers, housekeepers and cleaners, my outpatient office employs two and will be hiring three more staff over the next 4-6 months and will keep growing.

But despite giving everything I can offer I live in fear that a trip to my home country and It's been nine years since I have been home I fear not being able to come back to the US. My grandpa passed away, sister got married and I haven't been able to visit.

Chitra Ganta, MD Internal Medicine Primary Care
Cleveland Clinic, OH
chitra.ganta@gmail.com

Dear Congressmen,

I am a board-certified Internal Medicine Physician living in the US for the past 10 years and serving the underserved in Ohio for the past 7 years. I joined a team of 5 physicians which quickly dwindled down to 3 physicians. **I still remain the last physician in Internal Medicine that was recruited by Cleveland Clinic** at its Family Health Centre at Wooster, Ohio where I am spending the best part of my productive years.

I am invested and enjoy being a part of my community, and have additionally taken on the responsibility of being on the board of directors for the "Counseling Centre" a Nonprofit organization which cares for the mental health needs of 5 surrounding counties including ours. My passion for patient care has got me many caregiver appreciation recognitions and I manage a panel of more than 3500 patients.

10 years in waiting on the H1B Visa due to the green card backlog made it impossible for me to be a backup for my Local community hospital in the event of a Covid 19 surge. I do have the privilege of offering the same services within the Cleveland Clinic a great organization I belong to and am grateful for it.

As a primary care physician, I am doing my best to keep the chronically ill out of hospitals and educating them to be safe from the COVID 19 virus, as well as caring for those who have it. Working on the front lines puts me and my family at risk. I am a very devout mother to my 6 and 11-year-old, unfortunately though there would be no immunity for my family should something befall me. Uprooting and displacing my children who have known no other life than the American life would be the one thing I would have never imagined when I started out this journey.

I believe in an America which will shield its warriors, I started my journey here with that confidence and hope, and will hold fast to it as we wait for your support for the S 1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788) bill.

Chitra Ganta MD

Abhishake Kaapuraala, MD Hospitalist
Marion General Hospital, OH
akaapuraala@gmail.com

I am a Family medicine physician, currently working at Marion General Hospital, Ohio, as a full-time hospitalist. I came to the United States of America in 2008 for my residency training under the J-1 Exchange Visa Program. After the completion of my residency training, I availed the opportunity to transfer to the H-1B visa and served as a primary care physician in rural Iowa in a severe physician shortage area. After serving in Iowa for 5 years I moved to Ohio and have continued to work for last 4 years as a hospitalist here in medically under-served areas of Urbana county and Marion county.

I have been a working physician in the USA for over 12 years now, **with 9+ years of those on a H1 visa.** I am very grateful for the opportunity to serve my patients in the communities here. My focus of work has been rural medicine with a special interest in treating the geriatric population. I have built very strong relationships within the communities here, where I have lived and worked. I take great pride in my work and look forward to continuing to serve them.

I have been at the forefront of the COVID-19 pandemic from the day 1 and have continued to take care of COVID cases at our hospital hands-on. I feel very uncertain of the future especially for my wife and two young kids, aged 6 and 9 respectively. Without my legal presence in this country, my wife risks deportation. My kids are born in the USA and are citizens here and this is the only life they have ever known. This pandemic has definitely brought new challenges for a lot of physicians like me, who are stuck in the green card backlog. We continue to work under a lot of stress when we think of what would happen to our families, if we ever contracted COVID-19 while at work.

On July 9th 2020, I lost my father to COVID-19, in India. However due to my visa restrictions and embassy closures, I, unfortunately, am not able to travel to be with my mother as she struggles to cope with this situation all by herself. While I continue to cope with this immense personal loss, I also continue to care for COVID-19 and all my other patients with utmost dedication here.

I, therefore earnestly request all the policy makers and leaders to heed to our plight and help us find a path to permanent residency without years and years of wait. This will help us work with renewed energy and peace of mind, knowing the future of our families is safe in this country which we have chosen to serve and call home.

Sincerely,

Dr. Abhishake Kaapuraala

Jagruti Shah, MD Hospitalist
Toledo Hospital
Jshah.2102@gmail.com

I am a hospitalist at Promedica Toledo hospital and have completed my residency from Mercy St Vincent Medical Center. Since the COVID pandemic has started, I regularly encounter patients infected with COVID. I am proud of service I provide to humankind during this challenge we have ahead of us, which we have still not fully understood, and no one yet knows what more challenges we will be facing in future. There has not been a single day that the thought has not come across my mind when I leave for work leaving behind my 2 daughters "What will happen to my kids if I get disabled or die from COVID, their dependent visa will be discontinued and they will be deported". I can't even imagine which country they will go to. It breaks my heart to even imagine that their all dreams would be shattered. **My elder daughter is 17 years and she has a dream of being a doctor like her parents to serve humankind. As soon as she turns 21 years her dependent visa will be discontinued and she will have to apply as international student despite getting her education in US and when she will apply to medical school, more doors will close due to international visa.** I am sure a country like America can offer more to healthcare workers who are the real heroes and soldiers of this country during this COVID pandemic.

Chayanika Pal, MD Family Medicine
University of Toledo, OH
Chayanika.pal@utoledo.edu

Dear Congressman,

My journey started in USA, the land of dreams when I landed at Detroit airport 15 years back with my 5 months daughter. I completed my residency in Family Medicine from UTMC and fellowship in Bariatric Medicine. I am on H1B visa and have been practicing family medicine and am considered as one of the most popular Family Physician and Associate Professor at UTMC, Toledo, Ohio. I have dedicated myself serving for the population in Toledo's surrounding suburbs and underserved areas for more than 11 years.

My patient population has grown year after year from newborns to the very elderly ones for the care and empathy I have provided through these years. **I started the new clinic at Toledo which has provided great job opportunities for the supporting staff and indirectly has created a larger employment platform for the support chain needed for the clinic.** I, as an Associate Professor at UTMC, train the future medical talents to serve this country.

During the outbreak of COVID, my clinic was one of the fastest clinics to adapt to the changes in demand and the situation, by devoting the time to patients and making sure the constant support and care of the community is not missed even for a single day.

I made sure our community was safe and protected due to my dedication and constant communication with my patients. During these last few challenging months, I have considered my profession over any other priorities.

I am also concerned about my family members, but I think these are the hours when my community and the citizens of this country need me the most. The battle is yet to be over but I feel proud that I dedicated all my heart to serve for this great country which has provided me the best opportunities. But that's only one part of my struggle. I have to constantly fight through my thoughts of uncertainty of something happening to me while I am trying to protect my COVID patients. What will happen to my family and my daughter who are on H visa? **My daughter is now 15 years and has grown up in this country. She does not know any culture outside this country. so her future is uncertain because she was not born in this country.** She will soon have to struggle and be discriminated against based on her country of birth.

Despite of all these, I have been waiting in the long queue for obtaining the Green Card. It is my earnest and humble request for lawmakers to please pass S.1024 (formerly S.3599) to honor our physicians fight to protect the citizens of this country and to serve this country.

Sincerely,
Chayanika.

Sumitra Konda MD Infectious Disease Specialist / Hospitalist
Main Line Health
Email sumitrasaik@gmail.com

Dear Senator, Congressman/Congresswoman,

Re: Plight of US trained physicians: a plea to support S1024 (formerly S.3599)/HR2255 (formerly H.R.6788)

I am Dr Sumitra Konda MD FACP, I have graduated from one of the prestigious medical colleges in India, Osmania Medical College in 2001. I came to U.S.A. in 2006 for Internal Medicine Residency and then completed Infectious Disease Fellowship in 2012 and **I am Board Certified in Infectious Diseases**. I am still waiting for my permanent residency status. I am currently working as a Hospitalist and unable to practice Infectious Diseases due to limited job opportunities due to visa restrictions. **My spouse is a physician and we have 3 children born in U.S.A.** As a family, we have been waiting for green card for more than 8 years. At this current rate according to some estimates, this may take few decades and up to about 150 years. I would like to bring this to your attention and urge you to kindly consider supporting the green card bill.

As an immigrant physician, I am severely restricted in both professional and personal lives. As a Hospitalist, as a frontline physician, **I am managing several patients with COVID-19. I have seen many patients who have succumbed to this dangerous disease and some who have won against it.** It has been an intense journey so far. Epidemics and pandemics due to various infectious etiologies are not new to the mankind and they continue to be an ongoing threat. **Recent examples are Ebola virus, SARS-COV1, and MERS-COV epidemics with high mortality rates.** **Despite putting my life and my family's life at risk every day as a frontline physician by working as a hospitalist, I still feel as a board-certified Infectious Disease (I.D.) physician, I could have better served the community and this country, during these difficult times. But unfortunately, because of visa restrictions I am unable to choose a job in this specialty, due to limited opportunities.** According to a recent article published in *The Lancet* – **“Despite being one of the most frequently consulted services in most hospitals, the number of infectious diseases physicians is not keeping up with the need.** According to the National Resident Matching Program statistics for the most recent physician fellowship match in 2020, 84 (21%) of 406 available infectious diseases trainee positions in the USA went unfilled, compared with two (<0.1%) of 1010 available cardiology positions, or two (<1%) of 615 available oncology positions that went unfilled. Although the number of infectious diseases physicians in the USA has increased steadily from 6424 in 2008, to 9136 in 2018 (a 42% increase, including physicians in patient care, teaching, and research faculty), the rate of future increase is uncertain.” **With increasing global travel, global population and new emerging infections like antibiotic resistant bacteria and new viruses the need for I.D. physicians will always be on rise.**

As a family, our personal lives have been affected in several ways due to visa restrictions. **For example, simple tasks like extending Driver's License has been stressful on several occasions, as my application was put on hold for several weeks to go through the verification process and I could not drive to work. Travelling outside of the U.S.A. has been very difficult, due to the visa restrictions for the last 15 years.** There are many physicians of Indian origin like me, who are providing these essential services as frontline health care workers and are struggling in day to day life for decades until we attain the permanent residency status, despite providing our highly skilled services to this country all these years. I feel threatened and insecure for my future and for my family, constantly, while continuing to fight against the COVID pandemic. The current immigration laws are affecting Physicians of Indian origin disproportionately. The bipartisan bills like healthcare workforce resilience act will provide much needed support to the communities we serve and at the same time ensure our stay in United States. Hence, I urge you to support the green card bill.

Gurmukteshwar Singh, MD, FASN
Clinical Associate Professor of Nephrology
Geisinger Commonwealth School of Medicine
Department of Nephrology, Geisinger Medical Center, Danville, PA

Dear Senator, Congressman or Congresswoman,

Re: Plight of US trained physicians: a plea to support S1024 (formerly S.3599)/ HR2255 (formerly H.R.6788)

I have called the United States home for 12 years now. I did all my medical and sub-specialty training here. After working in under-served and rural areas in two states, we settled down in rural Central Pennsylvania and started putting down roots 3 years back. I am a nephrologist: a kidney specialist caring for 1,500 very sick and vulnerable Americans with kidney disease, on dialysis and after kidney transplantation. **My first patient lost their fight with COVID-19 in April. I have gone on to lose 6 more patients to this pandemic; 12 have survived and are on their road to recovery.** I have tried to fight this disease alongside my patients. Unfortunately, our immigration laws have forced me to fight with fear in my heart and one hand tied behind my back.

You see, **I am one of the nearly 800 Pennsylvania physicians** caught in the green card backlog. The Cato Institute and other agencies estimate that our [wait time will last for decades and could be up to 150 years](#). The cause of our distress is a much debated rule in immigration: country caps for green cards. Every year, the United States issues 140,000 Legal Permanent Residency cards (green cards) based on employment. A maximum of 7% (usually 3000 or so) go to any single country every year. Hence, small countries like Papua New Guinea (population 8.25 million) and huge populations like India (1.34 BILLION) get the same cap. This system has led to a backlog of several hundred thousand legal immigrants from India, including physicians like me who are doing their utmost to battle the COVID outbreak in the US.

This never ending wait is sheer torture. **I cannot follow my COVID patients as lack of a green card limits me to certain locations of work.** When my patients have to dialyze in a COVID unit, they lose me, the physician who knows them best, as I don't have a green card. Getting my driver's license renewed (essential for me to reach my most vulnerable and rural patients) took me 3 trips to the DMV as they have to follow additional verification steps in the absence of a green card. **Paying hefty payroll and income taxes for decades, I will not be eligible for social security in retirement.** I cannot open a job generating business or innovate in healthcare. I am automatically disqualified from many jobs. Most credit unions will not make me a member and lenders do not consider me for a mortgage.

My worst fear is what happens to my family if I contract COVID-19 and die as a result. My wife, who is on a dependent visa, will be asked to self deport and go back to India, a country she has seldom visited over the past several years. My 1 year old daughter, an American citizen by birth, will have difficulty traveling with her due to multiple travel embargoes on American citizens around the world. **It feels disheartening to see US trained physicians being condemned to this plight when [physician shortage in underserved populations continues to worsen at a critical rate](#).** Some people call immigrants like me "consensus immigrants" as there is bipartisan agreement about our contribution to America. We stimulate the American economy and are valuable members of society, contributing with our skills, and honest tax dollars. Yet, with this never ending green card backlog and additional risk brought on by COVID-19, I feel unwanted and disadvantaged. **It's as if my 12 years of medical service to underserved Americans, including this high risk period, count for nothing.**

In the midst of this crisis, bipartisan bills like the Healthcare Workforce Resilience Act (S1024 (formerly S.3599)/ HR2255 (formerly H.R.6788)) provide muchneeded succor to physicians and nurses. These bills recapture unused visa numbers from prior years to end this immigration quagmire for these healthcare workers. We have been referred to as ["soldiers" fighting the American war on COVID-19](#). I hope and pray that you choose to stand with us by supporting S1024 (formerly S.3599)/ HR2255 (formerly H.R.6788). It will go a long way in untying our hands and lifting the constant fear in our hearts about our families.

Sincerely,

Gurmukteshwar Singh, MD, FASN

Jagmeet Singh, MD
Chief- Nephrology Division, Guthrie Robert Packer Hospital, Sayre, PA
Assistant Professor of Medicine, Commonwealth School of Medicine, PA
Medical Dialysis Director, Fresenius Kidney Care, Sayre, PA

Dear Senator and Congressmen/ Congresswomen

I am Dr.Jagmeet Singh, US trained, Licensed and Board certified Nephrologist currently working at Guthrie Medical group, a hospital system in rural PA.

After completing medical school in India, I moved to the US in 2009 and started residency training in internal medicine at Wyckoff Heights Medical Center, Brooklyn, NY. In 2012, I did further sub specialization in the field of Nephrology from University of Rochester. Since 2014, I have been working as a Nephrologist in PA, and I am serving the rural and underserved population at Guthrie Robert Packer Hospital, Sayre. I have called the United States home for 12 years now .My immigration petition was approved in 2014, but because of the country specific limit, I will have to wait for a few more decades or my whole life to receive a green card.

I am a nephrologist: a kidney specialist caring for 1,000 very sick and vulnerable Americans with kidney disease, on dialysis and after kidney transplantation. **I have been fighting for my extremely sick COVID patients in the ICU and regular floor for the last few months.** I have lost few and cured few. I have tried to fight this disease alongside my patients. I am the medical director of dialysis unit which is dialyzing COVID patients. **Unfortunately, our immigration laws have forced me to fight with fear in my heart and one hand tied behind my back.**

I take pride in working as a frontline hero in this COVID-19 pandemic, **however my profession also puts me at a high level to contact COVID 19 infection.** If I contact the infection and die, my family will be being deported immediately. Every day while going to work I do fear for this. My wife is on a dependent visa and she cannot stay or work in the US in my absence. My 2-year-old kid who is US citizen will face extreme financial, social and emotional strain, and will have to leave the US along with my wife.

I request your support to all immigrant healthcare workers during this pandemic situation by supporting and cosponsoring the Healthcare Workforce Resilience Act (S. 1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788)) and Conrad 30 Program and Physician Reauthorization Act (S.1810 (formerly S.948)/ H.R. 3541 (formerly H.R.2895)).

If these bills are approved, I do not have to fear for my family's future and I can continue to care for the underserved population of rural PA and also provide medical assistance in other regions of the country where COVID-19 is prevalent, which I cannot currently do due to current visa restrictions.

Thank you for your time, help & consideration.

Jagmeet Singh, MD

Ramesh Pandit MD Hospitalist / Internal Medicine
Crozer Chester Hospital, PA
Email dr.rameshpandit@gmail.com

I am Ramesh Pandit, board certified internal medicine physician with a Master's degree in public health. Currently, I am working as a hospitalist and serving Covid-19 infected patients daily.

During this crisis of Coronavirus infection, frequently I've been asked if I can work extra days during my alternate 1 week work off period in the other hospitals of the same employer. I am willing to go above and beyond to work extra hours but because of H1b visa restrictions, I am not allowed to work at any other site than the specific work site documented on my H1 visa application. While taking care of covid-19 patients on a daily basis, I don't mind to put my own health in danger with the risk of acquiring covid-19 infection but I'm concerned to take this covid-19 infection back to my family and my child. If I get infected with covid-19 and get sick for weeks, which has happened with my colleague physicians, then me & my family would be at risk of deportation out of the USA due H1 visa rules.

My current workplace in suburban Philadelphia as well as my prior work in rural Wayne County both places are in shortage of physicians. It took both employers over a year to hire a new physician. **As per H1 Visa rule as well as healthcare workforce resilience act and Conrad 30 bill international healthcare workers would not displace an American citizen physician from his job.** US. trained international Physicians will create more nursing & support jobs in clinics as well as in hospitals while serving American citizens and saving their lives, but **If a physician on a visa dies in this pandemic, their ultimate sacrifice is rewarded with deportation of their dependents.**

Hence, my sincere request to co-sponsor bill S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) so US trained international doctors can be deployed to covid affected areas. S1810 (formerly S.948)/ HR3541 (formerly H.R.2895) will bring board certified Physicians & specialists to rural communities and underserved areas to create a long-term stability to the healthcare of American citizens.

Hence, I humbly request you to consider the legislation of Health Care workforce resilience act S 1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788) and its long term fix by Conrad 30 reauthorization S 1810 (formerly S.948) / HR 3541 (formerly H.R.2895)

Thank you so much for your time and consideration.

Best wishes to you and your family.

Ramesh Pandit , MD MPH

**Trupti Pandit MD Pediatric Hospitalist
Nemours Dupont Pediatrics Group, DE
Email drtruptikale@gmail.com**

Dear Senator and House Representative,

I am Trupti Pandit, board certified pediatric hospitalist with Dupont Nemours pediatric. As a clinician, educator, and clinical researcher, I am grateful for the opportunity to be able to care for patients and comfort them during the most vulnerable time and sickness. **While working in hospital and caring for covid-19 patients me and my physician husband have double risk of acquiring covid-19 infection and bringing it back to our child. If we get sick for a few weeks, without permanent residency we carry the significant risk of deportation out of the USA.**

Prior to my current job, I worked in an underserved area with high gun violence, where they could not recruit American physician as sometimes there would be gun shooting in front of my workplace and once there was a mass shooting few blocks from me, in spite of shooting and violence risk, I made it to the work to serve American patients.

I also worked in the rural area who could not recruit an American physician for a high-risk patient's work. I saved the lives of multiple dying premature babies, since the hospital did not have pediatric or neonatal intensivists in the hospital. The neonatal & pediatric intensive Care unit was over an hour away. During fellowship, my patients used to travel over 2 hours to see specialists like me since they had none in their area.

Even being in the US for 12 years, I am still in a permanent residency / Green card backlog, I have to go through visa renewal multiple times. **When my H1B visa was stuck in administration processing hold in India, it took almost 1 year for the visa renewal. My driving license couldn't be renewed, and I was not able to commute to go to work. The inconvenience it caused affected multiple American patients and high-risk newborn.** To avoid this situation again, I request you help American patients and to strengthen US healthcare workforce to fight current pandemic and future healthcare workforce shortages by co-sponsoring HWRA S 1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788) and long term fix by Conrad 30 reauthorization S 1810 (formerly S.948) / HR 3541 (formerly H.R.2895) which will bring more physician and specialist to rural & critical access communities.

I greatly appreciate your time & consideration

Best wishes

Trupti Pandit , MD, FAAP

Amandeep Singh MD Hospitalist/ Internal Medicine
Geisinger Holy Spirit Hospital
Camp Hill, PA
Email asingh5@geisinger.edu

Sir/Madam,

I am an Internal Medicine trained physician currently working at Geisinger Holy Spirit Hospital at Camp Hill, next to Harrisburg, PA. Through this message I am hoping to bring to your attention the difficulties that myself and several other American trained Indian origin physicians like me face while going through the long and painful Green Card application process.

I completed my medical school in India and subsequently gave 4 stage United States Medical license exam, went through a very competitive Medical Residency application and interview process and successfully completed 3 years of Internal Medicine Residency training at University of Maryland Medical Systems- Midtown Campus, Baltimore in June 2013.

I completed my residency training on J1 visa and then worked as Internal Medicine/Hospitalist Physician at Sanford Medical center, Thief River Falls, Minnesota as a part of J1 visa requirements to complete at least 3 years of practice in underserved area. It was a privilege to serve and be a part of the local community.

It was a rural community and at times I was only physician working at the hospital, seeing patients in the day and being on call at night as well. **I went out multiple times at night to see patients in the hospital in Subzero temperatures and snowstorms (Minnesota Winter)** as well and worked very hard to take care of my patients and improve overall health of my local community. I subsequently moved to Harrisburg area in August of 2016 and still currently working at Geisinger Holy Spirit Hospital, Camp Hill, PA.

I currently live with my wife and American born 5-year-old son in Mechanicsburg area and recently bought my first house as well. I have been on H1b Visa since July 2013 and started the due process for Green Card Application the same year. An American trained Indian origin physician may have to wait for decades to get a green card and must stay on H1b Visa until that time. I must renew the visa every 3 years and go through visa interview at US consulate every time I visit my parents in India. The reason for long wait time is the current limit on number of green cards per country. There are high numbers of applications from people of Indian origin, majority of which are related to Information and Technology professionals, but all physicians are also clubbed in the same category as well.

I have been on the frontlines during COVID -19 crises that we all are facing. **I am involved in direct patient care of COVID positive patients as well as research trials trying new therapies for COVID positive patients.**

These testing times have been very stressful for everyone, but please understand my situation that if I get sick and something happens to me while taking care of COVID patients and I am unable to work, my wife and my American born son are deported back to India.

I am trained in Internal Medicine here in United States and have been and would continue to contribute positively for health and wellbeing of the local community. I am not displacing any American worker and in fact positively contributing to economy and help create more jobs for American workers.

I am confident that you will understand this situation and support the proposed immigration bills that would give physicians like myself to continue to serve America and at the same time not uproot my entire family and life for which I have worked so hard.

Thank you,
Amandeep Singh MD
Phone (443)-257-6131
deepdeo@yahoo.com

Kiran Chintam MD Nephrology (Fellow)
Geisinger Medical Centre, Danville, PA
Email chintamk@gmail.com

Dear Senator, Congressman or Congresswoman,

Re: Plight of US trained physicians: a plea to support S1024 (formerly S.3599)/ HR2255 (formerly H.R.6788)

I started calling The United States of America my home ten years ago. This country welcomed me with open arms. I have completed my internal medicine training here. I have been working in medically underserved areas after completion of my training in internal medicine. I have worked as a hospitalist in rural hospitals for seven years. I was a lead hospitalist and took part in various hospital committees to provide the best care. I spearheaded QI projects directed towards patient safety. After learning difficulties accessing specialist appointments, mainly for rural Americans. I have joined Nephrology (kidney specialist) training in rural Pennsylvania.

I had the opportunity to join training programs in major cities. Instead, I chose to get training in a rural training program to understand rural population obstacles to access kidney care on time. **I have heard stories from my patients. Sometimes it will take 6 months to get an appointment for kidney specialists because of the limited number of kidney specialist practice in rural America.** I have been taking care of COVID-19 patients. I have been fighting pandemic alongside my patients and making sure that they continue to receive essential dialysis care and help their families cope with the grief of separation from their loved ones. **Unfortunately, current immigration law prevents physicians who are on visas to extend their help to the patients in need. Current immigration laws forced me to fight with fear and holding me back.**

I am one of the Pennsylvania physicians caught in the green card backlog. The current estimated wait time to get a green card for the US-trained Indian origin physicians like me could be up to decades. **These physicians are doing their utmost to battle the COVID outbreak in the US. The significant effect of not having permanent residency prevents other physicians and me to extend our help to COVID patients in other places where physicians are in dire need because of the pandemic.**

Amid this pandemic crisis, bipartisan bills like the Healthcare Workforce Resilience Act (S1024 (formerly S.3599)/ HR2255 (formerly H.R.6788)) helps the physicians to continue to provide their services to rural American patients. The latter is in the center of the crisis.

These bills recapture unused visa numbers from prior years to end this immigration backlog for frontline healthcare workers. I hope that you choose to stand with us by supporting S1024 (formerly S.3599)/ HR2255 (formerly H.R.6788). It will go a long way in helping physicians and their families, who are in frontline fighting an American war on COVID 19 pandemic.

Kiran Chintam.

Pradipta Majumder MD Psychiatry, child & adolescent psychiatry
Medical Director and Site Director
WellSpan- Philhaven- Meadowlands, York,PA
Email drpradipta@yahoo.co.in

Dear Senators and Congressman,

My name is Pradipta Majumder. I am working as a Child and Adolescent Psychiatrist in one of the leading health systems in Central Pennsylvania. I am an international medical graduate who completed medical schooling from India and did residencies and fellowships from the United States of America. I am board certified in both general psychiatry and child and adolescent psychiatry. **I have been trained in some of the World's premium institutions such as the Children's Hospital of Philadelphia and the All India Institute of Medical Sciences, New Delhi.** My area of expertise is one of the highly demanded medical specialties, as there is a massive shortage of child and adolescent psychiatrists in this country. **Leading newspapers describe the shortage as a national crisis that is "hurting Americans"** (<https://www.kgw.com/article/news/investigations/psychiatrist-shortage-is-a-national-crisis-as-need-for-mental-health-care-grows/283-9fbb919a-0877-4622-b708-1860e56dcc44> , https://ssir.org/articles/entry/the_crisis_of_youth_mental_health https://www.washingtonpost.com/national/health-science/theres-a-shortage-of-child-psychiatrists-and-kids-are-hurting/2016/10/28/37fd19f0-63b6-11e6-be4e-23fc4d4d12b4_story.html).

During my training period in the United States, I was contacted by various recruiters of many health systems requesting me to consider joining them after completion of my training. The hospital systems were ready to file a green card/permanent residency for me because they were unable to find equally trained Americans to do their jobs. After completing my training, **I started working for a large not-for-profit organization in Central Pennsylvania as a child and adolescent psychiatrist and soon became the Site Medical Director.** I immediately fell in love with this area and the people I serve. I love working here, I love this community, love the work ethics. My employer made sure that I do not replace any American worker who is equally potent to do the job.

Healthcare access, particularly for child and adolescent psychiatry, remains a MAJOR issue in this region and the whole country. At the time of this write-up, there are more than 2000 individuals on the waiting list to get psychiatric service in our organization. A recent report indicated that there is a three-fold increase in the emergency room visit of children due to a mental health issue over the past few years. During this pandemic, the country is witnessing an upsurge in mental health problems related to various factors. **According to the American Association of Psychiatry, we are approaching a mental health crisis because of this pandemic.** This means that the need for trained psychiatrists will continue to grow, and more professionals will be needed to meet the need.

Five years ago, my employer filed my green card petition, and the petition was approved (i.e., I have an approved i140). Despite the approved petition, I am still waiting to receive my green card because of the backlog in the green card process. As a result of the backlog, many physicians, just like me, have "employer restrictions" that prevent them from making themselves available for mental health needs across the country.

The other effect of this backlog is something very personal to me and to many others who are on the same boat. We continued to serve our community during the pandemic. We also have started in-person visits, which is undoubtedly going to increase further my risk of getting infected by the virus. **Being a doctor, I never worry about getting "a disease" while treating my patients. However, this situation is complicated because of my immigration status. Being a father, I worry about infecting my 3.5- year old child. I worry that, if I get infected by the virus or something catastrophic happens to me, my wife and my US-born child will have to self- deport in 30 days. With the ongoing pandemic and an upcoming second wave,** I even worry more about the safety and security of my family. I sincerely hope that the Government can fast-track our already approved green card petition so that we can continue taking care of the community that needs our service more than any time before.

Respectfully submitted

Pradipta Majumder

Ramesh Matam MD Neonatologist
The Reading Hospital and Medical Center, Reading PA
Email dr.matam@gmail.com

Honorable Senators/Congresswomen/Congressmen,

I am a Neonatologist providing services in Tower Health System in Reading and Phoenixville, PA. **I am a frontline Covid physician taking care of Newborns born to mothers with Covid 19 infection.** I completed my Pediatric Residency at Albert Einstein Medical Center, Philadelphia and Neonatology Fellowship at Cook County Hospital, Chicago. Both hospitals provide services to medically underserved and innercity population. I am very closely involved in not only taking care of newborns born to mothers with Covid 19 infection, extremely preterm and sick neonates but also involved in medical education of medical students, residents, nursing students and nurse practitioner students.

I have been in US since 2009, almost 11 years on a H1B visa. I called this country my home and I consider all my colleagues, nurses, respiratory therapists, pharmacists and dieticians who work with me every day as my family. **I treat every patient and their parents who come across my way with utmost compassion and care.**

From the day I started my journey in this country in 2009, I have been on H1B visa. I have lost the exact number of times my visa was renewed. **Covid 19 has thrown a lot of challenges for physicians working on a Visa in general, some of my biggest concerns is what happens if I contract Covid 19 and disable or die from it? What happens to my son who was born here, and US is his home? Our family has bonded well in our community and feel the love and respect that the community offers.**

I Kindly request you to support all immigrant healthcare workers during this pandemic by supporting Health Care Workforce Resilience Act (S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788)).

Thank you for all your attention, with sincere hope that you will consider these legislations and cosponsor them.

Thanking you,
Sincerely,

Ramesh Matam, MD; FAAP

Kiran K Nagarajan MD
ABFM certified/Fellowship trained in Hospital Medicine
Hospitalist- Team Health
Piedmont Medical center - Rock HillSC
Koushik05n@gmail.com

Dear Honorable Senate and House Representative Members,

My name is Dr. Kiran Nagarajan MD. I'm a Hospitalist physician working in Rural America since 2009. I did my medical schooling in India and came to the United States to pursue further education. I specialize in Family medicine and Hospital Medicine and then completed a fellowship in Hospital Medicine. I have been working as Hospitalist since then. My whole career as a trainee and employee has been in a rural community. One common feature in all these locations is that they severely healthcare under-served. Any measures taken to improve healthcare access in such communities are always welcome.

Being a US-trained foreign medical graduate, I require a visa to be employed in the USA and I'm not allowed to work outside my employment area mentioned on my visa. **Working as a Hospitalist, my schedule allows me to have some time off. I wanted to go to places that needed more physicians but due to my visa restrictions, I'm not able to do so. There are days when I just sit at home and do nothing when I could be out there taking care of patients and help out my fellow physicians in working hard during a pandemic.**

Working in front-line during pandemic has taken a big toll on my personal life as well. I'm newly married and my wife is not a healthcare professional. She cries every day when I go to my job. She is worried about me getting exposed to infection. It has been very hard to convince her that **my profession requires me to working in front-line during such wartime. I'm glad to do so. But there is a sense of insecurity when going out to work as I'm still a temporary worker. Despite being in the country for so many years and being trained using Medicare dollars, I'm still considered a temporary worker according to my visa. If I contract the infection and become disabled, I will be deported out of the country as I lose legal status. If a physician on visa dies contracting infection, his family would be deported. That's the sad reality.**

I heard a report recently that there has been a huge spike in organ transplant surgeries in the past few years. What struck me was the reason behind this spike. **I was told that there has been an increasing number of deaths due to opioid-related deaths and younger people dying. It was shocking to me. We are in the middle of the Opioid crisis and I'm very interested in being a part of the solution. I would have loved to set up my own opioid clinic and help patients with opioid addiction.** Again, my hands are tied as I'm not able to work outside my work location.

I hope the congress makes a note of these issues and come up with a solution soon. **Issuing an emergency permanent residency to such physicians would be a great solution. They are a very high possibility of another spike in the coming winter. The Healthcare force must be well prepared and ready to face any such battle in the future.**

Thank you

Kiran Nagarajan MD

Karthik Karanam MD
Nephrologist, Pee Dee Nephrology, Florence SC
ABIM certified/ASN certified
Medical Director, Fresenius dialysis units, Florence and Johnsonville SC
[**Karanam.karthik@gmail.com**](mailto:Karanam.karthik@gmail.com)

Respected Members of Congress and Senators,

I am Karthik P Karanam, practicing nephrologist for Pee Dee Nephrology and Medical Director for Fresenius Dialysis Units of Florence and Johnsonville, South Carolina. **I also serve as consultant nephrologist for McLeod Regional Medical Center and Medical University of South Carolina in Florence serving a population about 500,000 in the greater Pee Dee region.** I am the medical director of Johnsonville dialysis unit which is one of the two designated COVID 19 isolation dialysis unit serving this community. It is a **predominantly rural community, but the dialysis population is facing the brunt of this pandemic.** Some of the patients already travel more than an hour to reach these clinics for dialysis treatments. Currently, I work about 10 hours each day rotating between the clinics, two hospitals and dialysis units. Every other month, I work for 19 days at a stretch without taking a day off much to the dismay of my family and putting a strain on my health.

The COVID 19 pandemic has placed international physicians in a very precarious position. We know and accept that it is a matter of “when” and not “if” we get exposed to the virus while we provide care as front line workers in treatment of these patients. This not only involves me but also my family because of the nature of the present situation. However, that does not stop me from providing care for these patients but in fact increases my compassion towards them to provide help in every possible way. The exposure in this pandemic is a significant risk at the hospitals, clinics, and dialysis units I visit every day. **Not ignoring the adverse outcomes and with risks involved, I worry about my family’s health during these unusual times.**

I am a physician from India on a H-1B Visa and **my wife is on a H-4(dependent visa), and we have two - 8 year and 5-year-old boys as American citizens. My family’s ability to remain in the US is linked to my H-1B status and if affected by the current pandemic, me or my family would be deported under the current laws.** My I-140 was approved in November 2011 but given the current country caps and the current projections I do not expect my Green Card to be issued within the next 10-15 years or maybe even more.

With the current H-1B limitations, I can only work from certain locations and cannot provide support to other locations. With the current spike in cases and loss of health care workers due to the pandemic, the visa limitations have only added to my inability to provide care in such areas. **My office staff and their jobs are directly dependent on my ability to continue to work. I am immensely proud of them and will not let go of any of my wonderful staff during these extraordinary times.**

I, hence request you to help me by supporting the proposed bill on behalf of the patients and my staff as we continue to provide uninterrupted services to the country to get through this tough phase of the pandemic.

Thank you,

Dr. Karthik Karanam MD

Praveen Vemuri, MD, Neurologist
ABPN neurology and neurophysiology board certified
CMC, Myrtle Beach, SC
drpraveenvemuri@gmail.com

Dear Members of Congress and Senate,

I am Praveen Vemuri, MD currently working as a neurologist at Conway medical center, Conway, SC. I am the only Epileptologist in the area treating patients with seizures and related conditions in and around 3 counties of the south-eastern part of the state.

My responsibilities include managing patients with various neurological conditions including but not limited to stroke, epilepsy, dementia, Parkinson's disease in both inpatient and outpatient settings. After trained in neurology residency in Detroit I moved to join my wife who is a psychiatrist herself in Conway, SC. I finished my fellowship at MUSC and since then working at Conway for the last 2 years.

I am working here in the country on temporary visa and has been waiting for green card for the last 4 years and current wait times for Indian born physicians like me is at least few decades and most of us may not be able to get in our life time because of per-country limits.

Since COVID-19 is on the rise in the state, more and more rural hospitals are in need of specialists like me but my visa restrictions prevent me from working there despite willingness to provide care to those hard-hit areas. That itself will cause lot of burden to health care where patients sometimes have to be air-lifted to urban hospitals which could have been avoided if physicians like me has no work-restrictions.

I hereby request you to support healthcare work force resilience act bill and thereby helping the community to get through these hard times.

Thank you,

Praveen Vemuri MD

Manju Lakra MD, ABFM certified
Chief medical officer
Foothills community health care, Clemson SC
Drmaniulakra@gmail.com

Respected members of Congress and Senate,
Hope you and your loved ones are staying safe during this pandemic.

My name is Manju Lakra, I am a board-certified Family Physician. I have been working on temporary visa since June 2011 and has been waiting for Green Card since 2015. I joined Foothills Community health care as Chief Medical Officer in July 2014.

Research shows that access to primary care is associated with positive health outcomes which is the idea behind community health centers and after joining one I couldn't agree more. In a medically under-served area **primary care physician not only treat diseases but are addressing social determinants** as well. Connecting patients to community resources has become an essential piece of my job. **During this pandemic beside providing patient care I am directly involved in implementing Telehealth, developing process for COVID testing and staff education.** Being a clinical leader, I am also responsible for our provider and staff wellbeing. Provider burnout is not a new concern but with COVID-19, healthcare workers/leaders are facing extraordinary conditions that we've never seen before. Healthcare workers normally view their home environment as one that is a respite from the stress of their daily work. **Yet now we are concerned about bringing the virus home to their families, and in my case I fear for my 3-year-old who has a chronic illness and If I have to lose my visa status or my job due to COVID, our entire family have to self deport.** **This bill not only alleviates my stress but also my coworkers and patients as we all play a critical role in our community and when we recently closed one of our sites due to COVID we learned the impact it has on our patients and staff.**

Passing senate bills S1024 (formerly S.3599), S1810 (formerly S.948) and its companion house bills will improve our quality of life and give us stability to serve the community when needed the most.

Stay safe.

Thank you

Vinay Jagadeesha MD Family Medicine andMPH
Medical Director, McLeod Health Swing beds
Vice Chief of Staff, McLeod Health DarlingtonSC
vinavisk@yahoo.com

I am Vinay Jagadeesha MD, MPH came to USA as a graduate student for Masters in Public Health program in University of South Carolina, Columbia, SC in 2005. Since then I have completed Family Medicine Residency program from University of Maryland, Baltimore, MD in 2010. I have served as the Chief Resident of Family Medicine Residency Program and took great pride in treating patients and teaching Medical students and Residents. After graduation, I joined a

rural health clinic in Lamar, SC in 2011. Since the year 2011, I have been serving in the Rural health Clinics in Lamar, SC and Darlington SC. Me and my wife have been living here in this community which is now our home.

I spend everyday of my life being the primary care physician for several thousands of people living in the rural communities of South Carolina. **I treat children, parents and grandparents both in the outpatient and hospital settings.** My heart fills with joy when **my patients invite me to be a part of their family get together, weddings and reunions.** **With a heavy heart I speak in the funerals of many of my dear patients. Several communities recognize me as their primary care physician and request to see me at all their hospital visits.**

I also serve as the Vice Chief of Staff for McLeod Health, Darlington Hospital. I am also the Medical director for McLeod Hospital Swing Bed unit. I am also the Medical Director for Carlyle Senior Care Nursing Facility. During these unfortunate times, I have been caring for many of CoVID -19 positive patients both in the nursing homes and also in the hospital setting. I have been actively managing patients in a critical setting with the novel Corona Virus infection. I have been managing many elderly patients with multiple co-morbid conditions.

Ever since my student years, I have strived hard to maintain my legal status. I have always been a good student performing in the highest percentile of my class. My dear wife joined me during my Residency training in 2007. Since then she has completed her Master's degree from Information technology and has been working as a senior consultant for a reputable IT company. My family and I, have been extending our Visas, multiple times with the hope of getting permanent residency status. **I never had a second thought about my commitment as a physician, in treating my patients and their families in the time of need. However, it is heartbreaking that I am applying for renewing my Visa status yet again in the middle of this pandemic. IN spite of pledging my one hundred percent in serving my community for several years, I am constantly being reminded of my Visa renewal dates. I have been part of this community and it has been my home for over a decade now.**

All I am hoping is for me and my family to have a stable life in our community without being under the shadow of a constant threat of Visa renewals. I would like to serve my patients for the rest of their lives without thinking of the expiration date on my visa documents. My goal is to provide the best health care to my community members for the rest of their lives. **No member of my community should worry about receiving the best care for their loved ones. It is my intention to dedicate my life for the wellbeing of my patients. I am hoping to be a permanent resident of my own community.**

Please help the physicians, nurses and other health care workers in the frontlines against Covid-19 to get their permanent residency status.

Thanks in anticipation.

Regards,

Vinay Jagadeesha.

**Tejaskumar Shah MD, Internal Medicine
Fellowship in Interventional Cardiology
Cardiologist- Carolina Cardiology Associates PA
shahteiasm@gmail.com**

I am Tejaskumar Shah **working as Interventional cardiologist and endovascular specialist in Rock hill, SC** with Piedmont Medical center. I have gone through extensive and probably one of the longest training before start working as attending physician in current role. I have completed 5 years medical school in India. As young physician I came to USA to pursue further training. I have completed 3 years of Internal Medicine, 1 year of non-invasive cardiology fellowship, 3 years of cardiovascular diseases fellowship and one year of interventional cardiology fellowship.

In nutshell, **I spent 5 years in medical school in India but total of 8 years of residency and Fellowship training in USA.** All my training in USA was on J1 visa and currently I am pursuing 3 years of J1 visa waiver as commitment to serve underprivileged and community with lack of healthcare resources. I have been in United states initially as training physician for 8 years and now as attending physician for 3 years. Throughout the 11 years of career in healthcare field I was able to help patient and community with their cardiovascular health care needs. Community I serve in Rock Hill, SC growing at fast speed and need of doctors also increased. **If this bill takes in effect, that will help me individually but would have positive impact in community because many times due to visa restriction I cannot work at more than one institutes or hospital especially with COVID pandemic our need may change. My practice serves York, Lancaster and Chester counties and you may know most of them are undeserved area of upstate South Carolina.** This bill will help physicians like me to grow and provide services to wider area which itself will general employment for local community. **I can be sure of employment data because after I join the practice in current role, I added 13 local community members as ancillary staff in myoffice.**

Being in this country as qualified physician for last 11 years and proudly serving local community this bill will serve as glimpse of hope that one day, I can become permanent residence of USA rather than staying here on work visa forever.

Thank you for allowing us to share our stories.

Dr. Tejas Shah, MD.

Subash Ala MD
Internal Medicine - Trained in Med Peds
Hospitalist- Bon Secours St Francis, Greenville SC
subashala@gmail.com

Dear Senators/Legislators,

I, Subash Ala came to the United States in July 2007 to pursue my Masters in Public health in Missouri State University, Springfield Missouri. I did my Residency in Internal medicine- Pediatrics from KU School of medicine, Wichita, Kansas on a J1 visa. As part of the CONRAD 30, I worked as a academic hospitalist in SOVAH Health, Danville Virginia, medically underserved area for 3 years. I'm currently working as a hospitalist in Bon Secours Saint Francis, Greenville, South Carolina. (I'm on H1B visa).

As a hospitalist, I'm involved in the care of inpatients, admitting patients and provide ongoing patient care until they are discharged from the hospital. **I'm proud to be working on the frontline, taking care of COVID patients in our community. Unfortunately, the COVID cases are on the rise in the last few weeks, and is a overwhelming burden on hospitals and health care facilities. If not for my Visa restrictions, I could benefit the community and other areas by working in these overwhelmed hospitals during my week off.**

With my Masters in public health, I could also work with the SC Department of Health, which is working rigorously to keep our communities safe. During this crisis, I feel I could better serve the community by provide more services given my expertise in public health if not for Visa restrictions.

My wife is also a resident physician in Internal Medicine in New York City. She is also involved in the care of patients affected by this COVID Pandemic. Personally, and professionally, it's very stressful for us being on the front line. But we are privileged to serve the people of this nation during this crisis. I would strongly encourage you to support the immigration Bill, supporting Healthcare workforce Act.

Regards
Subash Ala

Jaya Merugu MD

**Board certified in General and geriatric psychiatry
Psychiatrist- Springbrooks behavioral health, Travelers Rest, SC
jaya0880@yahoo.co.in**

Respected members of congress and Senate,

I am Jaya Merugu, General and Geriatric Psychiatrist at Springbrook's behavioral health, in Travelers Rest, SC. My husband, Subhose Bathina is a hospitalist at Bon secours in Greenville, SC. We have been serving the state of South Carolina since 2012.

I was **also a board member for Aiken Barnwell mental health** during my service time in Aiken, SC until we moved and relocated to Greenville. We are thankful for the opportunity to serve the community we live in, however, **given the restrictions of the H1B visa, we are unable to serve and reach out to various locations especially other underserved areas**. We are from India and have been living in USA since 2007. we have been waiting for our green card to become current since 2013, however based on the current situation, it doesn't look like we will get our green card for another 10-15 years or longer. **This restricts our eagerness to server boarder area and reach out to people who deserve better health care.**

Especially, during times like these, this current Pandemic situation when the need is more than ever, we feel very restricted and helpless to reach out.

We are sincerely requesting you all to support the health care workforce resilience act bill. please do the needful.

Thank you for allowing us to express our concerns.

Jaya Merugu and Subhose Bathina.

Nikunj Kumar Modi MD, Board Certified in Psychiatry
Medical Director and Psychiatrist at McLeod Darlington Behavioral Health
Assistant Professor and clinical clerkship director of Psychiatry at USC
Assistant Professor at MUSC, VCOM and FMU PA Program
drnikunjmodi@gmail.com

Nikunj Kumar Modi, MD Psychiatry

Dear Senators/Legislators,

I, Nikunj Kumar Modi, came to USA as a graduate student in Masters in Health Service Administration in 2006 at Midwestern State University, TX. Since then I have completed residency in Psychiatry at East Tennessee State University.

I have served as a chief resident during my residency and took pride in serving my patients, teaching medical students, helping residents. After completion of residency program, I did Administrative psychiatry fellowship and helped to develop tele-psychiatry and TMS program at ETSU during my fellowship at ETSU.

I moved to Florence, SC and joined Hope health community health center where I served underserved patient population for 4 years and seen patients of all age groups for depression, anxiety, bipolar, psychotic spectrum, autism, dementia, ADHD.

I am currently working as a medical director for Darlington Behavioral health and serving as a psychiatrist where I continue to treat patients with mental illnesses in inpatient settings. Being in medically underserved area I treat patients who otherwise has no or limited access to mental health. I like to teach and give back to what I have learned from my clinical experience and teach medical students of USC, MUSC, VCOM and FMU rotating through McLeod Darlington Behavioral Health. I also enjoy helping students throughout their psychiatric rotation by developing their rotation schedules, curriculum, midterm evaluation as a clerkship director of psychiatry at USC Florence campus.

During Pandemic of COVID 19, I have seen increase in number of patients suffering from mental health illnesses. There is increase in anxiety about contracting infection, increase in depression by isolation, loosing job, witnessing suffering of a family member, grief from a loss of loved ones. This emergency situation had made shortage of psychiatrists even more evident and many patients do not have access to the mental health care or have to wait for 2-3 months to see a psychiatrist. Because of H1b visa restrictions, I cannot open my private practice or work for another employer or do telepsychiatry and help patients whom I could have helped.

Although I take great pride in serving my patients and making a difference in their life, I am faced with the same challenge that many of immigrant physicians are facing about their family and living under the fear of deportation of family if something happens to them.

My goal is to continue to serve my patients and wellbeing of my community that I serve. I wish to be a permanent part of the community and request to help us by supporting health care resilience act bill.

Thank you in advance,
Nikunj Kumar Modi

Subhose Bathina MD, Family Medicine
Hospitalist- Bon Secours St Francis, Greenville SC
subbujam@gmail.com

Respected members of congress and Senate, I am Jaya Merugu, General and Geriatric Psychiatrist at Springbrook's behavioral health, in Travelers Rest, SC. My husband, Subhose Bathina is a hospitalist at Bon Secours in Greenville, SC. We have been serving the state of South Carolina since 2012. I was also a board member for Aiken Barnwell mental health during my service time in Aiken, SC until we moved and relocated to Greenville. We are thankful for the opportunity to serve the community we live in, however, given the restrictions of the H1B visa, we are unable to serve and reach out to various locations especially other underserved areas. we are from India and have been living in USA since 2007. we have been waiting for our green card to become current since 2013, however based on the current situation, it doesn't look like we will get our green card for another 10-15 years or longer. This restricts our eagerness to server boarder area and reach out to people who deserve better health care. **Especially, during times like these, this current Pandemic situation when the need is more than ever, we feel very restricted and helpless to reach out.** We are sincerely requesting you all to support the health care workforce resilience act bill. please do the needful. Thank you for allowing us to express our concerns.

Jaya Merugu and Subhose Bathina.

Deepti Chowdary Challagolla MD, Psychiatry
Lighthouse Behavioral Health Hospital
Conway SC
drdeeptichowdary@gmail.com

Dear Senators/legislators,

I am an inpatient psychiatrist working at a 106 bed stand-alone psychiatry hospital in the underserved area of Conway, South Carolina for the past 4 years. I am also the director for the chemical dependency unit and the President of the medical executive committee since 2017. Our hospital provides extensive psychiatric services to several counties in South Carolina and North Carolina. The hospital is equipped with dealing with acute adult, Child & Adolescent, substance abuse and Geriatric psychiatric emergencies and crises.

As a team leader of inpatient care, I provide medication management and psychotherapy to the admitted patients, conduct treatment team meetings with social workers, therapists and nurses who are involved in ongoing care and discharge planning of the patients. I hold family meetings with patient families and strive to provide the best care possible to improve mental health care and compliance of our patients. I also supervise medical students and residents rotating in our hospital and teach them the basics and management of common psychiatric ailments.

I joined Lighthouse behavioral health hospital in 2016 to fulfill my J1 waiver obligation after finishing 4 year general psychiatry residency at Wayne State University, Detroit, Michigan where I was trained to deal with different patient populations suffering from various mental illnesses. I also worked at VA during that time.

During my experience as a trainee and an attending for 8 years in USA, I have come across and treated American population with depression, anxiety, Bipolar, Schizophrenia, OCD, drug dependency. **Working in an underserved area, I was able to provide care to patients who otherwise have little to no psychiatric care. Most of my patients upon discharge request that I take care of them even in outpatient setting but I always disappoint them as I am obligated to work at only single location due to visa restrictions and cannot have my private practice or work at local community mental health centers.**

During the pandemic of COVID 19 I have seen an increase in the number of patients suffering from anxiety about contracting the virus, depression secondary to losing jobs, grief of losing loved ones and being not able to say their final goodbyes to families who lost their lives. South Carolina, especially Conway and Myrtle beach areas have recently become hot spots for COVID 19 with the number of cases only exponentially rising each day.

I have been on H1 visa for the last 4 years and waiting in green card backlog like the several hundred other immigrant physicians. I am glad that I am able to serve these underprivileged patients during these difficult times and also want to extend my services to other needy areas but as I mentioned above, the visa restrictions that come with being on H1b limits me from traveling to other hard-hit areas. **With the current bill, I am hoping this situation would change for myself and other immigrant physicians who are battling in frontlines to keep the country safe. We all are in a state of unpredictability not knowing what to do if something happens to us or our families which will force us to leave the country leaving these underserved areas with no primary care physicians or specialists which will add to the country's already rising problem of physician shortage.**

My husband who is also a physician is also working as an epileptologist in Conway, South Carolina. We have a 2 yr old who was born here. Even though we moved from our home country, India for opportunities in medical field, this place has become our second home now and we would be happy to continue working here and call it our home permanently.

Thank you,
Deepti Challagolla

Satya Datla MD, Internal Medicine
Hospitalist- McLeod Regional Medical center, Florence SC
[**Doctordatla@gmail.com**](mailto:Doctordatla@gmail.com)

Dear Senators/ legislators

I am Dr. Satya Datla, Internal Medicine trained hospitalist physician and team Leader of the Hospitalist department at McLeod Regional Medical Center, Florence SC.

I moved to USA as a young medical college graduate from India in 2009. I had finished my internal medicine residency from Wayne State University/Detroit Medical Center and joined MRMC Florence SC as a hospitalist. I have been on a visa since 2009, and on H1-B visa since 2016. I have been fortunate to serve the underserved communities that lack adequate number of healthcare professionals both during my residency and my current job.

The Covid 19 outbreak has created more challenges to our already vulnerable community. **In my role as the lead hospitalist at our hospital, I helped setting up Covid isolation wards, have collaborated with administrators, nursing and other medical specialties in creating treatment protocols. I have had about 500 plus encounters with confirmed Covid-19 patients so far. I take great pride in being part of the frontline work force fighting this pandemic.**

I enjoy the privilege of being part of this rural community and I consider this my second home. **In my role, I also oversee recruitment of new doctors to the hospital. We have great difficulty hiring new doctors and immigrant physicians usually take up those tough to fill upspots and become an integral part of the health care force.**

I go to work each day with pride that I am able to make a difference in one of the biggest pandemics that this country has ever seen. I work with dedication risking my own life. This puts not just me but my family at risk. In case of disability or lose of my life due to exposure to the virus while putting my effort at treating Covid-19 patients each day, my family will face deportation from this very country for which I would have lost my life.

I request you to acknowledge and respect our efforts at helping this nation by supporting this bill and help us be an integral part of the frontline force in fighting this ongoing Pandemic and the future health care problems.

Thank you,
Dr. Satya Datla M.D

Alkesh Gajjar MD, Psychiatry
Assistant professor USC and Assistant professor VCOM
Psychiatrist at McLeod Behavioral health, Darlington SC
dralkesh@gmail.com

Dear Senators/Legislators,

I am Alkesh Gajjar, I came to the US in 2009 and I did my residency at East Tennessee State University graduated in 2014, and board-certified by the American Board of Psychiatry and Neurology.

I am on H1b since 2010. I started working at Riverside hospital in Newport News Virginia which had about 14 acute child and adolescent unit, 30-bed residential care for child and adolescents 18 bed for adult mood disorder unit and 32 bed for psychotic/schizophrenic adult patients as well as provided services as an outpatient psychiatrist, consultation and liaison psychiatrist at the peninsula's only Level II Trauma Center. Served as medical director of the adult unit, serving on GME committee. I am currently working at McLeod Darlington behavioral hospital which is a 23-bed inpatient psychiatric hospital as well as providing occasional consultation and liaison at McLeod Regional hospital. I also supervise medical students rotating to our hospital from USC and VCOM and help them teach basics of psychiatry and management of common psychiatric disorders.

As a psychiatrist, I treat patients suffering from depression, suicidal/homicidal tendencies, anxiety, OCD, bipolar disorder, Schizophrenia, alcohol/opioids, and drug dependencies. I also bring expertise treating psychiatric ailments with Transcranial Magnetic Stimulation (TMS) and a suboxone provider as part of the MAT program for opioid dependency which is a rampant and growing concern. Being in the underserved area, I treat patients who otherwise have little or no access to psychiatric care.

Especially in these challenging times of COVID, I have seen how this pandemic has impacted the lives of these patients and has created a shortage of already overwhelmed psychiatric care. I have seen patients getting depressed due to social isolation, losing jobs, losing their home, financial hardships, losing their loved ones and carrying guilty of not able to be with them in their last moments, feeling stressed and anxious of contracting the virus and worried about their loved ones all the time. However, due to H1b visa restrictions, I cannot provide psychiatric/telepsychiatry services to other underserved areas. When my patients show their desire to continue seeing me on an outpatient basis, I regret to say no because I cannot have my private practice.

I am glad and take pride in taking care of these most vulnerable populations and trying to make a difference in their lives and the community I stay in. However, being on H1b for 10 years and because of restrictions, it limits my services and the overall impact I can bring to this community.

During my service for God forbid something happens to me then my family would be forced to leave the country. **My wife is a dentist from India though she had to go through dental school here again to practice as a dentist. She did complete her dentistry again from VCU School of Dentistry but being on visa she would have the same limitations as me.**

Hence, I request you to help me by supporting the proposed bill on behalf of the patients, community, and people of America so I can continue providing unrestricted services during this tough time.

Thank you,

Alkesh Gajjar, MD

Arpit Khandelwal, MD
Internal Medicine
Hospitalist, McLeod Regional Medical Center
drarpit29@gmail.com

Dear Legislators,

I am currently employed as a Hospitalist at McLeod Regional Medical Center, Florence, SC. I completed my Internal Medicine Residency at UPMC McKeesport Hospital, McKeesport, PA in 2017 followed by Nephrology Fellowship at UAB Hospital, Birmingham, AL from 2017 to 2019. In July 2019 I moved to Florence for my current job on an H1B Visa.

I provide medical service to Hospitalized patients. Florence, SC is an underserved area and I take great pride in helping the community with my work. **Recently due to Coronavirus pandemic, I have been actively involved in caring for COVID-19 patients along with many of my colleagues and we have been working very hard to help these patients.** But being on H1B visa, restricts my ability to contribute to serving our community effectively. During the last 1 year, I had an RFE (Request for Evidence) on my H1B petition followed by an Audit on my Labor Certification application. I live in daily fear that if something were to happen to me due to COVID-19, how will my wife (who is on dependent visa) take care of herself and our 18 months old daughter. Also, the possibility of putting my wife and my daughter's health at risk, every single day when I come back home from work, has multiplied my stress several fold.

I just got my I-140 approval and with the current EB-2 green card backlog, it will be decades before I will potentially get my Green Card. **If something were to happen to me while taking care of patients with COVID-19, my whole family will be uprooted and forced to go back to India due to Visa restrictions (including my American citizen daughter) and this will be a great hardship for my family. But our duty towards our patient population does not let us abandon them during this trying times of Pandemic.**

So, it is my humble request to you to vote for the mentioned legislation as it will strengthen the healthcare delivery of numerous rural and underserved communities across the United states. It will help people such as me and countless others, be confident that our families will be safe, while we perform our service to the best of our abilities to the people without the fear of deportation and uncertainty. **This would not only benefit me but also my family, my patients, and the professional community in my region. This is especially true in the current scenario, where healthcare professionals are pivotal to help care for the people in these unprecedented times.**

Thank you.

Sincerely,

Arpit Khandelwal, MD

**Shyam Odeti, MD Hospitalist,
Johnson City, TN
dr.Odeti@gmail.com**

I have been in North East TN region for the past nine years and the USA for 15 years. I did my training at ETSU Family Medicine and worked as a Hospitalist with Ballad Health for the past six years. I have a wife, 2 kids 5 yr old and 1 yr old born and raised here. East TN is my home and felt privileged to contribute to our community, providing health care. **I have always felt that our underserved, impoverished rural Appalachian region needs Quality care and affordable care. I have done several Quality Improvement initiatives in improving health outcomes and reduce the cost of care.** I also dedicated my time teaching Resident Physicians, Pharmacists, and PA students to building our future healthcare providers, beyond my job description. I have fortunate to be able to do so and duly recognized with several accolades for my **contributions from local, state, and national organizations:**

- 1) Teaching Resident Physician of the Year 2103 and 2014 by Quillen Medical School - Johnson City
- 2) Quality Improvement Project of the Year for "Unnecessary Chest pain hospital admissions" by AAFP 2018
- 3) 40 Under Forty rising stars by Business Journal - Tri Cities for the year 2019.
- 4) Teaching Physician of the Year 2018 - Virginia Academy of Family physicians.

I have made contributions to nationwide health care workers and physicians through my voluntary leadership roles as President-Elect of Tristate (TN, VA, NC) Society of Hospital Medicine Chapter, a member of the Academic Hospitalist Committee, to name a few.

Unfortunately, with the present law, there is no due consideration for my contributions. There is a risk of families being deported if physicians fall ill or die while caring for COVID patients. Most of these physicians, including me, care for these patients every day. **I always felt myself to be part of the East TN community and felt privileged to serve and protect our patients and families. It's time for my fellow Tennesseans and lawmakers to show the same love and regard for physicians and their families. Please support this uncontroversial "Health Care workforce Resilience Act," which safeguards access to quality care to our patients and provides protection to our physician communities.**

Thank you.

Kartheek Ganta, MD Neurologist
Oakridge, TN
kartheekganta@yahoo.com

I am a neurologist working at Cumberland Neurology, Oak Ridge, TN. I am currently on a non-immigrant (H1B) visa. I wish to bring up important issues facing the people I serve and also my personal problems stemming from the permanent resident status (green card) backlog.

The average wait time to see a neurologist in Knoxville and Oak Ridge is currently about 3-6 months. I have seen patients suffer, sometimes seriously due to this delay in getting healthcare. As you already know, the nation's population is growing and ageing. And the shortage of physicians and nurses is only expected to get worse. Please see the following article. <https://www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage>.

Immigrant healthcare workers have proudly served together with American colleagues over the last several decades. But recently, the plight of immigrant physicians has only increased. I attended medical school in India. I did my Neurology residency and fellowship training in Memphis, TN (2009 to 2014) and stayed to work in under-served areas of Memphis (2014-2019). I moved to Oak Ridge in August, 2019. I applied for a green card in 2014 but according to current wait times, it may take several decades for me to get a green card. **Due to my visa status, me and my family face significant uncertainties regarding work and life in America.**

This bills HR2255 (formerly H.R.6788)/S1024 (formerly S.3599)(Healthcare Workforce Resilience Act) and HR3541 (formerly H.R.2895)/S1810 (formerly S.948) (Conrad State 30 and Physician Access Reauthorization Act) address healthcare workforce shortages in rural America. **This bill also provides the safety and security that is sorely needed by immigrant healthcare workers. I speak on behalf of my immigrant physician colleagues and I speak on behalf of my patients.** Please support these bills and help solve some of rural America's longstanding healthcare/neurology problems. Help physicians take care of their patients!

Kartheek Ganta, MD, Neurology and Clinical Neurophysiology,
Cumberland Neurology
988 Oak Ridge Turnpike,
Oak Ridge, TN-37830
Ph: 901-619-8151

Monika Karakattu, MD Primary Care
Kingsport, TN
Mkarakattu@gmail.com

My name is Monika S Karakattu, MD a Family Medicine physician currently in practice for past 9 years serving communities in East Tennessee, SouthEast Kentucky and Southwest Virginia. I completed my residency from East Tennessee State University in 2011 and started working in a rural community at Lee Regional Medical Center, Pennington Gap, VA in traditional practice setting. **I have had the first hand opportunity to serve people who traveled long distances to see a primary care physician due to scarcity of doctors in their area. I am originally an immigrant from India and have been on work visa for past 9 years.** My permanent immigration was approved in 2012 and I have been waiting for a Green card since then. **I get daily text messages and phone calls requesting help with COVID-19 in hard hit areas like Georgia, Louisiana and New York. My husband, who is also a Pulmonary Critical Care physician and on work visa has been unable to provide services due to work visa restrictions despite being flooded with these specific requests. I strongly feel that my expertise could be put to use at these stressful times, if not for visa restrictions.**

This bill S-1024 (formerly S.3599) will alleviate visa-based restrictions for US trained international physicians, so that the white coat warriors and nurses can be deployed whenever and where ever they are needed to fight COVID19 pandemic now and in future. It is a onetime solution offered in light of pandemic; this provision allowsrecapturing of unused immigrant visas (green cards) from previous years.

On behalf of thousands of US trained international physicians from all over US, We are seeking your support for this cause. This will increase physician workforce tremendously in US in fight against COVID 19 Pandemic and any future rebounds.

Looking forward to your support with this issue.

Sincerely,

Monika Karakattu, MD, FAAP

Mountain Region Family Medicine
444 Clinchfield Street
Kingsport, Tennessee 37660

**Shashank Ponugoti, MD Hospitalist,
Hermitage, TN
drshashankponugoti@gmail.com**

I am currently working as a hospitalist at Summit Medical Center, in Hermitage, TN. I have been working here for the last five years and prior to that, I was working in Washington, PA and Morgantown WV. I have moved to United states in 2005. I started residency in 2006 in NJ. After completing residency, I moved to WV. I moved to US 15 years back and I have been waiting for the green card for the last 10 years. I have been on H-1b Visa since 2006. I have implemented various quality improvement projects at Summit and prior to that in Washington, PA. We have implemented various protocols that improve quality of care for patients. Naming a few- Sepsis Early detection and Management tool, Stroke pathway, Congestive heart failure Optimization of care. My wife is a physician too and she works as a hospitalist in Nashville, TN. We have 2 kids both born in US. **With my kids being US citizens and after experiencing the greatness of this country in every way, we would like to permanently settle here and continue to serve our community. This is made difficult as we are unable to secure a greencard even after waiting for so long. This insecure feeling is made worse by the Covid-19 pandemic.**

On one hand, our duty calls to take care of the patients and on the other, we are at risk of getting sick which can result in loss of job or even death. If we have a sense of security for our family, we can certainly contribute more in the fight against the Covid-19 pandemic. The Healthcare Workforce Resilience Act will certainly increase the availability of health care professionals in underserved communities and will help our families in these difficult times. Physicians and Nursing are the true soldiers in this war like pandemic against deadly virus. **"Like a soldier fighting for the country we are also fighting to protect our communities but I guess the only difference is we are taking our families too to the war with us"**. So, we all request you to seriously consider these bills to help us serve our communities and also to protect our families.

Nimrit Kothari, MD Hospitalist
Memphis TN
Nimrit_Kothari@teamhealth.com

Since completing my Masters in Public Health (2005-2007, Chicago, IL) and Internal Medicine Residency training (2007-2010, New York, NY), over last 10 years I have worked as an Internal Medicine Hospitalist at several underserved facilities including for 4 years at a County hospital in Buffalo, NY and since 2015 various hospitals in and around Memphis, TN. Also, as a passionate believer in constant improvement and as a medical director for hospitalist programs, **I have served on and led numerous quality improvement initiatives aimed at improving patient care, outcomes and cost of care. In addition to actively managing COVID patients currently, in the past me and my colleagues (several of whom are immigrants and are in same green card backlog as me) were frontline physicians to manage possible EBOLA patients at my facility.**

My wife is a practicing psychiatrist who has previously worked at a county hospital in Buffalo, NY and is currently working at a county hospital in Memphis, TN. Both our kids (2 & 7 years old) are born and raised here and this is the only country they know as their home. We are stuck in this green card backlog since 2010 with no end in sight. **This wait time is frustrating as it limits my ability to serve patients outside of my current facilities and at the same time causing extreme sense of insecurity as risk of deportation looms on our heads in case of job loss even as a result of contracting illness while taking care of patients.**

Passage of Healthcare Workforce Resilience Act will not only bring immediate relief for us but also significantly strengthen our healthcare workforce and its ability to fight this pandemic and future challenges.

Sincerely
Nimrit D. Kothari, MD, MPH, CPE
Hospitalist, System Medical Director
Memphis, TN

Praveen Kanneganti, MD Hospitalist
Knoxville, TN
Praveenkanneganti@gmail.com

I am currently working as a hospitalist at Baptist Memorial hospital in Memphis, TN. I have been working there for the last five years and prior to that, in a rural area in Arkansas. We have 2 kids both born in US. I moved to US 13 years back and I am waiting for the green card for the last 8 years. With my kids being US citizens and after experiencing the greatness of this country in every way, we would like to permanently settle here and continue to serve our community. **This is made difficult as we are unable to secure a green card even after waiting for so long. This insecure feeling is made worse by the Covid-19 pandemic. On one hand, our duty calls to take care of the patients and on the other, we are at risk of getting sick which can result in loss of job or even death. If we have a sense of security for our family, we can certainly contribute more in the fight against the Covid-19 pandemic.** The Healthcare Workforce Resilience Act will certainly increase the availability of health care professionals in underserved communities and will help our families in these difficult times. I heard this from a physician which truly resonates with all of us - **"Like a soldier fighting for the country we are also fighting to protect our communities but I guess the only difference is we are taking our families too to the war with us"**. So, we all request you to seriously consider these bills to help us serve our communities and also to protect our families.

Krishna Keri, MD Nephrologist
Cleveland, TN
[**Krishnakeri@gmail.com**](mailto:Krishnakeri@gmail.com)

I have lived in the USA for 10 years and spent 5 years training in Internal Medicine and Nephrology. Since my training, I have had a great opportunity to work only in medically underserved areas where I plan to continue to render my specialty services for the foreseeable future.

I'm currently working in Cleveland, Tennessee where it takes a lot of effort and time for patients to obtain nephrology consultation for kidney diseases. I lead a dialysis unit in Athens, Tennessee as a medical director rendering lifesaving dialysis treatment.

My wife (Naga Samji MD), who is an internal medicine physician also provides hospitalist services in Cleveland, TN. We consider ourselves fortunate to help out our localities to deal with the pandemic. We consider Tennessee our community and this county our home. **However, we find ourselves in a a very tight spot due to the restrictions our Visas impose on us. We are unable to offer any help in other areas of our state due to these restrictions.**

I applied for green card in 2014. Due to the existing immigration scenario, it might take several years (15-20) for me to achieve any kind of stability.

Citing the above reasons, I strongly urge you to support "Healthcare Workers Resilience act". **This bill not only boost the medical work force which is much needed during these times but also recognize our contributions to this society which we consider our home!**

Sincerely,

Krishna Keri MD
Tennessee Kidney Care 915
Clingan Ridge Dr NW
Cleveland TN 37312
423.716.5885

Prashanth Chandrashekhar, MD Endocrinologist

Bristol, TN

Psekhar78@gmail.com

Reg: Immigration status for physicians Dear

Senator and House Representatives;

My name is Dr. Prashanth Chandra Sekhar and I am a board-certified Endocrinologist currently practicing in Bristol, Tennessee for the past 6 years. After completing my residency and fellowship at the Medical College of Georgia in 2010 I moved to Des Moines, Iowa where I fulfilled the 3-year requirement for my J1 Waiver. Since 2013 I have been on an H1B visa and have had to renew my visa 3 times thus far. With the current immigration policies in place there does not appear to be any foreseeable time where I would be granted permanent residency status.

With the current work restrictions under the H1B visa program I can only work for a single employer and therefore would not be able to provide assistance if needed during this COVID-19 pandemic to other health care systems or regions where the need for help is high. There is already an immense shortage of physicians in the United States and Immigrant physicians play a significant role in providing health care in this country. Therefore, I humbly request that you please support our cause.

Sincerely,

Dr.Prashanth Chandra Sekhar
350 Blountville Highway, Suite 205 Bristol,
TN 37620

Amar Sunkari MD
Regional medical director
Advinity hospitalist group
San Antonio, TX
asunkari@advinity.com

Dear Policymaker,

I am a practicing physician in San Antonio and have been on H1B for the past 13 years.

I am currently working as Regional Medical Director for a 70 + provider group. I also serve as Chair for the Department of Medicine for Tenet/Baptist Hospital System comprising of 7 hospitals and am a member of Bexar County Medical Societies serving on different committees. I am also a Teaching Associate Professor for Medical Students for Incarnate Word Academy Medical School in San Antonio.

In all the above positions that I hold currently and my prior positions I have not been able to create a single job only due to my visa restrictions. I have had numerous opportunities in the past and even currently, where I could have set up an office for my patients who almost daily ask to see me in a clinic. I also had opportunities in community where I could work on medical boards and End of life and Palliative programs which I had to refuse only because of my visa restrictions. If I didn't have visa restrictions, I would have made a much larger impact not only on people around me but also for much larger community be it as a policy maker for an organization or as job creator setting up various avenues for people to work. Instead I am currently always stuck in a position where I have to always watch my back about how not to upset someone who could use their position to sabotage all the positive impact that I envision to see in the community I serve and beyond. I have two American born children and sometime worry how life would be if one day I have to sell everything and return just due to these visa restrictions. I have seen people who contributed nothing to society other than using up resources, coming much later after me to this country and earning their green card.

This makes me question how long do I keep saying to myself "Ask not what your country can do for you—ask what you can do for your country". Many of us would like to call this our country but given the limbo everyone is placed in, it not only makes one question their place in society but also makes them take their investments to a place where they feel secure.

Please let us help by helping us with this small token of appreciation.

Regards,
Amar Sunkari MD, MPH

Anantha Chentha MD Hospitalist
Texas Health Presbyterian Hospital
Kaufman TX
ananthachenthamd@gmail.com

Dear Senator, Congressmen and Congresswomen,

This is Dr. Anantha Chentha MD, I am a practicing hospitalist at Texas Health Presbyterian Hospital at Kaufman, Texas which has a population of 7,467 (2018). Texas Health Presbyterian Hospital Kaufman has active beds of 63 has been serving the communities of Kaufman, Crandall, Forney, Gun Barrel City, Mabank, Terrell and surrounding areas. It is one of the critical care access hospitals in Texas.

I have been on H1b visa status for the last 6 years. After my medical school in India, I completed my training in Internal Medicine at the University of Illinois-Urbana. After my training I worked as a hospitalist at Slidell Memorial Hospital, Slidell, LA, John Peter Smith Hospital, Fort Worth, TX. After gaining enough experience to tackle sickest patients at smaller facilities, I changed my job to the critical access hospital-Texas Health Presbyterian Hospital at Kaufman. Here I do not have immediate access to subspecialist.

With the skillset I gained, I have been able to take care of the sickest COVID patients and have been treating with all the modalities of treatment like any other bigger hospitals do. Given the second peak of COVID is on the rise in Texas, we are seeing significant increase in the no of ER visits as well as hospitalization. Please see the data from Kaufman County website. My hands are tied preventing to provide my services to the sickest COVID patients anywhere else in the country ONLY BECAUSE I AM ON H1B visa. If I am not on the H1B visa restriction, not only myself there are approximately 15,000 physicians on Visa who are ready to help the United States of America during these unprecedented times.

My wife is also an Internal Medicine Physician, she is also on Temporary visa for the past 6 years. We both worked as a hospitalist together and provided care at our best to Americans. We have a 2-year-old son who is born here, and we are expecting one in September. We are at double risk of contracting COVID.

As a physician couple we have been contributing significantly to the American economy and American health care system. But, if one of us or both of us gets sick due to COVID and get disabled/die we cannot even claim our disability benefits that we have been paying due to temporary visa status. The future of our kids would be jeopardized. While we are treating America as our own country and our family is serving the people of America.

It is quite disturbing to think about the prospects of our family incase if we die/gets disabled while everyone portrays healthcare workers as health care heroes. Your support to these bills is very vital for our family. Most importantly, being a high-level health care job, we are not replacing any American citizen. Supporting these bills, will fast track our green card process with which we can immediately work in the areas of emergency.

Thank you very much for listening to us.

Sincerely yours,

Anantha Chentha MD

**Asma Fatima MD Hospitalist,
John Peter Smith Hospital
Fort Worth, TX
docasmaf@gmail.com**

I am a Board- Certified internist, working as a hospitalist at John Peter Smith Hospital, Fort Worth, Texas, which is a county hospital catering to medical needs of people of diverse socio- economic status and backgrounds. I am serving this community for the last 6 years, which brings to me a sense of immense joy and accomplishment. Knowing that I am available to help and provide care to these underprivileged people gives a real meaning to my life. During the current COVID 19 pandemic, as I continue using my medical expertise, devotion and empathy to provide the much-needed medical care to the people of our community, I feel more value being added to my life every day. I am grateful to God for giving me an opportunity to be a part of the frontline workforce and to provide medical care to these really sick patients during these unprecedented times.

Working in a hospital/acute care setting helps me realize the acute medical and social needs of these extremely sick people all the time. This realization along with my extreme desire to bring a positive difference in their lives is what fuels my passion to work selflessly. Currently, being involved directly in providing care to the COVID 19 patients is something I see as an opportunity to continue my commitment towards providing quality medical care to these very sick patients with a goal to help them improve clinically and stay healthy.

After graduation from Medical School in India, I embarked on a journey of higher education in USA and I succeeded in getting opportunities to pursue my dreams. Today, I find myself in a position where I can serve my community by making use of the knowledge that I have gained all these years. I feel blessed and honored to be actively involved in providing care to the sick and the needy especially during current pandemic.

Despite all my above-mentioned positive and encouraging thoughts and attitude, I go to work with a worry as I work on H1 visa and one of my kids is on H4 dependent visa. I worry if I get disabled or if something worse to happen to me, due to my exposure to COVID 19 patients and I lose my job, my son's status would be impacted as my husband is also on visa. My 2 other kids are US citizens and losing my job/life would create a very difficult immigration issue for the entire family. Not only this, my other concern is my kid's future as his education in US will be at risk. He is an academically bright student and as stated above, loss of his immigration status due to the risk I carry with me daily can hurt his educational prospects. Even the thought of how challenging and complicated my family immigration issues will be if I were to lose my job/life while working tirelessly for my community during these unprecedented times makes meshudder.

I am writing this to you with a sincere request to kindly consider endorsement of this bill which will help clear the green card backlog for us, the immigrant physicians who are serving our communities across the nation. This will help us support and provide a secure future to our families while we continue to serve our communities to the best of our abilities.

Thank you for your time and attention and I really appreciate all your hard work and sincere service towards the people of this great country!!

Harsha Nagarajao MD Interventional Cardiologist
Assistant Professor of Medicine
Texas Tech University of Health Sciences El Paso, TX
harshasn@hotmail.com

Dear Representatives,

My name is Harsha Nagarajao, MD, FSCAI, my birth country is India. I came to USA in 2016 to pursue higher education after having trained in England where I did my initial training in NHS. I then proceeded ahead to match at a desirable university program and then proceeded ahead to match at one of the top Heart Failure and Transplant program at Newark Beth Israel Medical Center. I then went ahead with my Cardiovascular diseases training and Interventional Cardiology fellowship training with an expertise in structural heartdiseases.

I am currently employed in an academic setting and serving one of the most underserved population at El Paso county, Texas. **Despite being in this country for past 14 years and being "THE ONE AND ONLY" interventional cardiologist with interventional, structural heart and heart failure/transplant training in the entire west Texas area, and serving underserved patients of this great country I have been denied the green card for 14 long years because of the country of my origin.**

As you know that physicians are essential to keep this country healthy during these difficult times when we are afflicted by a pandemic like COVID-19. I myself have taken care of numerous COVID-19 patients and have saved their lives, many patients with COVID-19 present with heart muscle inflammation called "myocarditis" and acute heart attacks due to enhanced clotting of the heart arteries. Without my essential services the patients of El Paso county would not have the pleasure of having expert/advanced care for their cardiac ailments.

We work at the frontline of this COVID-19 pandemic even risking our lives day in and out. Fact is that if we get infected and god forbid end up in death's bed then our family would immediately become out of status despite having given so much to this country we are made to run from pillar to post for plenty of number of years to get our permanent resident cards so that we can call this great country our home.

We urge you all to keep this in mind that S1024 (formerly S.3599) will be a partial solution to many such real COVID-19 heroes like me (no bragging here) who have been undone by the unjust immigration system which needs urgent reform. I appreciate your thoughts and actions in the near future which would help us serve the people of this country who are in need for quality healthcare. I hope as our representatives you will make the right call of supporting the S1024 (formerly S.3599). And I thank you in advance for the same.

Best Regards,
Harsha S Nagarajao, MD, FSCAI
Interventional Cardiologist, Structural and Endovascular Interventionist Director,
Structural Heart Clinic
Co-director, Cardiovascular Catheterization Laboratory Assistant
Professor of Medicine, Division of Cardiology Texas Tech University
Health Sciences Center
Paul L. Foster School of Medicine
Department of Internal Medicine
4800 Alberta Avenue | El Paso Texas 79905
T: 915 215 5249 | Clinic: 915 215 5200 | F: 915 215 8641

Jawahar Jagarapu MD Neonatologist
Assistant Professor, Department Pediatrics-UTSW
Dallas, TX
jawahar.jagarapu@gmail.com

Dear Senators and House of Representatives

My name is Jawahar Jagarapu, a pediatrician/neonatologist and an assistant professor of pediatrics working in the neonatal-perinatal division at the University of Texas Southwestern Medical Center. I am a member of the Texas medical association. I take care of newborns and premature babies who are sick and need intensive care services. As part of my duties recently I have been attending to the care of babies who are born to COVID positive mothers and if they need any intensive care services as well. And unfortunately, we have been seeing a spike and more positive cases every day that need medical attention. I am also involved in research activities of the division that help understand the effect of COVID on newborn infants regarding their care and management.

I am a legal immigrant from India, who had extensive clinical experience from my work in the United Kingdom and India before my journey began in the USA as a doctor. I came to the USA in 2009 and completed my pediatric residency in South Texas followed by a Neonatology fellowship. I am currently working as a neonatologist and as a pediatrics faculty at the University of Texas Southwestern Medical Center Serving the communities of North Texas. It's been 11 years since I started my journey as a doctor in the USA and was involved in serving the Texan community throughout my residency as well as attending.

I am on a temporary H1B visa currently. My employment-based green card has been approved and received my I 140 but waiting in the queue as many of my colleagues from India. **With the current backlog, I am not sure I even have a permanent residency status by the I retire at 60 years. The COVID pandemic has heightened our stress levels on clinical fronts and personal front as well. My wife who is a pediatrician works for a federally qualified health center that cares for children and has been involved in the care of the children who are affected by COVID. We live in constant fear of what's going to happen to our family and 2 young children who are born here and am worried constantly as to their future if something happens to me in the line of my healthcare work given the current COVIDsituation.**

As you might be aware, the bipartisan bills 1810 (formerly S.948) and 1024 (formerly S.3599) (Healthcare workforce resilience act) that addresses this core issue of immigrant healthcare workforce on visas who are on the frontlines of this pandemic. PAHA, a professional association of physicians is actively advocating for this bill. The bill currently has support from many major professional health organizations like AMA, AAP, AAFP, and many others!! I sincerely request the senators and house of representatives to act and alleviate the fear of thousands of immigrant healthcare workers who are in this unforeseen battle!

Many thanks
Dr. Jawahar Jagarapu
Assistant Professor of Pediatrics
University of Texas Southwestern Medical Center Dallas,
Texas

Kirankumar Prajapati MD Hospitalist
St David's Round Rock Medical Center
Round rock, TX
Kprajapatimd@gmail.com

Dear Legislators,

Please take a time to understand our dilemma and problems.

I am on H1b visa after my j1 waiver. I have 2 American born kids, 4 and 9 years old. You might be aware of the green card backlog for the Indians. Most of us have immigration petition I-140 approved for the past 5 to 10 years but we are stuck in the backlog as physicians are considered as eb2 category, which is a general category among all the engineers, and many other skilled workers creating a major backlog.

Currently with COVID-19 situation every day is a challenge and it is proven that healthcare workers are 3 to 4 times more likely to get infected and get more sicker than general population.

My wife and kids who are totally dependent on me and my visa status. My wife cries every day and I can see the fear in her eyes when every day I go to work. She fears that I will eventually get infected one day and may die or disabled. My close friend a cardiologist in training is still recovering from the COVID-19 infection and almost died. And being a father, I am also worried about their situation if something happens to me. They have to self deport in 30 days as my wife would lose her H4 status automatically. My kids don't know or has seen any other country beside America, and they consider themselves totally American. I have mortgage, car loan and many other liabilities. My family abroad cannot even visit here amidst the travel restrictions if something happens to me. Also, friends and neighbors are limited by the help they can provide as everyone is home locked and can't travel. I can't sleep anymore with the fear and our stress level has gone so high which again increase my risk of severe infection. My kids have no idea what's going on but every time I see them I feel like I won't be there anymore to help them. With tearful heart, me and my wife prepared my living will so she can take care of the finances.

I hope you are still with me. Now every time my hospital asks for an extra duty or back up, I am hesitating due to real concerns which they hardly understand. I feel like I am betraying my team members and colleagues, but my problem is hard to explain as most of them are US citizens or green card holders. President Trump just declared this as a national emergency and also said Healthcare workers are war heroes.

As you mentioned in your article my hands are tied but for many of us our feet too. We are requesting the govt to fast track our green card (which is already approved but on hold due to backlog) and give the freedom and peace so we can practice freely and peacefully for every employer. That will also keep our family at least safe and they will have choice if something happens to us.

Unfortunately, our numbers are very small compared to other professions and physicians are so busy so very poor at communicating.

Hope this will give some insight.

Thanks for your time.

Kiran Panuganti MD MBA FAAFP Hospitalist
Texas Health Presbyterian Hospital
Denton , TX
drkpan@gmail.com

Dear Legislators,

This is Dr. Kiran Panuganti, I am a Family medicine physician, diplomate in Obesity Medicine and a fellow, presently working as a Hospitalist and Vice Chair Department of Medicine at Texas Health Presbyterian Hospital. I am also an MBA graduate from University of Massachusetts. I do several peer reviews for research publications, wrote research papers. I have been a member of several honorary societies, serving as a council member for Texas Medical Association Constitution and Bylaws, Member for TAFP Commission of Academic affairs. I even did few years of rural service in Cheyenne, Wyoming before settling down in Texas. I was initially on J1 visa in 2009 and I have been on H1B visa since 2012, I applied for my green card and has been pending since 2013, as I am from India, and it has a long backlog due to challenging and broken immigration system we have.

Currently, with the COVID 19 pandemic going on, which is expected to only get worse and stretch our health care system, physicians like me are still committed for dedicated care of our patients in the united states irrespective of my immigration status. I have received so many calls from rural hospitals and telemedicine locums for help during this critical pandemic situation we are facing. I feel so disheartened and handicapped, I have this crunching feeling in my heart for helping and reaching out to help but unfortunately since I am on H1b I am restricted to work only for my employer. I being an MBA graduate I always wanted to help in creating more jobs by setting up my own practice but am unable to break these shackles due to restricted immigration status.

I am married and have two beautiful kids; my son is 8 yrs old and my daughter is 7 both are American citizens. Every time I come home from work after treating Covid patients, I feel for my family, and feel extremely guilty for putting their lives in danger. If I get sick while taking care of my patients, and if I am unable to work even for a while I will be out of status, and will be forced to get deported along with my wife and kids. I have been on legal status since the day I stepped on the US soil, contributed so much to the US economy, paying taxes, bought real estate, homes, cars, helping in indirect employment. I can't imagine how our lives will be shattered down if anything happens during these horrid times.

I urge the Honorary Senators, Congressmen and Congresswomen to please pass the bills S1024 (formerly S.3599) and HR2255 (formerly H.R.6788) on an emergent basis, please include them in the Covid bills for fast tracking it. This will not only help the Immigrant frontline healthcare workers like me to serve American people during these emergency crises but will also help in creating several jobs when these healthcare workers will be able to openly practice medicine.

I appreciate your help and attention to this emergent matter.

Thank you

Manish Patel MD
Pulmonary Critical Care, Texas Tech University
Amarillo, TX
Drmanishpatel@gmail.com

I am a front line pulmonary critical care physician working with Covid patients in ICU at two hospitals in Amarillo Tx. I have taken care of large number of Covid patients due to surge from meat plants, prisons and nursing homes. I am expecting that we will have a second wave in fall which can be deadlier unless we have a vaccine.

Believe me, fighting for these critical patients is a privilege and honor. Our mortality rate (1.23%) is much lower than rest of USA and world. But physicians like me are also fighting at a different front which makes us feel sad and intimidated. If I become disabled or die after contracting Covid-19, my family will be deported back to India. Second reason - I cannot work at any other city in USA if there is a need due to surge of cases. These restrictions are related to my temporary worker (H1B) Status. I am waiting for green card for 8 years and might not get one for another 50 years due to current back log. Same is true for another 12000 physicians in USA with back log going to 2009.

Due to my visa status, I cannot work in local VA despite of getting trained in USA. There is no sleep medicine specialist at VA hospital. Their sleep conditions are being taken care of by pulmonary physicians (my partners) who have not received a formal one-year sleep fellowship training as me. Often, they ask my opinion about a complex sleep issues without discussing patient's information to protect privacy. Last month, I gave a recommendation letter to patient care specialist working with me who got a job at VA with higher salary. So, my direct and indirect recommendations and suggestions work at VA but I can't serve veterans due to visa restrictions.

All frontline health care workers are overworked and exhausted during Covid-19 pandemic. Situation will only become worse during upcoming months due to surge in cases and admissions in hospital. **During this difficult times, frontline physicians need strong political and legislative support.** I need to focus on saving American lives rather than worrying about deportation of family if I become disabled in pandemic. Further delay in passing healthcare workforce resilience act into law, will cause dent in our self-pride and motivation to keep fighting at frontline.

Regardless we will keep fighting but without motivation.

Thank you for your consideration

Manish Patel, MBBS, MD, MPH, FCCP
Associate Professor of Medicine,
Pulmonary, Critical Care and Sleep Medicine Specialist Texas Tech
University Health Sciences Center,
1400 S. Coulter, Suite 2400
Amarillo, TX 79106
248-404-8817 (Cell)
806-414-9194 (Office)

Venu Amula, MD Pediatric Cardiology / Critical Care
University of Utah, Salt Lake City, UT
Venu.amula@gmail.com

Dear Senator/ Congressman / Congresswoman,

I am a board-certified Pediatrician, Pediatric Cardiologist, and Pediatric Critical Care Physician and have been in the United States for the last 13 years on a temporary visa. After completing my residency in Pediatrics, I trained in Pediatric critical care – taking care of the sickest of the sick children in the ICU at one of the nation's top-ranked children's hospitals- Primary Children's Hospital. I further trained at Duke University School of Medicine in Pediatric cardiology and returned back as a faculty at Primary Children's Hospital affiliated to the University of Utah.

The dual certification in pediatric cardiology and pediatric critical care is unique and there are very few in the nation (less than 150) with skills pertaining to both specialties. After undergoing training at such a level – it is unfortunate that I cannot expand my work opportunities beyond a certain area and scope due to the visa status.

My area of expertise is taking care of children with critical illness including those with severe respiratory illness, those with critical congenital and acquired heart disease, where there is a need to take high impact decisions in a fast-paced, high acuity, stressful environment in the intensive care unit. **I work in one of the best children's hospitals in the nation catering to the need's children of the four intermountain states of Utah, Wyoming, Idaho, and Montana – the only tertiary children's hospital of the intermountain west.** I carry multiple responsibilities as a physician **performing emergent and lifesaving procedures, as a teacher to fellows, residents and medical students, team leader and care coordinator working with multiple disciplines of pediatric cardiology, cardiothoracic surgery, pediatric anesthesiology, and other subspecialties while taking care of these children with complex medical conditions.**

I am ever grateful to the United States of America for giving me this opportunity to pursue my dreams and allow me to work in an area where my heart is – caring for children with critical illness and those born with heart defects. My efforts have been rightfully recognized and I am in the pipeline for the green card, having been approved in EB-2 Category in 2012, but with the per-country quota will not get to it – even in two lifetimes. I live in constant fear of losing my status and affecting my two school-going children who are born here and my wife who is dependent on me.

While I wholeheartedly want to stand shoulder to shoulder with my critical care colleagues who could be summoned to work in the area of need during these COVID times – my temporary visa restrictions make it hard to be deployed and share the work burden with them. **Is it not in the best interest of the nation that the work be shared by the medical community in this hour of great need?** It does not feel right to keep myself out on the stand while my peers toil in the trenches....

Please help us in gaining some certainty in our life. I promise that we will pay back as true guardians of health care during and beyond these difficult times – to the best of our abilities and with pure intentions.

Thank you and please help to enact these legislations at the earliest. Sincerely,

Venu Amula MD MS FACC
University of Utah

Vishnu Sundaresh, MD Endocrinology
University of Utah, Salt Lake City, UT
vishnusundaresh@gmail.com

I am Vishnu Sundaresh, M.D., M.S. **I am triple board certified in Internal Medicine, Geriatrics, and Endocrinology, Diabetes, and Metabolism**. I have worked on a visa since 2007, specifically J1 and H1B. All of the 13 years of my medical practice in 4 states, including numerous underserved areas has been enabled by visas, but in an environment of deep uncertainty of my permanent residency in the United States.

In my practice, **I direct the premier bone health program in Utah and treat endocrine disorders.** This role includes sharing expertise in areas of

1. Osteoporosis
2. Thyroid cancer
3. Diabetes Mellitus
4. Metabolic bone health disorders
5. Hyperthyroidism
6. Hypothyroidism
7. Other endocrine disorders

A majority of patients with osteoporosis at University of Utah Healthcare are diagnosed and treated in my clinic. **About 80% of patients in Utah and 5 surrounding states obtain their bone density scan in my program where I read majority of the reports.** In my clinic, we provide single window access for diagnostic bone density, endocrine consultation, physical therapy visit, and specialized labs. My clinic supports patients from the University of Utah Hospital and 12 affiliated clinics and patients from outside University of Utah.

My program has supported or created 6 allied health staff including nurses, bone density technicians, and a physical therapist.

My medical practice potentially benefits about 10% of the US population that depends on University of Utah Healthcare services in bone health and endocrinology.

Based on my expertise in bone health, I have served as the Utah ambassador for the National Osteoporosis Foundation. I have especially served the senior community, among others in Utah by providing education about bone health to avoid osteoporotic fractures, which represents a major public health challenge for seniors.

I have volunteered to take care of the homeless population in downtown Salt Lake City.

The uncertainty and anxiety caused by EB2, and ironically EB1 are a cause of tremendous stress that has negatively impacted my ability to care for patients. **Efficient, timely, equitable processing of permanent residency petitions of physicians is critical to effective healthcare delivery during the time of Covid-19.** This bill, represents an excellent opportunity for you to do right by physicians and patients.

Babu P. Mohan, MD Gastroenterology
University of Utah, Salt Lake City, UT
babupmohan@gmail.com

Dear Senator/ Congresswoman/ Congressman

Me and my wife are physicians in the United States and for the last 8 years we have been serving the needful citizens of this great country. We both have contributed significantly to this country's healthcare and additionally have served as teachers to future generations of doctors. Being in the higher-level skilled worker job category, we are not replacing US citizens and we are not a threat to US job seekers. We, on the contrary, have contributed significantly to this country's financial growth and many physicians like us have created job opportunities for US citizens.

Me and my wife have both been on H1B visa status despite having our green card approved under the Employment Based (EB)-2 category. We physicians are put in the same boat as IT professionals and family-based green card seekers from India and therefore have been enduring this never-ending wait to get our green card applications moved to the next stage of 'Adjustment of Status'.

With a green-card, we as physicians can serve more US citizens in need. With a green-card, physicians can serve more than one hospital system. With a green-card, we physicians can create job opportunities and contribute more to the economy. This has never been more important than now. These are unprecedented times and COVID has changed the way of our day-to-day living. For the majority its staying safe at home. However, for physicians like myself, its being on the frontlines. I have not seen my family for the past many weeks. I am put up in a hotel in case I should develop symptoms of COVID. In this ongoing pandemic dear sir, I have put my life at risk and sacrificed my personal comfort to serve the sick.

The least I can ask you and request you to do is to help pass the legislation at the earliest. We look up to you for support and help address the immigration issue we physicians from India face due the green-card backlog.

Sincerely,

Babu P Mohan MD
Ritika Ohri MD

Gopi K. Penmetsa, MD Rheumatology
University of Utah, Salt Lake City, UT
gopikrishna111@gmail.com

My name is Gopi Krishna Raju Penmetsa, a citizen of India, and am currently working as an Assistant Professor in Rheumatology and Internal medicine at the University Of Utah Hospital. After graduating from medical school in Honors, I have completed post-graduate training in England, Australia before I migrated to the USA. I moved to Utah in 2008 and completed training in Internal Medicine, Geriatrics, and Rheumatology at the University of Utah Hospital. I have been working as faculty at the University of Utah with the current title as Assistant Professor in Rheumatology and have established an Ankylosing Spondylitis clinic.

I am one of the very few physicians who have expertise in both Geriatrics and Rheumatology and have been able to provide specialized services for Utahns. I and my wife Keerthi who is an Addiction Psychiatrist have made Utah our home for the last 12 years. **The patients used to wait 5-6 months to consult a Rheumatologist in 2014 when I was doing my Rheumatology fellowship, which has inspired me to accept a job at the university so I can give back to the community who has welcomed me with a great heart. We have been able to significantly decrease the wait time and since then we made steady progress in improving access to Rheumatology care.**

We have been living in Utah with the hope of formally getting a Green card and become citizens of this great state and the United States. Being an Indian Citizen I have been dealing with the effects of an unfair immigration system which puts me and my family on a 60-year waitlist for a Green card. I frequently visit my parents in India but am always living in fear of being stopped in Immigration and not allowed to return back to wife and kids in Utah. I moved to the USA from Australia with the hope it will offer me better opportunities and a fair chance to become a citizen, but my dreams have been shattered by the unfair system which is biased against Indian Citizens.

As a faculty at the University of Utah hospital, I have been actively involved in research and new trials within the Rheumatology division. I am a member of several prestigious organizations like SPARTAN (Spondylarthritis research network) and American College of Rheumatology and have been working with distinguished Professors and Scientists in advancing research in Ankylosing spondylitis.

We have been at the forefront of the ongoing battle of COVID-19 pandemic and living with anxiety about the future of our kids, who are dependents on my H1 visa. If one of us succumb to the virus, they will become illegal residents as they lose the visa status.

I hope the current congress in session will understand the plight of so many well-trained Physicians who are proudly serving this great nation and support #S1024 (formerly S.3599) bill which will help many physicians get through the hurdle of Green card and become citizens of his great country.

Jitendra Adepu MD Hospitalist
Davis hospital and Medical center, Layton UT
jitendra.adepu@gmail.com

Respected Senators, Congressmen and Congresswomen,

I am Jitendra Adepu, ABIM Board certified, MD Internal medicine working as a fulltime Hospitalist physician at Davis Hospital and medical center for the last 9 years. I finished my Internal Medicine residency in 2012 from the University of Nevada, School of Medicine, and made UTAH my home since then. I am on H1B VISA since 2009, stuck in the green card limbo alongside thousands of my other colleagues who are International medical graduates throughout the country with no hopes of ever getting it by the time we retire or pass away, with the way things stand. Nobody has an accurate timeline in regards to the wait time for approval of Green card (mine filed in 2014) but I have heard anywhere between 20-50 years in the past to 195 years for EB3 as early as today from Honorable senator Lee.

This Coronavirus pandemic just amplified our fear and frustration to unlimited lengths not just in regards to the uncertainty of our immigration status but also our inability to offer more to the community/country that we made our home whenever and wherever we can. I have taken care of many hospitalized COVID 19 patients in our hospital although not the busiest in our state. I would have loved to be part of the Intermountain hospital COVID 19 response team that sent many clinicians to New York when it was the epicenter of the pandemic. My VISA status does NOT allow me to do that. I cannot even offer help at our own University of Utah Hospital if the need comes let alone other states because of my VISA status which just seems so unfortunate. **I feel like an armed soldier who has been fully trained and equipped within the United States, who is willing to fight this war, in these unprecedented times against this pandemic but are made to sit on the sidelines and watch because of our VISA status. As silly it may sound for an analogy, it is exactly what I and thousands of my colleagues on VISA are dealing with right now.** Respected representatives, this bill with your support will put an end to it.

Not a single day as gone by since this pandemic began that I haven't worried about my family. Immediate Deportation of my wife who works on a dependent VISA at the University of Utah and my two kids aged 7 and 3 who are American citizens is the reward that awaits, in case I contract the disease-fighting in the frontlines and have a bad outcome. Doesn't seem fair at all but that is the reality for me and thousands of other physician families stuck in this never-ending green card hassle.

I personally know some physician friends who in despair have already immigrated to Canada, Europe, and Australia and some returned back to India tired of this uncertainty and I am sure many will follow if things don't change for the good.

I believe this bill carries the power to change the entire USA healthcare scenario for generations to come, for good or worse.

I request you to kindly support this bill and do the right thing. Thank you for

your time and stay safe.

Keerthi Vejerla, MD Addiction Psychiatry
University of Utah, Salt Lake City, UT
keerthi.vejerla@gmail.com

My name is Keerthi Priya Vejerla, a citizen of India, and am currently working as an Assistant Professor in Addiction Psychiatry at the University Neuro-Psychiatry Institute in Utah. After graduating from medical school in Honors, I moved to Utah in 2008 and completed training in General Psychiatry and Addiction Psychiatry at the University of Utah Hospital. I have been working as faculty at the University Neuro-Psychiatry Institute and also oversee the Recovery Clinic and UNI Bridge program.

I am one of the very few physicians who have expertise in both General and Addiction Psychiatry in Utah and have been able to provide specialized services for Utahns. As you are aware Utah has suffered along with the whole nation with the opioid crisis and due to lack of adequately trained Addiction Psychiatrists. We have developed a successful recovery program and this has been able to provide essential resources for the patients with mental health issues.

We have been able to significantly decrease the wait times and we made steady progress in improving access to Psychiatry care.

We have been living in Utah with the hope of formally getting a Green card and become citizens of this great state and the United States. Being an Indian Citizen I have been dealing with the effects of an unfair immigration system which puts me and my family on a 60-year waitlist for a Green card.

We have been at the forefront of the ongoing battle of COVID-19 pandemic and living with anxiety about the future of our kids, who are dependents on my H1 visa. If one of us succumb to the virus, they will become illegal residents as they lose the visa status.

I hope the current congress in session will understand the plight of so many well-trained Physicians who are proudly serving this great nation and support #S1024 (formerly S.3599) bill which will help many physicians get through the hurdle of Green cards and become citizens of this great country.

I wish to serve more communities and expand my work but the visa severely restricts my ability to serve a small population. There are so many other communities that need a Psychiatrist but my hands are tied due to the visa and having a Green card will help me to work for other organizations.

Greetings Honorable Senator/ Congressman/ Congresswoman,

I am Vishwas Vaniawala, MD, and I came to the US in 2007. I completed three years of residency training in an underserved area in Flint, Michigan. I immediately took upon myself to continue serving the community and took up an attending physician position at Hurley Medical Center, Flint, MI. I was instrumental in starting the Pediatric Hospital Medicine Program in the same institution. I eventually moved to Saginaw in October 2017 and I continue to serve a similar community.

I am affiliated and involved in teaching medical students and pediatric residents throughout my career and I am currently working as an Assistant Professor in Pediatrics and I am part of the core faculty at CMU (Central Michigan University) Health.

I am very grateful to the US for giving me an opportunity to pursue training. It also gives me immense pleasure to train medical students and residents every day in Pediatric in-patient and out-patient settings. Working with students and residents in training, I get the opportunity to manage and treat complex medical conditions amongst the underprivileged and uninsured patients. I feel privileged and take immense pride in the fact that I have been entrusted with the responsibility to provide medical care on a daily basis to the residents of my community.

Due to the current immigration backlog, my visa has been already renewed five times while I continue to work on an H1B visa. Even though my employer has filed for my green card, I now hear that there is a projected wait time of several years or even decades for green card approval from various sources.

I am currently supporting my wife and two kids. Our daughter who is 24 years old was FORCED TO change her status to an F1 visa when she turned 21 years. She has not known any other country other than the US and it is hard for her, as she was not offered interviews at colleges, as she was considered 'international student.'. It is unfortunate that my son who will be turning 21 years this November will undergo the same stress - to interrupt his education, to leave the country and get an F1 visa and then pay international fees despite being legally present in the country for several years.

I have worked through the COVID-19 pandemic and have been treating patients and instrumental in organizing workflows in the pediatrics department. I am in constant fear of falling sick from COVID-19, the past few months have been especially stressful and worrisome. However, this has not deterred me from providing care to my patients on a daily basis. In my specialty, along with my other colleagues, I fill in a critical need for physicians in this underserved area.

In the event, if something were to happen to my health or life, my current immigration status puts me and my entire family at risk of deportation. Being on a temporary visa status also restricts my ability to provide services beyond my specified job description and specified work site, even when there is a need for them elsewhere. I would like to continue to serve the community as long as possible and pursue a career in Pediatrics & Pediatric Hospital medicine.

The approval of these bills, **The Healthcare Workforce Resilience Act, S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788)**, and **Conrad30 Program and Physician Reauthorization Act, S.1810 (formerly S.948) /H.R.3541 (formerly H.R.2895)** will alleviate the above-mentioned uncertainties. I would urge you to support the bills which are gaining support from several Senators, Representatives, and medical organizations.

Sincerely,

Vishwas Vaniawala, MD, FAAP.

Dear Honorable Senator/ Congressman/ Congresswoman,

My name is Jinu Puthenparampil and I have been working as an outpatient internist in a Health Professional Shortage Area (HPSA) for the last 2 years. During my time as a resident in training, I realized there was a dire shortage of doctors in rural areas. This made me choose to work in primary care in rural Michigan so that I could be of maximum service to my community. When I first started working here, I was able to come across many patients whose chronic health conditions were not adequately controlled due to lack of access to a primary care physician. My patient panel also includes multiple veteran service members whom I have been given the privilege to serve.

When the COVID-19 crisis hit, our office continued to work on the frontlines and was responsible for triaging, testing, and managing patients. Even during the peak of the pandemic, we continued to see patients in our office so as to avoid exacerbations of their underlying health conditions, preventing them from needing an ER visit or even hospitalization, and to avoid increased costs to the overall health system. This was all done at great personal risk to my own wellbeing as well as the wellbeing of my staff and the people closest to us. I have a wife and 2 young kids, aged 4 years and 8 months at home and even though I use the utmost precautions to prevent them from getting infected, there are lots of frontline health care workers who were infected in spite of following all precautions.

I am not afraid to do my job and help my community but what worries me is the uncertainty of what would happen to my family if something were to happen to me. **The Healthcare Workforce Resilience Act, S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788)**, and **Conrad 30 Program and Physician Reauthorization Act, S.1810 (formerly S.948) /H.R.3541 (formerly H.R.2895)** would help alleviate my worries and those of countless other frontline workers who are putting themselves on the line. This will give us reassurance that this great nation values the hard work and dedication we put into our work every single day. We hope we can have your support in passing these legislations.

Truly,

Jinu Puthenparampil, MD

Dear Honorable Senator/ Congressman/Congresswoman,

I am an International Medical Graduate (IMG), now board-certified in Endocrinology, Diabetes, and Metabolism practicing with MidMichigan Health in Midland, Michigan since 2014. I have the pleasure of being a voluntary faculty with Central Michigan University plus Michigan State University and enjoy training medical students. Furthermore, I am a Midland Lions Club member and an inducted member of the Alpha Omega Alpha honor medical society. My spouse is an IMG as well, is board-certified in Internal Medicine, and is a primary care physician. We moved to Midland, MI after completing our training in Washington DC after I was offered a consultant endocrinologist position that was unfilled for several years due to a shortage of endocrinologists. We enjoy serving this beautiful community, we now call home. I have been in the US on an H1B visa for more than 10 years.

I feel honored to care for patients across a wide geographic area in central Michigan, who come to see me from the UP (Upper Peninsula) in the North and Ithaca in the south, Bad Axe in the East to Mount Pleasant in the West. Besides, my patient panel includes several veterans since the nearby VA health system lacks endocrinology service. Along with my IMG colleague, we directly support 3 front office staff, 2 medical assistants, 1 registered nurse, 1 licensed practical nurse, 1 medical transcriptionist, and 1 nurse-practitioner in our clinic. As you may be well aware, similar to most other physician specialists, the geographic distribution of endocrinologists is predominately metropolitan-based. A significant factor affecting the anticipated demand for health care services is the aging population. Diabetes, by itself, is a substantial driver of demand. The shortage of endocrinologists is widening substantially. Data from the American Board of Internal Medicine reveals a switch from US Medical Graduates to IMGs as the predominant component of first-year endocrinology fellow classes since 2013, with IMGs accounting for ~60% in 2019.

We sincerely appreciate your efforts in allowing us to train and work on an H1B visa in the US. More importantly, we are grateful to the government to have telemedicine services during the COVID-19 crisis with social distancing, stay-at-home order, and a shortage of personal protective equipment. As a frontline healthcare worker, I feel privileged to serve my community during these exceptional times despite the fact I fear my immigration status, in case of contracting the virus at work and developing potential health-related complications. We strongly believe, **The Healthcare Workforce Resilience Act, S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) and Conrad 30 Program and Physician Reauthorization Act, S.1810 (formerly S.948) /H.R.3541 (formerly H.R.2895)** will mitigate our fear with immigration backlog, benefit our support staff and their families, allow uninterrupted healthcare physician access in rural/suburban areas, and help us serve our community at our level best. We humbly request you to consider supporting these bills. We need your support now more than ever.

Thank you.

Sincerely,

Sujay Madduri MD, FACP, and Suja Shenoy MD.

Dear Honorable Senator/ Congressman/ Congresswoman,

I have been residing in the United States on a trainee/ employment visa (J1/ H1b) for the past 10 years. After medical school, I moved to the States for better training and completed my residency in Internal Medicine at McLaren Flint, Michigan. I worked in Hartford, Connecticut for 3 years to complete my J1 Waiver requirements. The Midwest drew me back. My wife, Sai Sreenija Dukkipati has completed her Internal Medicine residency in Michigan as well. I have been working in Saginaw, MI for 4 years now. We have decided to stay in the area and have found a nice home in Saginaw Township, Michigan. I work as a Hospitalist here taking care of inpatients.

Covenant Medical Center is the largest healthcare employer in the Great Lakes Bay Region. As part of a regional network with five critical access hospitals, they are able to provide access to specialized care in the Thumb and Central Michigan area, thus providing essential services. My wife has been working as a hospitalist as well for the past 2 years. Both of us have been providing care to COVID-19 patients as part of the hospital medicine team. Recently, I contracted COVID-19 myself in April. More than worrying about my recovery, I underwent significant stress worrying about the impact complications would have on my visa status, and also impacting my ability to continue to stay in Michigan, which we call home now. In fact, I have spent more years as an adult in America (10 years) than in India (6-7 years). I am part of the American fabric and used to the American way.

Every time I take a trip to India to visit my parents, we have to undergo visa stamping (needed every 3 years/ change of job to renew the H1B visa). These additional hoops (paperwork, scheduling for interviews, visa stamping) that we have to go through to come back to America to continue to work cause enormous stress and anxiety. Also, visa constraints limit opportunities we get to train further. The only system of practice I am comfortable with is the American system. The current EB-2 pathway for legal immigration for physicians, especially for Indian origin physicians has resulted in a very long backlog (Estimated to be around 60 years or longer in some cases based on current processing times). The current system provides no realistic/ meaningful pathway for legal immigration and we forever remain in the visa purgatory.

The Healthcare Workforce Resilience Act, S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) (HWRA), provides immediate relief to physicians already working in the country by recapturing unused immigrant visas and does not take away any American jobs. The Conrad 30 and Physician Reauthorization Act, S.1810 (formerly S.948) /H.R.3541 (formerly H.R.2895) program provides a pathway for immigrant physicians in America after they serve at least 5 years in medically underserved areas, thus ensuring doctors will work in areas of need in America.

I sincerely request you to do right by the thousands of doctors who have been faithfully serving American healthcare needs, and support as well as co-sponsor both S.1024 (formerly S.3599)/H.R. 2255 (formerly H.R.6788) and S.1810 (formerly S.948) /H.R.3541 (formerly H.R.2895).

Sincerely,

Pramod Kalagara, MD, and Sai Sreenija Dukkipati, MD.

Dear Honorable Senator/ Congressman/ Congresswoman,

Time flies and it has been 15 years since I set foot in the USA and I have grown from a student on F1 visa to an MD serving the Great Lakes Rehabilitation Community in Michigan as a Rehabilitation Specialist for the last 6 years with McLaren Bay Region on an H1B visa. I'm employed in an acute inpatient rehabilitation unit serving up to 22 patients per day and hiring up to 12 therapists on the unit every day along with Therapy assistants, nursing staff, nurse aides, maintenance service team, kitchen & cleaning staff. It has also been my privilege to lead the Cardiac Rehabilitation outpatient services and work with 5-10 exercise physiologists, 2-3 respiratory therapists and nursing staff. I run an outpatient clinic for rehabilitation and pain management needs in 2 locations for numerous patients in the community in need of these services. There are numerous athletic trainers working under my license in local school settings. I feel proud and responsible to lead them every day. We also travel once a week 50 miles north to a rural community at West Branch to help them with their rehabilitation and pain needs. I am a solo practitioner for the last 5 years since my partner left the practice and recruiting another physician in my specialty has been impossible as younger physicians want to live in cities and enjoy the amenities rather than live in rural settings. So, my presence here is an important cog in the rehabilitation services wheel. Along with my work family, my personal life changed when we had our daughter 4 years ago and it added another layer of responsibility. I & my wife are on H1B and H4B visas respectively and have grown to work for the community in the last 6 years we spent in the Great Lakes Region.

COVID-19 unfortunately knows no rules and is wreaking havoc in all our lives. We had to close our outpatient services for 10 weeks, furlough staff, put our acute inpatient rehab unit under lockdown, furlough therapy staff, and nursing staff. The number of admissions had dropped and we had to stop visitors in the unit to prevent cross-transmission of the virus. During these uncertain times, I have been working towards keeping at least some of the services viable and functioning and avoid a total collapse of patient care. I have been willing to walk into the hospital every day with bare minimum PPE to attend to my patients not knowing where I might contract the disease as there was no testing available widespread as it should be. I have also seriously thought about enrolling for a volunteer COVID-19 physician team to help deal with the COVID-19 surge in our area. Then I realized in my drive to do the right thing, my young family might have to pay a heavy price. In the scenario I get sick and die or get disabled, I will instantly lose my H1b visa status and young wife has to deal with our 4-year old daughter, a sick husband and potentially make arrangements to leave the country at a short notice and with most of the world under strict international travel lockdown it is a nightmarish scenario. This added stress did not deter my wife from encouraging me to continue to care for my patients and also volunteer for the COVID-19 surge team. A green card approval is just not a piece of legislation I'm requesting for my selfish reasons but in a broader context, it will keep a network of deserving physicians who have served American communities well for all these years intact and the smaller health care systems from losing their most important human capital. The health care needs have risen with COVID-19 and the more rural communities are afraid because of the lack of healthcare professionals. Most of these international physicians work in these remote areas and keep the essential medical services running. I will keep doing my job for my patients and I hope you will do yours for the American people and our vulnerable families.

Sincerely,

Dr. Venkata Sai Sheshu Kumar Etha, MD, MA.

Greetings Senator/ Congressman/ Congresswoman,

I am Vivek Variar and I came to the United States in 2008. I completed three years of residency training including an extra year of chief residency in internal medicine from Synergy Medical Education Alliance (affiliated with Michigan State University). Having pursued my residency through the exchange visitor program on a J-1 visa, I completed my J1 visa waiver requirement as junior faculty in the Department of Medicine, here in Saginaw, Michigan. In 2016, I started a fellowship in Endocrinology at MetroHealth Medical Center in Cleveland, Ohio. I chose to return to Saginaw, Michigan in 2018 and I am currently working as an Assistant Professor in internal medicine and a consultant endocrinologist at CMU Health/Central Michigan University College.

I am very grateful to the United States for giving me an opportunity to pursue postgraduate training. It also gives me immense pleasure to train medical students and residents every day in internal medicine and endocrinology. Since I work with medical students and residents in training, I get the opportunity to manage and treat complex medical conditions amongst the underprivileged and uninsured patients. I feel privileged and take immense pride in the fact that I have been entrusted with the responsibility to provide medical care on a daily basis to the residents of my community.

Due to the current immigration backlog, my visa has been already renewed thrice while I continue to work on an H1B visa. Even though my employer has filed for my green card, I now hear that there is a projected wait time of several years or even decades for green card approval from various sources.

I am currently supporting my wife and twin daughters who are 6yrs old. Given the high-risk nature of our profession and constant fear of falling sick; especially from COVID-19, the past few months have been especially stressful and worrisome. However, this has not deterred me from providing care to my patients on a daily basis. In my specialty, along with my other colleagues, I fill in a critical need for physicians in this underserved area.

In the event, if something happens to my health or life, my current immigration status puts me and my entire family at risk of deportation. Being on a temporary visa status also restricts my ability to provide services beyond my specified job description and specified work site, even when there is a need for them elsewhere. I would like to continue to serve the community as long as possible and pursue my career in Endocrinology.

The approval of these bills, **The Healthcare Workforce Resilience Act, S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788)**, and **Conrad30 Program and Physician Reauthorization Act, S.1810 (formerly S.948) /H.R.3541 (formerly H.R.2895)** will alleviate the above-mentioned uncertainties. I would urge you to support the bills which are gaining support from several senators, representatives, and medical organizations.

Sincerely,

Vivek Variar MD, FACP

Dear Senator/Congressman/Congresswoman,

I am a physician and board-certified physician in Internal medicine and Pulmonary & Critical care. I came to this great country after obtaining an MD in Pulmonary Medicine in India, because I believe in the advancement of care and medical innovation here. I am grateful and have loved every bit of the journey in my medical career because of what I am able to offer to my community and patients now. However, the one part of the journey that has restricted me, has been the hurdles posed by my visa. I have been on an H1B visa for 10 years which has required a renewal every 3 years. Every renewal interview has been an anxious event, not knowing whether I can return to serve my patients and my community.

This year has been exceptionally difficult for the whole country, and I recognize the difficult job you, as elected officials, to help get the nation back on track. I am hopeful that you can appreciate the plight that we as healthcare providers on visa face daily. Being an intensive care physician and catering to pulmonary patients, I have been on the frontlines of the COVID-19 pandemic. I serve in an underserved area in Michigan and am optimistic about taking care of the affected. Expertise of critical care & pulmonary physicians like me were in high demand from nearby smaller hospitals, however, with visa restrictions I was not able to offer my services in other smaller hospitals when needed due to my visa restrictions.

With the growing hours and lack of supplies, my morale took a backseat. Another unsettling thought was the risk I was putting my family at, of bringing the virus home to my family, my wife who was sick at that time. Being on a visa, if something happens to me, my family is at the risk of deportation, this added to my already stressed mental state.

I am grateful that I could be of service during these pressing times, to give back to the country which has offered me so much. I wear the frontline tag with pride and hope to serve my community as a soldier would. I am hopeful that you will recognize the need for change of policies for immigrant physicians who are stuck in the green card backlog, especially during this pandemic. Hence, I urge you for your full support in the bills S.1024 (formerly S.3599) and H.R.2255 (formerly H.R.6788), which will tremendously help us in this struggle.

Thank you for your time in reading my letter, and I am optimistic that you can make a difference.

Sincerely

Suneesh Anand, MD

Greetings Senator/ Congressman/ Congresswoman

I am a US-trained, board-certified and licensed physician. I did residency training at St. Joseph Mercy Oakland Hospital in Pontiac, MI. Following residency, I worked for several years in an underserved area in North East Louisiana. Later, I moved back to Michigan about 3 years ago after completing waiver requirements to reunite with my family in Michigan and now call Rochester Hills, MI, our home. I currently work in Beaumont Royal Oak and Beaumont Troy Hospitals. I have been on a non-immigrant visa since 2009 with a valid green card application filed in 2015. I have a wait time for permanent residency/ green card currently projected to be several decades considering the per-country quota rules.

I am an Internal Medicine physician currently working on the frontlines as a hospitalist actively treating COVID-19 patients. I have been involved in teaching medical students from Oakland University - William Beaumont School of Medicine. I feel a tremendous sense of fulfillment and gratitude to work in metro Detroit and serve the people, especially during the current COVID-19 crisis.

Working on the front lines on an H1B visa places a real fear of deportation in the event of an inability to work from illness, or disability, or death from COVID-19. Unfortunately, I am not eligible for any benefits from illness, death, or disability from COVID-19. Due to H1B visa restrictions, I am unable to offer my services in other COVID-19 hotspots, even though I am licensed and have the capacity to do so.

Being on a temporary work visa I need to remain employed by an organization and I am tied to my work location. I am unable to practice as a private practitioner and employ citizens even after being here for several years. Every three years, I need to justify why I am still needed here in the USA for an extension of my work visa. I have already renewed my visa several times (I have lost count) over the last decade. A few years ago I had to go to India for a family emergency and was stuck for several weeks because of visa issues when I was scheduled to come back and actively evaluate and treat patients here in Michigan. Being in this predicament it is impossible to make long term plans in the USA as physicians including many plans that could benefit our communities as a whole.

The potential benefits by providing immigration relief to about 15,000 actively practicing physicians all over the USA stuck in the green card backlog seeking support for S1024 (formerly S.3599)/ HR2255 (formerly H.R.6788) is endless. This bill would benefit the community in terms of quality of health care, job creation, and revenue. With the ongoing nationwide physician shortage, we are not replacing an American health care worker. Our outreach as experienced physicians in the US healthcare system would instantly open up within the communities we have grown to love, cherish, and serve over the years. Being a physician is not a 9-5 job - it's my life - a calling to help and care for people - to make them feel better and live healthier lives. I would love to carry forward this vision for a long time, while I serve in Michigan.

I sincerely request your strong support and sponsorship for S1024 (formerly S.3599)/ HR2255 (formerly H.R.6788) and look forward to hearingback from you regarding the same.

Sincerely,

Rashmi Rajeshwar MD

Greetings Honorable Senator/ Congressman/ Congresswoman

I am Paritharsh Ghantasala, a physician working in Petoskey, Michigan. I came to the United States in 2012 and completed internal medicine residency training in 2017 while on a J1 visa. Subsequently, I have taken up a J1-waiver job as a hospitalist: providing acute care to critical and non-critical patients admitted to the hospital. I have been working in a medically underserved area for the past 3 years and I take pride in what I have done and continue to do.

With the ongoing pandemic, as a front line healthcare worker, I have been directly taking care of patients admitted to the COVID-19 intensive care unit and isolation floor in the hospital. As a front line worker, I am at high risk of exposure to the infection on a daily basis. In an unforeseen circumstance of severe illness/death, my family is at risk of deportation. Besides, I was invited to provide my professional services in COVID-19 hotspots in downstate Michigan due to a shortage of internal medicine physicians. However, my H1B visa restrictions forced me to turn those requests down, as I am confined to work only in my current location due to the visa stipulations. Moreover, with the ongoing COVID-19 crisis, working on an H1B visa with an indefinite wait of a few decades to secure a green card for people like me adds mental stress. With a green card, I will have the flexibility of providing my professional services in areas of need during any future healthcare crisis, especially when there is a nationwide chronic physician shortage.

I have a ray of hope with the introduction of the bills, the **Healthcare Workforce Resilience Act S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788)**, and the **Conrad 30 Program and Physician Reauthorization Act S.1810 (formerly S.948)/HR 3541 (formerly H.R.2895)**. I hereby sincerely request you to support these bills which will remove the restrictions placed on physicians on an H1B visa, thereby allowing us to offer timely professional services in locations that are in intense need.

Sincerely

Paritharsh Ghantasala, MD

Board Certified in Internal Medicine

Hospitalist

McLaren Northern Michigan, Petoskey, Michigan

Greetings Senator/ Congressman/ Congresswoman,

My name is Gaurav Bhalla and I am an Endocrinologist working in Port Huron, MI. Michigan feels like home to me having spent the better part of the past 11 years here. I did my residency at Wayne State University/ Detroit Medical Center, followed by a fellowship at Michigan State University, Lansing. Now, me and my wife along with our 1.5-year-old daughter live in the small community of Port Huron which is a medically underserved area with limited physician access. It is fulfilling as well as humbling to provide medical care for patients who typically had to travel 1-2 hours to see an endocrinologist. The love showered on us by the local community and patients over the past 3 years is priceless.

At the same time, there is a persistent doubt if we truly belong here. What if our next visa does not get renewed, what if we need to travel when our visa isn't stamped. Who will take care of our patients if we are unable to make it back in time due to the multitude of visa formalities?

Considering the above, we implore you to lend support to the Healthcare Workforce Resilience Act, S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788), Physician reauthorization Act, S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895) which not only benefits the community by giving them access to necessary medical care but also helps the economy by creating jobs to American citizens in the outpatient clinic and at the hospital.

Regards,

Gaurav Bhalla, MD.

Dear Honorable Senator/ Congressman/ Congresswoman,

My name is Dr. Balaji Vutla, MD. I work as a Hospitalist in Grand Rapids, MI. During this COVID-19 crisis, I am thankful that the leadership has done an excellent job in preparing the country for the pandemic and keeping all of us safe. As we all know this is a long journey for all of us. During this time it is especially hard for the physicians on **immigrant visa**. As you are aware, our families are here as our dependents and if anything unexpected were to happen to us, they will have 30 days to leave this country permanently, while dealing with the loss of their beloved family member.

Every day when I come to work, I pray that I will be safe considering what my family has to go through if anything were to happen to me. During these times it is very important for all of us that we as physicians are on a more stable immigration status during this COVID crisis. Even though for other nationals it takes less than a year to obtain permanent residency, I have been on this VISA since 2012 it might take me more than a decade to obtain permanent residency, because of the massive backlog in obtaining permanent residency. If the bills S.1024 (formerly S.3599) / H.R. 2255 (formerly H.R.6788) passes, it is one less thing for us to worry about and focus more on what we are doing during this crisis. So, I am hopeful that you support these bills.

Thank you for your leadership!

Regards,

Balaji Vutla, MD, MPH, FHM

Dear Senator/Congressman/Congresswoman,

I am a grateful immigrant who has been in the health care sector serving people in underserved areas for the last 10.5 years. I previously worked for the Choctaw Nation in Oklahoma, which is located in the middle of a forest reserve in Le Flore County, OK. I am currently working in an underserved hospital in Grand Rapids, MI. I am hard-working and passionate about my job. The last few months have been extremely difficult for me and my family. The stress of potentially contracting the virus. The even harder thought of potentially spreading it to my two young kids has weighed heavily on my mind.

With my current visa status, I don't have the flexibility of serving other underserved areas under the strain of the COVID-19 pandemic. Also, I do not have the flexibility of traveling to India if my parents were to fall sick due to visa formalities. The thought of what would happen to my family both here and in India if something were to happen to me has added additional stress.

Fighting COVID-19 has been nothing short of war. We have been risking our lives and the lives of our loved ones for this country. Despite more than 10 years in this line of work, there is no hope for a Greencard any time soon. The Healthcare Workforce Resilience Act, S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788), Physician reauthorization Act, S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895) gives us hope.

There is a severe shortage of physicians nationwide. This bill will give us the flexibility to extend our services across state borders and help with the current COVID-19 crisis. It will help extend our services to the areas where we are needed most. Please give us a chance to provide the best service we can provide for this great country that we are proud to serve.

I request you to kindly recognize us for our services. Thank you for taking the time to read my letter. I hope you can support these bills.

With utmost gratitude and humility,

Yamini Atluri MD.

Hospitalist, Spectrum Health,
Grand Rapids, MI.

Dear Senator/Congressman/Congresswoman,

I came to the United States on a full academic research scholarship in 2006. I studied at the Graduate School of Biomedical Sciences in Fort Worth and completed my Ph.D. in Biomedical Sciences (Molecular Cardiovascular Sciences) from the University of North Texas. I worked with human stem cells to develop a tissue-engineered bone graft.

My wife moved to Michigan in 2009 for a residency in Internal Medicine at William Beaumont Hospital in Royal Oak. I followed her to Michigan in 2010 to the same residency program. Now my wife works as a physician at Beaumont and is a co-course director for medical students at Oakland University - William Beaumont School of Medicine. I am an internist and the Medical Director of Outcomes at St. Joseph Mercy Oakland hospital in Pontiac. Pontiac is an urban underserved area where I have been working for the last five years. Both my wife's work and my work in Academic Medicine has been recognized by our election as Fellows of the American College of Physicians.

We are living very happily among friendly neighbors in Troy and have integrated into the social fabric of the city by participating in many social activities. Our older son is in third grade at Bemis elementary and is being raised to be a productive member of the society who values what America stands for.

My wife is on an H1-B visa and I am working on an H4-EAD. We applied for a green card under the EB-2 category. The arbitrary cap of 7% on immigration from any single country results in those of us from large countries having to wait for far longer than applicants from other parts of the world. Thus we, only because we were born in India, will have to wait a few decades to get a green card while our colleagues with similar skills born anywhere else get it in less than 6 months. Being stuck in this backlog slows down the process of getting promotions and restricts our ability to change job assignments as we need new H1B visas each time our job description changes. I am unable to put my research and technical expertise to full use as I cannot start a new business or professional practice without a green card. This is hampering my ability to contribute to US society as much as I could.

Please support the Healthcare workforce Resilience Act by signing on as a co-sponsor

Dr. Anupam A Sule

Dear Honorable Senator/ Congressman/ Congresswoman,

My name is Abhishek Swami, I am a nephrologist working at William Beaumont Hospital in South East MI (Detroit Metro area). I came to Michigan in 2005 and trained in Internal Medicine as well as Nephrology. My two children were born here, and I have been part of the community for the past 15 years.

I take care of patients with illnesses related to kidneys, including dialysis patients and kidney transplant patients. South East Michigan has one of the highest prevalence of kidney diseases in the Nation. In addition to my clinical work, I am also involved in community work that includes presiding over an organization that provides free healthcare to poor people.

In March 2020, Michigan was hit hard with COVID -19 pandemic. Our hospital took care of a large proportion of these cases, including a substantial burden of critically ill patients in the ICU. About 60% of these patients developed kidney failure requiring nephrologists like me to be in the front lines managing their kidney disease including dialysis care.

We were called to serve these patients and I fulfilled my duty being part of the COVID kidney service managing about 25-30 patients a day during late March and early April 2020. This was the most challenging time in my 25 years of professional life. I have never witnessed this suffering amongst my patients and their families.

Towards the end of 1st week of April 2020, I contracted COVID-19 and was sick for almost 2 weeks. This also brought personal challenges with emotional and financial trauma. For the first time in these past 15 years, I was worried that my family may get uprooted if I got disabled or died. Fortunately, I recovered and I am back to work, caring for the patients including patients with COVID-19 illness.

I sincerely hope that our decades of services are recognized. I request you to support **The Healthcare Workforce Resilience Act, S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788)**, and **Conrad 30 Program and Physician Reauthorization Act, S.1810 (formerly S.948) /H.R.3541 (formerly H.R.2895)**. These bills will help secure our status and strengthen the healthcare system of this great country.

Regards,

Abhishek Swami MD, FASN.
Assistant Professor OUWB School of Medicine
Royal Oak MI

Dear Senator/ Congressman/ Congresswoman

My name is Adeeba S. Khan, I am a board-certified pediatrician, originally from India, living in the United States since 2006. I moved here along with my husband to pursue higher and world-class training and fulfill my dream of being a pediatrician. I was able to acquire a pediatric residency position at Children's Hospital of Michigan, which is among the top 10 Pediatric hospitals in the nation. It was an incredible honor to be able to match at such a prestigious program after coming from India. I have since served as faculty at Wayne State University/ Detroit Medical center and am currently serving as core faculty and physician at Central Michigan University, in the Saginaw campus.

At every stage of my career so far I have made a deliberate choice to be in an academic setting and also be able to provide my services in medically underserved communities. I feel as a clinician who has moved from a country with the second-largest population, I have seen the adversities that the minority communities face and my motive has always been to help and contribute to such vulnerable populations. It gives me immense joy and satisfaction that I have been able to accomplish this, so far.

However, with the current COVID-19 pandemic there have been some very harsh realities of life that I am facing. Due to the never-ending backlog of Green card for people of Indian origin, my husband and I are stuck in this fragile and risky immigration status of being on a work visa, which provides zero guarantee of any solution. If in case, we were to get sick and/or get permanently disabled and unable to continue our professional responsibilities, we will have 60 days to leave the country. The US is where I have spent my entire professional life, the country which I consider my own, and most importantly the country where my 3 children were born. My children do not know any other way of life except the American way. This is a never-ending ordeal and is unfair as the people suffering are considered "highly skilled" and are people who are contributing towards the economy and are also benefactors of the society. Most of us work with an underserved population where there is a dire need of excellent clinicians and teachers, if we end up facing deportation, there will be a void left in America's health care access which can not be filled.

It's my sincere request to you and your office to provide your complete support towards this bill that can streamline and expedite the road to permanent citizenship for people like me.

Sincerely,

Dr. Adeeba S.Khan

Dear Legislators,

I am presently employed as a full-time hospitalist at MidMichigan Medical Center, Midland, MI. I completed residency from Wyckoff Heights Medical Center, Brooklyn, New York, and then relocated with my family to Michigan in 2011. I am working as a hospitalist from 2011 and have continued to work here on an H1B visa till date. I provide medical services to hospitalized patients, medical consultations for surgical patients and behavioral health patients. In addition to my clinical responsibilities as a hospitalist, I have been elected as the Chair of Hospital Medicine and Critical care for the last 3 years. I have served as Director of MidMichigan Medical Center, Midland (Main Hospital), Clare, Gladwin, Gratiot, and West Branch Hospital facilities and have been managing my staff of more than 40 physicians and more than 10 Advanced Practice Providers. I have been involved in the recruitment of new physicians for the hospitalist team, credentialing of new and old physicians, and opening up of a new Hospital Medicine Department at a newly bought remote hospital within our health system at West Branch, MI.

I am a frontline worker. For the last three months, I was involved in the COVID-19 task force planning in our Midland plus Gladwin hospitals and led the hospitalist team in this effort. The resurgence of COVID-19 cases again in various states and how it will affect the health of the people in the community is highly concerning. It will be extremely difficult to provide adequate medical services to our people if any of our physicians falls sick due to COVID-19. Moreover, I am worried about my family who will have no support in this country if I succumb to COVID-19 while selflessly taking care of my patients. The emotional burden from all of these uncertainties cannot be quantified.

I am on an H1B visa and have an I-140 with the approval date of September 2011 and still waiting for it to be approved due to an extensive backlog. I have worked in this Medical Center for more than 9 years and plan to continue providing medical services here even after approval of my green card. My family's ability to remain in the US is directly tied to my maintaining my H1B status and should I be affected by the current pandemic we would be deported under the current laws. My wife would lose her dependent visa and has to leave this country with my son and daughter. Our two young kids would suffer the most from being uprooted from their hometown. My daughter is accepted in the Honors program at the University of Michigan and online classes are scheduled to begin from August this year. She is a 17 years old and will suffer the most if she reaches 21 years when she no longer will be under my visa status and has to file her own visa. Her current visa status does not allow her to participate in various internship programs to gain valuable experience. She often feels neglected because of her visa status. Moreover, the current H1B limitations only allow me to work from a predetermined location. I am unable to provide professional help at other locations that may need more support if there is an increase in COVID-19 cases either due to patient surge or physician illness/inability to work.

Through this letter, I sincerely request you and your colleagues to consider our appeal urgently and support the bills S.1024 (formerly S.3599) and HR.2255 (formerly H.R.6788). This will help with immigration backlog for physicians and nurses and prevent any hurdles for physicians to serve and provide care to our affected patients in every community and health care organizations.

Sincerely,

Satyendra Dhar MD, DFPHM, MSHAL

Chaitanya Mishra, MD
Nephrology Critical Care
Charleston Area Medical Center, Charleston, WV
Chaitanyamishra4@gmail.com

Dear Senators and House Representatives,

I would like to thank you for all your efforts and concerns for the people of this wonderful country. My name is Chaitanya Mishra and I would like to share with you briefly my story of my experience in the US.

I am **triple Board certified in Internal Medicine/Nephrology/Critical care medicine and all my years of service and training have been in underserved regions of the country namely Chester,PA ; Camden, NJ ; West Virginia**. I have been very glad to have met and served people from all walks of life and the opportunity to make a difference in some of the most vulnerable sections of our population. Due to my advanced training in 2 sub-specialties I have also been helpful in filling up gaps in coverage schedule across specialties and ensuring patient care is not compromised. Since moving to West Virginia, I was able to establish training for a method (manual prone ventilation) used commonly to treat patients with Covid-19 thus increasing resources and allowing the hospital to save millions of dollars during the time of financial strain.

However, like many of my colleagues, **my story is also one of tremendous personal sacrifice necessitated by the complex US immigration system. Despite enjoying legal status in the country, every time I have to step out to visit my family, I am met with several challenges at the American Consulate. In the year 2017, I had planned my travel to India for my brother's wedding but for our return journey the Embassy was delaying stamping our passports with no reasons being offered. While here in the US, my colleagues were forced to work extra shifts to cover my absence with potential for several medical errors due to overworked physicians.** Finally, my visa stamp was issued but my wife's remained pending. At that time, I was forced to make a difficult choice, to leave my immediate family behind and resume my service in the US, and because of years of training that duty comes first, I took the first flight back to the US and resumed my duties. In the meantime, 2 weeks later my spouse's dependent visa was issued with no objections at all and she had to make the long journey from India alone with my 1 year old. Even at present I would like to visit back home to meet my grandmother, whom I have been very close to and has been keeping very ill recently, however due to persistent changes in the visa system I have been advised by several immigration lawyers to avoid travel outside the country.

I hope one day a time will come when I too can go to work with that feeling- "if something were to happen to me, the country I have served and the people I have called family for nearly 8 years now, will stand up for my family". I hope the next time I get a desperate email for help to another region of the country I do not have to worry how it will affect my immigration status but try to figure out how I can be of help.

I implore you to strongly consider supporting the legislation S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895) to give the American people access to better healthcare irrespective of their economic/regional status and at the same time ensure that the numerous physicians who are working hard every day to take this great country forward, feel safe and ready to take on any challenges that we will continue to face in the future.

Thanking you,
Sincerely,
Chaitanya Mishra, M.D.

Ragneel Reddy Bijjula, MD
Oncologist/Hematologist
Beckley ARH hospital, Beckley, WV
ragneel@gmail.com

Dear Senators and Congressmen

I am Ragneel Bijjula MD, board certified oncologist at Beckley ARH Hospital. I have been working here since the last 3 years. I have also been **working at remote locations such as Summers County Hospital whereme and my partners have arranged a hematology/Oncology clinic**. It's been a fulfilling and rewarding experience to serve the citizens of WV. The patients have been thankful for us to get cancer care more closer tothem. **It's especially helpful for most folks who cannot afford or not equipped todrive to make it to bigger cities like Beckley.**

Physicians such as **me and my colleagues feel that we can take the best cancer care to folks who are present in other locations such as Oak Hill , Lewisburg etc., if there are no imposed restrictions in limiting where we can work because of visa issues**. We are also concerned about our family members with immigration issues if we fall sick or gravely affected with disease. There would not be any fallback options for my spouse if her immigration status is under peril.

We greatly feel a tremendous amount of gratitude and a calling to serve some of the best citizens of USA here in these beautiful mountains. Please help in alleviating our concerns about the visa status of us our family members. We can spread more care and joy without the limitations imposed through Visa. Please support S1024 (formerly S.3599)/HR2255 (formerly H.R.6788), S1810 (formerly S.948), HR 3541 (formerly H.R.2895).

Thanks

Ragneel Bijjula MD
224-542-0486

Ramakrishna Yalamanchili, MD
Hospitalist, Hospital Medicine
Logan Regional Medical center, Logan, WV
Ramu.yalamanchili@gmail.com

I am working as a hospitalist in Logan, WV for the past three years. I first started working in America as a post doctoral research fellow at Johns Hopkins in 2012. I completed my internal medicine residency in Cincinnati, OH, but when I interviewed at Logan Regional Medical Center I felt like I could truly serve the community. **Even though my three year contract is completed, I am still continuing to work at LRMC as I wanted to put a footprint in the community. I have been on the frontline battling the Covid-19 pandemic in our hospital. I am unable to work at other locations of greater need during my time off because of my visa restrictions.** My wife is on a H4 dependent visa and is in a precarious situation as both of us might get deported if I contract covid and I lose my visa status.

It would really help rural communities like Logan where 60% of hospitalist workforce are US trained International doctors, if the S 1024 (formerly S.3599) and HR 2255 (formerly H.R.6788) bills get passed.

Thank you for your consideration.

Rama krishna
256-520-3070

Shivani Jalali-Popli, MS
Physician recruiter
St Mary's Hospital, Huntington, WV
shivanijalali@aol.com

Dear Senators and House Representatives,

I hope this letter finds you well in these troubling times. My name is Shivani Jalali, and I have my master's in Technology Management and Human resources, currently **working at St. Mary's Medical Center as a Physician Recruiter. While working at St. Mary's, I realized that we have a shortage here in West Virginia for physicians;** the lack of providers in rural settings is more acute. **The Health Resources and Services Administration has designated 7,200 regions across the country as Health Professional Shortage Areas.** Nearly **60 percent of those shortage areas are located in rural areas.** Because healthcare access is widely recognized as a critical determinant of health outcomes, these statistics highlight a large and growing issue. **It has been my personal experience while working as a physician recruiter, hiring physicians in the rural setting is a challenge. To solve this issue, we need to improvise our immigration system.** The Current immigration framework is marred by extremely long wait times without any assurances for legal permanent residency despite providing care for millions of Americans as a collective. Most importantly, **H1-B restrictions do not allow them to cover additional COVID shifts at other medically underserved sites in the county/state, even though we desperately need more physicians to cover sick patients. S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895) bills would open more doors for immigrant physicians who are willing to serve rural communities.**

As we all are aware, provider shortages, like those seen in rural regions in the U.S, are associated with delayed healthcare seeking, reduced continuity of care, increased travel burdens, higher healthcare costs, poorer prognoses, and poorer adherence to care plans. It will help rural communities to have more access to direct physician care, where most providers are reluctant to work.

S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895) bills may open more doors for immigrant physicians who are willing to serverural communities. Kindly urge you to consider the Bills and support legislation S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895). These bills will make a profound difference in the ability of physicians and health care providers, in providing quality healthcare and resources to the communities that need it the most

Sincerely,
Shivani Jalali

Subhadra Mandadi, MD
Infectious disease Physician
Charleston Area Medical Center, Charleston, WV
Subhadra.mandadi@gmail.com

Dear Senators and House Representatives,

I am Dr. Subhadra Mandadi, Board certified in Internal Medicine and Infectious Disease. I have been working in Charleston, WV at Charleston Area Medical Center since July 2017. My husband is also a physician who works at the same hospital.

I have been in the US since 2007, and completed my USMLE exams here, Internal medicine residency in Flint, Michigan, Infectious Disease Fellowship in Buffalo, NY. I specialized in Infectious Diseases, and see the related patients every day. Since the beginning of this COVID-19 epidemic, I was involved in multiple projects at our hospital trying to establish protocols for the safety of the community. I have been practicing at Charleston Area Medical Center since July 2017. The clinical practice here has changed my mindset. **I feel the entire area is an underserved area and neglected in terms of health care. I feel fortunate to practice medicine here and help this community. I came across multiple patients with heartbreaking life stories, and I feel I made the right choice to help this community.**

I have served “fortunately” so far without contracting the infection. **We have two young children (three-year-old and seven months old) at home. We live in fear every day that we might get infected and have to leave the country/deported because of the inability to fulfill the visa requirements.** We have our own house here, and we call this place “our home”. But on the back of our minds, there is always a thought we cannot call this our home because there is a chance you might get deported anytime. We have established in caring for this community, and we love practicing medicine here, especially in West Virginia because of physician deprivation in the area.

Our hospital, though this is the biggest system in the Southern WV, has **not been able to appoint full-time Infectious Disease physicians for years, and we have worked short “every day” in the last 3 years. We trusted the system and have been optimistic that things would change. Then comes this COVID-19 epidemic which has planted the seeds of fear much deeper. It is a tough job to perform our work effectively with thoughts going through the back of the mind that every day might be the last day here.** The **“Resilience Act” will allow us to breathe better and allow us to provide our services in a broader and effective way.**

I humbly urge you to consider the hardship and difficulties we face on an everyday basis here and help us help the community by co-sponsoring these bills.

Thank you for your patience and time.

Respectfully,

Subhadra Mandadi, MD.

Venkat Reddy Venna, MD
Hospitalist, Hospital Medicine
Raleigh General Hospital, Beckley, WV
Raghu531988@gmail.com

Dear Senate/House Representative,

As I begin to write this letter to you during these testing times, **I am reminded of the great values of liberty, equality, individualism and self-government. The very values that make America a great nation, the very values that attracted me as a young physician from India to move to the united states.** I had the opportunity to work as a post-doctoral research fellow in critical care medicine at Johns Hopkins University in Baltimore from 2014-2015 after which I completed my residency in Internal Medicine in Tampa, Florida from 2015-2018. I moved to the beautiful Beckley, WV in the fall of 2018 and have since been working here. I take great pride and honor in doing my part to serve the wonderful community in Beckley, which is also one of the busiest hospital in the southern WV.

We have been seeing an uptick in the COVID-19 cases here too, just like the rest of the state. I am currently on a H1B visa waiting for my green card similar to several of my colleagues. **Often times, I have felt the urge as well as the need to serve the smaller, underserved rural communities within the state that have been affected by the COVID-19 but face a clear lack of necessary healthcare workforce including medical doctors.** However, due to me being on a H1B work visa, I have been **restricted to serve the needy.** Some areas of the state, despite seeing many cases of COVID-19 cannot offer me an opportunity to work because of their inability to sponsor me a work visa. They too are in a desperate situation but cannot help me due to the Green card backlog and the visa restrictions.

It is my sincere request to you to consider supporting the bills S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/H.R. 3541 (formerly H.R.2895) that will greatly increase the healthcare system workforce in a timely fashion to combat the deadly pandemic that our nation is facing at this moment.

Thank you,
Venkat Venna MD

Venugopala Reddy Gangireddy, MD
Gastroenterology
United Hospital Center, Clarksburg, WV
Venureddy82@gmail.com

Dear Senators and House Representatives,

Greetings! I am a gastroenterology physician working at United Hospital, Center in Bridgeport, WV. **Though, I completed my J1 wavier requirements at the same hospital in 2019, and I still continue to work at the same hospital** on an H1B visa. I see, manage, and perform procedures on patients from most of West Virginia and a few from neighboring states. **Some of my patients travel over two hours for my clinic visit. This implies two things, the trust that the patients have in me and secondly the need to continue to serve the patients in this great state and around.**

The COVID pandemic has created more health disparities in treating the population at risk. **Given my visa status, I, unfortunately, cannot render services outside of my designated sponsorship hospital. As I write this letter, my wife (Dr. Swathi Talla), a family medicine resident at the same hospital, has COVID infection. We are all in self-quarantine now. She acquired it while treating patients with COVID infection.** We have two children; both are US citizens by birth. **Our temporary work visa status (H1B) puts additional strain and uncertainty on our family. While we do not shy away from performing our sacred duties and serving the patients, we love, having a permanent visa status will be most helpful in this time of crisis.** This will also help us in tackling this global health crisis with a greater effort.

I kindly urge senators, house representatives, and leadership at White house to consider granting permanent residency to physicians and nurses. It will thereby directly help the communities we serve. I appreciate your time and consideration.

Yours Sincerely,

Dr. Venu Gangireddy MD FACP

Harish Pulluru, MD Hospitalist
Charleston Area Medical Center
Charleston, WV
Dr.pulluru@gmail.com

Dear Senators and House Representatives,

This is Dr. Harish Pulluru, Board certified in Internal Medicine and have been working in Charleston, WV at Charleston Area Medical Center since July 2017. My wife is also a physician who works at the same hospital.

We have been the front-line physicians at our facility for COVID-19 patients, and have served “fortunately” so far without contracting the infection. We have two young children (three-year-old and seven months old) at home. We live in fear every day that we might get infected, and have to leave the country/deported because we cannot fulfill the visa requirements. **We have our own house here, and we call this place “our home”. But on the back of our minds, there is always a thought we cannot call this our home because there is a chance you might get deported anytime. We have established in caring for this community, and we love practicing medicine here, especially in West Virginia because of physician deprivation in the area.**

Our hospital, though this is biggest system in the Southern WV, has not been able to appoint full time physicians for years, and we have worked short “every day” in the last 3 years. We trusted the system and have been optimistic that things would change. Then comes this COVID-19 epidemic which has planted the seeds of fear much deeper. It is a tough job to perform our work effectively with thoughts going through the back of the mind that every day might be the last day here. The “Resilience Act” will allow us to breath better and allow us to provide our services in a broader way.

I humbly urge you to consider the hardship and difficulties we face on every day basis here, and help us help the community by cosponsoring these bills.

Thank you for your patience and time.

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Best Regards,
Harish Pulluru, MD.

Pramod Kumar, MD
Attending Physician Department of Physical Medicine and Rehabilitation
St. Mary's Medical Center, Huntington, West Virginia
Pramodkumar007@gmail.com

I am a board-certified Physical Medicine and Rehabilitation Physician (Physiatrist) who has been in the United States since 2007 with the exception of 18 months in between. After completing my training, I have been working as a Physiatrist in rural West Virginia since 2014 on an H1B visa. **My wife is a Physician as well** and we consider the United States as our adopted country.

I provide rehabilitation and pain management services to predominantly rural population from West Virginia. Given the opioid crisis in United States, I play a crucial role in providing non-opioid pain management options including joint injections and nerve blocks to help manage pain. However, the scope of my practice is limited by my visa status. There are several rural areas in West Virginia that I could provide remote and in person services to better help manage pain. During the current COVID epidemic it was difficult to extend my services to other remote areas of the state due to restrictions imposed by my visa.

My wife's visa extension was denied unexpectedly in December 2019 and she was unable to work full time for almost five months during the height of COVID pandemic. This put our lives in tremendous stress during this time because if something were to happen to me, our family would be forced to leave the country. We have three young kids aged 3, 5 and 8 years who are American citizens by birth who would be displaced if we were no longer able to work and hold a valid H1B visa.

I have been waiting in the Green Card line (approved I-140) since 2015 and been on H1B for a total of 11 years. Looking at the current trajectory, the estimated wait time for approval of my Green Card would be 40-50 years. This has been a source of constant stress in our lives.

The Health care resilient act if approved would greatly help the numerous physician families like mine who have been waiting patiently in the green card back log for years and alleviate the healthcare shortage that America currently faces.

Regards

Sudheer Kantharajpur
Internal Medicine/Hospitalist Medical Director
Huntsville Hospital and Madison Hospital
Sudheerkr360@yahoo.com

Dear Senator and Congressmen/women

My name is Sudheer Kantharajpur and I am currently working as a medical director for a hospitalist program and affiliated with Huntsville Hospital and Madison Hospital Alabama.

I completed my medical training in India. I came to United states in 2002. I have completed Masters in Health care Administration from Western Kentucky University. Then I went on to Internal medicine residency and trained for 3 years.

I have been working as Hospitalist and as a Medical Director at Huntsville hospital for 10 years. My duties include providing inpatient services for age groups 18 and above.

There are 45 physicians in the hospitalist team of doctors, out of which approximately 60% are of Indian origin and are on green card back log. Our duties include providing care to all patients when they get admitted to the hospital and also co-manage patients with assistance from consultants till they are discharged. **Our team of excellent doctors are providing care including taking care of COVID-19 patients in the regions of northern Alabama and southern Tennessee. In addition to providing medical care to my patients I play a big part in the administrative role for efficient operations of our group.**

There is a shortage of physicians throughout our country and also with multiple hospitals associated with our Huntsville Hospital system. Due to visa limitations we are unable to provide services to the areas that are in dire need of physicians. I have two kids aged 5 and 9. My wife is also a physician. We place ourselves at risk every single day. We have a high deportation risk if either me or my wife succumbs to the coronavirus.

The healthcare workforce resilience act, S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788), would recapture unused green cards for foreign born healthcare workers (25k nurses and 15k physicians). I am proud to mention that I work alongside many citizens of India, China, and other countries who have been serving our community in Alabama. Some having applied for and remain waiting for US green card processing for over 10 years. HR 2255 (formerly H.R.6788) would assure high quality healthcare for many of Alabama's more rural areas while rewarding the sacrifice and service of these doctors and nurses. **This bill has already been endorsed by the American Medical Association and garnered bipartisan support.**

These healthcare workers are already a part of our community here in Huntsville. I hope the policymakers consider supporting HR 2255 (formerly H.R.6788) and also S1810 (formerly S.948)/HR3541 (formerly H.R.2895), which addresses physician shortage to the areas that are in dire need.

Thank You.

Manisha Garg
Endocrinology
Baptist medical center south, Montgomery
gargmanisha83@gmail.com

Dear Congressmen and Senators,

My name is Dr. Manisha Garg and I'm one of the few endocrinologists in Montgomery, Alabama. I am on H1B visa for last 9 years, have completed 5 years of training on H1b.

I am practicing at Baptist Medical Center South in Montgomery and I serve not only area of Montgomery but also adjacent states. I treat patients with diabetes, thyroid and other endocrine disease. Diabetes is determined to be one of the major risks for complications of Covid 19. Providing treatment and well management of diabetes reduces such complications.

If I am disabled, I won't be able to continue to reside in US but will be immediately deported, this unfortunately will apply to my family.

Healthcare work force resilience act, S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) will help bolstering are healthcare system to help fight this pandemic. These bills will definitely help rural Alabama in providing high-quality care.

As frontline doctors for corona pandemic, this bill will proved stability , security and protections to me and my family. I urge you to support S1024 (formerly S.3599) and S1810 (formerly S.948) so that people in Alabama can get access to high-quality medical care.

Thank you very much.

Dr. Manisha Garg

Mayur Narkhede
Hematology Oncology
UAB, Birmingham
mayursn39@gmail.com

Dear Senators and Congressmen,

I am a medical oncologist who specializes in cancers of the blood and lymphoid system. I currently work at the University of Alabama in Birmingham.

Number of years on a visa in the USA altogether: 7 years

As a medical oncologist, I continue to take care of sick cancer patients during this pandemic. The group of doctors at UAB, including myself, continue to administer chemotherapy infusions to our patients. In contrast, most of the private infusion centers in the state have temporarily stopped providing essential care to their patients. **While I work and ensure the people of Alabama receive the cancer care they need and deserve during this pandemic, I am myself on a temporary work visa. Being on a temporary work visa limits the scope of my practice as I cannot take extra shifts in other infusion centers and clinics in the state.** While I continue to desire to work, if I were to fall ill during this pandemic, my wife, who is a trained anesthesiologist, will no longer be able to work and will have to return to India.

My employer sponsors a green card via the EB2 pathway. The average wait time for a physician born in India to receive a green card on this pathway is upwards of 8 to 10 years. As we continue to help our community in Alabama, not being able to contribute more to the people of Alabama and safeguard the future of our loved ones, damages our morale and our will to continue to work tirelessly. Therefore, I request you to kindly consider supporting/co-sponsoring this bill as it does not require the allocation of new green cards but utilizes UNUSED green cards, which have accumulated over the past few years. The bill will help countless physicians like myself, who have served and continue to work for the people of Alabama.

Thank you for your time and consideration.

Shuaib Mohamed, MD Internal Medicine
DCH Regional Medical Center
drmdshuaib@gmail.com

Dear Senator,

This is Shuaib Mohamed and I am an Internal Medicine physician who moved to Alabama from India. I first came to this country in 2010 on a Harvard University sponsored clinical clerkship in one of the most prestigious institutes in the world. I immediately fell in love with this country and with its advancements in medical care. I have worked under some world-renowned physicians and researchers over time in big cities like Boston, New York and Detroit but Tuscaloosa, Alabama is what I would call as home sweet home.

I moved here because I already have a family settled here for past two decades. I have seen the older generation of my own blood be an integral part of this community and made a prosperous life for themselves. Alabama is where my two daughters were born and are being raised. They are fortunate to be citizens of this proud nation. While the generation before me and after me have the security of being a citizen of this country, I do not have that good fortune, yet. I have lived in this country since 2010 on different visas including B1B2, J1 and H1.

I am extremely thankful to this country for letting me train here and work here but as you know there are always going to be restrictions and limitations to my presence here while being on any visa. All I am asking you for is your help to overcome this fear of uncertainty in our lives. I want to direct my focus on practicing medicine unrestricted rather than worry about what the next tweet on visa restrictions would be.

Being a hospitalist, I do have lot of days off and I do volunteer at a free clinic in Birmingham which my uncle has been managing for a few years now. but my involvement is very restricted due to my visa. I have seen with my own eyes the need for physicians and medical care in many counties around my hospital. **I have spent endless nights on phone with other ERs trying to find quick solutions for them because they do not have the staff to handle the patient load.** These are the issues physicians like me can lend a helping hand but this requires us to be on a green card which lets us work restrictionfree.

Supporting the S.1024 (formerly S.3599) bill will open up world of opportunities for us and the community we want to serve. Covid19 is at its peak and the need is more than ever for all hands-on deck. **There is a big group of professionals who are willing to put their lives on the line because they have taken a Hippocratic oath to serve their community. Please help us fulfill our oath.** God bless America!

Regards

Shuaib Mohamed

Hospitalist, DCH Regional Medical Center, Tuscaloosa AL

Bhavna Gowda
Family Medicine/Primary care physician
Decatur Morgan hospital
Hartselle, Alabama
Bgowda@Gmail.com

Dear Senator and Congressmen/women

I practice Family medicine at Hartselle, Alabama.

I completed 6 years of medical training in India. In order to pursue my passion for Public Health, I applied to Johns Hopkins and gained my Masters in public Health and worked at Hopkins for 4 years. Then I went on to Family medicine residency and trained for 3 years.

I have been working as a family physician at Hartselle, AL for 10 years. My duties include providing out patient services for all age groups. **I take care of people starting from new born to the geriatric population.** My duties include providing preventative care, immunizations, patient education, medication reconciliation and monitoring a wide variety of conditions including diabetes, hypertension, heart disease, lung disease etc. In addition to all of this I provide mental health services to my patients. **I play a big part in preventing patients from being hospitalized and prevent multiple ER visits.**

I'm on a visa since 2003.

Towns like Hartselle and other small towns are in dire need of family physicians. Due to the pandemic situation we are facing currently, the need for physicians has escalated. There are places which are seriously affected by the pandemic and require additional physicians. **Due to my visa restrictions, my hands are tied and I am unable to provide my services to the areas in dire need.** It is a cause of concern to me and I constantly worry about my family and the repercussions we have to suffer in the event I was to succumb to the corona virus.

Therefore, in order to help cities of Alabama and the people of America I ask for your support for this bill.

Thank You.

Deepak Chandramohan
Internal Medicine / Hospitalist
University of Alabama/DCH regional medical center, Tuscaloosa, Alabama
dcdeepakdk@gmail.com

Dear Senators and House Representatives,

Thank you for all your work and support, especially during these testing times.

I am Deepak Chandramohan and I am an Internal Medicine trained physician, working as a Hospitalist and also in the ICU for the past 6 years at the University of Alabama/DCH Regional Medical center in Tuscaloosa, Alabama. I completed my undergraduate medical education from India and came to the US in 2010 to pursue the American dream on a J1 visa. I enjoy treating patients and teaching medicine. After finishing my residency in New York, I started working as a hospitalist. I am also an Assistant Professor and I precept hospitalist fellows, teach residents and medical students. Since my hospital has an open ICU and there are no dedicated Intensivists to take care of critically ill patients, I also do manage ICU patients, with both medical and surgical problems. I love my community and I have stayed in Tuscaloosa even after my J1 waiver requirement has been completed.

My work place serves many low income rural and geographically health professional shortage areas. Our patients come from Northport, Fayette, Demopolis, Pickens, Bibb, Hale and Choctaw county. There is a shortage of doctors in all these areas and more so during the weekends. This shortage has definitely worsened in recent times after the start of the pandemic. I am unable to work in these surrounding areas and fill these shortages due to my visa situation. Healthcare bills such as S3599/HR6788 and S948/HR2895 will help all these underserved areas.

Since 2010, I have made several changes, renewals to my temporary visa. I do already have an approved immigration petition, have already undergone vetting twice and completed the labor certification that I will not be replacing a US citizen. I am one of the many qualified people stuck in the backlog. Over these past many years, I have taught and trained many American graduates and also graduates from countries like Canada, Egypt, Ethiopia, Ghana, Pakistan, Ukraine to name a few. I still am surprised when I think that they have all received their green cards because of their country of origin, but I am stuck in this never-ending loop of immigration renewals and waiting periods. **USCIS projections predict that I will receive my green card after 70 years. The American Dream is about hope, the hope that every individual can be whatever they believe that they can be. People say that it is America's highest aspiration and it is based on ideals of freedom, equality, justice, and opportunity for all people. But it seems like a very distant and unobtainable dream to me.**

My wife was pregnant when I started treating the increasing surge of COVID patients at my hospital. We lost our child last year due to a still birth and it has made us insecure and feeling vulnerable. The chance of me contracting the illness or transmitting it to my family has become very real and possible. At one point I was accidentally exposed and so was asked to quarantine myself and it was one of the worst experiences of the both of us because we were worried for our child. Fortunately, things went well and I now have a 1-month old newborn at home. The increasing number of mortalities and healthcare workers deaths makes me very worried about my family. I self-isolate myself as much as I can to protect them but I find myself helpless in this situation. I am grateful for the opportunity to be a part of the community and treat my patients but I wish there was at least some solid ground for people like me. It also turns out that I am not eligible to get disability if something were to happen in the line of work and in fact that will be a reason for deportation.

I urge everyone to please pass these bills and help our patients, our families and us before the pandemic causes more damage. It will also help in tackling many of the country's existing health problems for many years to come. Thank you and God bless America.

Davit Batlawala
Hospitalist
University of Alabama/DCH RMC, Tuscaloosa, Alabama
dr.davit.ab@gmail.com

Dear Senator & House Representatives,

My name is Davit Batlawala. I have been in the USA on temporary visa since 2015 after finishing medical school in India. I was on J2 visa from 2015-2016. I did Internal Medicine residency training on J1 visa from 2016-2019 in Detroit Medical Center/Sinai Grace Hospital & now I am working as a hospitalist at DCH Regional Medical Center, Tuscaloosa, Alabama since 2019 on H1B visa.

The hospital is in underserved area with physician shortage & serves patients not only of the Tuscaloosa county but also from nearby counties which have even worse physician shortage & less resources. Most of these patients are old age, from low economic status living in rural areas & have multiple comorbidities. I take care of patients on general medical floors as well as critically sick patients in ICUs. The U.S. medical system is one of the best in the world & I am proud to be trained in it & be a part of it.

Since COVID 19 has hit us, I have been getting a lot of phone calls asking for my availability to work part time at hospitals having physician shortage. But being on H1B visa which is employer specific, I am saddened by the fact that I cannot work anywhere else. I feel if I were a green card holder or a citizen, I would have benefitted more people by providing my service at places which have been struck very badly by the pandemic.

The nation has been in a tremendous shortage of physicians for years & this shortage has been escalated by the COVID pandemic with more & more patient inflow, some physicians getting infected & going on quarantine & also some of them dying. Immigrant doctors are an important part of the USA's health care system but due to unstable immigrant status & green card backlog, immigrant physicians are now hesitant & demotivated to come here & I feel we will see its adverse effect on the nation's health care system in future.

Me and my wife who is also a physician put ourselves at risk each day & we know that if one of us gets it, the other gets it by default. My parents are in India & are dependent on us economically. If something bad were to happen to us while on work, we would not be eligible to file for disability being on temporary visa & it will result in loss of job & deportation within 30 days. Despite this risk, as physicians who love their job, we choose to contribute to this country's betterment as much as possible in the time of need.

I feel if these bills are passed, we will feel more secure & be more focused in what we do. This country has given us a lot & we want to continue to contribute to its well-being with all we got!

Thank you,
Davit Batlawala

Nainesh Shah
InternalMedicine/Hospitalist
Huntsville Hospital and Madison Hospital
drnaineshshah@yahoo.com

Respected Senators,

I am currently working in Huntsville Hospital in Huntsville, Alabama for last 7 years and have been on H1b visa since last 7 years. Before that I was on J1 visa for 3 years. I have been in United States for last 11 years and have been on visa status since my entry in US.

I have been serving this large north Alabama population for last 7 years and have been enjoying doing that. Ours is a very large health system in North Alabama and one of the major regional referral centers. With this current pandemic situation, our hospital also has become one of the leading front-line hospital in fight against COVID-19 infection. I have been seeing at least 5-6 COVID-19 patients every day. **Our hospital system has about 120 patients with confirmed positive COVID-19 infection right now. This number has gone up significantly in last 1 month and number is expected to go up. We are fighting this infection and serving community as front-line workers in our area** and we love doing it for our community. But I am constantly worried about my family here and back home also. If by chance, I contract and succumb to this deadly infection, my family here will be in trouble and they will have to leave US right away. Also, we have been on this temporary visa for last 11 years and it has its own restrictions and we stay in constant pressure due to those restrictions.

Please support currently proposed bills and that will help our fight against COVID -19 and help American people as well as relieve our pressure while serving this community.

Thanks a lot,
Nainesh A. Shah

Naveen Tangutur
Family Medicine/Hospitalist
Huntsville Hospital and Madison Hospital
naveentangutur@gmail.com

Respected Congressmen and Senators,

My name is Naveen Kumar Reddy Tangutur and i am a Hospitalist/Chair Department of Family Medicine at Huntsville Hospital.

I did my Medical school in India and came to United States in 2006. I did my Masters in Public Health at University of Southern Mississippi from 2006 to 2009. After that I did 1 year of research in Tulane University, New Orleans and then did my 3-year residency at University of Alabama at Huntsville, Family Medicine Program. After completing my residency in 2013, I have been working as hospitalist in Huntsville Hospital.

My job includes taking care of adult inpatients in both ICU and floor settings. I also help in teaching not only medical students and residents with University of Alabama at Huntsville, Family Medicine program; but also, nurse practitioner students with University of Alabama at Birmingham and University of Alabama at Huntsville schools.

I have been on H1B visa for 10 years including my residency. Being a part of a team of hospitalists of Huntsville Hospital, I have been providing care to huge patient population in Northern Alabama. We have been the front-line workers during this COVID pandemic. I am seeing 5-7 COVID patients each day and I am worried that these numbers will go higher in the near future. I want to help as much as i can during this pandemic. I am always at risk of contracting COVID. I always worry, what happens to my wife and son who is eight months old if I get COVID- I can get disabled and the worst is I can die. I risk my life to help sick patients and I love to do that. But having uncertainty regarding future of my family is adding to my stress from this pandemic. **I am in line to get my green card, and if nothing changes, I might not get it on my lifetime. I also cannot help in our sister facilities around as i am tied to 2 facilities with my contract.**

Health care workforce resilience act, S.1024 (formerly S.3599)/HR2255 (formerly H.R.6788) will help bolstering our health care system to help fight this pandemic. it will recapture unused green cards and provide them to physicians and nurses (25,000 to nurses and 15,000 physicians). i believe that would give me the liberty and opportunity to help where ever the need is. Not to mention it will also help me and my family.

S.1024 (formerly S.3599) address the current pandemic but S.1810 (formerly S.948), Conrad 30 Re authorization act addresses the physician shortage in rural Alabama and helps in providing high quality care to people residing there.

So I urge you to support S.1024 (formerly S.3599) and S. 1810 (formerly S.948) so that people in Alabama can get access to high quality medical care Thankyou very much

Naveen Tangutur

Sanjay Muttineni
Internal medicine/ Hospitalist
Huntsville Hospital. Huntsville, Alabama
Sanjay.muttineni@hhsys.org

Respected policy makers,

Hello, I am Dr. Sanjay Muttineni, an internal medicine certified physician working at Huntsville Hospital, in Huntsville Alabama. I have been in Huntsville since 2016, and I did my internal medicine residency at UAB Huntsville internal medicine program. I feel like I have achieved personal growth and professional growth in Huntsville. I love this place; I love my work. Even during these tough times, I wake up every morning motivated to help as many people of this community as I can in my line of work. My patients treat me as a part of their family and I like playing that role so many times each and every day. Like many of my colleagues I am also on H1-B visa, which is a temporary work visa, a non-immigrant visa. As you can tell by the wording, I always feel one step away from feeling at home due to restrictions imposed on me by my work visa. All I have is a permit to live and work in United States temporarily. As many other physicians on H1-B visa, I have applied for green card and am in the limbo now. These tough times with corona virus raging through 'our' community has given me and many others sleepless nights and remind us of the uncertainty we face with our jobs, with our family's safety, with our status

here in United States, and are ultimately a hindrance to our ability to care for the community. I sincerely request you to strongly support S.3599/ HR 6788 - bill makes previously unused immigrant visas available to nurses and physicians who petition for such a visa before the date that is 90 days after the end of the declared national emergency relating to the COVID-19 (i.e., coronavirus disease 2019) outbreak. **Please do think about the scarcity of physicians in our communities, and the shoes which we are filling, that ultimately help members of these communities, all while not affecting the jobs of an American born individual.** We sincerely thank you for taking time to hear our plea.

Thank you.

Sanjay Muttineni, MD
Internal Medicine
North Alabama Hospitalists
Huntsville Hospital
Huntsville, AL.

Ramakrishna Swarna
Internal medicine/ Hospitalist
Huntsville Hospital. Huntsville, Alabama
swarna.liberty@gmail.com

My name is Ramakrishna Swarna and I am currently working as a physician taking care of admitted COVID-19 patients to Hospital. **I have been in United states since August 2006.** I came here as a student in 2006 for Masters in Public Health. I subsequently was, selected for residency training in 2008, finished training in 2011 and have been working as a physician since 2011. Based on patient encounter numbers, I have seen an average of 2500 -3000 patients a year. My employer Hospital is a tertiary care center providing services to North Alabama. I have applied for Green card in 2012 and waiting for it for last 8 years. My wife is a physician and works for the same employer, I work. we have 2 kids Meena and Leela, aged 5 years and 2 years, both born in Huntsville, Alabama. My motivation to move to United states was to obtain high quality, world class training in medicine. I love this country for many things it offers and would like to continue living here for better future of my kids and myself. Over the years, I have made many sacrifices like staying away from my elderly parents, friends and family in India, by living here in United states to pursue training and career in medicine. With onset of COVID -19 pandemic, I have realized precariousness of my situation. I do not have an extended family here in United States as most of my family lives in India. I am worried about the future of kids if both my wife and me, were to die or get disabled and subsequently get deported to India. We both take care of COVID-19 patients every day and hence our chances of getting COVID 19 infection is high. This thought is causing considerable stress and anguish every day to both of us. Over years, I have helped many people total strangers, that I have met first time in my life, as patients **and offered incredible support to their families through my work in their difficult times. Today, I am in great need of help, and I am reaching out to you to help us with my Green card backlog situation.** By helping us with this, you will be providing us with needed strength to continue to work in these unprecedented times. As you are, the representative of people that I serve, I am reaching out to you for your support in securing Permanent residency for me and my family.

Bharath Jakka
Hospitalist
Baptist medical center
Montgomery
drbharath.j@gmail.com

Respected Senators and Congressman,

My name is Bharath Jakka. I am a physician trained in internal medicine, providing Care at Baptist medical Center, Montgomery. Our hospital caters to Montgomery and surrounding Counties from Central Alabama.

I am one among the many hospitalist physicians working on visas and proving care on the front line during this testing times of Covid 19 pandemic. Our group for the past few months / weeks has been providing care for almost anywhere from 50-80 Covid 19 patients on a daily basis. As my part I have been seeing around roughly 6-8 patients per day. I try to do everything i can for the well-fare of my patients and community, putting myself, my wife and our 2 yr old at risk.

In spite of all this i feel like our future still is in limbo with the current visa restrictions. **If me or my wife who is also a physician were to get sick, would not only be able to work, but would also have to leave the country leaving everything we care for.** Even though I want to contribute more by working in places being hit the hardest by corona virus, am not able to because of my visa restrictions.

This bill S 1024 (formerly S.3599), if passed would allow us to overcome all those.I request you to consider supporting/co-sponsoring S 1024 (formerly S.3599) bill.

Thank you
Bharath Jakka

Shivaraj Nagalli
Internal Medicine / Hospitalist
Brookwood Baptist Health, Birmingham
shivanagalli21@gmail.com

Dear Senator,

I am Dr. Shivaraj Nagalli. I am an Internal Medicine physician working as a Hospitalist for the last five years. I am writing this letter to tell you briefly about me and the issues I am facing as a physician.

As you know we are in the middle of pandemic COVID-19, caused by deadly and highly infectious virus SARS-CoV-2. It is unfortunate that with more than 3 million people affected in the United States, the COVID-19 has an upper hand over us at this point. **The number of cases is increasingly being diagnosed in the states of Arizona, Texas, Florida among others. The state of Alabama is no exception to this. More than anyone, the hospitals are becoming overwhelmed and near or at capacity, causing the patients to be diverted elsewhere. The patients from rural areas are affected the most. It breaks our hearts to see such patients who need medical care. As a physician, I am willing to help those patients in need and provide care in these testing times. But I am unable to help them. Being a physician on work-visa, my hands are tied to only one hospital location alone. I am unable to extend my help to those in dire need. This has caused the patients to be transferred to a different hospital located far away from their home town and closed ones. This has also caused overburden of the physicians and nursing staff working in these hospitals where they are seeing a significant surge in cases.**

Being front line worker, I am taking care of the COVID-19 patients from the time of their admission till their discharge. I have been constantly exposed to such patients. Although I enjoy taking care of these patients, I am worried about myself and my dependent family. What if I succumb to this illness, who will take care of my family? I have been in the US for the last 8 to 9 years. I have been paying my taxes regularly and renewing my work-visa every three years. The timeline for becoming an American citizen for a person like me being born in India is very long, as long as 50 to 70 years from now. This is the reality.

I would like to request you to please support our Healthcare Workforce Resilience Act S.1024 (formerly S.3599), a Bipartisan bill introduced in the Senate, which would strengthen the American Healthcare workforce, which is much needed to improve the healthcare delivery across the United States. This Bill allows immigrant physicians like me on work-visa to go to rural hospitals and medically underserved areas and contribute effectively in winning this war against COVID-19. It is time to show your true support to the front-line workers like me. I truly hope you would extend your support to the S.1024 (formerly S.3599) bill.

If you have any questions, please do not hesitate to contact me.

Thank you

Regards,

Shivaraj Nagalli MBBS, MD

Board Certified in Internal Medicine

Sahil Sharma, MD Internal Medicine
Jackson Clinic
Montgomery.
sahilsharma131313@yahoo.com

Dear senators, congressmen and congresswomen,

I am a US trained internist who has been working on an H1 B Visa for the last 7 years. For the last few years, I have been working as a primary care physician in the internal medicine clinic at Jackson Clinic in Montgomery, Alabama. As a primary care physician, I am a part of the first line of defense in the fight against Covid 19. In addition, I am responsible for helping to maintain the general health and well-being of our community, so that they are in the best possible shape to meet challenges to their health including infections such as Covid 19 and other long-term health conditions such as hypertension, diabetes, high cholesterol etc. As a part of the Jackson clinic team, I provide these services not only to residents of the city of Montgomery, but also to people from several nearby towns, many of which are underserved.

I am humbled by the love and support that I have received from the community during my years of service and like all my esteemed colleagues, I am grateful for the chance to serve my community. **However, despite my years of service, staying and working here legally, my status is still that of a 'temporary worker'**. This is something that introduces an element of uncertainty in my day-to-day life, professional as well as personal. **When many of my patients ask me to promise them that I will be their family doctor for years to come, my temporary status on a visa forces me to think on whether I will be able to keep this promise. It forces me to think on whether I will be able to provide the continuity of care that they desire from me, for years and perhaps decades to come.**

I and my fellow physicians on H1 B visa do our best not to let this uncertainty affect our performance. However, despite our best attempts, our temporary status is something that is very difficult to totally banish from our thoughts. We worry about the impact on our families, should there be an interruption in our ability to work. We worry about making investments in USA and creating a life here, as the prospect of losing it in an instant hang over us like the sword of Damocles, at all times.

Like most of my US trained, foreign-born colleagues, my I-140 petition has already been approved by the U.S. Customs and immigration service, which means that it has been accepted that I am suitable for a permanent residency in US based on my work and qualifications. I believe that the time has come for this already accepted fact to be transformed into actual reality on the ground.

Therefore, I request all senators, congressmen and congresswomen to support and approve the Healthcare Workforce Resilience Act and help all of us to continue our fight to provide the best health care to all the people in this great nation.

Thank you and God bless the United States of America.

Sahil Sharma, MD.

Ujwala Gunnal
Internal Medicine, Hospitalist
Huntsville Hospital
ujwalagunnal@gmail.com

Hello,

I am Dr. Ujwala Gunnal, currently working as Hospitalist physician in Huntsville, Alabama.

I moved from India to US after graduating from my medical school in 2009.

After receiving my medical degree with distinction in India.

I started my journey to achieve medical residency in USA and finished all four USMLE exams within a year. I got selected to Internal medicine residency program in Morehouse, Atlanta and I was on J1 visa to during my residency.

I finished my residency successfully in 2015 with flying colors and passed my ABIM exam with exceptional scores. I was later selected to be chief resident of my residency program. But I decided to move to Huntsville, Alabama to do Hospitalist Job, along with my physician husband.

I have been doing Hospitalist job for the last 5 years. **70 percent of Hospitalist physicians in our hospital are immigrant physicians on visa and are in green card backlog.** We rotate in two hospitals and see almost 20 patients each day. Our job includes admitting sick patients, treating them and discharging them. **Our patients and community are very thankful for what we do and how we manage them. Every day I receive lot of compliments and blessings from most of my patients and Families for what I do and how I manage them. It feels really happy and content when we immigrant physicians make difference in people's lives and make them feel better**

During current pandemic, **our county is in red zone and we have more than 100 positive cases in our hospital.** Every day, I see around 3 -4 covid positive pts and expose myself to this deadly virus. **Even though I take all precautions and wear PPI, I still have mild panic somewhere in my heart, what if I get infected and what if I bring this virus back home and to my young kids. And what happens to my kids, if because of these visa restrictions, we have to go back to our country. There is so much uncertainty everywhere.**

I am very happy to serve community and make difference in people's life and no matter if the patient is Covid or Non COVID, I give my 100% in caring for them and their families and they are thankful for what I am doing. I am leaving my kids and family behind and caring for these patients. I sincerely and whole heartedly request all the senators to please help pass the bill #S1024 (formerly S.3599) **and take out uncertainty from our lives.** Having a green card will definitely take out unpredictable nature of our lives/ Jobs and boost our moral confidence, decrease mental tension and improves our immunity and henceforth, we can care better for patients and serve American community better.

please pass this bill and include it in next relief package and I will be ever grateful to you all!!

Sincerely,

Dr. Ujwala Gunnal

Sandeep Virk
InternalMedicine/hospitalist
Jackson hospital, Montgomery
Sandyvirk@yahoo.com

Dear Senator

I am Sandeep Virk, I have been working as Internal Medicine Hospitalist since 2010. I have been in US almost 20 years now. I finished my research fellowship in Outcomes Research at UAB prior to my residency in Internal Med at University of Alabama at Birmingham (UAB). I have been through multiple H1B visa renewals. **Despite being a highly contributing member to society, and highly skilled in what I do, my future is in Limbo, and I still don't have any idea when I will get my green card. How's that Fair?**

I have seen people who have entered this country illegally and then getting green card through asylum, or marriage or other means. I have done everything right from day 1, and still being pushed back in line. And it's not only me, Thousands of physicians, have been in the same situation.

I have progressed through my career despite all the obstacles, I was Chair of Medicine at my 400 bed hospital, supervising medical staff of more than 100 of my colleagues and am in next in line for Chief of Medical Staff, but I have no green card or future if I get sick or debilitated due to COVID or any other illness, and will be deported back to my home country which I left 20 years ago. This is a humanitarian issue and not political. Its time senate protect the people who are protecting and saving American livesrightnow.

Swetha Bheemanathni
Internal Medicine /Hospitalist
Huntsville Hospital and Madison Hospital
drswethabee@gmail.com

Dear Senator, House Representative/ Congressmen,

I am Swetha Bheemanathni, board certified in Internal Medicine. I am currently working as a hospitalist physician at Huntsville Hospital, in Alabama. I have done my medical training in India, graduated from Kakatiya Medical College and then moved to United States in 2013 to fulfill my dream. I have completed my Internal medicine Residency at UAB, Huntsville Regional Campus, then took up a job as hospitalist, in the same hospital. I have been on H1B visa for the past 6 years including my residency.

I take care of patients including both ICU (including medical, cardiac, neuro and surgical) and floors. I admit patients; take care of them throughout the hospitalization course until their discharge. I work in a group consisting of 45 physicians wherein most of them are our foreign immigrants. Our hospital, being the second largest, serves most of North Alabama. Thus, foreign immigrants play a crucial role here serving the Americans in rural area. Most of us live in uncertainty as our visa has to be renewed every 3 years and live in anonymity regarding our future plans.

However, with the recent COVID 19 pandemic hits, things have become even more lamentable. My uncertainty has multiplied by several folds. The fear or terror in my mind has escalated. Currently, Alabama is experiencing a huge surge in the COVID 19 cases in the last few weeks; this has increased the burden on the healthcare system by several folds. I have been working extended hours, seeing 6-7 COVID patients per day, the same with all my physicians' colleagues. **Although I feel the joy of treating patients, there has been an extreme fear running in my mind, assuming myself contracting the disease at some point in this journey of pandemic. It is very terrifying thinking about the future of my 3-year-old daughter. My husband is also a physician working as a Primary Care physician in the same area on a temporary visa for the past 9 years. Also, our odds of passing on this infection to our household members are very high. Regardless of these factors, we wish you proceed with this endeavor, hoping at some point we will be recognized and rewarded.**

I strongly believe that granting green cards to all our immigrant physicians would lessen the physician shortage faced in other states. It would untie our restrictions and help us decrease the burden of our fellow physicians. I would see this as an instant way to increase the numbers of physicians as each physician could work in other red zone areas if granted a green card and serve the American population. Also, I would believe that the earlier the better, as we are still seeing increasing number of people being positive except in few states who are still in phase 1 or 2 opening. Again, we need to note that the cases would peak again once these states are fully open. I see this act as an opportunity for the US health care system to prepare even better for the second peak in the country.

I really appreciate if you could please support The Healthcare Workforce Resilience Act, S1024 (formerly S.3599), S1810 (formerly S.948) which would be the back bone support for all the immigrant physicians. I sincerely thank you for your time and attention and hope you will support the bill.

Thank you,
Swetha Bheemanathni,
Hospitalist Physician, Internal Medicine.
Huntsville, AL

Sumeet Munjal
Nephrology
Baptist medical center south
drsumeetmunjal@gmail.com

Dear senators and House of Representatives,

Thank you for all your work and support, especially during these testing times.

My name is Dr. Sumeet Munjal and I am a nephrologist working in Montgomery, Alabama and have been working in the USA for the past 10 years. I had seen more than 1500 patient's, getting for them in Montgomery County, serving areas including Troy, Luverne, Brundidge, Greenville, Tallassee. I cater dialysis services to approximately 600 patient's every day. The renal care services that I provide are very essential and necessity to keep patient's alive.

As part of a Nephrology group, the group has tried unsuccessfully to hire more physicians due to the spread of the rural geographical locations that I serve and the long daily commutes associated with the nature of our practice. The shortage of physicians is of great concern in rural Alabama that some of the patients have to travel more than 50 miles to reach our current outreach clinics. So, the need to support the current physicians working in these rural communities is very important.

After being in this country and taking care of the patient's for more than 10 years, I am still on a visa and don't have a security for my family if I die during this ongoing pandemic.

Healthcare work force resilience act, S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) will help bolstering are healthcare system to help fight thispandemic. These bills will definitely help rural Alabama in providing high-quality care.

As frontline doctors for corona pandemic, this bill will proved stability , security and protections to me and my family. I urge you to support S1024 (formerly S.3599) and S1810 (formerly S.948) so that people in Alabama can get access to high-quality medical care.

Thank you very much.

Dr. Sumeet Munjal

Nimmana , Bala
Hospitalist, Internal Medicine
Huntsville hospital, Alabama
bala.nimmana@hhsys.org

Respected Congressman and Senators,

My name is Nimmana, Bala. I am International Medical Graduate. I have finished my 3 years of Internal Medicine Residency at Texas Tech University of Medical Sciences Permian Basin under J1 Visa and finished working in underserved area for 3 years as a part of Conrad 30 J1 waiver program.

I have been working as a Hospitalist at Huntsville Hospital Health System. I have been providing care to huge patient population in Northern Alabama. Being part of Hospitalist group, I have been seeing more than 5 COVID Patients every day and take care of 18 to 20 patients per day. I am more than happy to help all the patients including COVID positive patients and would like to be a front-line worker. I am willing serve even other parts of country even though I am at high risk of contracting COVID 19. But, I can't server as I been on H1B visa and my contract and visa wouldn't let me do it. I been waiting for the Green card and I believe it takes lifetime due to back log.

Health care work force resilience act, S1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) will help our Health care system to fight this pandemic in all the areas of the country. It will capture unused green cards only. Kindly support S.1024 (formerly S.3599) and S1810 (formerly S.948) so we can help people instate of Alabama and can also provide high quality of care even to remote areas in the country.

Madan Gowda
Nephrology
Huntsville Hospital
madan93@gmail.com

Dear sir/madam,

I practice nephrology and internal medicine in Huntsville, Alabama.

My duties include caring for acutely ill patients with kidney failure and other kidney related issues.

I prescribe and manage dialysis for patients who need renal support when their kidneys have stopped working.

I also take care of many patients who are dependent on dialysis indefinitely.

These are very sick and fragile patients who require close monitoring.

Most of these patients are high risk to develop COVID-19 as they have one failed organ.

COVID-19 does cause severe renal failure and I'm constantly exposed to the virus in the line of my duty.

In addition to nephrology, I practice hospitalist medicine which is the first line of care team for any patient who gets admitted to hospital.

I'm on a work visa since 2008.

Visa requirements do restrict and bind us to one employer.

I'm unable to help other hospital or healthcare systems who need assistance.

Visas issues do cause undue stress and I look forward to a day when I do not have think about the visa every day and fully devote myself to patient care.

In addition to patient care. I teach students, residents and have been employed in a teaching faculty position before my current job.

I'm actively involved in research and have published many articles.

Naveen Bade
Nephrology
Regional medical center
Anniston
naveenbade3@gmail.com

Dear senator,

I have recently graduated from the University of Alabama at Birmingham. I've completed my training in the specialty of nephrology and have been dealing with several corporate patients who required either regular hemodialysis or urgent continuous renal replacement therapy as a life-saving procedure. We have been working very hard despite the health status of the patient with respect to COVID 19. I will be starting to work as a nephrologist this August at regional medical center, Anniston, Alabama which is among the underserved areas of Alabama.

I, along with other physicians from every specialty who has been an immigrant, have been working tirelessly in these hard times to get the situation under control. We have forgone all the risks to self and family and have been selflessly doing all of this since the start of the dreaded pandemic.

In these hard times, the biggest thing that has been bothering me and my colleagues is the immigration status which is temporary. We have been thinking about it in several ways including renewal and others. It would greatly benefit us and the community altogether if this worry can be reduced by any means, especially by awarding a permanent status.

I really hope that you would understand the same and consider endorsing our request as a group. Next line

Sincerely,

Dr. Naveen Bade MD.

Prasanna Allada
Family Medicine/Primary care physician
Huntsville Hospital
prasannaallada@gmail.com

I am Prasanna Allada, board-certified primary care physician in family medicine. I completed my family medicine residency at UAB in 2014. I have been working as a family physician here in Huntsville for the last 6 years since my graduation.

I have been serving rural population where there is a need for physician since 2014. I was approved 2 different positions for immigration to USA yet was not given a green card because I was born in India. I play a very vital role keeping Huntsville community healthy and treating their illness. I have been patiently waiting for my turn to get the green card, but I am not sure if I know getting in my lifetime because of the backlog of applications.

Now we have COVID-19 pandemic, with striking numbers here in Alabama lately. I am at the front line, serving COVID-19 patients here in my clinic every day. We risk of her lives every day to see the COVID-19 patients nonimmigrant H1B visa. If we get sick and get disabled by contracting COVID-19 from the patient, who will support my family? With your approval of the immigration bills for physicians my family can self-sustain.

I along with other physicians on visa waiting for green cards play vital role in serving the country. All of those were trained here in board-certified in specialties, invested our time and living here. The United States will see shortage of up to nearly 122,000 physicians by 2032. We, immigrant physicians help fill the shortage and boost the healthcare force. Please consider our immigration as priority and approve the bills insinuated House of Representatives to boost American healthcare workforce. Thank you for your time and support.

Pavan Madadi
IM/Hospitalist
Jackson Hospital, Montgomery AL
pmadadi@gmail.com

Dear Senators/Congressmen,

I am Dr. Pavan Madadi been working at Jackson Hospital, Montgomery, AL as a hospitalist for past 10 years on a work visa. With visa restrictions, I am not able to serve our local community beyond our hospital in my capacity as a physician. **Especially in this COVID-19 pandemic, Montgomery AL has been hard hit and I am seeing on an average of 6-10 patients per day in ICU/step down units and regular floors. Our constant exposure and variable prognosis with disease has increased anxiety, worries about my family future. At the same time, this is not impeding anyway my commitment to serve the community, by what I can do the best i.e. taking care of patients.** I sincerely think that we as physicians can help the community more and at the same time not worry about our families, when we come out of this protracted waiting times for Permanent residency and visa limbo.

Pavan Madadi

Srinath Nagapuri
Internal Medicine, Hospitalist
Huntsville Hospital, Huntsville, Alabama.
nsrinath19@gmail.com

Dear Senator/Congressman/Congresswoman,

My name is Srinath Nagapuri. I am working as a Hospitalist in Huntsville hospital, Alabama. I came to US in 2006. I did Masters in Public Health in East Tennessee State University and then did Internal Medicine Residency from the same university and graduated in 2011. I have since been a Hospitalist and worked for four years in Macon, Georgia and subsequently moved to Huntsville and working in Huntsville hospital for the last five years. I have applied for Green Card with a priority date in January 2013. I am stuck in green card Backlog ever since, more than seven years. My wife is a physician too and working for the same employer. We have two children, 8-year-old boy and 4-year-old girl.

As Hospitalists we primarily admit and take care of the COVID-19 patients. We are the frontline workers against this Covid-19 pandemic putting our lives at risk helping Americans. Being on temporary Visa puts us in a very precarious situation. We constantly worry about our kids during this pandemic. Alabama is under COVID-19 surge with numerous hospitalizations. Just like anyone else we are scared too but we do not hesitate to do our job and serve our patients. So, I request you to please support this bill and help the immigrant physicians stuck in green card backlog.

Please help us to help Americans.

Sincerely,

Dr. Srinath Nagapuri.

Srilatha Venepally
Internal Medicine/Hospitalist
Huntsville Hospital, Alabama
dr.srilatharao@gmail.com

Dear Senator,

My name is Srilatha Venepally. I came to USA in 2010 and pursued my residency in Internal Medicine at UCSF Fresno in California. After that I signed a hospitalist job at Huntsville hospital as a part of my 3-year J1 waiver commitment. From my training I have been working in underserved areas serving Americans who live in healthcare shortage areas. So far, I have had immense pleasure in taking care of these critically ill patients and would want to continue doing that. However due to my visa restriction, I cannot work outside of my sponsor hospital where there is need. Due to visa restrictions, my mind is in a constant worry as to what will happen to my 3-year-old daughter if me or my husband who also works as a hospitalist are disabled while taking care of COVID patients. On a daily basis I have been seeing 6-7 COVID cases every day. I request to you to provide green cards to front line workers like us who are placing their lives at risk to help fellow Americans. This would alleviate some of the anxieties and help them contribute more to society. Please consider supporting S.1024 (formerly S.3599) and S.1810 (formerly S.948).

Thank you,
Srilatha Venepally

Sukhmanpreet Singh
Internal Medicine/Hospitalist
Huntsville Hospital and Madison Hospital
pete.singhs@gmail.com

My name is Sukhmanpreet Singh, and I am currently working as a Nocturnist (Night hospitalist) at Huntsville Hospital in Alabama. My wife (also a physician) and I have been working here for the one last year. I initially came to the USA in 2007 and did Bachelors in Science from Wisconsin, after which I did Medical school and then did residency from 2016 to 2019 in Saginaw, Michigan. My job includes admitting and taking care of all hospitalist patients at night. We both have immense interest in working with medically underserved populations and to give back to the community who has provided us with the opportunity and resources to train. However, the current times have made us realize how indeterminate our future is (which includes our 1-year old baby). Being a front-line health care worker, I see anywhere from 5-8 COVID patients each day, and feel blessed to be able to help the community in these stressful times. However, I worry that if I get disabled, me and my family would have to leave the USA as I am on a H1b visa. We live in fear of being sent back home while we tirelessly work towards the betterment of our community in USA. We are requesting you to please consider the S.1024 (formerly S.3599) and S.1810 (formerly S.948) bill.

Limitha Adimala
Hospitalist
Huntsville hospital
limitha@yahoo.com

I have been working on H1B visa since 2017, working in underserved areas, currently working in Huntsville, hospital, Alabama. I am actively involved in taking care of covid 19 patients, I do get requests to do locum at other hospitals during my off week, but with my visa status it is not possible to help the other hospital with short of physicians, especially during this pandemic. I believe that front line workers like us, if get green card, then our ability to fight against this pandemic will increase. We can provide better care at hot spots when needed.

I request strongly congress to pass S1024 (formerly S.3599) to help improve health care for Americans.

Sananjay Singh
Internal medicine hospitalist
Southeast health in Dothan, Alabama.
sananjays@yahoo.com

I am Sananjay Singh, currently working at Southeast Health in Dothan, Alabama. I came to Dothan on a J1 waiver about three and a half years back. It is a small place and Southeast is a unexpected surprise in this small town. It caters to a huge population with us receiving and caring for patients transferred to us from a rather large surrounding area. Me and most of my colleagues are on waivers visas here. I really enjoy my life here in this smaller town and would love to. continue to work in this or a similar setting in the future as well. I am also interested in training further and completing a fellowship before I settle in a similar setting for the rest of my career. Unfortunately, my options of pursuing fellowship are significantly restricted given my visa status. Towns like Dothan and even smaller places need physicians but we are restricted with our options to move to smaller towns as a lot of these places are not versed with the process of sponsoring visas. Also, with us being on work visas there is always uncertainty about our future here. I have been closely involved in the care of covid 19 patients recently and consider it a honor to do what I can to help however there is always the concern in the back of my mind when performing my tasks. I have a wife who is currently pregnant and God forbid if something were to happen to me, she will be asked to exit the country asap. It takes away the pleasure of being able to stay here and serve the patients. A permanent residency would take some of this uncertainty away and also help us feel athome.

Nivedita Tella
Internal Medicine /Hospitalist
Huntsville Hospital and Madison Hospital
tellanivedita@gmail.com

Dear Legislators/Senators

My name is Nivedita Tella and I am Internal Medicine trained Physician. I was born in India and I moved to Huntsville, Alabama in 2012 for training. After training in Huntsville, Alabama, I joined inpatient medical practice with Huntsville Hospital along with my husband who works for the same group. I have been serving North Alabama community for the last 8 years. Me and my husband are waiting to obtain permanent residency over the last 8 years.

We have two children aged 5 years and 2 years who are born here in Huntsville, Alabama. I like serving medical needs of my community and would to continue living here in United States.

I provide medical care to adult patients aged 18 years and above. I am currently providing frontline care to 6-8 COVID-19 patients everyday both in ICU and regular setting. I am very concerned about the future of my children, in case me and husband become disabled or die of COVID -19 infection and get deported back to home country. I would like you to give us needed assurance by getting us out of Green Card backlog. I believe this is right thing to do, to safeguard people who are putting their lives in line for Americans.

Thank you

Nivedita Tella MD.

Sudhir Thaduri, MD Nephrology
University of Alabama, Birmingham
Thadurisudhir@gmail.com

I My name is Sudhir Thaduri MD, Assistant Professor at UAB Transplant Nephrology. I have been on H1 B for last 10yrs and always worked with a commitment to academic excellence as well as providing patient care to underprivileged sections of society throughout my career in states like Arkansas, West Virginia and Alabama by being positioned uniquely in teaching organizations affiliated to State. Even currently in this pandemic of Covid 19 my job involves taking care of a vulnerable set of patients who come to UAB from all over Alabama and neighboring states. **Throughout my career being on a visa with indefinite waiting for green card has curtailed many an opportunity to expand my clinical activities by restricting my employment across various organizations like the VA, inability to change employers and curtailed research activities. The burden of uncertainty inherent to being on a visa while working in a profession with high stakes has been a really daunting task.** I sincerely hope this new legislation facilitating expediting of green cards for physicians in my situation would greatly bolster healthcare force and provide impetus to a spirit of hard work and entrepreneurship which have been the hallmarks of American society.

Suraj Shah
Hospitalist, internal medicine
Huntsville hospital Alabama
Suraj.shah@hhsys.org

My name is Suraj Shah and I work as a hospitalist in Huntsville Hospital system, Alabama. I am board-certified in internal medicine and have been a practicing hospitalist for nine years. These are unprecedented times where we are seeing lots of sick patients. While we are Fully committed to take care of our community and provide healthcare to the ones that are the most vulnerable, we fear that if we become disabled or die during this pandemic then our family instead of being rewarded would be deported. My wife is also a practicing family medicine physician who is also on the front lines of this Covid pandemic. We request our honorable Senate and House members to consider in Pass These bills which will not only free us from the shackles of visa so we can help in Covid surge areas and help the American people, but also give us peace of mind by providing security to us and our families.

Sharanjit Kaur
Internal Medicine/Hospitalist
Huntsville Hospital and Madison Hospital
sharan.khaira@gmail.com

My name is Sharanjit Kaur Khaira, and I am currently working as a nocturnist on H1B visa, at Huntsville Hospital in Alabama. I have been in the United States since 2016 when I started my residency. My husband (also a physician) and I have a 1-year old daughter. Both my husband and I were born and brought up in India, where I am Canadian citizen and my husband is an Indian citizen. As physicians working in underserved communities and also during residency training, we have had firsthand experience as a provider and even as a patient about detrimental effects of the shortage of healthcare providers to the local communities. Being as a front-line health care worker we don't hesitate stepping up while putting ourselves and our families at risk to help and serve our purpose and our country which is the United States. If this bill is approved, it will not only provide us with work security for ourselves, it will help us have more opportunities and dedication to work towards the betterment of our community.

Gayatri Venkatraman, MD Family Medicine
Assistant Professor at UAB Huntsville Campus, Huntsville, AL
Gayatrivr@gmail.com

Dear policymakers,

My name is Gayatri venkatraman. I'm an assistant professor of family medicine at UAB Huntsville regional campus. My duties involve supervising residents, training them, taking part in research activities and continuing to support our local community hospital through our residency program.

Unfortunately, my full abilities to serve my local community is hampered and restricted by my immigration status especially during this hour of need with COVID-19. I am unable to work in hotspots where I can be of use, my work hours are restricted, portability is restricted, the fear of contracting COVID-19 with risk of deportation, does cause chronic anxiety and angst. We are asking you to support the bills in the house and senate that would take care of this problem for physicians of Indian origin who are waiting in this and less green card backlog.

The people of Madison County, Alabama and United States of America Deserve the best health care and I hope you will do what is needed for us to help serve them better.

Krishna Venkata
Internal Medicine/ Hospitalist
Baptist Medical Center South
krishnavardhan.vl@gmail.com

Dear Congressmen and Senators,

I am Dr. Venkata and currently working as a hospitalist at Baptist South Hospital in Montgomery.

I manage inpatients who are admitted to the hospital and as part of my work, I have been seeing around 6-8 covid patients a day for the last few days-weeks.

My goal is to serve and save as many patients as possible. This comes with a risk of being exposed unknowingly or getting sick with COVID which can put my family in danger of acquiring it from me as well in case I get infected.

Nevertheless, I am still trying to do extra shifts and help out to my best due to an increase in the cases overall. If anything happens to me, my wife who is currently pregnant may have to be deported to India. I am able to carry out my work every day with the support of my family despite knowing the risks that come along with it.

I tried to work at other places where there is a shortage of physicians, especially in rural community hospitals but unable to do so because of my visa status and so I am not eligible to help them out in this dire hour of need.

The Bill S1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788) will clear many of the physicians to get a green card and in turn, will help clear the hurdles for us to work at community hospitals or other hospitals who are in need of physicians during this COVID pandemic.

I sincerely request everyone to please support and pass these bills, thereby helping our patients and families before this covid pandemic causes further damage.

Thanks
Krishna Venkata

Archana Vashisht
Internal medicine/ Hospitalist
Huntsville Hospital, Huntsville, Alabama
archana_vashisht18@yahoo.co.in

I have been in USA on H1B visa since 2014 and started my job as hospitalist in underserved area in Huntsville, Alabama since 2017. I am actively involved in taking care of Covid patients on floor and ICU.

I use to get many requests to work at other periphery hospitals on locum basis or regular basis but now due to extreme shortage of doctors during pandemic times the requests have gone up. **With number of Covid cases rising high and with substantial increase in Covid hospitalization I see demand for doctors and nurses rising.**

Unfortunately, even if I want, I still can't help as I am tied to my employer on H1B visa at one work place only. I strongly believe that if frontline workers like us get green card then our ability to fight against this pandemic will increase many folds. We can provide better care at hot spots as and when needed.

Also, I think doctors and nurses can work with more peace of mind if there are sure that their loved ones and family is taken care of if unfortunately, they die while taking care of Covid patient. At least we will be sure that our families are not made to deport back as if this bill passes as they will have green card.

I request strongly congress to pass S1024 (formerly S.3599) bill and help improve health care for Americans.

Anjaneyulu Dunde
Hospital
Baptist medical center South, Montgomery, AL
dunde.anjan@gmail.com

I am an US trained, Board certified physician residing in the USA for the last 10 years. Currently working as a hospitalist in one of the underserved communities of Alabama. During the COVID pandemic, I am working on the frontline and putting my life at risk. Being on the frontline of this pandemic, keeping my life at risk, It would be hard to imagine the situation of my family who will be deported if I die, working. Hence, I would urge this senate bill S.1024 (formerly S.3599), S1810 (formerly S.948) which will give stability to the healthcare force who really in need and deserve.

Vasudha Reddy
Endocrinology
Huntsville Hospital, Huntsville AL
Vinsome2001@gmail.com

I am an Endocrinologist serving the rural and underserved population in and around Huntsville AL.

34.2 million Americans have been diagnosed with Diabetes and 88 million with Prediabetes. The burden of disease requires more doctors and specialists like me to help prevent, educate and treat these patients.

My husband is a Nephrologist also serving the same community.

Rural Alabama is sorely in need of doctors and specialists and have had a very hard time recruiting physicians to treat patients here.

I am one of many doctors that are committed to serving this part of the country that needs health care the most.

We have a 11-year-old son who is an American citizen and the US is the only home he knows.

Ashish Vyas
Neurology
Baptist Health, Montgomery
dr.ashish.vyas@gmail.co

Dear Congressmen and Senators,

We are privileged to work in one of the best hospitals to work in Alabama. My wife is Pulmonary and critical care specialist and I am a neurologist. We serve a large number of rural patients from a large area of Alabama. We have been seeing a huge surge of Covid-19 cases over last two months, and it is getting busier and exhausting. Sometimes we fear for safety of our family, esp. if something would happen to us. We appreciate that senate and congress is working tirelessly to find the best possible solution to crisis. During this time, we also pledge to work to the best of our efficiency. As I understand, the above bills are tailored to help immigrant doctors like us to help increase the scope of our practice and ensure stability of our work and stay requirement.

Thanking you
Ashish Vyas

Bhanu Maturi
Internal medicine /Hospitalist
Baptist medical center south
Bhanu.mbbs2k3@gmail.com

Respected Senators and Congressman. I am Bhanu Maturi, working as hospitalist at Baptist Medical center south, Montgomery, Al. We have to renew my visa every 3 years. As you know Montgomery has been hit very hard with the pandemic. We have been seeing anywhere from 6 to 10 patients on a daily basis. Someday days are very tiring and exhausting. I have been serving the community for last 5 years. Montgomery has been our home. **Never been so scared or insecure about my family who will have to be deported back to my home country if something would have to happen to me while facing this war. Haven't said all this we would request you to support the above-mentioned bills and include in next covid package and provide security to all Healthcare families who are frontline workers.** Thank you once again.

Jayakrishna Madabushi
Psychiatry
Brookwood- Princeton Baptist medical center, Birmingham
drmjayakrishna@gmail.com

I am working in field of Psychiatry in area of need. I came to this country in 2009 and still in a limbo. My son is 12 years old and in 9 years, he cannot stay in this country any more. For him, USA is his home and may not easy at all to live in another country. There are 1000's or families like this.

As you know, there is a huge gap in demand and supply for medical professionals. Wirth this pandemic, this gap further widened.

I am proud to serve patients and family members who are in need, putting my and family's future a risk. I wish that there will be change in this situation.

I am proud to inform that I have experience of working in Psychiatry in three different countries. I got trained in Psychiatry in India, UK and then further did residency in USA. I feel privileged to serve need people in this country. I wish I get more stability in my life so than I can serve my clients without any apprehension about by future

Rajasree Nambron
Endocrinology
Baptist south, UAB multi speciality clinic
rnambron@gmail.com

I am a board-certified adult endocrinologist on a visa in the US since 2011. During the pandemic I managed to get emergency licenses in other states that need our services but due to employer restrictions due to being on a visa I am unable to provide my services

Thank you

Dr. Nambron

Rinkesh Patel
Hospitalist, Family medicine
Huntsville hospital Alabama
drrinkesh@yahoo.com

Hi, I am Rinkesh Patel, have been in USA since 2007. I am hospitalist working at Huntsville Hospital for past six years. Several clinics and hospitals have approached me to help them due to physician shortage. However, I'm not able to work or help patients and our community due to visa restrictions. I am awaiting green card for last 6 years.

Suhas Pinnaka
FamilyMedicine/Hospitalist
Huntsville Hospital and Madison Hospital
drpinnaka@gmail.com

I have been working in US for the past 12 years on H1B visa and am still waiting for green card. I help thousands of my patients every year, contribute to society by paying taxes and creating jobs. Now I am fighting this pandemic on the frontlines by putting my own and my 3 year old son's life at risk, knowing fully well that my family will be deported if something happens to me. I will do a better job and even expand my services, where they are needed most, if only I have a Green Card.

Vishnu Ilineni
InternalMedicine/Hospitalist
Huntsville Hospital
karthik.ilineni@gmail.com

On H1B visa since 2013 and worked in underserved areas in Iowa and continue to work in Alabama.

My current status limits my ability to work in other hospitals and to volunteer at places where there is increased need. Also, it limits my ability to invest capital in local communities and start small businesses and manage them effectively.

Sravani Bantu
Internal Medicine/Hospitalist
Baptist medical center, Montgomery
sravy.1308@gmail.com

Dear Senator,

I am an internal medicine trained physician currently working as hospitalist in Baptist south hospital in Montgomery.

During the pandemic caused by the covid 19 virus we have been treating many patients who have been affected due to it. I am willing to take care of those patients during this

Regards,

Vaishali Thudi
Endocrinology
UAB multispecialty clinic, Montgomery
Vaishali.thudi85@gmail.com

I am an US trained, Board certified physician residing in the USA for the last 10 years. Currently working as an Endocrinologist in one of the underserved communities of Alabama. During the COVID pandemic, I am working on the frontline and putting my life at risk.

Palak shah, MD Internal Medicine/Hospitalist

Huntsville Hospital and Madison Hospital

drpalakshah@yahoo.com

Respected Senators and House Representatives,

I have been in United States since last 10 years and have been on visa since entering in USA. Please consider supporting proposed legislation bills, which will help the ongoing COVID-19 pandemic crisis. It will also support our families in case physician working on frontline during this ongoing fight against COVID-19 succumbs to death or become disabled after contracting this deadly virus.

Thanks,
Palak Shah

Janak Ghelani, MD Psychiatry
Child and adolescent psychiatry
Comprehensive Med Psych Systems
Mobile, Fairhope, Alabama
drjanakghelani@gmail.com

Dear Policymakers,

My wife, Dr. Kinjal Ghelani, Adult Psychiatrist, and myself, Dr. Janak Ghelani, Child And Adult Psychiatrist are significantly limited in our ability to practise and serve community in South Alabama secondary to visa conditions, and limitations of unable to become citizen of this great country, even after waiting several years.

We have training and ability to serve significantly morbid conditions in field of psychiatry across all age spectrum but are tied in our ability to do the same secondary to current restrictions and real world concerns of worrying wellbeing of my family in scenario of us getting sick as it thresholds into job loss and legal status of residence in the country.

We sincerely request your prompt consideration in the matter.

Vijay Kannam, MD Family Medicine
Ozarks Community Hospital, Gravette- AR
Kannamvijay@gmail.com

Dear Senators/Congressmen/Congresswomen,

My name is Vijay Kumar Kannam and I am a board certified family medicine physician currently working at Ozarks Community Hospital, Gravette, AR. I provide health care to people of rural communities surrounding Gravette, AR. I have been in the United States for the past 14 years - first on an F-1 student visa graduating with a Master of Public Health, then on J-1 visa for my Family Medicine Residency training at University of Arkansas for Medical Sciences in Little Rock, AR, and later on currently on an H-1B visa for my present job. I have been living in Arkansas for 11 years and consider this as my home. My 2 kids were born here in Arkansas.

Ozarks Community Hospital is a tri-state, safety-net healthcare provider headquartered in Gravette, Arkansas, serving both urban and rural communities throughout the Ozarks and includes a multitude of clinics located in Southwest Missouri, Northwest Arkansas, and Northeast Oklahoma. I have been providing medical care to these communities for the past 3 years. Prior to this, I worked in medically underserved small town Van Buren, AR for nearly 2 years after I received my Conrad-30 waiver program approval that addresses the shortage of qualified doctors in medically underserved areas. Unfortunately, the clinic in Van Buren where I worked had to close because of the organization's financial losses. As a recipient of a Conrad-30 waiver program and changing jobs in extenuating circumstances was a time taking process and the idea of going back to my home country India was always in the back of my mind if there was a delay in finding a job beyond stipulated time, solely because of my visa status. Finally, I was able to find a job in another medically underserved community in Arkansas within the stipulated time frame. Even during those enduring times, I did not want to move out of Arkansas as this has been my home for a long time.

I am currently on an H1B visa and like many H-1B physicians, have to renew it every 3 years or 1 year based on immigration process stage. If at all there is an unforeseen/unusual delay (due to clinics/hospitals being shut down secondary to financial losses because of COVID-19, due to delay in visa administrative processing, consulates being closed, USCIS delays, international travel delays being on an H-1B visa {scenarios where only legal permanent residents were allowed to fly}), **it adversely affects these already hard hit rural communities during this COVID-19 pandemic stage for sure and health care of these rural communities in general. Many visa dependent doctors have to take care of their paperwork first for visa/maintaining legal status during this pandemic time (also every 1 or 3 years), where in fact they can provide the much-required health care. Many precious physician work hours are lost in addition to the mental agony that the physician and the physician's family has to go through during this process. Many US trained and visa-dependent foreign physicians like me on an H-1B visa are readily available but are restricted in terms of work location/employer just because of the pending backlog in permanent residency/Green Card process. I strongly advocate and request your support** to all immigrant healthcare workers during this COVID-19 pandemic and support the Healthcare Workforce Resilience Act. S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788) and Conrad State 30 and Physician Access Reauthorization Act S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895).

Sincerely,
Vijay Kannam, M.D., M.P.H.

Prasanth B Sadaram, MD Internal Medicine, Geriatric Medicine
University of Arkansas for Medical Sciences
Little Rock, Arkansas
Pbsadaram@uams.edu

Respected Senators,

I am an attending physician of Indian origin who came to this country with my dreams. I am now an attending physician in UAMS, Little Rock, Arkansas, in the department of Internal medicine (Hematology/Oncology division).

Working in a pandemic like COVID-19 with little to no preparation of its impact has changed everyone's life in the health care sector. It is empowering to help a community and treat people but it would be more empowering to also let us fulfill the only obstacle of Visa. This pandemic has made me worry about the limitations my family and I would have if by any chance, I have the bad luck of succumbing to this Pandemic. **Helping patients has been my forte and I always enjoy it no matter what. but this Visa issue has been nagging me and it would help me if I don't have to worry about it.**

I have been living and working for 5 years and all my experiences are a dream come true but it's just the Visa issue that is not letting health workers like me work full-fledged.

Having this bill passed will help us to acquire more skills and practice with conception. I hope you will make healthcare more proficient.

Suman Siddamreddy, MD Internal Medicine -Hospitalist
North Littlerock, AR
Suman.Siddamreddy@baptist-health.org

Hi,

I finished my Internal Medicine residency in 2010 and has been working as a hospitalist in Arkansas, since then on a H1 B visa. I worked in Saline county at Saline Memorial Hospital initially until the new management at Saline Memorial hospital had concerns about sponsoring my visa. I moved to Baptist Health Medical Center, at North Little rock as I needed an employer to sponsor my H1B visa.

While primarily working at Baptist Health Medical Center in NLR, I also worked at several Baptist health hospitals located at Conway, Malvern, Arkadelphia etc, some one of which are located greater than 60 miles from my residence.

I take care of in-patients in the medical surgical floors, Intensive care Units, and Cardiac Care units. I am involved in taking care of several Covid-19 patients, including the very sick ones in ICU's and CCU's where sometimes I had to kneel on their beds, right above their face trying to resuscitate them, when they have a cardiac arrest.

I have been involved in discussions with various meetings with health care experts and administrators, most recently for surge planning. Unfortunately, with my H1B visa restrictions, I will not be able to work in any surrounding hospitals in the event of the surge.

I am proud to be a part of this health care team taking care of all the Arkansas citizens during this unprecedented time of Covid-19 pandemic. Hereby, I urge all the leaders to please support the S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) which will help doctors like us to extend our helping arm to all the Arkansas citizens without any reservations.

Sincerely,
Suman Siddamreddy, MD, MPH

Sruthi Kanuru, MD Rheumatology
Central Arkansas Veterans Healthcare System and University of Arkansas for Medical Sciences
Little Rock, AR
skanuru@uams.edu

Dear Senator,

I work as a staff Rheumatologist at a Federal government Institution and UAMS. I graduated from fellowship in 2016 and have been on H1B since.

Being the only Veterans Affairs facility with Rheumatology services in the State of Arkansas, we serve more than 2000 veterans in 300-mile radius around Little Rock. In this covid pandemic, managing immunocompromised patients with complex medical conditions is a challenge. Though I wish to extend my services to other areas in the state in this time of need, I am unable to do so due to visa restrictions.

I sincerely urge the leadership to strongly support S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) which helps physicians like us to serve Arkansans without any reservations.

Thankfully and Sincerely,
Sruthi Kanuru MD

Anudeep Surendranath, MD Neurology
CHI St. Vincent Hot Springs
anudeepjs28@gmail.com

Dear Senator Tom Cotton,

My wife and I have just finished our medical training and are about to start working in Hot Springs, AR. My wife will be serving as a primary care physician and I am a neurologist with additional training in epilepsy. I have been living in the United States on temporary visa for 6 years. We chose to move to the beautiful city of Hot Springs after interacting with very honest, friendly and welcoming people and would be co-workers. We are glad we decided to move here. We will be providing much needed services to the community and we are equipped with a skill set that is essential to the city and surrounding areas.

As we begin our journey there is a lingering uncertainty about our future due to temporary work visas and unreasonably long wait times for the processing of green card applications. We are unable to comfortably make any decisions that will have long term implications. I sincerely request you to support legislations S.1024 (formerly S.3599) and S.1810 (formerly S.948) as they will help the community by providing them with physicians who are more rooted and patients can have continued and uninterrupted care which is essential for chronic medical conditions.

Thank you

Anudeep Surendranath, MD

Shailendra Singh, MD, FACP Rheumatology
White River Medical Center
shailendra231@gmail.com

I am the only Rheumatologist in Independence county and surrounding 60-mile radius.

I started the practice in Batesville, AR with White River Medical Center in 2015. My practice has 10 direct employees including nursing and paramedical staff and several other indirect jobs. I am able to take care of medical needs of people with Lupus, Rheumatoid arthritis and other types of arthritis who otherwise would have to travel 60-100 miles to see a Rheumatologist.

I have been on visa for 11 years, with an I-140 approved for 5 years and still waiting for green card, given the current rate it might be another 30-50 years before I can get it.

Being on visa is restricting my ability to work to my full potential. I can work with only institution which has sponsored the visa. **I cannot provide my services to the hospital which are short and need workforce at this tough and unpredictable times of COVID-19.**

S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) will help reduce the wait time for the green card. It will give me flexibility to provide my services to the hospitals which are short on staff and help immensely in this tough time. It will also give me ability to invest in businesses and help stimulate economic growth and create jobs in Batesville and surrounding areas.

Thank you for your time, **please support S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) and help make it part of the HEALS Act.**

Sunilkumar Kakadia, MD Hematology & Oncology
University of Arkansas for Medical Sciences
Little Rock, Arkansas
sunilkakadia@gmail.com

Dear Senator/leadership,

I work in the field of hematology oncology at a premier academic institute of the state of Arkansas. **My service provides quality and valuable healthcare to civilians from our state as well as neighboring states. This service also covers our veterans. Most of the civilians served are uniquely immunocompromised and have greatest risk of acquiring SARS-COV 2 virus infection which is utmost important health issue at least currently. This is our opportunity to provide patriotic duty to our society.** We collectively can serve better, save lives as well as save millions with logical redistribution of available resources. **It is important to recognize that we have health care taskforce readily available to provide above service. It is unfortunate that certain work permit restrictions are prohibitive of providing the utmost important service.** Had I and thousands of other healthcare workers been able to work without mentioned work restrictions, we would be able to provide patriotic duty in form of expanded healthcare coverage at a regional level.

I kindly urge you to consider supporting legislation S.1024 (formerly S.3599)/ H.R. 2255 (formerly H.R.6788) which addresses aforementioned challenge.

Sravani Gundarlapalli, MD Hospitalist
UAMS
Sravani2k4@gmail.com

Honorable Senator Tom Cotton, Senators and House of Representatives,

I work as a Hospitalist at University of Arkansas Medical sciences, Little Rock, AR. **As a hospitalist we are frontline warriors in diagnosing and treating COVID19 and saving American lives.** As frontline workers we are at high risk of exposure and contracting COVID 19 disease. This puts us and our families at risk of losing lives, deportation of dependents.

I sincerely request you to support above mentioned legislations to help us keep American health care strong and save American lives.

Thank you
Sravani Gundarlapalli

Venkata Vijaya K Dalai, MD Psychiatry, Sleep Medicine
Mercy Clinic
Fort Smith, AR
vijsmc@gmail.com

Dear Senator Cotton,

I am Venkata VK Dalai, have been working as a Psychiatrist at Mercy Clinic, Fort Smith AR since August 2019. I have been in the United States since 2008, pursued Masters in Public Health from Missouri State University, Springfield, MO, residency in Psychiatry and Fellowship in Sleep Medicine from University of Texas, Houston and signed my first job with Mercy clinic in Fort Smith. I am working in an underserved area on H1 visa.

During this pandemic situation, I have been providing services to the residents of our community that are dealing with a lot of stress. My services include taking care of patients with behavioral health problems in the clinic and responding to consults from the hospital. During this pandemic, I can clearly see that there is huge spike in depression, anxiety and other behavioral health issues. In our clinic, we are providing tele-psych services and conducting all the patient interactions remotely, considering the safety. There was a significant increase in the number of visits during this pandemic. I am proud to be part of this Wonderful team and would like to continue to serve our Arkansas residents. Hereby, I urge you to support legislation S.1024 (formerly S.3599)/ H.R.

2255 (formerly H.R.6788) which addresses a lot of challenges the healthcare providers like me, are facing due to visa restrictions.

Sincerely

Venkata VK Dalai, MD, MPH

Anil Kopparapu, MD Family Medicine
University of Arkansas for Medical Sciences
Little Rock, AR
Anil.Kopparapu@gmail.com

08/02/2020

Dear Honorable Senate and House of Representative members,

I am Dr. Anil Kopparapu, a board-certified Family Medicine Physician. I take care of so many patients from the central Arkansas region. **I realized that so many rural places in Arkansas has extremely severe shortage of primary care physicians. It gotten much worse due to this unanticipated COVID-19. I strongly believe that this bill will help providing primary care to who live in rural areas of Arkansas.** The temporary work visa status is limiting me to go there where we need the most. Please kindly support this bill which will improve the health care access to Arkansans.

Thanks

Anil Kopparapu, M.D, M.P.H

Archana Jarathi, MD Internal Medicine, Endocrinology, Diabetes & Metabolism
Prime Endocrinology LLC
Little Rock, Arkansas
Drarchana28@gmail.com

Respected Senator Cotton and Honorable House of Representatives,

Arkansas is my home and I consider myself lucky to be calling the Natural State as my home. I am an endocrinologist by profession and I have been serving the community in and around Little Rock for several years. I still am seeing patients despite the pandemic.

I would like to request you to support the bills S.1024 (formerly S.3599) and S.1810 (formerly S.948) that would enable hundreds of befitting healthcareworkers in hastening their status towards legal immigration. **This would decrease the anxiety they face on a dailybasis and help them focus on taking care of their patients.**

Thank you very much for your consideration.
Archana Jarathi MD.

**Chandra Mouli Nukala, MD Family Medicine
Hospitalist, St.Vincent Hospital
Little Rock,Arkansas
Mouli2k@gmail.com**

Honorable Senator Tom Cotton, Senate and House of representatives,

Thank you for your efforts as senators and representatives in fighting against COVID 19 pandemic. As frontline workers we are fighting this pandemic along with you. As a hospitalist we diagnose and treat American citizens with COVID19 in the hospital and ICU. As you know this disease puts the health care providers at high risk than regular population. Our visa status is creating anxiety which includes possible deportation of dependent family **in case primary visa holder is disabled, dead or unemployed from COVID19 disease while treating these patients.**

We are requesting your support for above mentioned legislations to keep great medical care Americans are receiving and get rid of temporary visas for foreign trained medical professionals who are among front line warriors in fighting this pandemic to save American lives.

Thank you
Chandra Mouli Nukala

Kalyan Gonugunta, MD Hospitalist
Whiteriver medical center
Batesville, AR
Drkgo@yahoo.com

I am an Indian national working as an Internal Medicine Physician on H1 B visa (a nonimmigrant visa) for the past seven years. I have filed my I 140 under EB2 category and was approved in 2014. Indian nationals are on close to more than 100 + years of wait time for their path to acquire US citizenship. We have to undergo very tiring procedure of renewing our visas every three years.

As a physician, I have served the medically underserved population for the past seven years. During these tiring times of global COVID 19 pandemic, I lived separately for the first few months to limit the exposure of the virus to my family. It was tough on me and my family. Especially, I could not give a simple hug to my 4-year-old son. Many physicians and other health care workers have gone through these hard circumstances of long working hours, exhaustion, time away from family etc.

I sincerely request the administration to consider the S1024 (formerly S.3599).

Naveen Yarlagadda, MD Hematology Oncology
University of Arkansas for Medical Sciences
Little Rock, Arkansas
yarlagadda.n@gmail.com

To Whomsoever it may concern

I am a board-certified physician in Internal Medicine. I practiced internal medicine for 6 years. I was the director of the department of hospital medicine in Buffalo, New York, prior to moving to Arkansas. I have experience of starting and successfully running the hospitalist program with >20 healthcare providers under my leadership.

By virtue of my training, I am well equipped with dealing with COVID cases. I feel it is my moral responsibility to help COVID patients during this difficult time. I am more than happy to do the same. I am unable to work in multiple hospitals due to visa restrictions. Another concern in the back of my mind is the status of my family if god forbid, I were to contract the COVID during the course of my job. I would request you to help me to help the people of Arkansas by approving the legislation S.1024 (formerly S.3599). This is how I can help the citizens of great state of Arkansas to the best of my abilities.

Shiva Tadakal, MD Family Medicine
Mercy Clinic
Centerton, AR
shivadrprasad@gmail.com

I am a Family Physician practicing with Mercy Clinic and Hospital, been working with them for 7 yrs, initial 3 yrs in Berryville AR and currently in Centerton AR. I have been in USA for 12 yrs, in Arkansas for 10 yrs,.

I am still on a H1b Visa, which limits my services to only one employer. I have an approved I-140 (Green card application) since 2015, but due to Green card backlog it will take another 10-15 yrs for me to actually get the Green card.

The Bill S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) if made a part of the Heals act will help me obtain my Green card right away, which will help me not stay tied down to one employer **to provide my services and I can work in other health care shortage areas as needed during these COVID times**. Please support the above-mentioned bills, and help make it part of the HEALS act.

**Shikha Mishra, MD Internal Medicine Hospitalist Verde Valley Medical Center
Cottonwood, AZ
docshikham@gmail.com**

My name is Shikha Mishra. I came to the US in 2014 on a J1 visa to do my internal medicine residency. After completion of my residency, I have been serving the underserved area of Northern Arizona- Cottonwood. I am a hospitalist as well as clinical faculty of the IM residency program affiliated with Midwestern University. **I have been a part of this community for the last 3 years. I have been involved in the education of medical students and residents. I am completing my J1 waiver (3 years of working in an underserved area) this month but I love being a part of this beautiful community and want to continue serving here.**

I had to apply for an extension of my H1B even though I have an approved application for the green card. My visa stamped on my passport expired in June 2020 as it was based on the previous H1B petition. Now, I have the approved H1B petition but if I have to leave the country to see my parents if something happens to them, I won't be able to come back as I need a visa stamp in my passport and all the consulates are closed. And if I am not able to see them when they would need me, I will have regrets forever. If I am gone and cannot come back, our small hospital and the people of this town will suffer a lot as well. We have a severe shortage of physicians, hospitalists as well as primary care physicians, and it takes 1-2 years to hire someone new.

In recent months we have seen a significant surge in COVID 19 cases and our small rural hospital is somehow managing the load. We risk our lives every day while performing our duties.

While on the H1B visa, if I get infected and have to take a leave, I will not even be eligible for disability benefits. Also, I will not be able to fulfill my work hours if I am sick and may be deported. As of now, we have been working long hours at a stretch to make sure our patients get the care they deserve.

My husband is a nephrologist who has served northern Arizona, Navajo reservation, Tuba city and other underserved areas where the infection rate was the highest. He is also on H1B and if something happens to him, he will have to leave the country too jeopardizing the care of the patient he serves. Also, he is a board-certified internal medicine physician and could have helped our small hospital by covering some shifts but visa restrictions do not allow that. So, we have a hospital needing help and a physician ready to help but the visa restrictions do not let us help the hospitals in need. I cannot even work and help our sister hospital in Flagstaff because my work permit only lets me work at my hospital. The hospitals in Phoenix have been asking for coverage but I cannot go and work there.

At the same time, we have to worry about the paperwork for extensions, renewal of driver's license, maintaining our status at all times. I drive one hour to work every day. My driver license expires on 7/10/2020. I went to the local DMV which was closed. Somehow, I found another DMV and they are unable to give me the appointment as they were so busy. **We have to renew our driver license every time we apply for an extension. Is it really worth stressing over such issues when we have a community in crisis and we are devoting long hours and our lives in their service?**

I take pride in treating my patients and I am honored to be at the frontline in the COVID 19 pandemic. **We, as physicians, will be able to work to our full potential if we get the flexibility of obtaining a green card thus letting us help the severely affected areas.**

I humbly request you to consider the bills S1024 (formerly S.3599)/S1810 (formerly S.948) and House bills HR2255 (formerly H.R.6788)/HR3541 (formerly H.R.2895) and support us during this crisis where all our lives are at risk.

Sincerely,

Shikha Mishra

**Vimalkumar Veerappan, MD, FACC, FACP, RPVI Interventional Cardiology
Banner Boswell Medical Center and Banner Del E Webb Medical Center
Sun City, AZ
ykvimal@gmail.com**

I am an **Interventional Cardiologist** practicing in Sun City, AZ. **I take care of very sick COVID patients with heart problems. I perform time sensitive procedures on patients coming in heart attacks and cardiac arrest to save their lives, including COVID-19 positive patients.**

This has been a difficult time for our nation and the world. In Arizona, with the recent increase in hospitalizations, as physicians, we are working hard to help the patients that need help. There has always been shortage of medical personnel and COVID-19 is further worsening the issue as many of my fellow physicians have contracted the virus and few have unfortunately been fatal.

Personally, I support my wife and our 2 kids and I fear for their future if I contract the virus from work. This is because my wife is on a dependent visa and she cannot stay in the US in my absence. Our two kids who are US citizens will face extreme financial, social and emotional strain.

I take pride in the work I do and I am honored to be able to serve the community I call home. It's unfair that I have to live with an uncertainty of my legal status because of my national origin. Thank you for taking time to read about the dilemma we face and I hope you will support the immigrant physician workforce who are caring for people of Arizona by supporting senate bills S1024 (formerly S.3599), S1810 (formerly S.948) and house bills HR2255 (formerly H.R.6788) and HR3541 (formerly H.R.2895).

Gurusaravanan Kutti-Sridharan, MD
Clinical Associate Professor, Division of Inpatient Medicine
University of Arizona College of Medicine, Tucson, AZ
[**kuttinguru@gmail.com**](mailto:kuttinguru@gmail.com)

My name is Gurusaravanan Kutti-Sridharan. I work at Banner University Medical Center- Tucson as Internist and specialize in treating hospitalized patients. I also hold an academic position as Clinical Associate Professor and serve as faculty of the University of the College of medicine- Tucson. I completed my residency on a visa and continue to serve the community on an employment-based visa. **Although I have finished all the requirements to acquire a permanent residency in 2015 unfortunately due to the green card backlog for people from my country, I am forced to continue my job on the same employment-based visa.**

I have lived in this country for 10 years now and I feel proud and privileged to be able to fight this pandemic for my community as a frontline worker during this unprecedented health care crisis we are all in. **I have been working long hours, continuous shifts in COVID isolation wards to help hospitalized and severely ill COVID patients. Going through the pandemic while on a temporary visa has put undue strain on my professional as well as family life. My wife is on a dependent visa and if something untoward were to happen to me, my wife and kid will have to leave the country.**

I urge you to please consider the healthcare bills S1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788) and S1810 (formerly S.948)/ HR 3541 (formerly H.R.2895) that streamlines the immigration process for physicians and nurses tackling the pandemic. **We as physicians will be able to work unrestricted with a green card, enabling us to expand our services if needed and also help the severely affected areas in our country during this pandemic.** I would love to become a part of this country and continue serving its people and society forever.

Sincerely,

Dr. Gurusaravanan Kutti Sridharan MD

Nishkarsh Saxena, MD Nephrologist
Southwest Kidney,
Flagstaff, Navajo County, Tuba city, AZ
[**nishkarsh1985@gmail.com**](mailto:nishkarsh1985@gmail.com)

I am a nephrologist practicing in **Northern Arizona serving many underserved patients in Navajo and Coconino County**. I have been working on an H1b visa for the last 3 years. As you know, **Navajo County is one of the worst affected areas by the COVID-19 pandemic**. I see many patients with kidney diseases in these areas. I travel to the distant areas to serve the population in these times of crises.

I take personal risks in serving my patients; however, I am very concerned about the safety and well-being of my family if something happens to me in the line of duty. The reality is that if I am disabled or die due to the infection while serving my patients, I will not be eligible for any disability benefits and even worse, my family will be immediately deported from the country.

I want to continue serving the wonderful people of the country, especially those who are in dire need of our services. However, it would be of immense value for us as physicians, if we know that our family will be taken care of if something happens to us.

I urge you to kindly support the bill S.1024 (formerly S.3599), so that physicians like me can continue serving the United States of America without any fear for the safety and well-being of our family.

Mayank Aggarwal, MD Internal Medicine Hospitalist
Banner Boswell medical center/Banner del webb medical center
Sun City, AZ
dr.mayankaggarwal@gmail.com

I have been a **hospitalist in Sun City and Surprise area of Phoenix since 2011**. I did my **Internal medicine training from 2008-2011 and since then I have been working on H1b visa, still waiting for my green card which is so backlogged for citizens of India**. I feel so much privileged working here in US after my training and feel so blessed but I seriously think I can contribute much more if I am a green card holder as I plan to open up my own clinic and serve as internist taking care of the underprivileged, however I am unable to so because of my visa restrictions. I would like to specially mention my wife **Dr Lavanya Varma who is also a physician and currently working with Adelante Health which has several health clinics throughout the valley and are dedicated to serve the most underserved population in the Phoenix metro area**.

Personally I feel so much scared these days as I have been working in dedicated COVID units of our hospital since march this year, not because I am afraid of getting coronavirus myself but if something happens to me while working then what will happen to my family as most likely they will be deported back to India without any fault of theirs. I would like to continue working and contribute in whatever way I can but at the same time I deserve the assurance that if something happens to me, then my family will be ok and that's only possible if me and my family are eligible for a green card as soon as possible.

I hope and believe you will be able to understand some of my pain and suffering through this letter and I would greatly appreciate your efforts in regards to the same by supporting the bills S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) (healthcare workforce resilience act)and S.1810 (formerly S.948)/HR3541 (formerly H.R.2895) (Conrad state 30 and physician access reauthorization act).

**Narasa R Madam, MD Internal Medicine
Hospitalist Yuma Regional Medical Center
Yuma, AZ
Narasa.raju99@gmail.com**

My wife and I both are physicians. **We live in one of the highly infected counties in the United States of America.** My wife and I work at Imperial County and Yuma County respectively. Both these counties have a very high rate of infection and new cases and are among the top 10 of the highest infectivity rates among the counties of the United States of America. We keep our lives at stake every day.

We are not scared of getting exposed to Covid patients but we are responsible for providing childcare for our only kid. We continue to work with a never-ending spirit to take care of patients and to provide best care to our communities.

We have moved to the United States and have completed our graduations here. We continue to work in underserved communities of the United States of America. **Our kid does not know any other country than the United States of America.**

I personally take care of and volunteer to take care of Covid patients in my hospital. My wife continues to provide and help in the mental health of our community as she is a child and adolescent psychiatrist.

Kindly consider our request and help us in this process of naturalization for us to continue to provide the best care we can and live in the best country in the world.

Thank you

Narasa R Madam, MD

Adhirath Doshi, MD Cardiology
Cedars Heart Clinic
Casa Grande, AZ
[**adhirathdoshi@gmail.com**](mailto:adhirathdoshi@gmail.com)

My name is Adhirath Doshi. I **am practicing cardiology in a medically underserved area of Arizona**. I completed my residency and fellowship on a Visa and continue to serve the community on an employment-based Visa.

I am passionate about my job and always give my level best to help the community which gives me immense satisfaction.

During these unprecedented times **I feel really scared for my patients who are mostly elderly and with obvious high risk and comorbidities. But at the same time, I worry about my family. We are fighting on the front lines, God forbid if something was to happen to me and if I succumb to this virus, unfortunately due to the immigration system laws, my family situation may end up in Jeopardy.**

I request the leadership, senators, and congressmen to consider passing of bill S1024 (formerly S.3599) as well as S1810 (formerly S.948) to streamline theimmigration process for the physicians tackling the pandemic.

Thank you,

Adhirath Doshi, MD

Abhinav Sharma, MD Internal Medicine
Clinical faculty IM residency, Banner University Medical Center
Phoenix, AZ
Abhinav.sharma0322@gmail.com

My name is Abhinav Sharma, I work at Banner University Medical Center Phoenix as a clinical internist [**working in the ICU**] as well as part of the faculty of our internal medicine residency program.

My wife (**also a physician on H1B visa**) and I, both have been proudly and diligently working with our colleagues to contain this pandemic which has wreaked havoc in our communities and all across the country. We all stand as one against this fight which requires every bit of physical/emotional strength. We just humbly request your support. **I have been here for 9 years now**. I love this country which has given me so much. **We will continue to stand hand in hand with our colleagues on the frontlines and take care of our patients/communities reeling from this pandemic**. I urge you to please consider this bill and/or steps for streamlining the immigration process for Healthcare workers so that we do not have to endure any undue strain.

Thank you again for your support
Abhinav

Ranjit Singh, MD Nephrology Southwest Kidney
Phoenix, AZ
R9singh@hotmail.com

I am Ranjeet Singh, MD. I am a Nephrologist.

My wife is Veen Gil MD, **she is an infectious disease doctor.**

We have a very cute 13 months old Daughter, who was born in Glendale Last year. We love this country. We have been serving here in the US since 2010.

I have worked in Brooklyn, Queens NY, then 1 year in Little Rock Arkansas. Then I moved to Arizona in 2016. We work hard especially in the current situation.

I mostly worry about my wife who is seeing many Covid pts every day as that's her specialty. We worry about our daughter getting sick if we bring the disease home.

But the one thing that worries us the most is the uncertainty of our future here.

There is no light at the end of the tunnel for us and immigration backlog has broken our backbone. My parents keep telling us to move to Canada.

But we love this country and want to serve the people of this country.

Please help us in feeling safe and secure here so we can continue our to take care of US citizens by giving our 100%.

Please listen to our story.

Swetha Reddy MD Hospitalist
Mayo Clinic
Phoenix, AZ
[**mail2drswetha@gmail.com**](mailto:mail2drswetha@gmail.com)

I am Swetha Reddy, currently working in Arizona doing a nephrology fellowship on H1B visa, prior to this I worked in Idaho in an underserved area for 3.5 years. During my tenure as a hospitalist, when I had 15 days off, I tried to serve my community where we had a huge physician shortage but was not allowed to do the same due to visa restrictions.

Currently, there is an increased requirement of physician support needed in Arizona due to Covid surge, I have been approached by various physician groups in and outside my hospital with moonlighting opportunities but I am unable to provide help again due to the visa restrictions. My husband still works in Idaho as a hospitalist facing the same restrictions, we as a family are going through a lot fear and emotional distress due to all the uncertainties visa brings into our future. By approving the above bills, we will not only be able to serve our communities to our full potential but will also provide stability to our children's future.

Nikhil Sood, MD Internal medicine
Hospitalist Banner Health
Phoenix metro, AZ
Nikhilsood03@gmail.com

My wife and I have been working at the frontline taking care of COVID patients since March. It has been a stressful and frustrating phase of our careers. **If either of us gets sick our family will probably have to go back to India as Visa related processes are all on hold.** Please look into our request above so we can focus on taking care of patients who need us rather than worrying about visa issues.

Reema Menezes, MD Family Physician
Bay Area Community Health
menezes.reema@gmail.com

Honorable Senators and House Representatives,

I am a Family Physician and living in the US since 2009 and have been on a visa since then. I graduated residency in Family Medicine in 2013 and applied for my greencard in 2014 and since then like many of my physician colleagues, I have been stuck in the greencard backlog with no end in sight due to the country quota limits for greencards.

I am currently working at a Federally Qualified Health center as a Medical Director and we mostly see uninsured and underinsured patients across 2 different counties in the Bay Area. I love my patients and the community at large and I am proud of the work that we do. **We serve almost 89,000 patients in the community and it is mainly due to availability of immigrant physicians that many of these patients have a medical home and have a caring physician to provide coordinated and comprehensive healthcare as often times there is a lack of physicians who are willing to work in medically underserved areas such as these.**

Physicians on visas have to continuously renew their work visa every few years. **I am up for renewal this year and there is always a lot of uncertainty and worry that we face during this time not to mention the tremendous amount of paperwork, time and effort that is involved to co-ordinate everything with immigration attorney and employer. This is a ritual we have to get used to every 3 years.** If this is not enough whenever we plan to travel to visit family in India we have to get the visa stamped on our passport at the US embassy and this can also take up a lot of time and planning. **We are in constant fear that our patient's may be abandoned if there are visa issues when we travel abroad.** During these unprecedented times of the COVID-19 pandemic when healthcare workforce is already limited, **visa restrictions and limitations have caused me and other physician colleagues to not able to use our expertise and skills in places/locations when and where we would have wanted to help.**

I urge for you to support the immigrant healthcare workers by your support of this bill S.1024 (formerly S.3599)/ H.R 2255 (formerly H.R.6788) which would provide a tremendous relief to immigrant physicians. It would be in the best interest of our underserved communities and the nation that their immigrant physicians and healthcare workforce can be guaranteed the home that they deserve.

Rashmi Prabhudas Parmar, MD Child, Adolescent & Adult Psychiatrist
Community Psychiatry Inc, Newark CA.
rashmiparmar85@gmail.com

Respected Senators / House Representatives,

I, Rashmi Prabhudas Parmar, am a **Child, Adolescent and Adult Psychiatrist**, working at Community Psychiatry outpatient clinic in Newark and Manteca locations in CA. I wanted to express my gratitude for your efforts and support towards the healthcare community in the midst of a crisis. I am writing this letter to urge you to support the legislations S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895).

I wanted to provide you an outline of my journey. I have been residing in the United States since 2009. I completed residency training in General Psychiatry at the Texas Tech University Health Sciences Center in Lubbock, TX on a J1 visa, then transitioned to a fellowship in Child and Adolescent Psychiatry at Northwell Health program in Glen Oaks, NY. After completing my training in 2016, I took up a J1 waiver job under CONRAD 30 program in the state of California at Tracy and Manteca clinics locations of Community Psychiatry. I was able to apply for a green card once I completed a year of service with my employer, and have been in the Green Card backlog since then. While in residency and fellowship, I had to renew my J1 visa every year, and currently I renew my H1B visa every 3 years until I get a Green Card. **For the past decade, due to worries about visa renewal / expiration, I had to delay or miss several family events / emergencies in my home country India, one of which is my mom's diagnosis and ongoing struggle with cancer.**

During my tenure as a psychiatrist in the U.S., **I have mainly served patients in underserved areas. There have been times when the wait list for new patients to establish care with me was several months long. I am grateful for this opportunity to be able to serve patients in need and hoping to continue doing so if allowed. I would like to help more people beyond my current job through systems like telepsychiatry but my Visa restrictions prevent me from doing so.** I would like to feel secure in a place that has been home for me and my family for over a decade without having to worry about being deported in case my visa doesn't get renewed. Hundreds of child and adult patients would lose care without me.

According to a study, from 2006 to 2017, the number of child psychiatrists has increased by 21% to **9.75 per 100,00,000 children (0-19 yrs) in the US (Pediatrics, 2019). The American Academy of Child and Adolescent Psychiatry (AACAP) estimates that 47 child psychiatrists are needed per 100,00,000 children, which is 4 times more than the number found by the study.** Immigrant physicians form a significant part of this crucial workforce in the U.S. which the community needs even more. **The COVID 19 crisis and the immigration law changes have further instilled fear and uncertainty about our legal status in such unprecedented times.** By supporting the above-mentioned legislations, you will help immigrant physicians get the peace of mind they deserve and serve better the communities in need.

Thank you for your time and consideration,

-Rashmi Parmar, MD.

Prita Mohanty, MD Pediatric Gastroenterology and Hepatology
UCSF Benioff Children's Hospital
Oakland, CA
Prita.Mohanty@ucsf.edu

Dear Senator and House Representatives,

My name is Prita Mohanty. I am a Pediatric Gastroenterologist and a Transplant Hepatologist. After completing Residency in Pediatrics in Downstate Medical Center, Brooklyn, NY and Chief residency in Pediatrics at Upstate Medical University at Syracuse, NY, I pursued fellowship in Pediatric Gastroenterology at University of Rochester Medical Center. I served in an underserved area in Upstate NY for three years treating children with gastrointestinal issues. I was selected for Transplant Hepatology fellowship at Boston Children's Hospital. I am currently working as an Assistant professor in Pediatric Gastroenterology and Hepatology at UCSF Benioff Children's Hospital at Oakland.

I would like to extend my heart felt gratitude to the United States of America to give me an opportunity to pursue subspecialty training here. I have been in the United States since the last 14 years and have grown as a physician in this country. **I am the sole pediatric hepatologist in this area and the Director of the Pediatric Hepatology clinics at the UCSF Benioff Children's Hospital Oakland.**

I am proud to serve the United States at the time of the COVID-19 pandemic when our services are needed the most. I continue to work at the hospital, treat children with gastrointestinal problems and the vulnerable liver transplant population. **I am performing high risk procedures including endoscopies which increase the risk of transmission of the virus particles to the endoscopist due to close proximity to the patient.**

I have received multiple phone calls for help from other hospitals in the country due to the shortage of physicians at this time. However, due to H1B visa restrictions, I have been unable to extend my service at this crucial time. One in every four physicians in the United States is an immigrant. Providing us with permanent residency will only reinforce the US healthcare system as we continue to address the needs of the community and the country during times such as this.

I kindly request your support to the immigrant healthcare workers by supporting legislations S1024 (formerly S.3599)/ HR2255 (formerly H.R.6788).

Sincerely,

Prita Mohanty MD

Rahul Paryani, MD Internal Medicine
Faculty of Internal Medicine and GME
San Joaquin General Hospital, French Camp, California
Drparyanirahul@gmail.com

Dear Senator and House Representatives,

I graduated from medical school with gold medical and distinction and left ophthalmology residency in India to serve as primary care physician in United States to be around my family in United States. I am a Board-Certified Internist who has immense interest in training future health care providers. Following my residency at Icahn School of Medicine at Mount Sinai/New York City Health and Hospital Queens Hospital program I decided to join as Faculty Internal Medicine at Graduate Medical Education residency program at San Joaquin General Hospital in French Camp CA.

I work in outpatient settings as part of Federally qualified health center serving and trying to make a difference in lives of people from under-served areas including many managed care Medical patients. In future I intend to join another FQHC BACH- Bay Area Community Health with strength of southern Alameda County's Tri-City Health Center and Santa Clara County's Foothill Community Health Center formed during the middle of the COVID-19 pandemic, which brings more than 70 years of combined service to the area that stretched from Union City to Gilroy serves more than 100,000 people, who rely on high-quality healthcare services, regardless of their immigration status, ethnicity, disabilities, or ability to pay.

My brother is US Citizen and my parents are permanent residents, however **during this Covid Pandemic I am fearful that if something happens to me- my Pregnant wife might be running out of status and would be deported back to India being on H4b status. She currently is in high risk category group per CDC but serves as a volunteer in clinics as prides herself in being ECFMG Certified physician completing all her medical licensure examination and intends to join future work force fighting this pandemic.** I am thankful for your time and request for your support in sponsoring legislation S1024 (formerly S.3599) /HR 2255 (formerly H.R.6788).

Sincerely, Rahul

Paryani MD

Siddhesh Lotlikar MD Internal Medicine
Hospitalist, Sound Physicians California
Siddhesh_lotlikar@yahoo.com

I am Dr. Siddhesh Lotlikar currently working as a hospitalist in a federally underserved area in the Solano County which was one of the first counties in California affected with a major COVID-19 outbreak earlier this February. I have been working with the Sound Physicians at the North Bay Medical Center for over the last two years and **have been providing care to low socioeconomic, underserved and non-insured population on a routine basis and currently catering to the needs of hospitalized COVID-19 patients on the Inpatient medical floor, Emergency room and Intensive care units.**

As we are dealing with this crisis as healthcare workers, we all preoccupied with tremendous uncertainties regarding our future in this country. Me as well as my wife are both foreign born graduates who have been trained in esteemed Institutes in the United States of America and have been diligently practicing medicine for over 14 years since the time, we entered residency in the year 2006. Nevertheless, we have been carrying out our roles as physicians and have helped to serve different populations in the states of New York, Pennsylvania, Massachusetts and now California.

I have also completed my J1 visa waiver a remote township of Upstate New York for a period of three years. In addition to that I have also completed additional training in Nephrology from Albert Einstein Medical center in Philadelphia, where in we were trained to take care of outpatient and inpatient dialysis patients and pre-and post-renal transplant patients.

Having partaken in this journey of practicing medicine in the United States coming from a different country and culture I can only say that our experiences have been enhanced and our perspectives broadened during this time. **For most of us we have come in our 20s and we have lived our adulthood had life-changing events including marriages, health issues, having kids and going through the vagaries of life in this period slightly short of two decades.** Albeit now we are facing another huge uncertainty of our status in this country given the current COVID-19 crisis.

We are limited to serve in only a few places due to H1B visa restrictions, travel to visit our families in our home countries is restricted with associated risks in case of an Emergent situation whether our travel back to our loved ones in US will be guaranteed. In an event of disease or death, with nopermanent immigration status the financial security of our families is in peril. These questions have started to creep in our minds and have started making us very anxious of what the future holds for us.

I would hereby earnestly request you on behalf of my fellow colleagues, to consider our pleas to expedite the backlogged green card applications of most of our healthcare workers as soon as possible, who are facing similar situations and ensure their safety, security and well-being while they continue to work on the front lines as always to fight this war against the coronavirus.

Sreedhar Adapa, MD Nephrologist
Visalia, CA
sreedharadapa@gmail.com

I am a board-certified Internist, Nephrologist and Clinical Hypertension specialist. I am also faculty nephrologist at four residency programs and actively involved in clinical research. I have been in United States since 2008. I did Internal Medicine Residency training from 2008-2011; and Nephrology Fellowship training from 2011-2013 at New York Medical College, New York. I worked in Ardmore, Ada and Duncan, Oklahoma; and Gainesville, Texas for twenty months after fellowship training. The community that I have served in Oklahoma and Texas were underserved and rural. I have moved to California to join The Nephrology group, which provides comprehensive kidney and vascular care. I have been practicing in Visalia, Hanford, Tulare, Porterville and adjacent rural communities that are underserved for last five years. I am the Medical Director for Visalia, Hanford and Tulare locations in our practice. **I am the Medical Director for Visalia at Home peritoneal dialysis and Visalia Vineyard dialysis. Visalia Vineyard dialysis center is the first home hemodialysis program in the Tulare County.** Previously I was Medical Director at Exeter dialysis and Visalia Peritoneal dialysis. I was instrumental in getting 4- and 5-star rating for the dialysis centers. Four- and Five-star rating is given to the dialysis centers based on the quality metrics by Centers for Medicare and Medicaid Services.

As per the new executive order by Health and Human Services, 80% of the patients' needs to be transplanted or receiving home dialysis as the renal replacement modality. **I have been playing a vital role in growing the home programs and my home penetration rate is around 28-29%, which matches the top ten percentile in the Nation. I play a key role in my patient's care in gaining access to renal transplant. I work with all the Transplant centers in California and encourage living donor transplantation because of the organ shortage. I have been on the nephrology task force working closely with the transplant experts in formulating the tools for the patients to gain easy access to the kidney transplantation.**

I am also **Medical Director for inpatient dialysis at Adventist Hanford, Adventist Tulare and Adventist Selma.** I oversee the inpatient dialysis and ensure that the quality care is provided. I am also **chairman for the Nephrology work group at Adventist**, created to improve the outcomes in the kidney care. Since I took over as a Medical Director for Inpatient dialysis at Hanford Adventist, I have expanded services to Tulare and Selma. I have also introduced the plasmapheresis program, which is administered for life saving emergencies.

I am **Director for The Hypertension Center certified by American Heart Association** that provides comprehensive care for hypertension. The hypertension center serves 2.6 million population, specializes in treating uncontrolled hypertension, work up for secondary hypertension and an avenue for clinical trials. Nationally there are less than 20 centers certified by American Heart Association and only second to Stanford in the state of California.

I am involved in active clinical research and have published over 50 manuscripts in peer reviewed journals. I have presented at the National conferences and my research has acclaimed international recognition. My research has been cited in national and international guidelines and was endorsed by multiple reputed medical societies. **I am also investigator for the clinical trials at the Medical research group. I have published extensively on COVID-19.**

I am full time nephrologist and **has been working in front lines during the COVID-19 Pandemic.** I am involved in caring for patients admitted to hospital with COVID-19 when they develop renal issues and also dialysis patients who are infected with COVID-19. I also **serve on the COVID task force at the hospital. I have also been involved in introducing the practices to prevent the spread of COVID at outpatient dialysis centers.**

Despite of the accomplishments, I have to depend on the mercy of the immigration officer to work in this country renewing visa every 3 years. I have been granted visa only 1 year once. I cannot attend international conference because of visa issues and stamping. I fear about the family getting deported if something happens to me serving American Citizens.

Aadhar Adhlakha, MD Internal Medicine/ Hospitalist
Community Regional Medical Center
Fresno, California
aadharadhlakha@gmail.com

I am an Internal Medicine Hospitalist physician currently working at Community Regional Medical Center in Fresno, CA which is considered a medically underserved area. I am an immigrant from India and have been staying legally in the United States on Visa for 7 years. I came in 2013 and completed my residency (post graduate training) at Detroit Medical Center in Michigan on a J1 (exchange visitor) visa. As per visa regulations a physician who completes residency on J1 visa has to return to his/her home country for 2 years. If they wish to remain in the US they need to work in a physician shortage area for 3-5 years. I chose to do the latter. I'm currently employed on H1B visa and filed for my Green Card in 2017 under EB2 category. My application has been approved by USCIS, but due to the arbitrary country based caps, like many other Indians I'm currently stuck in a green card backlog and it'll take decades (current estimate wait time 150 + years) before I'll be eligible for one, which you can see is not possible in one's lifetime. Being a primary care physician I'm one of the front-line workers taking care of Covid-19 patients on a daily basis and putting my life at risk. We all know that Covid-19 has infected millions of Americans including several health care workers creating an immense shortage of doctors, especially in the hard-hit areas. I get texts / calls from recruiters (both from California and other states) every day to help them manage corona virus patients at their hospital but I'm not able to as my visa does not allow me. I'm bound to my current employer and hospital and cannot offer my expertise and help to other hospitals even if I want to. Also if anything happens to me while treating covid-19 patients and I cannot continue to work, I will lose my legal status in this country and will be deported.

On a personal note I have been accidentally exposed to covid-19 multiple times, while treating patients at my hospital who were admitted for a different medical problem but tested positive for covid later. Luckily, I have remained asymptomatic so far, but might run out of luck sooner than later. I'm really passionate about my profession and love taking care of my patients. Also, I take immense pride in serving my community. We as immigrant physicians are an integral part of the US healthcare system, especially in the medically underserved/physician shortage areas. **Not everyone wants to settle down in these areas but we call these places our home. We do not steal jobs but create them. We pay taxes and contribute towards the US economy. Above all we selflessly serve our communities but don't consider ourselves a part of it as we are still considered as alien physicians. We came here legally, studied for years, spent sleepless nights saving lives of others, renewed our visas multiple times and followed every immigration rule.**

We sincerely urge you to please support/pass S.1024 (formerly S.3599)/ HR.2255 (formerly H.R.6788) (Healthcare Workforce Resilience act) and S.1810 (formerly S.948) / HR.3541 (formerly H.R.2895) (Conrad State 30 and Physician Access Reauthorization Act) and help bring physicians in the areas where they are needed the most. Covid-19 pandemic is a war our nation and the world is currently battling against. No war can be won without soldiers. **AND WE, PHYSICIANS ARE THE FOOT SOLDIERS/HEALTHCARE HEROES fighting this pandemic every day. We live in this country, we are trained here and we are ready to serve.** Let's work together and help bring healthcare access to millions of Americans who are in dire need by allotting permanent residency status (Green Cards) to thousands of immigrant physicians who also want to call America their home.

WE HAVE DONE EVERYTHING RIGHT, AND NOW IS THE TIME FOR YOU TO DO WHAT'S RIGHT.

Looking forward for your help and support. My Sincere Thanks!!

Best Regards,
Dr Aadhar Adhlakha, MD

Ambar Rahman, MD Internal Medicine
Clovis Community Medical Center,
Clovis, CA
ambarrahman@gmail.com

Respected Senator/Representative,

My name is Ambar Rahman and I am an American Board of Internal Medicine certified physician. I would like to start by first thanking you for your efforts in helping people of this great country during these unprecedented times. The intent of this letter is primarily to bring to your attention the current situation affecting many physicians adversely especially during this pandemic.

Since completing my internal medicine training in 2012 I have been working in federally designated physician underserved areas for the last 8 years - 3 of which were in Arizona followed by 5 years and ongoing in the Central Valley of California. My job involves taking care of patients admitted to the hospital. Earlier this year when COVID-19 became a pandemic and affected the United States especially hard, **I often felt I could be valuable in the hard-hit areas where the illness was overwhelming the healthcare system. I was unable to spend any time working/volunteering at any facility outside of my primary job location due to my work visa being one employer specific.** I personally know many other physicians in the same boat who could have been an extremely valuable resource but were held back by these rigid work restrictions.

Many of us call our current locations "home" but feel these unnecessary hurdles hold us back from truly feeling one with our communities. **This stems from the uncertainty associated with our work visas and many years of standing in line waiting for the truly deserved recognition to continue our privileged relationship with our patients.**

I would like to use this opportunity to urge you to assess these bills proposed to help introduce some common sense measures to resolve the immigration backlogs disproportionately affecting many international born but U.S. trained physicians. We would love to continue doing our work of taking care of people of this country without the unnecessary stress the current immigration system creates.

Sincerely,

Ambar Rahman MD

Nishitha Kotla, MD Internal Medicine Physician
Sutter Medical Group
Auburn, California
kotlanishitha@gmail.com

Respected Senator/Congressman/ Congresswoman,

I am a US trained Board certified Internal Medicine Physician. I have been in United States since 2013. My husband is a Computer Engineer, working on medical software.

I am working on H1B visa since 2014. Currently working as a Primary care Physician in Auburn, California, I take care of adults with complex medical conditions as well as preventive care, mainly geriatric population with increased medical needs. I also supervise Nurse Practitioners at work.

As you know, current Covid pandemic has created unforeseen and challenging situation for all of us. **When asked to volunteer for Emergency workforce team, I was among the first to volunteer, ready to work in hospitals where there is a shortage. But unfortunately, due to H1B visa, I am restricted in work location.** It is during these unprecedented times where we all need to stand together and fight, but we can do this only when we are not restricted by rigid rules of visa and also have sense of security for our family.

I would like to use this opportunity to urge you to assess and pass the bill S.1024 (formerly S.3599)/HR.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/HR.3541 (formerly H.R.2895), it will strengthen the workforce and enable us to make long term commitments to the community we serve without worrying about immigration status of me and my family.

Thank you.

Nishitha Kotla

Srikanth Naramala, MDRheumatology
Adventist Medical Center
Hanford, CA
dr.srikanth83@gmail.com

I am a Rheumatologist working in an under-served area. There are only few Rheumatologists in the nation. The number of people retiring every year are more compared to people graduating. That makes it even hard for the patients to get an appointment with a Rheumatologist even harder, especially Medicaid , Veterans and people in under-served areas. And unfortunately, these are the group of people who even has complex health conditions who needs more care and attention.

I specifically took the job in under-served area to serve these needy population which gives me a happy feeling. I also want to be clear that I am a H1B holder since my post-graduation and I don't have any requirement to work in an under-served area. And because of the dire need of my specialty, I can even have a job in the downtown of Manhattan. So is the fact with most of the physician community in general. And these physician jobs not only serve the community but also create at-least an average of 6 to 9 jobs around his/her work.

I also wanted to help the veterans in VA hospital at least half to one day a week, but my visa rules restrict my passion to help the community. So is the situation of many physician colleagues in the same boat, who shared their frustration of not able to volunteer or help during the COVID-19 surge in the hard stricken areas like New York City.

In-spite of all these hurdles and visa restrictions, my passion to serve the needy will not stop and it is even making me stronger to find ways to help the community. I hope the policy makers understand and work towards creating reforms that can make our nation even stronger.

Arathi Lakhole, MD, Pediatric Gastroenterology
UCSF Oakland Children's Hospital,
Oakland, CA
arathi.lakhole@gmail.com

Greetings,

My name Arathi Lakhole, currently practicing as a pediatric gastroenterologist in UCSF Benioff Children's Hospital Oakland.

I am a US trained physician and have been on Visa since last 12 years. Children's Hospital Oakland is a free-standing children's hospital which serves children from all over Northern California particularly catering to low socio economic population. **As a subspecialist, on a daily basis I care for children who present with acute emergencies such as foreign body ingestions, bleeding in gastrointestinal tracts, liver failure and other chronic medical conditions such as reflux, crohn's disease, ulcerative colitis, celiac disease, kids with feeding issues.**

Current pandemic has led to a lot of uncertainties for us and our family's stability and future. Being on H1B visa does not allow me and my family with 2 small kids sense of security in case something untoward were to happen such as losing job or losing life to covid 19. We are unable to pack our bags and leave as we have nowhere to go. We sincerely request you to strongly consider passing this bill. It would definitely mean a lot for our family's future and security.

Merveen Appu, MD PediatricNeurology
Valley Childrens Hospital
Madera, CA
merveenappu@yahoo.com

As a Pediatric Neurologist, I have first hand knowledge about the scarce resources that are available for children with neurological disorders in the rural/medically underserved areas of this great nation. I had been fortunate to serve the medically underserved population in Illinois and California over the last 6 years. **I have been fortunate to provide specialist service to an area where patients would otherwise have to travel 3-4 hours. As a physician, it is extremely satisfying to see the grateful smile of our patients and their parents.** We would like to continue providing the excellent care and services to our communities.

At the same time, **it is disappointing and frustrating at times, the barriers that are currently in place for foreign born physicians to continue care to their communities. As a physician, we should be devoting our time and energy in the improvement of the health of our community.**

Unfortunately, uncertainties continue to haunt our lives due to immigration backlog for foreign born physicians. In these times of uncertainties, magnified by the COVID 19 pandemic, foreign born physicians waiting in immigration back log, **have to worry, not only of their own health and inability to work, but also worry about their families whose ability to contribute to their communities may be abruptly terminated.**

We would like you to kindly acknowledge the need for physicians to our respective communities. We would like you to recognize the same by sponsoring legislation that ends uncertainties in our lives so that we can focus on what we do best. Provide excellent care and bring primary care and specialist care to rural medically underserved communities of this great nation.

**Yogesh V Kolwadkar, MD Orthopaedic Surgeon
VA Central California Health Care System
Fresno, CA, 93703**

arthrosurgeonvk@gmail.com

Honorable Senators, Congresswomen & Congressmen

SUBJECT: Re S1024 (formerly S.3599)-HR2255 (formerly H.R.6788)-S1810 (formerly S.948)-HR3541 (formerly H.R.2895) - "Healthcare Workforce Resilience Act" & "Conradstate 30 and physician access reauthorization Act"

I hope this email finds you and your family safe and healthy! **I introduce myself as an orthopedic surgeon working at a VA Hospital.** I am writing to seek your support for a legislative and political affair that I am advocating. As you might be aware, United States will be short by at least 120,000 physicians by 2030. Notably, rural America is home to 20% of all U.S. citizens, yet only 9% of U.S. physicians practice in rural areas.

Moreover, with current COVID pandemic this shortage has been amplified with urgent need of doctors to fulfill critical role as forefront fighters. Unfortunately, due to visa restrictions, most of the international medical graduates (IMG) cannot move to much needed hospitals or region. Senators Purdue, Durbin, Young and Coons have introduced S.1024 (formerly S.3599) "Healthcare Workforce Resilience Act" in the senate. This important legislation would facilitate vital access to health care by directing federal immigration authorities to recapture unused employment-based visas and expedite the approval of applications to meet healthcare treatment capacity needs at this critical time. During this pandemic the role of IMGs is even more critical to care for the thousands of patients battling COVID-19.

Senators Amy Klobuchar, Susan Collins and Jacky Rosen have introduced S.1810 (formerly S.948) "Conrad state 30 program and physician access reauthorization Act" in the senate. The program allows physicians from other countries (IMG) who have finished their residency or fellowship training in the USA, to practice in the federally designated Health Professional Shortage Area (HPSA) / Medically Underserved Areas (MUA) / Veteran's Affairs Hospitals / Academic Institutes, where American patients face a severe shortage of doctors. This bill also incentivizes these US trained IMG working in the underserved areas and health provider shortage areas. It excludes these physicians from green card per country numerical limitations and helps them obtain a permanent residency, thereby encouraging them to work and stay in underserved areas. The Bill thereby enables the HPSAs to avail better healthcare by retaining these physicians.

Multiple local and national level organizations believe that this bill would address the physician shortage in rural areas and have expressed their support for this bill. **I work at the Veterans Hospital as an Orthopedic Surgeon and am proud to have taken care of the Veterans and continue to do so in this unprecedented COVID-19 pandemic. However, I am concerned that if I fall in this fight against COVID-19, who will take care of my family? will they be deported? Out of my two sons, one is an American Citizen. He will be forced to move to India along with my family.** For the past 5 out of 7 years, I have provided care in the most rural communities in the US and my green card was approved in 2016. However, I am still in need of constant visa sponsorship to be able to provide service to the Veterans. I implore you to please cosponsor and pass these bills and hopefully include it in the next COVID-19 relief package and end uncertainty in our life so that we can focus all our attention in taking care of fellow American Citizens!

I look forward to your response.

Thanking you,
Stay Safe!
Sincerely,

Yogesh Kolwadkar
MD, MRCSEd, MCh (Trauma & Orth), MS(Ortho)

**Prital Janakbhai Desai, MD Child and Adolescent
Psychiatrist Santa Rosa, CA
pritaldesai22@gmail.com**

I have been on visa since 2006. Initially, I was on student visa, then on dependent visa of H1B spouse and finally on my H1B visa. I work at an outpatient clinic as a Child and Adolescent psychiatrist, serving wide community for its psychiatric needs. My qualification greatly benefits the surrounding population in need of child and adolescent psychiatrist.

The challenges I have faced so far are limited locations I can apply for job, intense visa related process we undergo, expenses related to the process, stress related to travel outside the country and worries about the visa stamping process and changes in the visa regulations from time to time. Lastly, lengthy and tedious process of green card.

There is dire need for psychiatrists in the country and visa limitations affect the ability of the community to receive the help that they need and also greatly impact our ability to serve the community.

Prabjit Singh, MD Internal medicine/ Hospitalist
Sutter Amador Hospital
200 mission Blvd, Jackson, CA 95642
doctor_prabjit@yahoo.com

I have been in United States since 2004 and started my first job in rural setting in 2009. Since then I have been continually serving the needs of our local community with complete dedication. It's has been 11 years this august, 2020. I am still awaiting green card which has been a long and relentless wait for me since 2009. I do feel that I could have been served other neighbor rural communities also where there are limited resources and immense medical need if I had received my green card. **Visa restrictions is a significance limiting factor and road block in serving needs of communities in need.** At the same time, it puts pressure on our personal lives because of various restrictions. I believe streamlining this process in future and in the meant ime fixing current Backlog especially when Covid is our biggest challenge and effecting rural communities more than anywhere else will be a step-in right direction and quick action on this matter is the essence of time.

Thanks,

Prabjit Singh, MD

Rajavardhan Bandaru, MD Internal Medicine
Hospitalist at Dameron Hospital,
Stockton, CA
rvbandaru@gmail.com

I am internal medicine physician and working as a hospitalist at Stockton, Ca. **I took this this job to provide care to underserved area, most of our patient population is low socioeconomic and homeless.** I do take care of COVID patients every day since March. I like to provide optimal care to all my patients when they are in hospital and give same priority for post discharge needs like arranging PCP appointments, providing medications and arranging shelter placements by closely working with case management team.

I came to USA in 2008, went through several hurdles to complete my residency to fulfill my desire to serve the needy population. **Especially during this Pandemic, I am offered to work with many other hospitals where there are high number of COVID patients. As like all other physicians I have to restrict to only one hospital and cannot extend my services to any other parts of the community due to visa restrictions.**

As always, I am very proud and love to serve the community especially more during these criticaltimes. I am bold enough to fight as frontline health care worker during this pandemic and spread my services to other underserved areas.

Many other immigrant doctors have to restrict their services to one hospital and serve very small community due to visa restrictions.

These bills will provide opportunity to extend services in different ways and various underserved communities.

Bhavin Doshi, MD Pediatrics
Golden Valley Health centers,
Manteca, CA
bhavin15.doshi@gmail.com

I, Dr. Bhavin Doshi, have been working as a pediatrician in the rural and under-served communities in United States for past 7 years. I am currently working on an H1-B visa at a Community Health Center in Manteca and Modesto, CA who almost exclusively cater to under-served population. It has been an extremely rewarding experience, both in terms of personal and professional growth, but yet I have never felt free. Despite serving the communities in dire need for doctors, I feel my needs are unmet. **I have been on a VISA in this country for past 13 years and when I tell my colleagues that there is no guarantee about my future, they look flabbergasted. The current pandemic has pushed our fears to the limits. A feeling that everything may suddenly change for my family if something happens to me while serving on the front-line is extremely distressing.**

The patients that I serve to have been extremely grateful about the access to healthcare that we provide by being in the community. **Trust is everything in a doctor-patient relationship but what about trust that immigrant doctors need from our administration to help us feel secure. The current situation has just shown how vulnerable we are and I sincerely hope our plight can be understood by the authorities.**

The proposed bill will help us secure our future and help us feel safe in the very community that we serve. God forbid, if something happens to me, my family will not have to scramble to wrap things up and leave the country and then struggle to start a new life elsewhere.

**Harkanwal Singh, MD Internal Medicine
Hospitalist, Sutter Amador Hospital
Jackson CA
Harkanwalsingh79@yahoo.com**

I am Board certified Internal Medicine physician working as Hospitalist in Jackson, California which is medically underserved rural area . I have been working here for 7 years and have been in United states for last 15 years. I have been on H1b Visa and have renewed it 5 times already.

I have been involved in taking care of sick covid 19 patients, I have 2 children who are US citizens being born here in US. **We had to bear significant problems in past related to immigration. My son was born here in United States, His mother who was on dependent H4 Visa had to leave country to go back India to get visa stamped when he was just one month old.**

We have called this country home now, We have been living here for 15 years but we are on H1b visa and it will still take at least 10 more years to get our green Cards. **We both as a couple being physicians, are involved taking care of sick Covid 19 patients. as you know health care workers are affected by Covid 19 and are at risk of dying of from it. If we get sick or die of Covid 19 patients, our US citizen kids will have no place to go.**

Parminderjit Singh, MD Internal Medicine
California Department of Corrections and Rehabilitation
California Health Care Facility, Stockton
parminderjit.singh@cdcr.ca.gov

My name is Parminderjit Singh and is a board-certified Internal Medicine physician. I am in US for the last 10 years and working as a physician. All these years, me and my wife (also a physician) has served in underserved and rural areas. **After talking to many of my colleagues and friends, we have realized that there is so much to do for health care system and each and every physician is a part and involved in it.** Over the years, we have realized big shortage of physicians in many parts of this country. **During unprecedented times like Covid pandemic, many want to come forward and give their best to help communities but not able to do as can't Volunteer/work related to visa restrictions and also there is fear of being deported, in case if get sick and loose jobs.**

The current proposed bill definitely will help many of us to come forward and allow us to do more.

I kindly request your support to immigrant healthcare workers by supporting the legislation

Sincerely

Parminderjit Singh

Gopi krishna Polasa Venkata, MD Internal Medicine
Los Banos CA
Drpolasa@gmail.com

I work at Los banos CA as an MD providing my services to underserved community. I came to USA with a dream of establishing my carrier in serving the underserved communities.

Despite all tremendous hardships life has put on me, I endured all the struggles and completed my residency on J1 visa. **Visa restrictions has always restricted my ability to spread my wings in different platforms of healthcare system. Despite the desire and enthusiasm to work for the hospitals and the communities in this critical period I felt my hands were tied up so hard that I couldn't serve the purpose of being a physician which was a dream of 3 decades.**

The present situation has created so much uncertainty among the foreign doctors due to this visa restrictions that we don't know when we will be out of status due to immigration rules changing constantly? what happens to our families if there is unforeseen situation of contracting covid-19 compromising our health and jobs, **Do they have to leave somewhere which is not home? These thoughts are mentally draining and have no answers what so ever!**

I strongly request you to pass the bill and ease up the pressure caused by the visa rules to provide unrestricted healthcare to the communities we serve.

Thank you.

Nidhi Sharma, MD Hospitalist
Mark Twain medical center
San Andreas, CA
Nidhibabbu@yahoo.com

Me (Nidhi, a medical doctor) and my husband (Munish, a pharmaceutical scientist) came to the US over two decades ago. We were in our twenties then and in our forties now. While we brought with us the eastern values of perseverance and acceptance, yet we admired and acquired the western work ethics that are part of American work culture. **We blended into American work culture very well and contributed in the fields of medicine and pharmaceuticals.** Our employment based green card application is pending since June 2010.

While I was on H1B visa, I served in an underserved area for five years in order to qualify for NIW, national interest waiver (which was supposed to expedite my green card application). In 2015, due to a change in legislature, **my husband was able to get an EAD, employment authorization document while he was on H4 visa. It was a big step. He is able to start his own company and employ US citizens and contribute to the economy in the form of taxes.** I am contributing to the best of my ability (limited by my visa status) in the field of medicine during this unprecedented time.

Gundeep Sekhon, M.D. Psychiatry
CDCR
Marin County, CA
gusekhon12@yahoo.co.in

I am a physician working in Marin County and would really appreciate your support for HR.2255 (formerly H.R.6788) & HR.3541 (formerly H.R.2895).

Your support will go a long way in helping address our healthcare disparities especially in underserved populations/areas, allow nurses and physicians like myself to invest long-term in the US rather than looking for other options like NZ-Australia and Canada.

This pandemic has highlighted, more than ever, that we have an untapped reserve of physicians/nurses working on temporary H1b visas that need to be a part of our permanent work force rather than fall prey to reverse brain-drain.

Nimmy Rodrigues, MD Internal Medicine
Golden Valley health Centers,
Patterson,CA
Rodrigues.nimmy@gmail.com

I am Nimmy Rodrigues. I am a board-certified Internal Medicine physician working in a Federally Qualified health center, serving Central Valley, California for 3 years. I have been in this country for about 10 years and I am still on H1B visa.

I am providing care to adults, mostly elderly patients who has very little access to health care due to socioeconomic reasons. I also help train Physician's assistants which is expected to improve healthcare access in rural areas. My patients really appreciate being able to obtain the care they need, during the pandemic. But due to very long wait time to obtain the permanent residency, I spend a lot of my time and energy worrying about the future which I could use productively to help my patients.

The proposed bills would be a great help for people like me to feel more secure during this time and in turn better serve our communities.

Thiagarajan Nandhagopal , MD Pediatric Hospitalist
Kern Medical, Bakersfield, CA
tnnt75@gmail.com

Honorable Congressman, Congresswoman and Senator,

I am a pediatric hospitalist working in Bakersfield CA. I have been serving as a primary care provider in medically underserved/ physician shortage areas for the past 8 years. I take care of acutely ill children and adolescents admitted to the hospital and screen new born babies soon after delivery. In the recent pandemic, I have been caring for children and adolescents testing and treating them for COVID-19 infection.

I am passionate about my profession and am interested in serving the nearby rural areas in CA, however my current H1B visa status does not allow me to contribute to the high service need in the context of the pandemic. Due to being on a temporary working visa status, there is a constant concern in the back of my mind about what would happen to my wife and kids if I died contracting the COVID-19 infection.

I respectfully ask you to pass the S.1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788) and S.1810 (formerly S.948)/ HR 3541 (formerly H.R.2895) bills which will allow immigrant physicians like me to contribute to the health care work force of USA at this time of great need.

Thank you for taking your time to listen

Sincerely,
Thiagarajan Nandhagopal, M.D.

Tarandeep Singh Arora, MD Hospitalist
Dameron Hospital, Stockton CA
Taranj77@yahoo.com

I am an internal medicine physician who is working as a hospitalist for the last 11 years. I am the chief hospitalist, the leader of my team of 8 physicians in Stockton CA. I have essentially build this program, recruited and trained all the members who are now working as a fully functional team in an underserved area. **I provide direct care to hundreds of patients admitted to the hospital every month including Covid-19 patients in the last few months.**

I have been in the queue for Green Card for about 11 years and still I am on H1 visa. Every time I need to change a job I need to start from scratch and file visas and green card applications. This uncertainty has been a big stress factor for me and my family.

These bills provide some much needed relief that we are looking for so that we can continue to serve the communities that we live in. Your support on these is much appreciated.

Thanks.

Sukhraj Singh Balhan, MD Pulmonary Critical Care Physician
Sutter General Hospital, Sacramento
ssbalhan@gmail.com

I am a pulmonary critical care physician and my wife is internal medicine physician. We have been in the US since 2006. Among the two of us we have worked more than 13 years in underserved areas in West Virginia, Oregon and in California. We have been approved for a green card however given the unbelievable delays in processing we are yet to be fully assimilated in the American system although we have embraced the American way of life in the past 14 years.

We are us trained and qualified physicians who contribute to the health of our patients and also help in sustaining the medical systems we work in, which in turn creates and maintains jobs for multiple people. We would like to urge you to kindly consider legislation that helps physicians like us to get permanent status so that we can do our jobs without fear and with freedom to do it where we are needed the most.

Thanking you.

Best regards
Sukhraj Balhan
MD

Vinay K Pulusu, MD Internal Medicine
Clovis Community Medical Center, Clovis, CA
vinaykrishna.p@gmail.com

Have been serving the neediest sections of the society for the past 8 years as an internal medicine physician. In addition to being a health care provider, our role in building a strong society for a stronger nation is exemplary.

We are a strong force in building the future of the nation and yet most vulnerable group of law-abiding global citizens. Our jobs are always at stake with the ever-changing Visa reforms. The ongoing pandemic has exposed how the most important Workforce is so weakly linked to the system. Some of my colleagues who went out of the country to see their loved ones are now unable to enter US due to travel ban on H1B visa holders. There are not enough words to describe the vulnerability of our future and yet be the face of the Frontline working professionals.

I urge the legislature to give us some ground to hold on to and encourage people like us serving the humanity.

Srinivas Sirimalle, MD
Hospitalist Palm Springs, CA
Srinivas.sirimalle@gmail.com

I am board certified family Physician working as hospitalist in the state of California since 2015 serving the most vulnerable people in the riverside county. I have been taking care of the COVID19 patients since beginning of the pandemic. As you know, riverside county is one of the hardest hit areas in the state with COVID19 . **Even before the pandemic, I have been taking care of the sickest of the sick patients with very limited access to healthcare in the Inland Empire region. With continued surge in the COVID19 cases , I felt more determined than ever before to serve my community at worst of the worst situations one can face in their life time.**

I have been in the US since 2008 . I have been through each every step of the legal immigration process. I came to this country on F1 student visa for higher studies. Did research at the prestigious The Johns Hopkins University on J1 visa, then moved on to next step in the career , completing residency on H1B at a hospital serving the underserved and poorest of the poor communities in the state of Alabama and worked on H1 B as full time physician . Despite clearing all the immigration steps and working as full time physician, I still have to wait several more years , may be decades in this complicated and unfair immigration system.

Every day when I go to work, I do not fear to go and see COVID19 patients but the thought of "what happens to my family if I get sick myself", gives me chill in my spine.

With an unfortunate event of disease or death, there are no legal immigration or financial protections to the family. This is the biggest worry for every immigrant physician.

Vaishali Benaka Hebbar, MD Pediatrics.
Golden Valley Health Center
Patterson, CA
vaish.hebbar@gmail.com

I am working as a pediatrician in Golden Valley health center, Federally qualified Health center serving the underserved population of central California over the past 3 years. I am currently finishing my J1 wavier. **I provide care to children ranging from newborn to adolescents and have been an active advocate for their mental and physical well- being.**

Many parents are grateful for us being in these communities and helping their children to be a great adult especially during this Covid 19 pandemic. I also participate in various education programs training Nurse practitioner's/ physician assistants.

I have been on a Visa in this country for the past 10 years, working and serving the most undeserved communities. But I still feel like an outsider without having any hopes of getting a permanent status in my lifetime as the current wait time is over 100 years. **The proposed bill will help us to secure our future and feel safe to work in the communities we love.**

I urge your help to support both the bills as this would help me to help my community without worrying about my visa or immigration status.

Paras Shah, MD Hospitalist
Visalia CA
Parasdoc2006@gmail.com

I have been working as a hospitalist in USA for past 8 years after graduating from residency program located in rural TN. I have been in USA since January 2007. I have been working diligently in taking care of patients of rural community for past 11 years. **Most of the rural community of USA relies on immigrant physicians since they stay in a community for a long period of time and it is hard to find American graduate to work as primary care physician.**

Immigrant doctors and nurses are backbone for primary care in remote area. In current Covid-19 Pandemic situation we are frontline healthcare workers. **Every day on my census list I have many Covid patients and we risk not only ours lives but also lives of our family members.** I have been patiently waiting for green card for past many years, but because my country of origin is India, it will take forever. I have been working on H1B visa for past 8 years and have followed all rules of this country and paid 40% of my salary in Tax. Since I am on H1b visa, **I cannot do locum job in nearby rural hospital to help out while they are in shortage even though I am willing to do so. We have come legally and followed every single rule and have worked diligently for many years, but still our lives are restricted around H1B visa and green card backlog. We are legal immigrants who are highly educated, high tax payers and beneficial to USA economy.** I request all senators and congress persons please give us fair chance, so we can help more to distressed rural community and the country as a whole.

Sincerely

Dr. Paras V. Shah

Resham Kaur, MD Pediatrics
Fresno, CA
resham_thethi@yahoo.com

Respected Senators/ House representatives,

I am really grateful to you all for your efforts towards the healthcare community at the time of this pandemic.

I am a pediatric hospitalist with Valley Children's Healthcare, Madera, California for the last two years serving in an underserved area. Before that, I served in the rural underserved area in Illinois for four years as a general pediatrician. I came to USA for pediatric residency in 2011 and since 2011 have been on H1B visa. My green card was filed in 2015 and I am stuck in the backlog with many of my colleagues who are in the same boat. I have to renew my visa every three years.

Due to being on visa and not been able to get my green card, I cannot support the healthcare amid the crisis as I want to. I cannot volunteer or work in any other hospital to provide care. Also, there is a lot of worrying and uncertainty because of being on the visa. I am really grateful for the fact that I am taking care of children in an underserved community at this time of pandemic and contribute in the best possible way that I can. I love my patients and want to continue doing that and hopefully able to expand my services in future.

I humbly request you all to support the immigrant healthcare workers by supporting the bill S. 1024 (formerly S.3599)/ H.R2255 (formerly H.R.6788) which would be of great help and give us a chance to serve the community in a better way. Also, it will give us security and peace of mind that we deserve.

Thank you so much for your time. Best

regards,

Resham
Kaur, MD

Arashdeep S Goraya, MD Hospitalist
St Joseph medical Center
Stockton, CA
agoraya@soundphysicians.com

I am working as Hospitalist in Stockton and **caring for California's underserved population in central valley for 3 years. I have been taking care of Covid 19 patients** in this pandemic. I would really appreciate your support for HR 2255 (formerly H.R.6788) and HR 3541 (formerly H.R.2895).

Elan Mohanty, MD Internal Medicine
Hospitalist, Apple Valley, CA
drelanmohanty@gmail.com

I work as a Hospitalist, at St.Mary's Medical Center, Apple Valley California. With the rising number of cases, in the last few months, I have been working continuously to meet the demands of staff shortage in order to provide healthcare to the underserved population. I am passionate about what I do and want to continue doing so without having the constant feeling of insecurity of losing all this and having to return to my home country. I want to call this country my home but I am aware that I might not get the Permanent Residency in this lifetime. I request you to please support this bill as the International Physicians are a major fraction of the healthcare task force in the underserved section of the community so that we can reduce the healthcare disparities in different parts of the country.

Himanshu Singh, MD Pediatrics, Neonatologist
Fowler, CA
hsingh@valleychildrens.org

I am a US trained Neonatologist and Pediatrician serving in the underserved area of Fowler, CA.

I would urge your help in supporting HR. 2255 (formerly H.R.6788) & HR.3541 (formerly H.R.2895) as this would help me in providing care to the population I serve without worrying about my visa status and immigration issues.

Shreya Jain, MD Internal Medicine - Hospitalist
Kaweah delta medical Centre in Visalia, CA
sjain2319@gmail.com

I work as an Internal medicine hospitalist in Visalia California. I have been in the US since 2007 and working since the last 5 years. I was initially on tourist visa then J-1 for my residency and now H-1 B work visa.

As someone who is contributing to this Tulare county serving sick and west people I strongly believe we spend a lot of time and energy worrying about our visa status and that valuable time can be used working and providing better health care to everyone. I do hope this bill passes so people like me feel safe and welcomed in this country and provide and contribute to the society.

**Sravya Dasyam, MD Internal medicine
Hospitalist , Sonora Regional Medical Center,
Sonora, CA
dasvamsravva@gmail.com**

I am Sravya Dasyam, currently working as a hospitalist in medically underserved area, Sonora from past 3 years. I have been working with COVID patients since outbreak started. I have a 4 years old daughter who born here in USA. **I am willing to work in areas most affected with COVID. Because of my current visa situation, I could work only in place and cannot help others areas. I know there are several other doctors who are willing to help but not able to because of visa status.** I really hope this bill passes as it will be a great benefit for medically underserved areas.

George Kasarala, MD Internal Medicine, MBA

Medical Director and Department Chief, Hospitalist Department

Nash UNC Health Care, Rocky Mount, NC

George.k.reddy@gmail.com

Dear senators/Representatives,

I work as a Medical Director and Internal Medicine Department Chief at UNC NASH Health Care, Rocky Mount, NC. **We are a 20-physician group, mostly Immigrant physicians on H1B visas, providing inpatient care to NASH, Edgecombe, and Halifax counties. With various uncertainties and unknowns of COVID, I feel my group's desire to help the community and at the same fear of contracting the disease.** More than 600 health care workers have already succumbed to this deadly disease. we need your support and help in alleviating these fears to serve these communities better.

we urge you to support these bills that are already co-sponsored by more than 25 senators and endorsed by many health care organizations such as AMA, ACP.

Thank you

George Kasarala

Kalyan Mogili, MD Family Medicine, Hospital Medicine
Carolinas Hospitalist Group at Atrium Health Union
Monroe, NC
drkalyanreddy@gmail.com

Dear Senator/Congressmen,

I have been on temporary visas (J1, H1) since last 11 years. Completed Family Medicine Residency in 2013 from Johnson City, TN; after which served at medically underserved areas. I work as hospitalist/Intensivist/acute care inpatient medicine, and currently working at Atrium Health, Monroe, NC.

My work includes taking care of critically ill patients, including COVID-19. I'm one of front line provider managing patients from time of admission till discharge. I enjoy serving people when they need the most. My work time includes days/swing/night shifts.

I have never compromised in patient care; even during risk of exposure to COVID-19 is high. To me its always work first. Being said, all these times, I'm putting my life at risk; compromising my family future (I'm happily married to my love and have eight-year-old son and 3 years old daughter). If I die or disabled, even as part of my work serving people of this great nation; my family will be deported.

I'm honored to work at medically underserved areas; taking care of people with low health literacy, with high burden of chronic medical conditions, who have less access to medical care. Given a chance, I am willing to work other locations (which I can't do currently due to visa restriction) when situation demands.

During all these years, I've learned more and more about people, their habits, festivals; The America's culture. To me, being in USA since 2007; it became my country.

Apart from direct patient care, I engage in other activities, which help in decrease health care expenditure, increase patient satisfaction and medical care. Few are mentioned below

COPD Physician champion (2018- present) at Atrium Health, Union. My work includes coordinating with pulmonary Medicine, respiratory therapy, palliative care, to decrease readmission rate, mortality/morbidity.

Physician Member QAIC (Quality Assessment and Improvement Committee, 2020-present) at Atrium Health, Union.

Outside Expert Medical Reviewer for NCMB (North Carolina Medical Board, 2019-present)

Physician Advisor (2016-2017) at Cape Fear Medical Center, Fayetteville, NC

Thank you,
Kalyan Reddy Mogili MD, MPH
Atrium Health, Union, NC

Amit Chandel MD Neonatology
Assistant Professor of Pediatrics, Department of Neonatology
Wake Forest Baptist Medical Center, Winston-Salem, NC
dramitchandel@gmail.com

Respected leaders

I have been in US since 06/2009 , so almost 10 years on a temporary nonimmigrant visa status first as J1 and subsequently on H1B visa .I started my pediatric residency at Harlem hospital in New York and then came to North Carolina, Winston -Salem for a fellowship in Neonatal Perinatal Medicine. Since completion of the fellowship , I returned back to my pediatric residency program as an attending physician for three years and served in a medically underserved hospital catering inner city population. I am currently working at Wake forest Baptist Medical center as Assistant Professor in Pediatrics in Department of Neonatology. **I am very closely involved in not only caring for our extremely preterm and sick neonates but also in medical education of medical students, residents and Neonatal perinatal medicine fellows. I am involved in taking care of patients who are born extremely preterm sometimes as early as 22 weeks of gestation and as small as ~1 lb.** I am currently active in quality improvement projects both as a leader and participant in our hospital. I also serve on various institutional committees which are essential in checking and reviewing research protocols, continuous medical education programs and animal research protocols in medicine.

Each time when I have to change job, I have to refile for H1b visa with the new employer and because of these restrictions if there is a need for physicians in a nearby facility, I am unable to help.

CoVID 19 has thrown a lot of challenges for physicians working on Visa in general, some of my biggest worries are

- 1- What happens in case if I get disabled or die from this, which would put my family in risk of losing the visa status and subsequent self-deportation?
- 2- My kids, one of them was born here and the other one came here at an age of 1, so practically US is home. Our family has bonded well in our community and feel the love and respect that community

Enacting the legislations that are mentioned would go a long way in helping our families and increasing access to much needed health care resources for our vulnerable communities. It will also help us to fight COVID19 and any other such foreseeable threats and increase safety of our healthcare systems with many more US trained physicians ready to help

Thank you all for your attention , with sincere hope that you will consider these legislation and cosponsor them

Best regards

Amit Chandel, MBBS
Assistant Professor of Pediatrics
Department of Neonatal Perinatal Medicine
Wake Forest Baptist Medical Center
Winston-Salem , NC 27157

Madhav R. Muppa, MD General Psychiatry, Child & Adolescent Psychiatry
Novant Health Presbyterian Medical Center, Charlotte, NC
1995madhav@gmail.com

I am a board-certified Adult, Child and Adolescent Psychiatrist. I am currently working at Novant Presbyterian Medical Center in Charlotte. I graduated residency and fellowship at Louisiana State University in 2012. I have been on H1b visa since June 2017.

I currently work with Adults and kids who get admitted to the hospital for mental health and substance abuse issues. I have successfully treated several patients going through mental health and substance abuse issues. My primary focus has always been to treat patients with utmost care and compassion.

During this national pandemic, there has been a surge in patients seeking mental health treatment. American Academy of Psychiatry is predicting an increase in patients seeking mental health treatment in the next 2 years. Visa restrictions have decreased my ability to help patients at other facilities.

There are only 8000 Board certified child psychiatrist in the country. There is immense shortage of physicians in this field. Immigrant physicians contribute significantly to American health care system, economy and employment.

There are thousands of doctors waiting to get permanent residency/Green card for several years. I have been waiting for more than 8 years. Please consider voting for the above mentioned bills. These two bills will not only help strengthen American health care system and economy but also help our families stabilize.

Narendranath Sreeram MD, Internal Medicine Hospitalist
Vidant medical group and UNC Lenoir health care,
Kinston, Lenoir County, NC
naren.sreeram@hotmail.com

I am one of the many physicians working on immigrant visa since 2010 and awaiting my green card since last 6 years. After finishing my 3 year residency on H1B visa from NY community hospital serving Bronx population, I worked in Danbury hospital, CT another physician shortage area. Currently am working in UNC Lenoir hospital serving a community of twenty thousand in Kinston, NC since 2017.

I love what I do and would wish to continue. **My ability to give best, serving these critical healthcare shortage areas in turn depend on my valid visa status. I have so far extended my visa three times since 2014, and filed for my visa extension this year still waiting for approval (as premium processing is suspended).**

Timely approval of visa status is required for maintaining state medical license, DEA and subsequently work privileges for an employer. **Even a driving license and or state ID renewal depends on the immigrant visa status. Imagine the stress an immigrant physician go through, helping US underserved population.** Moreover, as physicians are tied up with a visa sponsored employer, he or she cannot work or help other areas in need during these tough times of COVID19. Also immigrant health care providers are not able give back to the community by generating job opportunities.

Please support the afore mentioned bills that will reduce these hindrances and thus subsequently help healthcare workers serve better the communities in need.

Raghav Gotur, MD, Internal Medicine
Chair of Department of Medicine & Adjunct Associate Professor
Harnett Health System, Dunn, NC
raghav_gotur@yahoo.com

Respected Representatives,

These are trying times for every human being, I would like to take this opportunity for thanking you in working hard and supporting the people of this great nation.

My story is no different from other physicians in this referendum, my life has always been driven by passion, a passion to take care of the sick and the underprivileged. I've arrived on the shores of this great nation on August 2006, this country has given me an opportunity to train and hone my skills and use them to take care of the needy and underserved/ under privileged sick population. It gives me immense pleasure and gratitude and a sense of satisfaction to see the smile on the face of the patients and family when they get better and get on with their life.

But only after I have arrived that I realized that there is a twist to the story, I am Board Certified Internal Medicine Physician, working in an underserved area since residency-2008, **this pandemic has shaken the foundation of every establishment and human being alike**, I have critical skills required to take care of coronavirus patients through the ER, outpatient facilities, Inpatient facilities and in the critical care department, **I have been in multiple leadership roles as Associate Program Director, Adjunct Assistant Prof and Chief of Medicine at Harnett Health but unfortunately my hands are tied to use my clinical, educational, research and leadership skills at different facilities either physically or through telemedicine because of restrictions from my immigration status in spite of being legally in this country for the last 14 years.**

This pandemic has also caused immense anxiety on a personal level for me and my family as there would be no future for my wife and kids if I succumb to this virus or get disabled.

I would urge you to please consider this well-thought-out legislation which has bipartisan support and immense support from various organizations.

Please maintain social distancing and stay safe.

God bless America,

Raghavender Gotur MD

Chief of Medicine, Harnett Health
Adj, Asst Prof of Medicine, Campbell University School of Medicine
Hospitalist, Betsy Johnson Hospital.

Greeshma Sheri, MD, Associate Professor,
Department of Medicine, East Carolina University,
Greenville, Pitt County, NC
drgreeshmasher@gmail.com

Dear Senators and Representatives,

My name is Greeshma Sheri, an Internist working in Eastern NC for 4 years now. I take great pride and joy to be able to serve this close knit community that is widely under served for medical needs. I also train Internal Medicine residents at ECU in capacity of an asst. professor of medicine.

I am extremely appreciative of the opportunity I had to be able to pursue my residency training and eventually work in USA. I have grown into a well-trained physician and the person I am today here in USA and feel strong bond with this community in ENC.

In the present scenario of COVID crisis, I have come to know that the nationwide medical organizations and the Congress have been worried about physician shortage and I have seen it first hand in the local peripheral hospitals having to have physicians having to pick multiple back to back shifts that are overwhelming for the physicians and cause safety concern for patients. The burden on the current healthcare system has increased many folds and the brunt of the aftermath of the pandemic in terms of chronic health issues is yet to come. Based on data and predictions by experts such as Dr. Fauci, I know this journey is a Marathon and not a sprint and is far from over!!

While I am proud and willing to contribute my part during this crisis, I am unable to work to my fullest potential as I am on a temporary work Visa (H1) which restricts me from helping out peripheral hospitals in the areas that are in need of physicians. As you may know, nearly 25% physician workforce in US are International Physicians. Thousands of us are working on visas and are the readily available physician workforce, but because of the immigration limitations we are unable to expand their radius of service for both Pandemic preparedness and long term physician shortages in rural/ medically under-served /Health Professional Shortage Areas.

I urge you to please not only support but champion this cause so we can give our fullest contribution to this great nation in time of need.

Greeshma Sheri.

Dr. Ravali Janagama MD, MSEH, FAAP

Pediatrician

Kidzcare Pediatrics LLC

Sanford, Lee County, NC

Dr.ravali@gmail.com

After medical school graduation, I have been in United States for the last 13 years, obtained my Master's degree and then on J1 visa for my residency in Pediatrics at East Carolina University, Vidant Medical Center, Greenville. After my graduation in 2013, I served in Hertford County as a Pediatric Hospitalist serving newborn, pediatric population for the surrounding counties for 5

years. I was the only provider working full time 24x7 as it was very hard to recruit physicians in those communities. I tried to help as much as I could. As a part time, I also helped out at the Pediatric clinic at Roanoke Chowan community health center in Ahoskie. **They had only one provider who was unable to handle the patient load. In order to provide services at that clinic I had to go through process of approval from USCIS which took at least 4months. If there were no restrictions, I would have able to start the work immediately and serve the community.**

Now I work in a Pediatric clinic in Lee County, also underserved for the last 2 years. I am the only full-time provider in the clinic. I support 7 staff members, including Medical assistants, front desk, lab personal and manager. We do have satellite clinics in the surrounding counties. As they are all in underserved areas, there is shortage of Pediatricians. In order to serve in the other clinics, I do not have flexibility with my visa status. Every time I change my location to serve another underserved community, I need to file another H1B status.

In addition, COVID19 has added to the stress and anxiety to our lives. I have 2 kids at home (5 years and 7 years). I lack peace of mind with risk of losing my visa status, if I get disabled at my work contracting the infection, I leave my kids with no support.

S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) and S.1810 (formerly S.948)/HR3541 (formerly H.R.2895) will surely provide us the flexibility and peace of mind that we need at this point. I will continue to serve the children and do my best.

Thank you

Ravali Janagama, MD

Sateesh Kotturi, MD Hospitalist

Vidant Health System

Greenville, NC

drkotturi@gmail.com

I have been working in Eastern North Carolina the last few years and have come to call it my home.

The last few weeks have been exhausting but a learning experience. I have begun to view life differently and my outlook on life has changed. I believe we are fighting an unknown enemy as we still don't know what works against this deadly virus.

I believe I have a lot to offer to healthcare in many rural parts of the country which I am unable to due to my H1b visa. Also, I constantly have to worry about the safety and well-being of my family as they are dependent on me. Having a green card would alleviate those fears and help me serve the community better.

I would strongly urge you to consider the above bills which have also been supported by prominent medical organizations.

Thank you

Sateesh Kotturi, MD
Hospitalist
Vidant Medical Center, Greenville

Roshini Radhakrishna, MD Nephrology
Assistant Professor of Medicine
Division of Nephrology & Hypertension
UNC Specialty clinic & UNC Dialysis unit, Sanford, NC

Honorable Senators, Congress-men and women:

Hope you and your loved ones are staying safe during this pandemic. I am writing this letter to request your support and effort to realize “Healthcare Workforce Resilience Act” S.1024 (formerly S.3599)/HR.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/HR.3541 (formerly H.R.2895) “Conrad 30 Program and Physician Re-authorization Act”.

On behalf of the international physician community, I would like thank you for your time in reading our letters. **It is an honor to serve and help the rural community patients of Lee County, NC. It fills my heart when my patients express their gratitude for alleviating their suffering and that fuels my desire to ensure they do not feel a lack of sufficient health care due to shortage of physicians in the area.**

As a Nephrologist trained at University of North Carolina, Chapel Hill, I provide medical service to the Central Carolina Hospital, an outpatient clinic and two (2) dialysis units in Lee County, NC. Additionally, I am managing exclusive and dedicated dialysis shifts for COVID-19 patients beyond my regular dialysis rotations every week.

It is rather disheartening, however, that despite the valuable service being provided to this community, living in the United States for almost ten (10) year in good legal standing, completing Internal Medicine residency and Nephrology Specialty Fellowship, my family is stuck in the Green Card backlog simply because I was born in India. This single issue in immigration process is the source of significant stress for my family and prevents us from pursuing the American dream of investing in a house or new business. **Most importantly, H1-B restrictions does not allow me to cover additional COVID shifts at the main UNC Memorial Hospital, Chapel Hill (or any other geographical location within US) even though they desperately need more physicians to cover their patient population. This stress is significantly aggravated with the thought about my family’s future should something happen to me as I step into the front line every of the fight morning.**

This great nation has never turned away service men and women who are dedicated in protecting the health and wealth of the citizens. We are on the front lines against COVID-19 in every state and region in the United States. Support us and support our families with your sponsorship and “yes”/“yay” vote for the above bills.

Sincerely,

Roshni Radhakrishna, MD, FASN

Ajith P. Puram, MD Internal Medicine Hospitalist
Atrium Health Mercy
Charlotte, NC
ajithpuram@gmail.com

Dear Senator and Congressman/ women,

My name is Ajith K Puram, I have been in US for last 15 yrs, I have done my Residency at Albert Einstein College of Medicine in Bronx, NY. I am a board certified Internal Medicine Physician and I have been practicing for last 8 yrs mostly serving underserved area. Currently I have been working at Atrium Mercy Hospital for last 4 yrs serving the inner-city population of Charlotte. I have applied for Greencard in 2012 and I have been in backlog since then. **Immigration system in USA needs to be reformed to protect healthcare workers and their families so we can continue to serve and take care of people. I request your support for legislations S.1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788) .**

Thanks

Ajith Puram

Anil Savarapu, MD Hospital Medicine
Atrium Health,
Charlotte, NC
anilsavarapu@gmail.com

This has been a unique situation living in this unprecedented time. As much as it is a honor and privilege to work in this crisis to help Covid 19 patients, it also feels scary when you think about your family should you get infected or die from it in the line of helping the patients. It's devastating on family who will be out of status and have to be deported should the frontline worker on H1b visa dies. **When we joined medicine, we took Oath/Pledge to take care for patients regardless of their social class, education, race and region without boundaries. But our immigration laws have drawn a boundary to the extent of services that we can provide. This needs to be reformed and now is the time to make a change by enacting S.1024 (formerly S.3599) and S.1810 (formerly S.948).**

Anusha Boyanpally, MD Neurology

Vidant Medical Center

Greenville, NC

dr.anu3864@gmail.com

Respected leaders,

I am Dr. Boyanpally, who has finished a medical degree from India. I have finished my Neurology residency from Rutgers, NJMS in NJ. I am finishing my Vascular Neurology fellowship from Brown University, Providence, RI. I am joining as Neurology Hospitalist at Vidant Medical Center from July 2020 under J1 VISA waiver. We would like to deliver our medical services in underserved areas but due to our VISA restrictions, I am unable to work more than one hospital especially, where sometimes medical access is limited. **My husband is also a physician, who is on H1B VISA with geographical work restriction. We are unable to stay together due to limited options available for immigration physicians.**

We, as a qualified USA trained physician, requesting to help us by cosponsoring the bill and help us to fight the COVID crisis together and keep our families together during these unprecedented times.

Regards,

Anusha Boyanpally

Chetan Kammari, MD, Internal Medicine Hospitalist
Cape Fear Valley Hospital
Fayetteville, NC
cbkammari@gmail.com

Dear Senator and Congress man,

Greetings,

Hope you are all staying safe during this tough times. I would like to share my part of the story to this appeal to improve healthcare workforce in rural America and to expedite green card to the high skilled immigrant physicians waiting in backlog.

I have been in USA since 2012 continuously. I graduated from residency in internal medicine at Detroit Medical Center, Wayne State University in the year 2015. I started working in the medically underserved community as Hospitalist in Selma Alabama for 2 years from 2015 till 2017, then I moved to Cape fear Valley Hospital in Fayetteville NC which is also an underserved community and have been working here since 2017. I applied for my green card in 2015 and have been waiting since then in the backlog.

Physician shortage is a real thing and is seen across most of the rural and underserved hospitals. I was one of the 4 hospitalist physicians who were front-line and major physician workforce handling both inpatient and ICU patients in Alabama. Even in Fayetteville NC which is underserved community immigrant physicians have been a leading workforce serving this community.

During this COVID pandemic I along with other Hospitalists were the front-line workers. We love and feel privileged serving these communities. Having said that being on visa will severely restrict my ability to render my services. I am tied to one employer and have to extend my VISA every 3 years to continue working even though i have been in USA since 2012 and met criteria for green card since 2015. I feel stressed when I think if in case I have to loose my visa status or be a victim of COVID or has a disability from my work and lose my job, our entire family have to self deport. **Passing senate bills S3599, S948 and its companion house bills will improve our quality of life and give us more opportunities to serve the community when needed the most.**

Having a green card will definitely help with my career advancement and help to use my full potential to provide superior care to all my patients. I would like to share below my peer reviewed research contributions to the medical literature since my stay in USA.

<https://orcid.org/0000-0001-5847-1479>

Thanking you much, hope you will consider cosponsoring the above bills and help with their advancement to finish line. As attached to this email the bills have been endorsed by many reputed healthcare organizations from all over the USA.

Best Regards,

Chetan Kammari MD

Hospitalist, Internal Medicine, Cape fear Valley Hospital, Fayetteville NC

Dharanipriya Beeneedi, MD Hospitalist
Wilson medical center
Wilson NC
ddharanib87@gmail.com

Dear Senator/ House representatives,

I am Dharanipriya Beeneedi. I finished my residency from VA medical center in Bronx, NY in 2016 and working as a hospitalist at Wilson Medical Center, Wilson NC since August, 201

We care specifically for patients who are hospitalized as this setting presents unique challenges to adequate care. Our specialized training includes diagnosis, treatment of mild to severe life threatening illness, limiting the spread of disease, additional focus on specialties including infectious diseases, Cardiology, pulmonology, neurology, consultative medicine, and of course, hospice and palliative care.

Wilson Medical Center is run by Duke LifePoint Healthcare -- a joint venture of Duke University Health System and LifePoint Health that was established in 2011 to bring high quality healthcare services to community hospitals in North Carolina and the surrounding region, as well as regional tertiary centers across the nation. Wilson is located just east of North Carolina's capital, Raleigh. **We serve many patients from our region, including those from rural areas where our hospital may be the only choice for care.** I am one of the frontline healthcare workers taking care of the COVID patients

We are doing everything we can to help United States fight this situation. There is still shortage of physicians especially in rural areas . We can work more effectively and expand our services to other remote areas if we don't have immigration issues. I would sincerely request you to support S 3599 / H.R 6788 and S 948/H. R 2895.

Thanks for your valuable time.

Regards,
Dr. Dharanipriya Beeneedi.

Gagandeep Dhillon, MD Hospitalist
Vidant Health System
Greenville, NC
Gagdhillon@gmail.com

Dear Senators/Representatives

I've been taking care of COVID patients the last few weeks and feel we have not yet understood the gravity of this pandemic. We have patients of all ages who have contracted this deadly virus and are fighting for their lives. As a physician, we are trying our best to provide the best care for these patients. **The only thing we ask for during these tough times is security for our family.** A lot of physicians have succumbed to this deadly disease. If this was to happen to a physician on an H1B visa, his family would have to self deport immediately. Having a green card would certainly help us serve our patients better without having to worry constantly about our family.

We all would urge you to support the above bills. It already has the support of many senators and medical organizations.

Thank you,

Gagandeep Dhillon, MD

Geeth Sandeep Nadella, MD
Clinical Adjunct Faculty, Hospital Medicine
Wake Forest Baptist-Davie Medical center
Nadella1988@gmail.com

My name is Geeth Nadella, I grew up in a small town in South India. I have spent over 9 years in training to become a physician to care for people in need. There are many doctors like me who have travelled far away to serve and care for the American people. **I believe the American system is fair and its truly a meritocracy. Immigration system is outdated and needs to be reformed to protect healthcare workers and their families so we can continue to serve and care for the sick and dying people.** I work at Davie medical center, a small hospital in Davie county. People feel truly cared for by the personalized care provided by our team as they mention to us anecdotally as well as in various patient satisfaction reviews. It would be really help doctors like me and our families feel secure if you support and pass Healthcare workforce resilience act. We will continue to serve the people in need as the fearless frontline workforce.

Geeth

Hanumantha Jogu, MD Internal Medicine Hospitalist
Wake Forest Baptist Medical Center
Winston Salem, NC
joguhanumanth999@gmail.com

Respected representatives,

I have been on H1B since 2013 with Wake Forest Baptist Medical Center, Winston Salem, NC. My I-140 was approved in April 2014. My wife was in New Jersey from June 2015 to June 2019. During that period, I was traveling very frequently to New Jersey, the majority of my time, and I was sitting in at home in New Jersey without any medical privileges. I am unable to work during my off period any nearby hospitals in New Jersey even though they have open spots due to my VISA restrictions. I always wanted to deliver my medical services at my fullest during my off week especially in small community hospitals where scarcity of medical facilities exists. **I called tens of hospitals in New Jersey, but no one has come forward to sponsor a working visa, as it takes a lot of time. All of them have refused me to work in any hospital. I feel, because of visa restrictions, I am not able to deliver my medical services completely especially in underserved areas in the country where physicians are needed most.**

Even though I have a USA medical degree from UPMC, Pittsburgh, PA, USA, quality of research, still, I am unable to use my extra time. We usually receive many emails regarding the opening of shifts in nearby hospitals but many of them not filled due to VISA restrictions. We would have delivered our services in as many hospitals as we can during this COVID crisis if we had no VISA restrictions. We are ready to work at fullest where majority of medical services needed. Please, the clear paths in front of us.

Sincerely,
Dr. Hanumantha Rao Jogu

Kalyan Boddapati, MD, Internal Medicine
Co-program Director, Hospitalist Department,
Maria Parham Health, Henderson, Vance County, NC
drbkcr@gmail.com

We have been working very hard during this crisis and this bill will give us a lot of comfort regarding the status of our families just in case something happens to us health care providers. A lot of physicians have contracted the disease and some have succumbed.

Lavanya Desai, MD
Primary care, Atrium Health, China Grove , NC
Residing in Huntersville, NC
lavanya.desai@gmail.com

I started my career by completing a Rural Family Medicine residency in West Virginia. I continued to work in the rural underserved areas of West Virginia, at times, being the only provider for a number of counties. During my years I had learned and understood the needs of the community and challenges working in a rural setting.

I moved on to North Carolina and continue to work and serve the underserved community of China Grove. Being the only female provider, I address challenging issues including women's health, substance use, and currently working on the frontline in this COVID pandemic.

Despite the limitations on my visa I have been requested to even provide services in the neighboring state of South Carolina to meet the needs of the patients.

I appeal to you to please consider and vote for the legislations S.1024 (formerly S.3599)/H.R. 2255 (formerly H.R.6788),S1810 (formerly S.948)/H.R.3541 (formerly H.R.2895).

Mohan Pamerla, MD Internal Medicine Hospitalist
Wilson Medical Center
Wilson, NC
mohanpamerla@gmail.com

Dear Senator's and Congressman,

My Name is Mohan Pamerla, Internal Medicine Board certified Physician, have been working as Hospitalist for last 4 years in Wilson Medical Center, which is 294 bedded community hospital, serving Wilson, Nash and Wayne county population. I am also involved in several patient care quality improvement and core measure committees.

I have been practicing in United States since 2010, exactly 10 years ago. During all these 10 years I took care of patients in underserved communities, which include East Bronx in NY state, Phillipsburg in West New Jersey and now in East North Carolina.

During this COVID times, our job is very challenging and stressful, still we are giving our best by treating sick COVID patients. Also, I always wanted to extend my services to Nursing homes and Assisted living facilities beyond the hospital inpatient care, but could not do it because of Visa Restrictions.

I would like to request to support this Health Care Resilience Act which help us to extend our services with some comfort and confidence to our families . Thank you so much for your time.

Neelakanta Sukka M.D, Internal Medicine Hospitalist
Vidant medical group, Lenoir Memorial hospital,
Kinston, Lenoir County, NC
dinakarsn@gmail.com

I am a physician in the green card backlog for years. This backlog has affected my ability to help people during the covid pandemic when I am contacted by recruiters because I am tied to my job And I can't provide services in other areas.

Many of my friends who are also physicians, their visa is about to expire (we have to renew it every 3 years), now they have to apply again for a renewal and many hospital staffing gets affected with these uncertainties

To be approved for a visa and prove that you are a worthy tax paying member of this society every three years in extremely agonizing, **it makes us lose stability and gives us a feeling that we are not valued for the services we have been providing wholeheartedly for years.**

Many of us are extremely innovative and have great ideas to start our own businesses in the healthcare industry which also means opening more job opportunities for others as well. Again, given the green card backlog those ideas will just remain a dream.

Kindly help us and help the community that we live in .

Pankaj Lamba MD Psychiatry
Novant Health Rowan Medical Center
Salisbury, NC
dr.p.lamba@gmail.com

I have been working in USA since 2011 and hope to continue working for another 25 years.
Just hope that I do not keep working as an immigrant for next 25 years.

Parag Anilkumar Chevli, MD Internal Medicine
Assistant Professor, Hospital Medicine
Wake Forest Baptist Health, Winston-Salem, N.C
paragchevli@gmail.com

Dear Senators/Representatives,

My name is Parag Chevli, a board-certified physician in Internal Medicine. After completing medical school in India, I came to the United States in 2011 and completed my Internal Medicine residency from Jersey City Medical Center, NJ, in 2014. After that, I completed one year of Chief residency in 2015. I joined Wake Forest Baptist Medical Center in July 2015, and I have been serving as a faculty physician for the last five years. During my tenure, I have also worked in community hospitals affiliated with Wake Forest such as Lexington Medical Center and Davie Medical Center. I am a director of perioperative medicine for Internal Medicine Residency and have mentored many residents in the last five years.

I have been working on an H1B visa for almost ten years now and have to renew it every three years. Moreover, I have been waiting for my Green Card approval for the past five years. **The visa restrictions have made it impossible for me to help the other smaller hospitals nearby.**

Currently, I have been taking care of COVID-19 patients. Just like many of my other colleagues who are in a similar situation, if I succumb to sickness and lose my life, my family will be deported back to India.

Immigrant physicians are an integral part of United States healthcare. The passage of this bill will help many physicians like me who are in the same boat as I am. I appreciate your time and effort.

Parag A. Chevli, MBBS, MS, FACP
Assistant Professor of Internal Medicine
Section on Hospital Medicine
Medical Center Boulevard, Winston-Salem, NC 27157-1021

Parul Chandrika
Internal Medicine PGY3, starting as hospitalist at
Vidant Beaufort Hospital, Washington NC
Chandparul9128@gmail.com

I have undergone medical school training in India from PGIMS Rohtak and have done clinical rotation across eastern USA after which I decided to work as an Internal Medicine resident in Eastern North Carolina at Vidant Medical Center. I've worked in COVID units since the start of the pandemic and have volunteered whenever I could in helping the patients irrespective of their covid status in the current rotation. I'm developing my practice through first hand encounters with the COVID positive patients while learning through the ongoing research in my program as well as internationally. I've been very fortunate to be able to help the patients in rural North Carolina and plan to continue doing the same as a hospitalist in one of the peripheral hospitals in the Vidant group called Vidant Beaufort for the next 3 years. My only fear is getting sick and loosing everything before I can finish my degree. **The future also is uncertain considering I am not sure if I should risk having to stay away from my partner if I marry here. And the same confusion remains with every thought at advancing my family. Being such a driven and hard working female, not having certainty regarding my future is unsettling. Hopefully our petition as a group will shed some light on our dilemma.**

Prashanthi Veludandi, MD Geriatric Medicine
East Carolina University
Greenville, NC
prashanthi.veludandi@gmail.com

I am a geriatric physician working at East Carolina University serving elderly population of Pitt county, NC since 2017. I am on H1B visa for almost 7 years working in underserved areas all my career.

Geriatric population is more prone to COVID 19 infection and I am proud to help my patients stay healthier during these tough times. Being on immigrant visa, I won't be able to help surrounding regions with geriatric facilities which are in need of my services. I know that my risk of contracting COVID 19 is high as I also work in different nursing facilities with rising infection rate. I won't be able to even stay in US if I am unable to work due to sickness and hence maintain a valid visa status.

Please support these bills which help health care providers risking their lives, working in medically underserved areas.

Radhamani Kannaiyan, MD, PhD
Internal Medicine Hospitalist
Vidant Health System, Greenville, NC
Radha.maran@gmail.com

My name is Radhamani Kannaiyan, am an USA trained physician. Have been training and practicing in the USA since 2015, currently practicing at Vidant Medical Center, Greenville, NC.

Like any other physician in these trying times, am worried about contracting infection and bringing it to the family members. However, I am proud to continue to offer the services to the continuity in the unprecedented situation.

Ram Lingamgunta, MD Internal Medicine
Atrium Health Mercy, Charlotte
Living in Marvin, 9th district
Dr.ramsankar@yahoo.com

I am US trained Physician , I have been residing and practicing Medicine in USA as since 2009. I am taking care of patients in their utmost needed time, Emergencies and I am very Happy to see my patients recover and getting discharged from Hospital. **As with all things there will be some bad outcomes like Death and Disability, every time it happens, I Think of my Family what if Something happens to me, being on temporary visa** -They have to leave USA if something happens to me.

I would like to continue to help patients and I took Hippocratic oath to do that and would continue to help them as much as I Can. By supporting the bill, it will give me freedom to work beyond my Geographical restrictions to help patients during this pandemic. It will also give reassurance to my family & me.

thank you,

Ram Lingamgunta MD

Ravi Chivukula, MD Geriatric Psychiatrist
Novant Health System
Salisbury, NC
drchivukula@yahoo.com

As a Geriatric Psychiatrist, I have seen, first hand, the need for more resources for the elderly. The elderly in skilled nursing facilities, assisted living facilities, and group homes have been hit hard due to the COVID pandemic. There has been a high incidence of death in the elderly, and they have been ignored since visitation has been cut down due to the risks of exposure.

We continue to provide services, to the best of our abilities, to this vulnerable population with the help of technology, including telepsychiatry, phone, and virtual visits.

There is a definite shortage of psychiatry and more specifically geriatric psychiatrists to meet the growing demand for elder care in the USA. I came to the United States of America as a student, and have completed a Masters in Public Health, residency in Adult Psychiatry, and went to Yale University for a fellowship in Geriatric Psychiatry. After spending 7-8 years in West Virginia, I continue to provide services in Salisbury, NC. I lead a team of psychiatrists, mid-level providers including Physician Assistant & Nurse Practitioners, nurses and ancillary staff.

I sincerely appeal to you to support my family, me, and the physician community at large by supporting the legislations S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895).

Sandhya Nakkala, MD Hospitalist
Cape Fear Valley Hospital
Fayetteville, NC
Nsandhya10@gmail.com

Dear Senators, Congressman,

I am Sandhya Nakkala ,Board Certified Internal Medicine physician working at Cape Fear Hospital ,Fayetteville, NC . I have been in USA for last 14yrs. I am Hospitalist work as a front line health care worker taking care of hospitalized COVID patients. It is honor and Privileged to work in this unprecedented time. At the same time being on visa with temporary status, feels insecure when I think about the family .

Please Support and pass legislations s.1024 (formerly S.3599)/HR 6799 .

Regards

Sandhya Nakkala MD

Shravya Mandavilli, MD Hospitalist
Atrium Health, Charlotte
Live in Waxhaw NC
Shravyamandavilli@yahoo.co.in

Dr Shravya Mandavilli MD
Hospitalist at AtriumHealth, Pineville

I have been in US for past 12 years on a H1b Visa. Along with my husband who is also on a H1b visa and is a physician. We have been providing care to indigent populations of Gastonia and Charlotte and before coming to Charlotte, were practicing in Fargo where we were responsible for care of patients from Indian reservation.

Subanandhini Subramaniam, MD Internal Medicine
Vidant Medical Center
Greenville, NC
drnandhini@gmail.com

Dear Congressmen and Senators,

I completed my residency in Internal Medicine at Cleveland Clinic Foundation in Ohio in 2018 and moved to practice Hospital Medicine in Eastern North Carolina.

Serving people of Eastern North Carolina - vast majority of whom are under served and where the health literacy is poor is a privilege. This legislation will be immensely helpful and support us and our families as we continue to improve the overall healthcare of the community.

Thank you so much for your consideration at this tough time when we need your support the most.

Tom Jose, MD Hospitalist
Lenoir Hospitalist Group
Kinston, NC
tomjose81@gmail.com

Dear Senator and Congress man,

Let me take this opportunity to truly appreciate all you are doing for the community in the midst of COVID 19 pandemic.

I would like to share my story to to this appeal to expedite green card for high skilled immigrant physicians waiting in the backlog.

Came to this country in 2013 and after completing my residency training In Internal medicine, I have been working as a hospitalist in Kinston, NC on H1B visa. Currently I'm restricted to working in Kinston hospital because of visa restrictions.

During this COVID 19 pandemic, I along with other hospitalists were in the front line work force. Felt extremely privileged to serve and help the community during these tough times. Having said that we also felt helpless when it comes to the security of our own family. Without green card, we are living in fear of leaving the country if we become a victim of COVID 19.

The approval of this bill will alleviate the uncertainties of my job and plight of my family if I become a victim of COVID 19. It will also help me to serve the underserved community of Kinston, NC in a better way and without fear of deportation. **My hands are tied when recruiters call for help from more severely hit COVID 19 pandemic regions.**

I definitely feel that Green card backlog physicians will be more productive and valuable for the society and the country if we have approved Green cards.

Vengamamba Polu, MD Internal Medicine & Endocrinology
Vidant Health System, Kinston, NC
Congressional district 3
poludr@gmail.com

Dear Honorable Senate and House of Representative Members,

I am an endocrinologist. I am involved in taking care of patients with extremely poorly controlled diabetes. My patient population is made up of a wide range of ages, from 18 to advanced seniors. I treat patients with diabetes, thyroid diseases and other endocrine diseases including pituitary, adrenal, osteoporosis, parathyroid. In the United States, there is a nationwide shortage of endocrinologists and an ever-growing population of patients who depend on our services.

I have been in United States since Sep 2007 and am working on a H1B visa. I did my Internal Medicine residency at Bassett Medical Center, Cooperstown, New York from 2010-2013 and then moved to North Carolina. I worked as a Hospitalist at Vidant Medical Center in Greenville for three years and did a fellowship in Endocrinology at Michigan State University. After finishing my fellowship, I returned to North Carolina and am presently working at Vidant Endocrinology in Kinston, an underserved area. As part of my practice, I regularly care for diabetic patients who have advanced complications as a result of their poorly controlled disease. Without dependable and ready care from an experienced specialist, these patients would have a shorter life expectancy. It is a vital part of their lives and I am honored to be able to help them to live longer and more productively. I am often reminded of how difficult it is for patients to find an endocrinologist who is accepting patients; I am aware that it is important that my practice is stable and available for this population.

The Covid-19 pandemic has been a very challenging time for the American health care community. Many of us have sincerely wished to help our colleagues at other hospitals and in underserved locations. Currently, there is a great need to endocrinologists in both Duplin and Onslow county. However, as I am working on an H1B visa, I am restricted to working exclusively for one employer. If I had been able to, I would have eagerly stepped in to assist, especially as an endocrinologist during this pandemic when the diabetic population is more prone to be infected.

It is clear to see that for more efficient patient care in a wider area, immigrant health care providers living in the USA need better flexibility to work anywhere in the healthcare system. **Having restrictions, like an H1B visa or other visa restrictions, should not hinder needed professionals from providing service to patients in great need. Being on this type of restrictive visa limits our ability to help when needed, go when requested, step in as our medical ethics call us to. My request for you to vote for the mentioned legislation would not only benefit me but also my family, my patients, and the professional community in my region. The inability to provide assistance is not only stressful to physicians in the midst of this challenge, it is also potentially life-threatening to the patients.** Enacting the legislation mentioned would serve to help our families, our communities, and increase access to vital health care resources in our vulnerable communities. It will help us to fight COVID19 and any other such unforeseeable threats and increase the stability of our healthcare systems with many more US trained physicians ready to help.

I sincerely thank you for your time and attention and hope that you will consider this very important legislation.

Vengamamba Polu, MD, Endocrinologist, Vidant Endocrinology, Kinston, NC.

Suchith Shetty MD MPH
Clinical Associate, Department of Internal Medicine
University of Iowa Hospitals and Clinics
suchithks@gmail.com

Dear Senator/ House representative,

My name is Suchith Shetty and I am currently a hospitalist at the University of Iowa Hospitals and Clinics. After finishing my medical school from India in 2006, I decided to move to United States to pursue further studies. I chose United States because I thought this country would treat me as an equal and provide a fair opportunity to fulfill my ambition of becoming a well-trained clinician. I enrolled at the University of Minnesota and completed my master's in public health and there after matched into a competitive residency training program in Internal and preventive medicine. Since graduating from residency, I have worked as an internist for the last 6 years. Currently, other than working as a clinician, I have additional responsibility of teaching and mentoring students at the University of Iowa. I have since been married and have 2 children who are born here.

When I moved to the United States in 2006, I did not think that after 14 years, my life would still be tied down to a work visa and its bureaucracy. Furthermore, our lives have been thrown into even more uncertainty with the covid 19 pandemic. Being a front-line physician at one of the busiest hospitals in the state of Iowa, has placed me and my family in great danger. **Already overwhelmed by COVID-19 patient care in the hospital, I now have to worry about what will happen if I were to contract the infection and die from it. I cannot stop but think about it every day, and fear what would happen to my family in such a scenario. Their deportation within 60 days will have devastating consequence on their lives and the future of my children.** **Although, I dear for my own life, and worry about the fate of my family, the thought of shying away from my duties and responsibilities as a physician, even for a moment, has never crossed my mind. I feel an obligation to the society in which I am trying to raise my family and I believe my services are needed to the community now more than ever.**

On a side note, based on my experience, I would like to bring my perspective about how the physicians of foreign origin have contributed to the economy of this country. Before joining University of Iowa, I worked in a private practice in Connecticut, which was owned and run by a physician of Indian origin. He had built his practice and served his community over a period of 30 years. He had hired 9 American citizens as employees to run his practice. This is a testimony, against the argument that foreign workers are taking away the jobs from the Americans. Given the equal opportunity, foreign physician/worker are **very capable of becoming successful entrepreneurs and contribute to the economic growth and job market in this country.** Not to forget all the direct contributions they make by paying taxes and other welfare donations as well.

I plead the senators/legislative leaders of this great country to hear our stories and treat us and our family with dignity. In these difficult times, providing safety and security to our families, will ease a large burden on our shoulders, allowing us to focus on our work and serve the humanity at large.

Sincerely,
Suchith Shetty MD MPH

Pradeep K Panuganti, MD Neurology

Pradeepkp3@gmail.com

This is Dr. Pradeep Kumar Panuganti, MD currently practicing Neurology in Des Moines, IA. I'm originally from India and immigrated to the United States in 2008 for higher education after my medical schooling in Hyderabad, India. Since the 12.5 years, I have been on Temporary visa while I'm pursuing Graduate schooling, Residency training, research fellowship, and clinical practice.

Being Des Moines in the Central Iowa region, **I see patients from Des Moines and from the rest of the state during pre-COVID times and in this unprecedented time in history. It is my privilege to help the people in need who are affected with this unpredictable and deadly virus. It also gives me a chilling sensation running down my spine as to what happens to me and the rest of my family if I'm affected with this virus and/or any other situation. There are several thousands of Non-immigrant US trained physicians who are on the front line treating this deadly virus COVID put their lives and their families at risk, and serve in regions which have not been filled with an US citizen.**

I kindly appeal to Senators and House representatives to support legislations S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895) at this time of utmost need, provide help to medically deprived communities and help fight this deadly pandemic.

Sincerely,

**Pradeep K Panuganti, MD
Neurology Physician**

Vijaya Kumar Gogineni, MD Pulmonary & Critical Care
Unitypoint clinic
vjygogineni@yahoo.com

Dear Senator / Congressman / Congresswoman,

I am a Pulmonary and Critical Care Physician and am in United States for the last 13 years on a temporary visa. I take care of critically ill patients and people with lung disease. I have been working in medically underserved area for the last 7 years (since completion of my training). I have been currently taking care of 3000 -4000 of people with lung disease like emphysema, asthma, lung cancer and pulmonary fibrosis as outpatient for the last several years. Apart from outpatient care, I also take care of patients who are critically ill like septic shock, respiratory failure, heart attack, stroke, active bleeding, unresponsive people. In generally we undergo a lot of stress taking care of these sick people as we have made critical decisions that make a big impact in our patient's life. It also gives me immense please when they get better and go home.

Currently, our country is going through this covid-19 pandemic, we being pulmonary and critical care physicians, are the front-line health care personnel taking care of this new challenging and little-known disease. We are at risk of being infected with COVID-19, succumbing to infection would leave our family at risk of being deported immediately. Every day while going to work I do fear for this. My wife who has supported me during all these years who has been on a dependent visa along with my 2 kids who are born and brought up here in the United States are always at the back of my mind.

There are a lot of rural hospitals in IOWA, who do not have a pulmonary critical care physician and are overwhelmed with COVID-19 patients' influx. Because of visa restrictions, I won't be able to work directly or indirectly assisting the local health care providers in taking care of the sick patients who are overwhelming the health care system. So, these patients have to go to the other hospitals far away from their home which can add additional stress to their family members.

Hence, I would urge this senate bill S.1024 (formerly S.3599), S 1810 (formerly S.948) which will give stability to the healthcare force. there is a severe shortage of Pulmonary & Critical Care Physicians in United States and only 25% of the hospitals in our country have a Pulmonary & Critical Care Physician in their ICU. Rest of the hospital ICUs are managed by physicians who are not trained in taking care of critically ill patients. Our patients deserve the best possible care in their local community. given the severe shortage of Critical care physicians, I don't think, I am replacing any American citizen's job.

I can certainly say that we bring value and hope to the communities we serve. Leaders, I humbly appeal to you to consider our case and give us hope by supporting legislations S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895).

Thank you for your time and consideration.

With regards,

Vijaya Kumar Gogineni, MD
Pulmonary and Critical Care Physician
St. Lukes Hospital, Cedar Rapids, Iowa

Mercy Rajesh, MD Pediatric endocrinology

Unity Point health, Cedar Rapids

Mercy990@gmail.com

Dear Senator/House Representative

I am an immigrant board-certified Pediatrician and Pediatric Endocrinologist working for Unity Point Clinic in Cedar Rapids, Iowa. These are truly unprecedented times and the least I could do was to provide my service at our Pediatric

Respiratory clinic. I have personally encountered children who are diagnosed with COVID 19 and complications from the same including Multi-system Inflammatory Syndrome in children. I have also volunteered to work in the ER for Unity Point Cedar Rapids should we encounter a surge in cases in the region. **It is my calling to be a physician, this is what I do in my daily life. I am also a mother; wife and I worry about my family equally like any normal person would do. What happens to me affects their lives so much as they are dependents on my visa. If I do lose my life in my line of work, then they would have to leave the country. My son is a National Merit Scholar from Iowa this year now going into college. What would happen to his studies and future should anything happen to me?**

This is just one story among many. There are several immigrant physicians who are in the same situation as me, working for the USA and risking their lives. We are not being heroes here. As the good book says in Ephesians 6:7 – we are all rendering our service with enthusiasm and to the best of our ability. I hope and pray that you will consider our request and support the necessary legislation to help us continue with our service to this nation. One thing that has not left me during these trying times is my faith in God and humanity.

God bless you and God bless the United States of America!

Regards,

Dr Mercy Rajesh

<https://services.aap.org/en/news-room/aap-voices/all-of-us-are-part-of-one-great-community/>

Anand Kommuri, MD Pulmonary & Critical Care Medicine
Genesis Health group
anand.kommuri@gmail.com

I belong to a small town in India. After successfully making through the competitive exams, I joined at Rangaraya Medical college. I finished the rigorous training required for completion on my graduation in MBBS (1991-97) and subsequently also was successful in obtaining an MD in internal medicine after 3 years residency in India.

To obtain more experience, I went to the United Kingdom in 2003, worked there for 5 years to obtain more experience. I finished my MRCP (Member of Royal College of Physicians) Degree and had applied to obtain a post-graduation in medical specialties. I was unsuccessful due to be new EU rules and was left in limbo. After suggestions from senior physicians and mentors in the UK, I prepared for USMLE and was able to obtain an Internal medicine residency in 2007 at Lankenau hospital, Wynnewood PA.

I was fortunate to work with very experienced physicians and also obtained a fellowship in pulmonary and critical medicine at Thomas Jefferson University Hospital, Philadelphia.

After Fellowship, I have moved to the quad cities in 2013 and was hired by Dr. Mahadevia into his practice serving Genesis Hospital and also the people of Iowa and Illinois providing medical services in Pulmonology and critical care medicine. In 2016, the group was acquired by Genesis health group and I have continued to practice in Iowa.

By god's grace, we are blessed with three children born in the US, the youngest being a 2 year old boy. All the child of my daughters goes to Hopewell elementary in Bettendorf and have been blessed to have good teachers and friends. We felt that the quad cities were a good place to raise children and finally after much deliberation, we bought a house in 2016.

Since 2007, I have been on H1 visa with renewals and waiting for green card. I am actively involved in taking care of sick Covid 19 patients in the ICU. **I came to know of the shortages in medical personnel at multiple places including New York but due to being on a H1 visa could not help out as I am employer bound. I have been contacted by multiple agencies to provide coverage in areas of medical provider shortage but had to turn them down due to visa issues.**

It has been 13 years since coming to USA and am still waiting for the green card. I am 46 years old and losing the opportunity to help in places where there is a shortage of providers. **I am hoping that there is some form of help to get us out of this gridlock so that we can have more opportunities to help out for the shortages in medical provider coverages both in rural and urban localities.** I am hoping that the legislation can help us to be more available and work in places of shortages given the COVID-19 poses a great risk to

Rahul Raman, MD Pediatric Critical Care

MercyOne, Des Moines, Iowa

rahulraman85@gmail.com

I have been in US since 08/2011, when I started my Pediatric residency at in Brooklyn, New York and then did a Fellowship in Pediatric Critical Care at Detroit, Michigan. I completed my residency and fellowship on J1 visa. Due to limited number of J1 waiver jobs available in my specialty I started work as a Pediatric Hospitalist at Phoenix, Arizona. Eight months into my job the practice decided to close and I had to scramble to find a new position. J1 waiver requirement severely limited the type and place where I could work even after spending six years in training in United States and being Board certified in Pediatrics and Pediatric Critical care.

I was lucky to find a job as Pediatric Intensivist at MercyOne, Des Moines, where **I take care of critically ill children. We are also the only center in Central Iowa and one of the two centers in the state who take care of children undergoing heart surgeries for congenital heart disease and provide care for children needing ECMO.** My work is incredibly stressful, and the stress has been exacerbated by COVID-19. Pediatric world has been less impacted than our adult counterparts, but we do see some cases and worry constantly about getting infected myself. **My wife is a Pediatrician as well and with both of us getting exposed to Covid infections at work, we run a risk of contracting this illness and getting severely sick.** This causes us to constantly worry about the wellbeing and future of our son.

Each time when there is a need for me to change jobs, I need to refile my H1b visa, and because of these restrictions, I am unable to help if s need arises in the nearby medical facilities.

Our family has bonded well with our community and feel the love and respect.

Enacting the legislations that are mentioned would go a long way in helping our families and will increase access to much needed health care resources for our vulnerable communities. It will also help us fight COVID19 and any other such foreseeable threats and increase safety of our healthcare system with many more US trained physicians ready to help.

Thank you all for your attention, with sincere hope that you will consider these legislations and cosponsor them.

Best regards

Param P Singh, MD Interventional Cardiology

Cardiovascular Medicine P.C.

Davenport, Iowa

drparamsingh@gmail.com

Dear Senators and House Representatives,

I am an Interventional Cardiologist working in Quad Cities area since 2015. Prior to coming to Quad Cities, I completed my residency/fellowship training at Mount Sinai Hospital Chicago and North Chicago VA Medical Center acquiring **skills in the fields of Internal Medicine, Adult Cardiovascular Diseases and Interventional Cardiology. I am board certified in all of the above specialties in addition to being certified in fields of echocardiography, nuclear cardiology and cardiac CT.**

I am affiliated with both health systems in the area - Unity Point and Genesis; and have admitting privileges in five hospitals. In addition to providing inpatient and emergent cardiac care, I provide outpatient cardiology services at four clinic locations in Moline and Silvis IL & Bettendorf and Muscatine IA.

During the last few months, we have faced an unprecedented crisis with COVID 19 pandemic. During this time, I have continued to provide cardiology services to our patients in the hospitals as well as outpatient clinics. In addition, **I have been a part of COVID 19 Preparedness Committee with Unity Point Quad Cities.** I have also volunteered myself to work in the ER if the need arises due to a surge in the epidemic. Given our frequent exposure to sick patients, there is a great likelihood that I might also acquire the infection. Despite that I continue to stay committed to providing care to my patients to the best of my expertise.

Being a citizen of India, I am stuck in Green Card Backlog since 2009. As a result, both me and my wife have no permanent legal status in US. **I really fear for my family if I contract COVID and succumb to the infection. My wife and 2 kids (who are US citizens by birth) might not be able to stay in US in that situation. They will face extreme financial, emotional and social stress. Every day while driving to work, I think about this scenario and the future of my family.**

Please support these legislations which will help thousands of immigrant physicians like me who are currently risking their lives to cater to our communities.

Sincerely,

Param P Singh

Sunil Avvari, MD Internal Medicine Hospitalist

Genesis medical center, Davenport IA

Sunilavvari@gmail.com

This is Dr. Sunil Avvari, have been working as a Hospitalist at Genesis Medical Center, Davenport for the past 4 years, after I moved here from Ohio after working there as a Hospitalist for 5 years. As a Hospitalist physician I take care of very sick patients, including those require critical care in ICU. **I work long hours, 12-hour shifts, and take pride in serving the needy. Due to the shortage of physicians here I do work several extra hours, at an average I work minimum 60 hours a week.**

My green card was filed in 2012, and it's been 8 long years I have been waiting for my green card to come through. Unfortunately, I had to go through a lot of hurdles during this period for being a foreign national on visa. My kids, a son and a daughter, both graduated from high school, had to switch their visa status in order to take part in research and to offer volunteering services at the hospitals or with other organizations, and due to the visa restrictions they could not work with some organizations, and travel with voluntary organizations when they wanted to go and help out other communities like the hurricane disaster in Puerto Rico. My son always wanted to be a physician and, unfortunately, due to his visa restrictions for being a foreign national awaiting his green card, even though his entire education has been in US, he could not apply to several institutions, especially to Carver College of Medicine Iowa City or the Des Moines University. This is in addition to the financial burden as they have to pay complete tuition as international student, have to renew their visa status every year, even though we consider this as our country.

With ongoing COVID 19 pandemic, I take pride of serving the critically ill patients, risking our health and lives. Unlike all these years, now I feel very insecure for myself and my family. The Healthcare Workforce Resilience Act S.1024 (formerly S.3599)/ HR2255 (formerly H.R.6788) is an outstanding solution for our problems as this helps allocating the previously unused green cards to the doctors and nurses already in the USA. And this will not replace any American worker. This will give us the flexibility of extending and volunteering our services to the other rural communities that lack the medical support to address the ongoing pandemic crisis.

Regards

Dr. Sunil Avvari

Vikram Aggarwal, MD Pediatrics
UnityPoint, Bettendorf, Iowa
vikki2003@gmail.com

Dear Senator/congressman/ congresswoman;

My name is Vikram Agrawal and I am attending pediatrician in Unity point health in Quad city Iowa. I am writing this letter to advocate cause of thousands of immigrant's physicians working selflessly with utmost dedication to fight not only current COVID pandemic but every health care challenger that we face in this great country. I wish that this short story/message from me will resonate with you and throw enough light on the plight we face on day to day basis.

I have been in USA for last 17 years now ; I came as F1 student to university of Iowa and completed MOH in epidemiology ; after completing my resident in pediatrics in Elmhurst Health center in queens NY (the center for COVID epidemic) I joined my first job in Centralia IL ; Centralia and surrounding counties are HPSA (health professional shortage area) ; **it is almost impossible to recruit any physicians to such places and immigrants doctors step in provide care to such underserved critical communities.** We are frontline and center helping people in need in such places. In my current job- the majority population I see are in clinic, hospital and urgent care with public aid (government assistance); I deal with major chronic medical problems; mental health in pediatrics; sometimes due to lack of specialist within in 50 miles ; **I assume the role of psychiatrist ; neurologist and endocrinologist. Just as a reminder this is the population which most of the private practitioner refuse to take care of.**

Just recently I took care of infants born to two COVID positive mothers; both on Medicaid and both needing immense support and education. The uncertainty of the visa and GC on daily basis limits us in dreaming about a stable future. We are always afraid what would happen to us if we ever fall sick in this pandemic; how would our kids and spouses deal with this.

Please remember immigrant physician are here to help US health care system; we do it by proving blood and sweat in HPSA underserved populations; there is no hidden agenda here; we are in this for right and just reasons.

Thank you

**Anamika Tandon, MD Internal medicine
Hospitalist, St lukes, Cedar Rapids, Iowa
Dranamikatandon@gmail.com**

I am a hospitalist physician and have been in the United States since 2011, first on H1B visa for a year and a half long clinical research job that led to an esteemed publication in JAMA Ophthalmology and subsequently on J1 visa for my internal medicine residency, for which **now I am completing a J1 waiver job as a hospitalist physician in one of the most medically underserved areas of United States. My husband is an interventional Cardiologist**, who went through several years of training including 3 years of Internal Medicine residency, 3 years of general cardiology fellowship, 1 year of heart failure and cardiac transplant fellowship and lastly 1 year of Interventional cardiology fellowship, all-in-together 8 years of training all on H1B visa. Every year, we visited our homeland in India, we were made to stand in a line to get stamping and re-stamping of visa done, like all the tourists wanting to visit US for the first time. **The country my husband has proudly called his home since 2008 and that we collectively called home since 2011, while spending countless nights taking care of America and its people, that we call our people, has refused to acknowledge that America owns me too.**

Every time, my visa comes for renewal, whether that's a couple of years or even two at a time, I stand in line again at Driver's license office, to get my DL renewed. For this, I leave care of my beloved patients and my ever-accommodating American colleagues who cannot seem to understand why this is a yearly thing for me. **And then comes December 2019, my visa is being held for random administrative processing, and my husband is forced to leave us, I and our 18-month-old son in India for what seems like an unpredictably eternal amount of extremely stressful time which is spent repeatedly emailing and calling USCIS.** All while, my hospital Unity Point struggles to find coverage for all my December shifts. I worry 24X7 about how long and painful this visa process is going to be and what if it takes 6 months or more, and I lose my job and our son loses his precious family time with my husband. I worry about the depression my husband and I would have endured over these months, knowing full well that all our emotional/social/family support is back home in India and my husband is all alone in the US working in one of the most demanding fields of medicine. **The visa came eventually, but the sense of belonging left. Me and my husband routinely leave our now 2-year old son to a stranger we call our nanny, to serve the people of America, most of whom are astonished to learn that we have been working on visa for years now and that our lives are lived in bits and pieces revolving around this stamp that comes to haunt us every so often.**

As if this struggle has not been enough, COVID-19 hits to remind us of how fleeting and unpredictable our lives can be. Having been a frontline worker, I worry constantly about the risk to my health, the health of my loved ones including our precious toddler, the risks of disability and the risk of losing my job if disabled. My husband sees the sickest of these COVID-19 patients who are intubated, mechanically ventilated and have developed severe cardiac complications including myocarditis, most of whom do not survive because of the nature of their illness. It brings me to chills to think of the kind of exposure we both deal with on everyday basis, especially making it harder when there is no safety blanket to fall back on, if something were to happen to us. Our patients and our American colleagues think we deserve more, often quoting that they would not do what we are doing, knowing what we deserve is nowhere near what we are given.

Passing these bills would give all of us foreign doctors who call America home and whose children know of only one country, that is America, a sense of belonging. America is my country and I am looking at you to see if you will let America say that I am America's.

Sachin Nunnear, MD Pediatrics
UnityPoint, Bettendorf, Iowa
drnunnear@gmail.com

Dear Senator and House representative,

My name is Sachin Nunnear, General Pediatrician and Pediatric Hospitalist currently working with UnityPoint Health System in Bettendorf IA. I came to serve this beautiful community almost 11 years ago after I finish my residency in Pediatrics at Elmhurst Hospital in Queens New York and Mount Sinai school of Medicine. I am with UnityPoint Health system since last 6 years and give my services to 4 hospitals as a pediatric Hospitalist and work in my primary clinic in Bettendorf. I also work at UnityPoint urgent care locations in Quadcities whenever there is need and shortage of doctors to cover the shifts on weekends. I started my job at Community Health Care clinic and worked there for 5.2 years. **I am truly enjoying working in medically underserved area and giving my best to the community when they need services. As you know that it is very difficult to recruit physicians in this area** sometimes it can be very challenging to face too much workload.

I started my job on H-1B and currently I am in adjustment of status waiting for my Permanent residency card. I have been working on Employment Authorization Document because of my adjustment of status since last 8-9 years and have to renew this document every 1-2 years. Because of heavy load of applications at USCIS, many times my EAD doesn't get renewed within specified time frame and I end up working on allowed grace period. This can be very stressful at times since I am always worried what happens to me and my family if the grace period expires. In state of Iowa, we face challenges getting Driver's License if our EAD expires and we have to explain to the state authorities that my renewal is pending so they can temporarily give me an extension on Driver's License.

I did my medical school at Grant Medical College and a Sir JJ Group of Hospitals, Mumbai India. After I finished my school, I came to Miami to do Masters in Public Health in 2003. After finishing Masters in Public Health, I did pediatric residency at Mount Sinai school of medicine in New York City.

I live in Bettendorf, IA with my wife and we together have 3 beautiful kids who were Born here. My wife is a stay at home mother.

Apart from clinical work, actively managing many COVID patients in the clinic and hospitals Since the COVID pandemic began, **I am on the Hospital COVID task force committee discussing protocols, safety guidelines, treatment plans for the hospital. I wrote an article in the newspaper about how to deal with anxiety, fear and safety guidelines for the parents and kids. Here is the link to the article:**

<https://www.kwqc.com/content/news/Quad-City-pediatrician-answers-parents-COVID-19-questions-570438461.html>

I am very passionate to work as a front-line worker to help our community during this unprecedented time. At the same time, I am always worried what will happen to me, my family if I get sick and cannot work and have to leave the country if my VISA expires. **This uncertainty causes lot of stress and anxiety in our family.** I am waiting in line for the Permanent Residency card since last 7-8 years since India has a long wait time. It will take many years for me to get the GreenCard.

Hence, I would urge this senate bill **S.1024 (formerly S.3599), S 1810 (formerly S.948) which will give stability to the healthcare force, the REALBACKBONE IN THIS PANDEMIC.**

Let us have what we really deserve.

Hope you consider cosponsoring those bills, to help health care force.

Thank you so much for what you do.

Sachin Nunnear

Armeet Singh, MD Pediatrics
UnityPoint, Bettendorf, IA
drarmeetsingh@gmail.com

Dear Senators and Representatives,

I am currently working as a full time Pediatrician with Unity Point in Bettendorf IA. I completed my residency at Cook County Hospital Chicago in 2009. Thereafter, I worked in Aurora IL for 6 years before moving to Iowa in 2015. **I applied for my Green Card in 2009 and have been waiting since then.**

As a physician, COVID 19 pandemic has been really challenging. In addition to working in my clinic during these tough months, I have also taken care of newborns to COVID 19 positive mothers. I am really proud of my job and would want to continue to support my community and patients in these difficult times. However, the thought of getting fatal infection myself during this COVID 19 pandemic is a constant stress for me. My 8-year-old twins will have to move back to India with my husband. Not only it will destabilize my family but put immense social and emotional stress on my children who are US citizens by birth.

I request you all to support and help enact S.1024 (formerly S.3599) / HR 2255 (formerly H.R.6788) which will benefit hard working immigrant physicians like me. It will enable me to continue to do my job without a continuous worry about my family's displacement.

Regards,
Armeet Singh

Babuji Reddy Gandra, MD Psychiatry
Genesis Health group
Bettendorf IA
drbabjireddy@gmail.com

Dear Senators and Representatives,

My Name is Babuji Reddy Gandra. I'm a board-certified physician in Psychiatry. I completed 4-year psychiatry residency and have been working as a psychiatrist for last 8 years. I worked in a physician underserved area on J1 waiver visa.

I arrived in this country in 2008, **have been living here for last 12 years on Temporary visa, currently on H1 visa.** It gives me immense pleasure that this country has given me opportunity to train as a psychiatrist. It gives me great satisfaction in taking care of vulnerable mental health patients and to see happiness of patient and family when they get better.

During COVID 19 pandemic, there has been an increase in the number of patients seeking mental health services. There is a nationwide prediction that patients seeking mental health services will increase significantly in next 2 years. Being on a temporary visa, I'm not able to fully utilize my potential and serve people at various facilities.

There are thousands of doctors waiting to get permanent residency/Green card for several years. I have been waiting for more than 12 years. Please consider voting for the above-mentioned bills. These two bills will not only help strengthen American health care system and economy but also help our families stabilize.

Sincerely,
Babuji Reddy Gandra. MD

Bharani Chandrasekaran, MD Interventional Radiology
MercyOne, Des Moines, Iowa
docbharani@gmail.com

Dear Senators,

I am an Interventional Radiologist in Des Moines, Iowa, and have been here since July 2018 and provide services at MercyOne Des Moines Hospital. During the current Covid-19 crisis we actively provide services to covid patients in both general Radiology and Interventional Radiology department. Being the largest hospital in central Iowa, we have a large covid patient population that we take care of. Individually as an Interventional Radiologist I do a fair number of procedures on the sicker covid patients who are usually in the ICU.

I have been in the US since 2007 on a visa serving physician shortage areas in Michigan (Saginaw, MI) and Massachusetts (Worcester, MA) prior to coming to Iowa. The last 14 years I have been on a work visa without any light at the end of the tunnel for my green card approval. At the current rate it may be another 20-30 years before I get my green card. **Each and every day of the past 14 years I have happily served the US population and hope to do so for many years to come.**

My visa currently restricts me to help more needy places such as Florida and Texas (and New York previously). If I had a green card I would have taken up a temporary assignment to go and serve the more needy hospitals there. Even now I have active medical License in Texas but unfortunately cannot go there to help due to visa restrictions.

Last but not the least I have a family to take care of! In the unfortunate eventuality something happens to me (courtesy covid-19) they are helpless and my wife would have to pull my daughter out of elementary school and leave the only country my daughter considers as her home. **I don't think that is fair and the thousands of patients I have treated over the past 14 years would also agree that it's not fair.** I sincerely hope you all think that is not fair too and help us out in this needy hour. I have full faith in the leaders of this great country to act promptly and fairly. I humbly request you to consider voting for the above bills.

Bhavana Yalamuru, MD Anesthesiology
University of Iowa Hospitals and Clinics
Bhavana-yalamuru@uiowa.edu

Respected Senators and Representatives,

I am an anesthesiologist working at the University of Iowa Hospitals and Clinics. I am currently on a H1B visa and have been on one for the last 5.5 years. These bills will provide physicians who have been in the system for a long time more flexibility in volunteering and serving in the hotspots for COVID and any other future healthcare crisis. At present on a H1 B visa, **I do not have the ability to volunteer and work in other states experiencing a surge or work in other hospitals in Iowa that are suffering from staffing shortages of anesthesiologists.**

Based on the numbers, and lack of a filed PERM petition currently I am unlikely to benefit in the short term from the passage of these bills. However, it will clear the path for several other physicians like me to be able to participate more effectively in this crisis. **I believe that this is an important bill that will bolster the current health care workforce and provide a much-needed boost to the national efforts to fight the pandemic.**

Sincerely,

Bhavana Yalamuru

Muddasir Ashraf, MD Hospitalist
UnityPoint, Bettendorf, IA
muddasirashraf@hotmail.com

Dear Senators and House Representatives,

I have been working as an internal medicine hospitalist in Iowa for the past ten years. **I have been serving patients in Iowa not only through my job but also in the Iowa free clinic providing free medical care to needy patients. I have always felt insecure due to immigration-related issues but never was it so stressful as it is now during this pandemic. Being a front-line worker in COVID-19 Crisis, every day I live with this fear, if I got exposed today and if something happens to me, what will my family do.** My wife is dependent on my visa, and if anything happens to me fighting this disease, my wife, along with my kids, will have to leave the country. I have three beautiful kids who are American citizens, and their future is entirely dependent on me. I share this fear with so many other physicians fighting this evil disease as a front-line worker. I am on H1B for the past 13 years and yet do not have permanent residence. **It is unfair to have permanent residence issued on the flip of a coin (Lottery), and people who give their sweat and blood live in a state of uncertainty.** I humbly request you to sponsor any bill that supports this cause.

Regards,

Muddasir Ashraf

Swetha Kandula, MD Pediatrics
Community Health Care Inc., DavenportIA
rsr.doctor@gmail.com

I am Dr. Swetha Kandula, **pediatrician providing primary care for children starting from the age of newborns to 18 years of age. I work at a Community health clinic providing care to mostly medically underserved population in the Quad Cities area of Iowa/Illinois.** I have been working here for the past 4 years after completing my residency training. We provide comprehensive medical care and serve as a medical home and in my practice, I take care of a lot of kids with complex medical conditions who in addition have very challenging social situations. It takes a lot of coordination with multiple specialties, keep track of facilitating referrals, arranging appointments on behalf of my patients, follow up on recommendations, help the families follow through to make sure the patient gets the comprehensive care he/she deserves. I have felt grateful to be in a position to take care of my patients who have so many challenging situations and have learnt a lot about them in these 4 years.

Our organization has been on the front lines of fighting the COVID-19 battle by providing extensive testing, maintaining patient access to primary care so that the patients can still come for their health needs without fearing about exposure to COVID-19.

My organization filed for my green card after 2 years of service with the hope of having me work here long term without the fear of certain work restrictions due to being on a visa and also avoid facing hurdles in extending the visa status every so often.

The ongoing COVID-19 pandemic has been very stressful on a personal level as well due to the uncertainty of how things will unfold if **I were to get sick due to COVID-19 and end up in disability or death putting my family members at risk of immediate deportation.**

The Healthcare Workforce Resilience Act S.1024 (formerly S.3599)/HR2255 (formerly H.R.6788) seems like a great solution for our problem by providing us with the opportunity for extending our services to more rural communities like ours while giving us our families the safety net of a lawful residency status while we do so for the greater cause.

Regards,
Dr. Swetha Kandula

Deepna Kukreja, MD Pediatrician
Genesis health group, Bettendorf, Iowa
Deepna.kukreja@gmail.com

Me and my husband are both pediatricians with Genesis Health Group in the Bettendorf and Davenport locations in Iowa. We came to this country on a J1 visa from the top 5 medical colleges of our country. We finished our residency in Pediatrics from Mt Sinai School Of Medicine, New York City, New York.

We were advised by the immigration and medical lawyers to proceed with a waiver requirement which involved moving to a HSPA. This was when we moved into the state of Iowa back in 2010. **We continued to work for rural physician shortage clinic and provide our dedicated services to the undeserved community.**

We thereafter successfully finished our 5 years of National Interest Waiver in 2015. The green card application was started by the employer on our behalf in an effort to retain our services to the needy soon after our employment.

We are over 10 years into a practice now and still waiting. Our priority dates are set in stone and because of the way are immigration system works it doesn't even budge. It has been a long frustrating journey and with comes its impact on our emotional and physical wellbeing.

Unfortunately, we cannot afford to take the chance of not being able to return back if we have to leave the country for any reason. Considering the very important and crucial job we perform in the community I am aware of the consequences it can cause on the health and wellbeing of our patients.

It is imperative for us to keep our visa active and current even after being here and performing essential services for over 10 yrs. Our peers and other colleagues have been very fortunate to have an incredible fast track to permanent residency and citizenship just because they were not born in India.

We urge you to strongly consider our request and help us out. If we don't speak up now we may very well never become US citizens in our entire lifetime despite of being the top tier tax payers in the country. It is far from a fair deal for us folks.

Thank you for your consideration.

Regards
Dr Deepna Kukreja
Dr Gautam Kukreja

Dhivya Sundaramurthy, MD Nephrology
Methodist Medical Center
drdhivya@gmail.com

Hi,

I am a nephrologist with Iowa Kidney Physicians (IKP) and serve numerous hospitals in the Des Moines area including Lutheran Medical Center, Methodist Medical Center and MercyOne Des Moines, all three of which are geographically located in a healthcare worker/Physician shortage area. Additionally, I also travel to rural Iowa including Centerville and Creston, where I manage dialysis patients and manage the dialysis centers located over there.

End Stage renal disease patients are a very vulnerable subset of population to the novel corona virus as they are chronically ill and have a very high morbidity and mortality when they are infected. **Hence as a nephrologist I do see a lot of those covid patients in all three hospitals in the Des Moines area especially at Broadlawns medical center give that it's a county hospital.**

Being in close proximity to covid patients puts me and my family at high risk for getting infected and in spite of this I do work sincerely and diligently as I do care a lot about my patients. In case something happens to me, my family would suffer a lot both from a personal front as well as they fact they would have to pack things up and leave the country. My five-year-old would be pretty devastated in those circumstances. **I have been a practicing doctor since 2011** without a green card. **The sad part is there is no light at the end of the tunnel.** Hence, I request you on my behalf, my family's behalf and at the behalf of my patients in rural Iowa to help us with the necessary health care and immigration reforms so as to give us a little more stability during these trying times. We love Iowa and would love to call Iowa our home for many years to come. Please help us so that we can continue to serve the people of this great nation.

Dr Dhivya Sundaramurthy, M.D.
Nephrologist (Iowa Kidney Physicians)
Des Moines, Iowa

Rajani Uppala, MD Pediatrics

Iowa

rajju.uppala@gmail.com

Dear Senator and House Representatives,

My name is Rajani Uppala and I am a pediatrician working at people's community health center, Waterloo, IA.

Firstly, I would like to thank you for everything you are doing in these hard times as a people's representative. Secondly, I would like to bring to your attention about our current pathetic situation as immigrants and hope to get your support.

I have been in United States since 2013, I came here after finishing my medical school and specialty training in India. I finished my pediatric residency from Woodhull medical Center, Brooklyn, NY. I was on my J1 visa while doing residency. I am really great full for this opportunity. I not only grew professionally; NY has taught memany things in life.

After finishing my residency, **I started working at Peoples Community Health Clinic which is in an underserved area in Waterloo, IA on H1 visa.** Our clinic does a great job of serving so many poor, low socio-economic families with no insurance and I am so proud of being a part of it.

As this pandemic is sweeping across US, **our clinic is facing a big surge in covid 19 patients as there is an outbreak in a meat plant in our community and they continue to rise every day.** We had to start a separate covid clinic and expose ourselves every day to covid patients risking our own lives. Out clinic is also a test Iowa center where so many people come for covid testing.

I love what I am doing and am so proud of it, I feel so privileged to be serving the neediest people in this hard time.

However, with the continuous exposure to this deadly virus and our ongoing visa issues, our whole family is at risk. So, I think that the legislations mentioned would Serve to help us, our families and our communities.

I sincerely thank you for your time, attention and hope that you would consider this.

Sincerely,
Rajani Uppala

**Disha Mehta, MD Hospitalist,
Vegas (worked at Mercy Medical Center - Cedar Rapids)
mdisha012@gmail.com**

Dear Senators and Representatives,

I am Disha Mehta, MD board certified internal medicine physician. **I have been on J research / J clinical / completed my waiver in Iowa. On H1B since 2016. Served underserved areas of Iowa.** Currently working in underserved area of Nevada.

My husband is Internal Medicine Certified, worked in Iowa as-well and doing critical Care currently in Nevada. **Both of us are actively involved in fight against COVID 19. I am currently 22 weeks pregnancy and have a 4year old son. My family is on my dependent visa.** Working in frontline with my husband, my family and unborn baby are all exposed and at higher risk. We continue to strive hard to care for our patients during this pandemic.

The bill is important for all these families who have their life and family at risk and who want to continue to serve the Community and Country During this Pandemic.

Best,
Disha Mehta,MD

**Gopi Kota, MD Radiology,
Waterloo, IA
kota52us@gmail.com**

Respected Senators and Representatives,

I am an **Interventional Radiology Physician and am in the United States for the last 12 years on a temporary visa**, first on J1, and then on an H1 visa. I have been working in a rural medically underserved area for 7 years in Waterloo, Iowa, where there is a shortage of Interventional Radiology physicians. I take care of patients in emergency, acute care settings, stroke, active bleeding along with other outpatient procedures. I assist in diagnosing and management of COVID-19 positive patients. Especially in certain situations, telehealth is not an option during the management of patients. Because of the visa restrictions, **I am unable to provide services and help patients in different hospitals other than my facility, even though there is a lot of need, especially in these testing times of the COVID-19** pandemic.

So, I urge you to support and enact the bill S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788), S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895), which will be helpful for the community and to treat patients at multiple locations where there is a shortage of physicians.

Thank you for your attention. I sincerely hope that you will consider these legislations and cosponsor them.

Sincerely,
Gopi Kota,

Reena Kunreddy, MD Internal Medicine
Genesis Health group, Bettendorf IA
drreenareddy@gmail.com

Dear Senators and Representatives,

My name is Reena Kunreddy, an Internist working for Genesis Health Group for 4 years now. Prior to that I worked as a hospitalist in an underserved area for 2 years. I take great pride and joy to be able to serve this close-knit community that has huge need for medical services.

I am extremely appreciative of the opportunity I had to be able to pursue my residency training and eventually work in USA. I have grown into a well-trained physician and the person I am today here in USA and feel strong bond with this community in Quad Cities.

In the present scenario of COVID crisis, **I have come to know that the nationwide medical organizations and the Congress have been worried about physician shortage and I have seen it first hand in the local peripheral hospitals having to have physicians having to pick multiple back to back shifts that are overwhelming for the physicians and cause safety concern for patients.** The burden on the current healthcare system has increased many folds and the brunt of the aftermath of the pandemic in terms of chronic health issues is yet to come.

While I am proud and willing to contribute my part during this crisis, **I am unable to work to my fullest potential as I am on a temporary work Visa (H1) which restricts me from helping out peripheral hospitals in the area that are in need of physicians. As you may know, nearly 25% physician workforce in US are International Physicians.** Thousands of us are working on visas and are the readily available physician workforce, but because of the immigration limitations we are unable to expand the radius of service for both Pandemic preparedness and long-term physician shortages in rural, medically under-served, Health Professional Shortage Areas.

I urge you to please not only support but champion this cause so we can give our fullest contribution.

Sincerely,

Dr. Reena Kunreddy.

Chetan Prasad, MD Internal Medicine
Community Healthcare Quad cities
chain.cp1@gmail.com

Dear Senators and Representatives,

Greeting. My name is Chetan Prasad. I am board certified in Internal Medicine. I completed my residency 2 years ago and have been working at community health care at Quad cities. **I have been under visa for 5 years now. I serve the underserved and uninsured patients which I enjoy a lot.** United States if America has given me an excellent opportunity which I am very thankful and grateful.

Due to my visa, I am restricted and cannot provide care to more patients like with COVID 19 infections at hospitals affected across United States. So, I urge you to help us by expediting the permanent residency process, so we can help the community and this great country without any restrictions.

Thank you.

Sincerely,
Chetan Prasad M. D.
Community HealthCare
Quad cities
Iowa

Chiranjeevi Pramod Siddagunta, MD Family Practice
Community health care, Davenport, IA
drpramod67@gmail.com

Dear Senators and Representatives,

I am a board-certified family physician working at Community health Care (Federally Qualified Health Center) in Davenport, Iowa. I am on visa since 2009 and right now working in an underserved area. I came to USA due to my passion to get world class training. In the process Iowa became my new home. My family grew and now I have two sons. My wife is an Internal medicine hospitalist taking care of COVID 19 patients at UIHC and I am practicing in clinic. As you can see, **we both are at front line of this pandemic taking care of the patients.** We love our profession and are grateful to serve Iowans who are very friendly and welcomed us at every step. **I would like to get involved more in this fight against pandemic by helping other places where there is a shortage. Due to the H1B restrictions, I am unable to help at places of need.** I urge you to expedite the permanent residency process which in turn will enable me to be more productive in taking care of patients during this pandemic.

Please consider voting for the above two bills. These bills not only help bolster the American health care system but also will give stability to our families as well.

Thank you,

Sincerely,

Chiranjeevi Pramod Siddagunta MD
Community Health Care
Davenport, Iowa

Rohan Garje, MD Medical Oncology

University of Iowa

Rohangarje@yahoo.com

Respected Senators and Representatives,

I am Rohan Garje, MD working as a genitourinary oncologist at Holden Comprehensive Cancer Center, University of Iowa Hospitals and clinics. After completing medical school in India, I moved to Cleveland, OH in 2011 to pursue a 3-year internal medicine residence and then subsequently moved to Iowa to pursue another 3-year fellowship in cancer care. I am one of few genitourinary oncologists in the whole state of Iowa and have robust ongoing research and clinical trials to help Iowans with prostate and bladder cancers. Since 2011, I have been on a temporary H1b Visa and had gone through several renewal processes despite having an approved i140 in 2016. With each renewal, there has always been a fear of uncertainty.

With the ongoing COVID-19 pandemic, I have never been so proud of being a doctor caring for cancer patients, helping them navigate through a crucial phase and mitigating the concerns of infection. I have also been volunteering at influenza-like illness clinic to help patients with COVID-19 infections. However, in this moment of global crisis, I have never felt so helpless regarding my temporary immigration status as I live in constant fear for myself and my family. The Healthcare Workforce Resilience Act S.1024 (formerly S.3599)/ HR2255 (formerly H.R.6788) is an outstanding solution for our problems which helps allocate the previously unused green cards to the physicians and nurses already in the USA. This will not displace any American worker. With the approved Green card, we will have the flexibility to volunteer out of our institution and contribute as a frontline provider in this unprecedented global crisis.

Regards,

Rohan Garje

Sandeep Gupta, MD Pulmonary, Critical Care Medicine
Unitypoint, Sioux City
sandynoida@yahoo.com

Respected Senators and Representatives,

I am Sandeep S Gupta MD and I am working as a Pulmonary and Critical Care Physician at Unitypoint Hospital - St Luke's and Mercy Medical Center in Sioux City, IA. I have been on H1b visa for the last 10 Years with an approved I-140 since 2010.

I am taking care of very sick critically ill COVID 19 + ICU patients in this underserved area. I have been here for the last 5 years. Right now my services are limited to these hospitals because of the H1b restrictions.

The Healthcare Workforce Resilience Act would be a long needing solution to our immigration situation and help doctors in my position to volunteer and provide services in other hard-hit areas of the country.

Please consider it strongly.

Regards,

Sandeep Gupta

Sathvika Reddy, MD Internal Medicine

University of Iowa

rsathvika84@gmail.com

Respected Senators and Representatives,

I am an Internal medicine hospitalist working at University of Iowa since 2012. I am on H1B since then. **The Healthcare Workforce Resilience act is a long-needed solution to our immigration situation.** I sincerely believe and hope that you will understand our delicate situation and support the bill.

Thank You,

Sathvika Velur MD

Ajay Kumar Kaja, MD Cardiology

Waterloo, Iowa

dr.ajaykumar87@gmail.com

Dear Senators and House Representatives,

I am currently working as a Cardiologist for the last 2 years. I have been in USA for 10 years. I was on multiple kinds of visa (F1, J1 and H1b) during my medical career. My wife is currently on H1b visa and doing her residency in Family Medicine. I had to go through multiple phases of visa processing, immigration issues during my entire career. **Every year when we are due for visa extension, it brings a lot of emotional and physical stress to me and my family. During this COVID-19 pandemic, both of us work on multiple shifts taking care of sickest population. Given high risk nature of our profession and constant fear of falling sick from COVID-19, my immigration status puts us and our family future at risk.** We humbly request you to consider the current S 1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788)8 andS 1810 (formerly S.948)/HR 3541 (formerly H.R.2895) bills and kindly request you to cosponsor the bills. This will definitely reduce physician shortage in Rural America and help us to serve the people in need.

Sincerely,

Ajay Kumar Kaja

Sujan Vadarevu, MD Hospitalist

Mercy Cedar Rapids

vsujankumar@gmail.com

Hello Senator,

I am Sujan Vadarevu MD, working as Hospitalist at Mercy Medical Center Cedar Rapids, Iowa.

I am physician for last 10 years and still on Temporary H1 B visa.

I have worked in rural Iowa for 2 1/2 years and transitioned to Cedar Rapids area in 2016.

I work as Hospitalist and take care of COVID 19 patients on daily basis, my wife is Physician who is also on Temporary H1 B visa.

Last year, my mom passed away and I was in India for her funeral services, I was struck in India because of delay of visa processing.

As Community friendly Physicians, we help in growth of local communities.

I work 7 on and 7 off schedules, **I get multiple calls from Rural Iowa recruiters to work in small, rural hospitals, I can work since I have off time, but because of Visa restrictions, I am not able to do so.**

We both are doing best for American health care and proud to be part of health care system in USA.

Enacting legislation would increase Physician availability in rural Iowa.

Anusha R Madadi, MD Hematology /Oncology
UnityPoint Health Allen Hospital - Community Cancer Center, Waterloo, IA
anushaomc@gmail.com

I am hematology/oncology provider practicing for the past 11 years, I have been on a H1b Visa, both me and my husband has been have been working in different states all this time due to Visa issues are struggling as a family to manage with kids though he would love to move to Iowa once our visa issues solves .

We have had scenarios where we went back to home country and administrative processing of visa has delayed my husband's processing and I encountered a significant difficulty managing my work here on a full-time H1 B visa with kids.

In the current COVID scenario, my current visa status restricts me to help patients in more needy places especially with cancer patients and COVID crisis due to visa restrictions, also with my visa restrictions I am unable to open clinical trials in Iowa rural areas to help cancer patients increased access to cancer care

I would humbly request you to sponsor the bill to help Iowa patients especially in much needed COVID crisis patient care

Arjun Sekar, MD Nephrology
Associates in Kidney Care
arjun_sekar@hotmail.com

On a visa since 2012

Have taken care of 31 covid positive patients needing nephrology care

Visa restrictions limit me from doing outreach services

Only 60% of Nephrology training spots are filled every year and more than 60% are foreign medical graduates Per the American Society of Nephrology Workforce survey

This shortage will be more glaring as President Trump has signed the Advancing American Kidney health initiative.

Ramya K Maturu, MD Hospitalist/Family Medicine
Mercy Medical Center, Cedar Rapids IA
drramyakrishna@gmail.com

Dear Senator and representatives,

My name is Ramya Maturu. I am MD working as hospitalist in the state of Iowa for the last 5 years. I am under J1 visa, helping patients in the underserved area.

First of all, I would like to thank you for all that you do to help the nation and communities.

United states has given me a great opportunity to pursue residency and practice medicine.

Both me and my husband work as frontline hospitalists, helping the high-risk population and taking care of Covid 19 patients. Since COVID19 pandemic started, our fear of future increased, as we are on a H1B visa and not having permanent residency status.

Also, we are not able to work in other rural areas who are in imminent need for doctors as we can work only in limited areas due to H1B status.

I would hope to have stability in our lives by having ensured permanent residency.

Thanks,
Ramya Maturu

Vijaylakshmi Mukkamalla, MD Internal Medicine

Unitypoint, Bettendorf, IA

Vijaya_mukkamalla@yahoo.co.in

Dear Senator and Representatives,

I am working as Hospitalist at Unity point Bettendorf Hospital. I have been on H1 B visa since 2011 finished my residency in 2014. I worked at Great River health system for 2 years and then moved to Bettendorf to render my services at Unity point.

I have been involved in taking care of critically ill COVID patients. I feel proud to serve my community in critical time of the pandemic. In the same breath I am concerned of my pending Green card status and consequences my family will get into in case I get affected with COVID. I am concerned about deportation of my family if I lose my immigration status.

I request you to support the Bipartisan Bill that will enhance the Green card process for Immigrant health care workers.

Ambur Manoj Kumar Reddy, MD
Radiologist University of Iowa Hospitals &
Clinics Ambur-reddy@uiowa.edu

I have been in the US since 2009, ever since I came here after medical education in India to pursue neurosurgery. For the next 7 years I served the public of Iowa working in the neurosurgery department at the university hospital. In 2016, I switched to a radiology residency and will complete in 2021.

After completing residency, I would like to give back to the state of Iowa by practicing Radiology and continue helping the patients who need me here.

All this time I have been on a H1B Visa with yearly extensions. For the past 9 years I have been waiting for a green card since the priority dates are in backlog.

I kindly urge you to help pass legislation and approve senate bills S.1024 (formerly S.3599) and S.1810 (formerly S.948) and continue to support me help the public of Iowa/united states during and after these difficult times of COVID-19.

Thank you, appreciate your attention to the matter and am grateful for your support.

Dharamveer Singh, MD Internal Medicine
UnityPoint clinic, Bettendorf, Iowa
Aimdoc@gmail.com

Dear Senator and House representatives,

I am **Internal medicine physician**, practicing in US since 2007. I arrived in US H1B visa and have been on that since that time. **My wife is also on H1B and is infectious disease specialist** here in quad cities and plays a significant role in COVID 19 response team. She is the only ID specialist with Trinity system in quad cities.

We have been **servicing the urban as well as rural population here in quad cities**. It always adds to worries that we don't have permanent status in US **despite working here for almost 15 year or so and the way immigration system is working it might take decades to get one**. We have been on the front line of this pandemic.

We are hoping that senate and house will help pass these bills so we can continue to do our jobs.

Thanks, and appreciate your time in this matter.

Amita Ghosh, MD Pediatrics
Community Healthcare, Quad Cities, Iowa
amita.ghosh2@gmail.com

I came to the United States in 2015 for my pediatric Residency at Texas Tech University Amarillo. After completing my residency, I started working for Community Health Care, Inc, a Federally Qualified Health Center in Moline, IL which is an underserved area and a health professional shortage area. **I am currently the only MD at my practice and have a large patient panel from the below income and immigrant communities. I believe my work helps this community get the care they deserve for their children.** Please consider granting me permanent legal status in the US so that I may continue serving these needy populations.

Sundar Munagala, MD Psychiatrist
Mercy medical center, Cedar rapids
Sundar.munagala@gmail.com

I am Dr. Munagala, psychiatrist at Mercy Medical center has been providing mental health care for clients for more than 10yrs. I am also director of substance abuse program. My services cover most of rural areas in Iowa. **My son who went to elementary, middle and high school in America and also college in America had to become an international student because he became 21 and I didn't get a permanent residency.** I am so dedicated with my see vices towards mental health, have not taken even pine day of vacation fitting these difficult times with COVID, as my serviced were needed at this difficult time.

Randhir Jesudoss, MD Gastroenterologist
University of Iowa Hospitals & Clinics, Iowa City, IA
drrandhirrekha@gmail.com

Respected Senator,

I am Dr Randhir Jesudoss I came to the US in 2010 as a fully trained GI physician from India. I had to undergo a repeat training in the US which I did in transplant hepatology (Liver transplant) in Philadelphia and moved to Iowa in 2014. I joined as faculty in gastroenterology and liver transplant and been in university since then. The university applied for my green card under the EB2 category and I have been in the que since then.

In 2018, **I found out the VA hospital had no liver transplant physician to take care of our veterans so I joined the VA as liver transplant director to take care of our dear veterans. It has been the most rewarding experience for me.** I had the most thank you in my medical career in the last 2 years and serving our veterans has been a fruitful exercise of my entire medical career which spanned 25 years with two residencies and two fellowships in three continents. **I would love to help other VA and rural hospitals during the COVID pandemic with my unique expertise but I can't because of my visa. It would be tremendously helpful to me and all my colleagues if s1024 (formerly S.3599) ispassed and we physicians who are waiting for a green card would be able to help out in critical areas of need in Iowa and around the country.**

Thanking You

Yours Faithfully

Randhir Jesudoss, MD

Murali Kolikonda, MD Vascular Neurology
Central Baptist Hospital
Lexington, KY
muralikrishnan.kolikonda@gmail.com

My name is Murali Krishnan Kolikonda, originally from India came to United States in 2009 and joined as a post doc research associate in infectious disease at University of Louisville, Kentucky. Subsequently, I finished my neurology residency training at University of Louisville, Kentucky and currently finishing up my stroke training at Cleveland Clinic, Ohio.

I am moving back to central Baptist Lexington, Kentucky to take care of patients with stroke and other cerebrovascular diseases. **As there is growing evidence of strong association of COVID-19 and stroke, the neurologists have already moved to frontlines. References(R) listed below. As a stroke physician I will be playing a major role in taking caring of patients with stroke and COVID-19.** As a fellow at Cleveland clinic, I was directly involved in triaging COVID-19 patients who suffered stroke to receive acute intervention therapies.

Besides this, my wife who is a internal medicine hospitalist also in frontline taking care of COVID- 19 patients. She had been on temporary visa for six years, yet tirelessly working during this health crisis.

A family of two working physicians fresh of the boat to United States, working on temporary visa during the pandemic crisis with a 20-month-old daughter without any other support is the most challenging situation that we have been facing every day.

However, we are not afraid of becoming seriously ill due to the COVID as we know that we are at high risk for exposure. We as physicians remind ourselves of the sacred Hippocratic Oath “solemnly pledge myself to consecrate my life to the service of humanity “. Every physician who is working during this COVID-19 pandemic is a proof of that testament.

The only concern is about my 20-month-old daughter who needs to be taken care off. If either of the parents are deceased due to COVID-19, it would be very devastating to the other partner who is on temporary visa and has to leave the country? This is not only my story, but the story of every legal immigrant physician who is here in United States with their family.

The above two bills 1. S1024 (formerly S.3599)/HR2255 (formerly H.R.6788)
2. S1810 (formerly S.948)/HR3541 (formerly H.R.2895) as described in the introduction will help strengthen the health workforce during the COVID-19 pandemic in United States, and also helps the legal immigrant physicians and their dependent families to be an integral part of United States and work towards the goal to be the strongest health system in the world.

References (R)

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Jignesh Shah, MD Vascular Neurology
Central Baptist Hospital
Lexington, KY
drjignesh83@gmail.com

I am Jignesh Shah, Vascular Neurologist, currently working as the Director for Comprehensive Stroke Center at Baptist Hospital in Lexington, KY. I also serve as Director for Tele-Neurology services within the Department. I came to the United States in 2008, and did my Neurology training at University of Louisville followed by Vascular Neurology at National Institutes of Health, Bethesda, Maryland. Kentucky has been home away from home (India) for me in the United States, where I have spent most of my time in the country. I joined University of Louisville, after my training, as my first job. I wanted to give back to the community where I trained, for which I came back to Kentucky after my training was done in Maryland. I recently moved jobs from University of Louisville to Baptist Hospital in Lexington, KY.

As these are some testing times in our lives recently with the ongoing pandemic of COVID-19, we as legal immigrant physicians face even more daunting tasks which some other physicians don't have to worry about. As a Vascular Neurologist, we know that many of these COVID patients have higher risk for stroke especially during the cytokine surge phase of COVID disease. As you can see from the article* listed below, several patients are having strokes during the COVID disease, which can cause permanent brain damage if not treated acutely. As physicians, we do not mind treating these patients, as we have never ceased to work during the pandemic- but as legal immigrant physicians, our concern is if I were to get sick and/or die because of COVID, my dependents may lose their immigration status, and may have to leave the country. Also, I would like to bring to your attention the scarcity of Neurologists in the country. **As per one of the articles* a few years ago, the demand of Neurologists may grow from 18,180 (11% shortfall) in 2012 to 21,440 (19% shortfall) in 2025.** Also, factor in the aging population of the USA, prolonged waiting times for patients to be seen by Neurologists, urban and rural areas growing discrepancy in the supply of specialties. **As a tele-neurology services provider for the last 7 years, I know how my services have helped patients in remote areas like Jasper, Indiana, Campbellsville, KY, Madisonville, KY, Shelbyville, KY, Richmond, KY, Corbin, KY etc. For outpatient follow ups, our patients travel 1-3 hours to come see us in clinics.** we, as legal immigrant physicians, have been an instrumental in providing primary care and specialty services in several rural regions throughout Kentucky. As you could see from the signatures above, and the different subspecialties where we have been providing services- we are an integral part of the health care in our country. Being from India, given the backlog for getting a green card, physicians like us, who are at the front lines are facing additional challenges. These being our problems, we are also bringing solutions to the table, which is a win-win situation for all of us. we consider these as two prong approach.

S1024 (formerly S.3599)/HR2255 (formerly H.R.6788)- This bill will provide a short-term solution to the COVID-19 situation, and provide immediate relief to the current legal immigrant physicians by granting them green cards, by using unused green cards from the years past.

S1810 (formerly S.948)/HR3541 (formerly H.R.2895)- This bill will provide a long-term solution to our rural health care needs, by increasing the number of CONRAD 30 waiver spots up to 45, and provide green cards to physicians who work in underserved areas for at least 5 years.

We request Senators and Congressmen to support these bills, and improve the health care needs of our region, county, state and country. We, legal immigrant physicians are willing to (already are) work hard and meet the needs of healthcare in our country. We would be forever grateful if we are helped while we are helping the community we serve.

Sincerely,

Jignesh Shah

*COVID-19 presenting as stroke. July 2020.

*Supply and demand analysis of the current and future US neurology workforce.

Aditya Kalakonda, MD Gastroenterology
St Elizabeth Healthcare,
Florence KY
aditya.kalakonda@stelizabeth.com

Dear Senators and Congressmen and Congresswomen,

I hope this letter finds you well in these troubling times. My name is Aditya Kalakonda and I am a board-certified gastroenterologist working in Northern Kentucky. As many of you are aware, there has been a mounting shortage of healthcare professionals in the United States with shortages further highlighted recently by the Covid-19 Pandemic.

I grew up in Canada and am a Canadian citizen. After the completion of my medical school training, I chose to pursue my additional training in the United States given the appeal for receiving world class education. I

decided to continue my medical journey in United States and have had the privilege to do so. **I am currently serving Grant County in Northern Kentucky as the sole gastroenterologist for the county comprising some 25,000 Americans. The county has not had a gastroenterologist in many years. This care I am able to provide is even more meaningful given that Kentucky has one of the highest colorectal cancer rates in the country.**

During these trying times, I have also been a front-line worker taking care of individuals exposed to Covid-19 and patients who have contracted Covid-19. Unfortunately, due to the restrictions of my visa, I was handcuffed in many ways that limited my ability to provide care in other avenues or working at health centers that may be understaffed.

As you may be aware, there are several bills currently being considered to bolster American healthcare and also provisions to encourage doctors to work in underserved areas with a clear path to long term legal residency. The current immigration framework is marred by extremely long wait times without any assurances for legal permanent residency despite providing care for millions of Americans as a collective. Furthermore, the current pandemic has increased the vulnerability of family members with well documented mortality among healthcare providers.

I kindly urge you to consider the Bills and support legislation S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/H.R.3541 (formerly H.R.2895). These bills will make a profound difference in the ability of physicians and health care providers much like myself, in providing quality healthcare and resources to the communities that need it the most.

Sincerely, Aditya Kalakonda

**Arthi Kaundar, MD Family Medicine Family
Health Centers
Louisville, KY
arthikaundar@gmail.com**

Dear Senators and House Representatives,

My name is Arthi Kaundar and I am a board-certified Family Medicine physician practicing in Louisville, Kentucky. I am an Indian-born Canadian citizen, **living in the US for 16 years on temporary visas. I have lived in the US more than I have in India or Canada.** I completed my undergraduate studies in Vancouver, Canada and my Masters in Health services administration in Standish, Maine. I graduated from medical school from the Cayman Islands and did my family medicine residency training at the University of Louisville. I have been practicing medicine at Family Health Centers Louisville (FHC) for the last 7 years.

FHC is a federally qualified health center (FQHC) that provides a variety of primary care and behavioral health services regardless of a person's health insurance status or ability to pay for services. FHC has been operating in the Louisville metro area since 1976 and function as the safety net healthcare system for a large number of our city's residents. I consider it my honor and privilege to serve the most vulnerable patients with complex medical, psychological and social needs. My patients trust me and consider me as part of their family.

I have been in Louisville for 10 years and consider Kentucky my home. My husband is also a physician here. We have 3 children, all born in Louisville. Unfortunately, there is a sense of uncertainty for us due to prolonged wait times to attain our permanent residence status. We have to file for our H1-B visa extensions every 3 years and fear for denial every time we renew our extension. In Kentucky, we also have to renew our driver's license with every visa extension. H1-B visa places limitations on our work and we are unable to provide health care outside of our organizations.

Please consider sponsoring the legislations that will enhance nation's physician and health care force, and in addressing the critical shortage of medical professionals in our nation. **The current shortage of physicians is projected to worsen. By 2025, primary care encounters will surge by 100 million, extending the shortage of primary care physicians by an estimated 50,000. FQHCs and the underserved population will be greatly affected by this deficit. Physician shortages lead to increased wait times, reduced patient physician contact, and overall reduction of quality of care the patient receive.** US trained, board certified physicians have been filling these positions of shortages in our state and nation.

Thank you.

Sincerely,

Arthi Kaundar, MD

**Avinash Aravantagi, MD Gastroenterology Graves
Gilbert Clinic
Bowling Green, KY
dravinash1410@gmail.com**

Dear Senator and House Representatives,

I am Dr. Avinash Aravantagi, US trained board certified in Gastroenterologist working in southern rural Kentucky. I did my Medical school in India and completed my Medicine-Pediatrics residency and Gastroenterology fellowship at LSU Health sciences, Shreveport, Louisiana on J1 visa and started working in medically underserved region of Southern Kentucky in July 2015.

Southern Kentucky has significant shortage of sub-specialists especially gastroenterology. I joined **Graves Gilbert Clinic in July 2015 and working as an employee for last 5 years serving 4 medically underserved counties in southern Kentucky (Warren, Allen, Simpson and Logan). My work involves taking care of patients of 4 counties in regards to their Gastroenterology issues and as well patients at Medical center, Greenview regional hospital and Logan memorial hospital.** I will be completing my 5 years of service in medically underserved area's this month and have applied for Green Card in 2015 and have been waiting in backlog since then. I teach Medical students and medicine residents (University of Kentucky, Bowling Green campus) and take care of my fellow Kentuckians and their families. I call Kentucky/US as my home.

During this COVID pandemic, am in frontline and taking care of their health issues /GI issues. Like every other health worker, being in frontlines is anxiety provoking not only that me being on Visa and uncertainties regarding to Visa is very stressful. **I am on H1B visa and needs to renew Visa every 3 years. Despite of all these uncertainties, I work and take pride in working as a frontline healthcare provider in this COVID-19 Pandemic.**

Given the high-risk nature of our profession and falling sick from COVID 19 which could curtail our family future. Our current immigration status not only puts me at risk but also my entire family. If my VISA is not renewed it leaves me in a situation where I have to leave my home (Kentucky), patients I cared for, within 30 days.

I would like to thank you for being there for all of us during these unprecedented COVID times. As a people's representative, I can only imagine how much you and your staff are going through trying to cater the needs of all affected. My humble request is to consider Bipartisan Healthcare Workforce resilience act which could expedite processing and enable physicians to receive the benefits and flexibility of obtaining the Green Card, which will enable us to work in the areas of dire need without any visa hassles

Many Thanks sincerely
Avinash Aravantagi

Avnish Tripathi, MD Interventional Cardiology
The Medical Center
Bowling Green, KY
tripathi.avnish@gmail.com

Dear Senators and House representatives,

I sincerely hope that this letter finds you and your loved ones in the best of health.

I'm an immigrant physician and wanted to share (briefly) my story so far - I came to the US to fulfill my dream of becoming a physician-scientist. I earned my Ph.D. in epidemiology and biostatistics from the University of South Carolina on a scholarship and grant funding from the American Heart Association. Then, I finished my internal medicine training at the University of Mississippi Medical Center, Jackson MS. I came to Louisville Kentucky in 2015 for fellowship in cardiovascular diseases at the University of Louisville. And finally, my dream came true when I was selected for a highly coveted fellowship in interventional cardiology at the Massachusetts General Hospital, Harvard Medical School, Boston MA.

I truly feel fortunate and believe from the core of my heart that the United States is still an unprecedented land of opportunity which consistently welcomes hard-working, driven, and talented people from around the world to fulfill their dreams. Over the course of my journey, I have published more than 60 peer-reviewed journal articles; presented at numerous national and international research conferences/meetings; and have won several awards and grants.

After finishing my fellowship, I came back to Kentucky because this is the place where I felt at home and this is the place where I want to give back to the community. I'm currently working as an interventional cardiologist in Bowling Green Kentucky and hold the position of assistant professor at the University of Kentucky College of Medicine, Bowling Green Kentucky. I provide clinical services to a largely rural population of Kentucky. Apart from Bowling Green, every week

I go for clinics in Franklin, KY, and Albany, KY. I have especially enjoyed being part of the community in Albany, KY over the last year, especially because I am the first cardiologist to ever practice in that region. Before I started the clinic, people would have to travel to Bowling Green or Glasgow for any cardiovascular care. On average, every week I serve 25 to 30 patients in my clinics.

In these pressing times when our country is suffering from the COVID-19 pandemic, I do feel fortunate to be able to provide cardiovascular care on the front lines. Several of COVID-19 infected patients present with cardiovascular manifestations including myocarditis and acute coronary syndrome. I and all my friends/colleagues have always been there whenever and wherever needed to take care of patients. Yes, we do feel nervous, but it's the duty that always takes precedence.

By God's grace, I have two lovely US-born children and my wife who is also a physician. We do feel that America is our home. And therefore, I request you to please support the bills that will help me and thousands of other front-line immigrant physicians to obtain a sense of security and belongingness to the US by getting their green cards. Not having permanent residency status presents mental, legal, and logistical challenges at every stage of our lives.

Your support of this legislation will be forever appreciated.

Thank you

Sincerely,
Avnish Tripathi MD, Ph.D., MPH, FACC
tripathi.avnish@gmail.com

Kishore Gadikota, MD
Pediatrics Pikeville Medical
Center Pikeville, KY
drgadikota@gmail.com

Dear Senator/ Dear Congressman,

Hope you and your family are doing well and staying safe during this current Pandemic. Thank you very for taking time to read my personal story.

I am a Board-Certified Pediatrician currently working at Pikeville Medical Center, Pikeville, KY. I came to this country in August 2005 and have been on a nonimmigrant visa status since (First on F1 status, second on J1 status and currently on H1b status). I first completed Masters in Public Health at West Virginia University and later completed a Pediatric residency from the same University. After that, I started practicing Pediatric Medicine in rural and underserved communities since 07/2011. During these years of my practice in these communities, I was not only involved in taking care of Children for their health care needs, but also served as Chair, Vice Chair and member of various committees and actively helped the hospitals I worked with in improving the Pediatric care in these communities. According to the American Medical Association, there are currently 58,726 general pediatricians, but the American Academy of Pediatrics states that there is currently a shortage of pediatric medical subspecialists. **AAP states that the current distribution of primary care pediatricians is inadequate to meet the needs of children living in rural and other underserved areas and more primary care pediatricians will be needed in the future. Many foreign medical graduates like me are helping these children in rural and underserved communities by improving access to comprehensive patient and family centered care close to their home where they live.**

From the day my journey began in this country in 2005, my visa has been renewed or extended multiple times, I am still on a temporary worker on H1B visa due to outdated immigration laws. **Navigating the complex immigration system with no hope is not only exhausting, but is also scary during difficult situations like the current COVID 19 Pandemic as physicians like me have no protection for themselves or their families if something bad were to happen.**

I humbly, appeal to you to consider and give us hope by supporting legislations S.1024 (formerly S.3599)/ H.R.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/ H.R. 3541 (formerly H.R.2895).

Sincerely,
Kishore Gadikota, MD; MPH.

Anirudh Singh, MD Cardiology
Western Kentucky Heart and Lung
Bowling Green, KY
asingh@wkheartandlung.com

Dear Senators and House Representatives, my name is Aniruddha Singh and I am a cardiologist working at the Medical Center in Bowling Green. I have been providing cardiology services to multiple nearby counties and rural areas. I travel to Horse cave, Caneyville so my patients are not spending time and money on traveling 35-50 min. I love providing care in these underserved areas.

I am also one of the key faculty for cardiology fellowship program at the UK college of medicine in Bowling Green. I am the Internal Medicine clerkship director for the third year medical students at the UK medical school in Bowling Green.

I am the chairman of Western Kentucky Heart and Lung Research Foundation and have lately been focusing on multiple COVID-19 research projects with an aim to help the region of south central KY. I would love to stay and serve the people in KY as I call this place my home now.

Vishwanath Sagi, MD Epilepsy
Neurologist University of Louisville
Louisville, KY
vishu.sagi99@gmail.com

I am Dr. Vishwanath Sagi MD MPH. My journey to the United States started in 2011 with a Master's in Public Health at Western Kentucky University in Bowling Green, Kentucky. In 2012, I started my neurology residency training at University of Louisville in Louisville, Kentucky. In 2016, I moved to Nashville, Tennessee for a 1 year fellowship in epilepsy. I started working as an assistant professor in neurology with special training in epilepsy at University of Louisville in 2017.

Since 2011 I have been on multiple visa types including F1 visa, J1 visa and H1b Visa (current). I work at the University of Louisville Hospital as well as Jewish Hospital in Louisville, Kentucky. I also provide telemedicine services for several hospitals in Indiana and Kentucky. During my work weeks in the hospitals I have worked/taking care of several Covid patients on the floor as well as the intensive care units. As an epilepsy neurologist I take care of adults with medication resistant disabling seizures.

Most of my time is spent in evaluating these patients and working towards offering life-changing medical as well as surgical treatment options including brain surgery.

I am also a member of several reputed state, national and international associations. I am president of the Commonwealth State Neurological Society. I am also serving on various national committees. I am also the medical Director/stroke program Director for Jewish Hospital in Louisville, Kentucky.

The American Academy of Neurology clearly states that there is a global shortage of neurologists which is only going to get worse in the coming decades.

Many foreign medical graduates' like me are helping patients in rural and underserved communities by improving access to a comprehensive patient and family centered care close to their home where they live.

From the day my journey began in this country in 2011, my visa has been renewed/extended multiple times. I am still on a temporary worker visa due to the outdated immigration laws. It is very scary during difficult situations like these to be an immigrant physician as well as a frontline worker given the uncertainty for my family in case something bad were to happen to me.

I strongly urge you and other congressmen to support the bill's and clear the green card wait for all the immigrant physicians in queue.

Nagabhishek Moka MD Medical Oncology
ARH Cancer Center
Hazard, KY
nagabhishek@yahoo.com

Re: Requesting support for helping our Healthcare by supporting Legal Immigrant Physicians Respected Senator and

Congressmen,

I am Nagabhishek Moka, Medical Oncologist, currently working as consulting medical oncologist for Appalachian Regional Healthcare (ARH) cancer center Hazard, KY. I also serve as the Faculty research Coordinator for Internal medicine residency program at ARH Whitesburg, Ky. I came to the United States in 2010, and did my Internal Medicine training at Charleston Area Medical Center/West Virginia University followed by Medical Oncology fellowship at East Tennessee State University.

Appalachian region has been home away from home (India) for me in the United States, where I have spent most of my time in the country. I joined ARH, after my training, as my first job. I wanted to give back to the community where I trained. I have offices to serve cancer patients in Perry, Floyd and Breathitt counties. I plan to continue to serve our beloved community from Eastern Kentucky. **As these are some testing times in our lives recently with the ongoing pandemic of COVID-19, we as legal immigrant physicians face even more daunting tasks which some other physicians don't have to worry about. As a Medical Oncologist, we know that many of these cancer patients affected with COVID have much higher risk hospitalization, respiratory failure and death. Managing cancer patients under these circumstances is rather challenging, given their vulnerable status and the aggressive nature of their underlying disease.** As you can see from the article* listed below.

As physicians, we do not mind treating these patients, as we have never ceased to work during the pandemic- but as legal immigrant physicians, our concern is if I were to get sick and/or die because of COVID, my dependents may lose their immigration status, and may have to leave the country. **Also, I would like to bring to your attention the scarcity of medical oncologists especially so in Eastern Kentucky considered as "THE CANCER CAPITAL OF AMERICA"*.**

As per one of the articles* a few years ago, over 70% of counties in the United States do not have medical oncologists. Also, factor in the aging population of the USA, prolonged waiting times for patients to be seen by Medical Oncologists, urban and rural areas growing discrepancy in the supply of specialties. By 2030, the number of new cancer cases in the United States will increase by 45%, and cancer will become the nation's leading cause of death. At the same time, the number of cancer survivors, now at 13.7 million, will continue to grow. Many of these individuals will require significant, ongoing care. As one of few medical oncologists in rural counties for the last 3 years, I know how my services have helped patients in remote areas like Hazard, Manchester, Jackson, Hyden, Whitesburg, McDowell, Prestonsburg Ky. For outpatient follow ups, our patients travel 1-2 hours to come see us in clinics.

We, as legal immigrant physicians, have been an instrumental in providing primary care and specialty services in several rural regions throughout Kentucky. **As you could see from the signatures above, and the different subspecialties where we have been providing services- we are an integral part of the health care in our country. Being from India, given the backlog for getting a green card, physicians like us, who are at the front lines, are facing additional challenges.** These being our problems, we are also bringing solutions to the table, which is a win-win situation for all of us.

We consider these as two prong approach S1024 (formerly S.3599)/HR2255 (formerly H.R.6788)- This bill will provide a short term solution to the COVID-19 situation, and provide immediate relief to the current legal immigrant physicians by granting them green cards, by using unused green cards from the years past.

S1810 (formerly S.948)/HR3541 (formerly H.R.2895)- This bill will provide a long term solution to our rural health care needs, by increasing the number of CONRAD 30 waiver spots upto 45, and provide green cards

Suman Shekar, MD
Primary Care Clinic, Director
The Medical Center, Bowling Green, KY
sumanshekar0221@gmail.com

Dear Senator and House Representatives,

I am Dr.Suman Shekar, US trained board certified internal medicine physician working in rural Kentucky. I did my Medical school in India and completed my Medicine-Pediatrics residency at LSU Health sciences, Shreveport, Louisiana on J2 visa and started working in medically underserved region of Southern Kentucky in 2015.

I am working as Primary care outpatient clinical director at Medical center for last 5 years. I take care of adults as well pediatric population of bowling green and near by counties. I am Director for home health - Med center and supervises the care of elderly people who need home health care. I am actively involved in medicine residency program. I teach Medical students and medicine residents (University of Kentucky, Bowling Green campus) and take care of my fellow Kentuckians and their families. I call Kentucky/US as my home. I and my husband applied for Green Card in 2015 and have been waiting in backlog since then.

During this COVID pandemic, am in frontline and taking care of their health issues. Am one of the member of COVID 19 taskforce committee member and actively involved in policy making. Like every other health worker, being in frontlines is anxiety provoking. In addition to that being on H1B Visa and uncertainties regarding to Visa is very stressful. Despite of all these uncertainties, I work and take pride in working as a frontline healthcare provider in this COVID-19 Pandemic.

Given the high-risk nature of our profession and falling sick from COVID 19 which could curtail our family future. Our current immigration status not only puts me at risk but also my entire family. If my VISA is not renewed it leaves me in a situation where I have to leave my home (Kentucky), patients I cared for ,within 30 days.

I would like to thank you for being there for all of us during these unprecedented COVID times. As a people's representative, I can only imagine how much you and your staff are going through trying to cater the needs of all affected. My humble request is to consider Bipartisan Healthcare Workforce resilience act which could expedite processing and enable physicians to receive the benefits and flexibility of obtaining the Green Card, which will enable us to work in the areas of dire need without any visa hassles

Many

Thanks

Suman

Shekar
Clinical Director
Director- Home
Health Primary Care
clinic Medical
Center
Bowling Green, KY 42103

**Rishi Raj, MD Endocrinology, Diabetes and
Metabolism Lexington, KY
Rishiraj91215@gmail.com**

As I am about to graduate from the endocrinology fellowship program, and looking back at all the years of training, I feel confident and proud of myself on how far I have come. I started my journey from a small town aspiring to be a doctor. I pursued my dreams and did my medical school in India and moved to the states for my residency training in New Jersey and fellowship training in Kentucky. I have always been mesmerized by the impact of chronic disease conditions like diabetes on public health. Throughout my training years, I have seen tremendous development in endocrinology; however, I still feel there is a significant gap in knowledge and its application to the real world. There could be numerous reasons behind it none the less; I firmly believe there is a substantial lack in both qualitative and quantitative health care access to rural America.

I will soon start a job in Pikeville, KY, one of the exceptionally medically underserved communities in the united states, where diabetes, hypertension, hyperlipidemia, obesity, and heart disease have remained a significant public health burden. Furthermore, I would like to contribute to the wellness of my patients to the best of capabilities. **However, visa-related restriction significantly impairs my ability to provide care to the underserved medical community. Not only that, being on a visa, there is a constant anxiety and fear of deportation, in case I become sick, especially in times of COVID 19 pandemic.**

Hence, Bills like S-1810 (formerly S.948) and S-1024 (formerly S.3599), which not only expand the number of physicians who can serve in a rural community, but it also helps in retaining them in the rural area. These bills will successfully contribute to creating a pathway for the health care workforce to obtain permanent residency and provide health care access to rural health care simultaneously, which is the need of the hour.

Rishi Raj, MD

Pavan Bejgum, MD Internal Medicine
Jackson Purchase Medical center,
Mayfield, KY
bejgums@gmail.com

Dear Congressman and senator

I am Pavan Bejgum did residency in Internal Medicine 2010, After completing the program I had opportunity to go back to home country or work underserved area in USA.

I preferred to stay back and work in physician underserved area, I ended up in southern Illinois and started working for a local physician. I worked in Er, out patient and in patient setting.

After 8 long years I had to change the job, but being In the area made me fell In love with heartland area **and I moved to western Kentucky Mayfield which is also physician underserved area and the hospital been looking for the Internal medicine Physician for years and I immediately agreed for the position and started working in the clinic, where am also the director for the clinics in near by counties. I cover 3 counties (Fulton Graves and Hickman) in western Kentucky and which covers almost 70000 population.**

Being in H1B visa, it restricts us with scope of practice and how much more we can do to the community and the needy patients. AAMC predicted in its 2018 report that the U.S. could face a shortage of between 42,600 and 121,300 physicians by 2030 – partially due to a growing and aging population.

Please help us with the green card backlog we have been serving the country for 10 years and even in the pandemic we are not afraid to work in the first line risking our lives and putting our families at risk

Please help us

Pavan Bejgum MD

Nanda Methuku, MD Hematology/Oncology
SOMC Cancer Center,
Portsmouth, Ohio
methukun@somc.org

My name is Nanda Methuku. I am a Hematologist and Oncologist (Blood and Cancer doctor) at SOMC Cancer center in Portsmouth, Ohio. We serve close to 30,000 people in Greenup, Lewis, Boyd counties in Kentucky.

I did residency in internal medicine and fellowship in Hematology and oncology at Maimonides Medical Center in Brooklyn, NY. I am board certified in Internal Medicine, Hematology and Oncology. I have been on a Visa since 2004.

I treat patients with cancer and blood disorders. We have continued to take care of patients even during COVID 19 out break. I take pride in treating patients with cancer and blood disorders. **I have many patients who are tested positive for COVID 19. I am on the front line of COVID 19 and proud to serve in Rural America.**

I have never felt the need for Permanent Residency more than now. I am married and have two boys. **I worry if I get COVID 19 while I take care of my patients and get disabled or die, my wife and kids will be out of visa status and will be deported.**

I would like your support for S1024 (formerly S.3599) HR2255 (formerly H.R.6788) S1810 (formerly S.948) HR3541 (formerly H.R.2895) bills which would give me and my family protection during this pandemic while I serve the country!

Kishore Karri MD, Hospital medicine
University of Kentucky
Lexington, KY
drkarrik@gmail.com

Dear congressmen,

My name is Kishore Karri. I am a hospitalist at university of Kentucky in Lexington , KY . I serve and provide medical care to one of the most underserved population in the entire US. **I am working on the forefront in the battle against COVID in our community. The immigration policies need an immediate reform as physicians like us are vulnerable due to lack of permanent residency (green card) due to backlog. This will indirectly translate to poor patient care if we are not allowed to serve the community, we live in. These patients on our community are counting on us and you.**

Sincerely

Kishore

Tushi Singh, MD Hospital medicine
University of Kentucky
Lexington, KY
drtushisingh@gmail.com

Dear congressmen,

My name is Tushi singh, working currently as a Hospitalist in university of Kentucky, Lexington KY. I did my residency in The Bronx, New York which was an underserved area, as is Lexington. I serve patients from Kentucky, Ohio as well as West Virginia. **The current imbroglio fills me with trepidation and my patients as well. They want me to continue to work with them as do my colleagues. The uncertainty about the future hampers our motivation to do our best for the people of United States. My patients as well as my colleagues believe that I'm an essential part of the health care system.** I hope to continue to work for the betterment of the people of these states and I will be able to do so only with your help.

Thank you.

Sincerely,

Tushi singh

Garima Agarwal, MD Neurology
The Medical Center,
Bowling Green, KY
drgarima29@yahoo.com

I work at the medical center bowling green. We are on the frontlines. We must ensure our family is safe if anything happens to us

Krishna Janumpally, MD Pediatrics
Pediatric Group of Acadiana
New Iberia, LA
kjanumpally@pgacadiana.com

Krishna Janumpally, MD MPH

Pediatric Group of Acadiana, New Iberia
Iberia Medical Center, New Iberia

I came to this country in 2006 and completed my Masters in Public Health in 2008. I did my Pediatric Residency from 2008 to 2011. I then moved to New Iberia in 2011 for my J1 waiver and been working as a Pediatrician for the last 9 years in this medically underserved area. I have been on visa for the last 14 years. I have already renewed my H1 visa 4 times in the last 9 years.

My wife and me are both pediatricians and have been serving the pediatric population here for many years. **This area requires a lot of medical doctors here including pediatricians. It is very difficult for physicians to come here and work due to visa restrictions. We see more than 90% Medicaid Patients in practice. We have patients coming from almost 50-mile radius because of the lack of pediatricians here.**

We are daily seeing and testing a lot of patients with COVID in our walk-in clinic This is so stressful and worrisome to us and our 5-year-old son.

Passing this bill would be a great help to this medically underserved community. It would help more physicians come and serve this population. It would remove a lot of visa restrictions. I personally feel that this area has been very neglected and needs more help to serve the wellbeing of the community.

Praneetha Musty, MD Rheumatology
Arthritis and Diabetic clinic
Monroe, LA
drpmusty@gmail.com

I am a Rheumatologist, practicing in Monroe, Louisiana and have been on visa since I moved to the United States in 2009. I did my Internal Medicine training in NY from 2012 to 2015 and Rheumatology fellowship training in TX from 2015 to 2017.

I lived in Monroe, LA since 2009 for about 3 years before moving to NY for IM training. After finishing fellowship, I moved back to Monroe in 2017 to work in the under-served area as there is a shortage of Rheumatologists in Northeast Louisiana. I have some patients driving 100 miles from neighboring states like Arkansas and Mississippi for their treatment, being the closest.

My husband is a hospitalist in Monroe, Louisiana, working as a front-line provider during this pandemic. He did his residency training in Monroe, LA and has been working on visa all this time in Louisiana, since he graduated in 2011. **We have two little girls and we have been working under constant stress since this pandemic started. as we have no family here to take care of our girls. We live in a constant fear of getting sick and or infecting our kids. We have made a lot of sacrifices so that we can continue to serve the community here during these difficult times.**

My husband has applied for green card in 2015 and has been in the waiting list. If our visas do not get extended for any reason, then unfortunately we may to leave this town which has been our home away from home. If this bill gets passed, then we can work peacefully and continue to serve the community here.

We strongly hope and request that you all extend your support to pass this bill.

Thank you.

Sincerely,
Praneetha Musty, MD
Rheumatologist

Himani Reddy Manthena, MD Internal medicine
Internal Medicine of Acadiana
Lafayette, LA
himanireddy1988@gmail.com

I am an internal medicine physician working in underserved area of Lafayette. Recently finished my residency at UHC, Lafayette and started job here. There is a significant shortage of primary care physicians in our area and I would love to take care of my patients.

Covid 19 pandemic has created a lot of challenges in professional and personal life and the fear of exposing my son who is 2 year old and my husband.

I feel like there is much more I can offer to the patients in our community during this pandemic but unfortunately, it's limited due to my visa restrictions. Apart from that due to current visa issues we have to live with the fear of leaving this place which has been our home

If this bill gets passed that would help me and several other physicians like me to extend our care to our community and work productively without constantly being under the pressure of getting deported if we fall sick taking care of our patients during this pandemic.

Phani Akella, MD Internal Medicine
CSF Cabrini Hospital
Alexandria, LA
apv2907@gmail.com

I work as a Hospitalist at St Francis Cabrini Hospital, Alexandria. Since the beginning of this pandemic we have seen a steady rise in cases at our facility and currently almost half of the patients I see at our facility are covid 19 cases. Me, and my wife who is a Hospitalist at the same facility have been on the frontlines helping the population of Alexandria to the best of our abilities. Although a fear of taking this sickness home to our 3 year old son haunts us every day the love for our work has given us the strength to get to work !

In my three years of work in Louisiana, I have noticed an immense shortage of primary care access to patients. I have had several of my patients ask me if I have an office where they could come and see me and unfortunately, I answer with a no and tell them my limitations of being on a visa. I have an approved green card application stuck in a never-ending backlog.

Due to this administrative hurdle I feel tied down from offering a lot more than what I am right now to the American citizens that I serve in this medically underserved area.

These are times when we could use all the help we can, let alone losing healthcare professionals to Covid 19 I request your support to assist us in doing our best and helping American citizens get through this pandemic.

Ravali Bandaru, MD Pediatrics
Pediatric Group of Acadiana
Lafayette, LA
docravali@gmail.com

I am a Pediatrician working at Pediatric Group of Acadiana in New Iberia, LA as part of my J1 waiver since the year 2014. It has been a honor to serve this underserved community for the last 6 years. I moved from New York after my residency. Both me and my husband have been working as Pediatricians in the same clinic for many years. The patients here respect us a lot and are very happy that we are there to take care of them. This area has a lot of poor patients who are mainly on Medicaid insurance. The area still needs a lot of physicians. **The patients here are having alot of difficulty in getting to see a physician in a timely manner and have to travel long distances to see us in the office.**

As you all know, **Louisiana has one of the highest COVID cases in the country. We daily see a lot of sick patients in our Urgent care. We are constantly exposed to a number of sick patients.** Being that we both see a lot of sick patients daily makes us high risk of getting sick.

The bills S1024 (formerly S.3599) and S1810 (formerly S.948) would bring in more physicians to underserved areas like ours. This will help the community directly. It would also remove restrictions for us to go and see patients in other underserved areas. It willstrengthen the healthcare workforce all over the country. It will also take care of the physicians and their families.

Thank you,
Ravali Bandaru

Sai Sudhakar Chennamsetty, MD Internal Medicine
Internal Medicine Group of Acadiana
Lafayette, LA
sudhachnnmstty@gmail.com

I am an internal medicine physician covering multiple hospitals for admitting unassigned patients and group patients mainly medicaid and underserved patient population surrounding Lafayette and franklin area. Treated several covid patients all ages above 18 in critical condition on ventilator with changing and challenging guidelines and treatment modalities with passion, service and with utmost professional respect and love towards my patient population.

Spent and still spending lot of time to answer calls and traveling to round on my patients 24x7 with very few breaks and at the same time with sleepless nights with fear towards my family's health and exposure to my kids which are 6 and 3 year old as my wife is also an internist serving the undeserved patient population in office setting. Once if I get hospitalized with any acute setting, I am just worried about my kids career with my visa restrictions as we have to leave this country which is our dream and their domicile.

As I am able to manage multiple hospital settings I want to give more of my time and knowledge to the areas needed anytime with prompt response in any emergent situation if I don't have any visa barriers to fight against this pandemic. Just give me an opportunity which can be given by including health care resilience act in this coming covid stimulus package.

WITH A NOBLE CAUSE AND DESTINATION SET IN MY MIND UNDER CROSSED HAIRS ALL WE NEED IS A GO!

Kalyan Gonugunta, MD Internal Medicine
Louisiana State University Health Sciences Center
Monroe, LA
Drkgo@yahoo.com

I am an Indian national working as an Internal Medicine Physician on H1-B visa (a nonimmigrant visa) for the past seven years. I have filed my I 140 under EB2 category and was approved in 2014. Indian nationals are on close to more than 100 + years of wait time for their path to acquire US citizenship. We have to undergo very tiring procedure of renewing our visas every three years.

As a physician, I have served the medically underserved population for the past seven years. **During these tiring times of global COVID 19 pandemic, I lived separately for the first few months to limit the exposure of the virus to my family. It was tough on me and my family. Especially, I could not give a simple hug to my 4-year-old son.** Many physicians and other health care workers have gone through these hard circumstances of long working hours, exhaustion, time away from family etc.,

I sincerely request the administration to consider the S1024 (formerly S.3599).

Muralidhara Devarapalli, MD Neonatology
Franciscan Missionaries of Our Lady Health System
Lafayette, LA
Dmreddy27@gmail.com

I am a Neonatologist working in Our Lady of Lourdes Women's and Children's Hospital NICU, Largest in Acadiana region. I take care of extreme preterm infants and sick newborn babies. I have been working here for the past 5 years, completed my J-1 Waiver and currently on H-1B visa. Significant number of my patients are Medicaid.

In current COVID-19 pandemic, I am taking care of sick babies born to COVID positive mothers and attend deliveries of COVID positive mothers. I am also involved in preparing Delivery and Newborn COVID 19 guidelines.

Acadiana region is an underserved area for Neonatologist, we have been working understaffed for past 3 years.

S.1024 (formerly S.3599)/HR2255 (formerly H.R.6788) and S.1810 (formerly S.948)/HR3541 (formerly H.R.2895) will ease these restrictions and bring more skilled physicians to our community.

Sukreet Raju, MD GeneralSurgery
Byrd Regional Hospital
Leesville, LA
drsukreetr@gmail.com

Having just completed my General Surgery residency at Tulane University in New Orleans, LA I am waiting to start working as General Surgeon in a rural Louisiana hospital. I was hired there due to a shortage of American physicians willing to live and work in that area.

I would love to be able to work at all the locations managed by my rural institution and in underserved areas across the U.S, but am restricted due to the nature of my visa.

When I began to experience COVID-19 symptoms in February during my residency, I was at ease knowing that my residency program would protect me in terms of maintaining the legality of my stay. I shudder to think what would happen if I fall ill and am unable to work when I start my new job. I would then face the risk of deportation and the ruin of a budding U.S career, I have spent many years training for. While I am not afraid of dying, if I were to die at the frontline of American medicine, while caring for American patients, I would hope that the American government cares a little about people like me.

Yugandhara Devarapalli, MD InternalMedicine
CSF Cabrini Hospital
Alexandria, LA
dryugi7@gmail.com

I am a full-time hospitalist working at one of the busy hospitals in Alexandria, Central Louisiana. I have been working as hospitalist for past 7 years and taking care Central Louisiana patients. There is extreme shortage of physicians in Central Louisiana, especially in rural communities. I wanted to help those communities, but being on visa, restricts my capabilities.

Current COVID-19 pandemic is taking toll on Louisiana. As a Hospitalist, I am extensively involved in COVID -19 patient's care, that involves admitting patients to hospital, taking care of them during hospital stay and discharge them to appropriate place. **Some rural hospitals not able to handle these patients because lack of hospitalists physicians. I can be helpful at those facilities, but being on visa, only permits me to work at designated place. Visa restrictions tied my hands, am not able use my experience and expertise in these physician dearth areas.**

There are so many physicians like me in this country, who are heartfully willing to fill in the gaps at these physician's shortage areas, but not able to do it because of visa constraints.

I hope Congress works on resolving these barriers (visa restrictions) and allow Front line physicians like me to move around rural areas (hot spots) to fight against current pandemic.

Shourya Tadisina, MD Internal Medicine
CSF Cabrini Hospital
Alexandria, LA
riya29reddy@gmail.com

I am an Internal Medicine Physician currently working as a hospitalist in a hospital at Alexandria LA. Both me and my husband are hospitalist physicians working 12 hour shifts and have a 2 year old son. This current COVID situation is extremely challenging for us as we are both on the frontline caring for a number of CoVID patients each day and caring for our son as well. **Have no family around so, each day we go to work hoping and praying we don't bring it home and affect our son. We know it's just a matter of time when we get the infection rather than if we will get infected.? Out of 13 hospitalist team we already have 2 physicians who got infected.** With the current visa constraints, it definitely gives us nightmares thinking of my family and son's security.

Prashanth Pothem, MD, Family Medicine
Hospitalist, Glenwood Regional Medical Center
Monroe, LA
Drpothem@yahoo.com

Hi am Dr. Pothem working in Louisiana Under served areas since 2008.

At present in Monroe Louisiana On H 1 B visa.

I am on VISA since 2004 . I completed Masters in Public Health on F 1 VISA

Completed my training as a Family Medicine Physician on J 1 Visa for 3 Years and completed my waiver of 3 years and still continuing to work in underserved area.

Worked totally 12 years in Medically Under Served Area.

My wife is a Rheumatologist and working in the same community after her training. But with VISA restrictions, we always have a fear of leaving this town because of our VISA.

If we get this bill passed , we will be at peace of mind and can work in this town of Monroe.

Thank you

Pothem, Prashanth

Prathapraju Polaju, MD Internal Medicine

CSF Cabrini Hospital

Alexandria, LA

dr.poloju@gmail.com

I work as a Hospitalist in an undeserved area in Central Louisiana. I work 12 hour shifts and take care of COVID 19 patients all day long. The place I work has a large referral basin and there are many patients who drive hours to get medical care. Many patients share their personal stories of how the lack of medical care close by is effecting their lives seriously. Unfortunately, all I can do is sit and listen to their horrific stories but cant act on it because of my visa restrictions. Potentially if i had no visa restrictions, i would have been able to moonlight in the surrounding area hospitals where theres a dire need for physicians right now.

Its so sad that even while going through a pandemic, me and my family constantly worry about our visa statuses because being a front line worker means i could be exposed so very easily and despite my best efforts to stay safe i was actually exposed! Me and my wife both had covid with moderate symptoms. We struggled with it for almost a month. Its been almost 2 months since we first contracted it and I'm back to work but neither my wife nor I feel back to our noraml selves. During all this my biggest worry is, if something happens to be me, my wife would be deported! Deported from a place we have been calling our home for years! Is that something someone should be worrying about while dealing with a deadly virus?!

Rajiv Doddamani, MD Internal Medicine
Slidell Memorial Hospital
Slidell, LA
rajiv.doddamani@apogeephysicians.com

Rajiv Doddamani, MD
Internal Medicine

I am fortunate to be working as a hospitalist in a closely-knit community hospital like Slidell Memorial Hospital. I am honored to have received the 'Hospitalist of the Quarter' award within 6 months of my employment.

Louisiana is one of the first few states to see a rapid surge in COVID-19 as early as the first week of March. I am proud to be part of the frontline team caring for COVID-19 patients. I would love to engage myself and serve more patients in rural surroundings; however, this is limited by VISA restrictions. I am sure there are many of my colleagues with similar thoughts as mine.

S1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) and S1810 (formerly S.948)/HR3541 (formerly H.R.2895) legislations will ease those restrictions and enable me and several others like me to serve our community better.

Supraja Yeturi, MD Rheumatology
Opelousas General Hospital
Lafayette, LA
Suprajayeturi@gmail.com

I am a Rheumatologist working in Opelousas, St. Landry Parish, which is an underserved area. I have been working here for the last 4 years, completed J-1 waiver and currently on H-1B Visa. I came to United states of America in 2009 and on visa since then. More than 60% of the patients that I see in my practice are Medicaid and Medicare. **Before I started working here in Opelousas, some of my patients used to travel more than 100 miles to Shreveport or New Orleans for Rheumatology services.**

COVID-19 pandemic has created lot of challenges in my personal and professional life. My husband is Neonatologist, who takes care of sick babies born to COVID-19 positive mothers. **Being a mother of two kids, I am under constant fear of infecting them.** With visa restrictions, I am under continuous pressure of being deported, if I get severely sick or disabled for a period of time.

S.1024 (formerly S.3599)/HR2255 (formerly H.R.6788) and S.1810 (formerly S.948)/HR3541 (formerly H.R.2895) will ease these restrictions and help physicians like me to take care of my patients peacefully.

Shantan Ravula, MD Family Medicine/Sleep Medicine
LOL Physician Group
Prairieville, LA
Shantan.ravula1@gmail.com

I have been working as a Primary care/Sleep medicine physician in Prairieville, LA for the past 7 years seeing patients across all age groups irrespective of their insurance coverage. This has been a truly satisfying experience for me as a physician and would like to continue the same.

With COVID 19, we are living in unprecedented times with lots of challenges at work and home. **I have been seeing lots of patients who are apprehensive of the current scenario but also thankful that they are able to see and talk to their physician, whom they believe, can guide them out of these uncharted waters.**

I am currently on H-1B visa after completing 3 years of J-1 waiver. Also, while on H-1B visa, I am not allowed to serve at a different location if there is a need. In the current immigration situation, I will not be able to obtain a Green card before my retirement.

S1024 (formerly S.3599), HR 2255 (formerly H.R.6788), S1810 (formerly S.948) legislations should ease many restrictions that the Foreign born, American residency trained physicians like me and many others currently face.

Shema Abraham, MD Internal Medicine
Hospitalist, SCP Health at LGMC
Lafayette, LA
shema83@gmail.com

Am Dr. Shema Abraham. I currently work as a Hospitalist Physician in Lafayette, LA where I take care of lot of patients including critically ill patients. Lot of our patient population come from underserved areas. I have been working here for close to 3 yrs now after doing my Internal medicine Residency in the same region. **With the current pandemic personal and professional life had been challenging, but we are for sure adapting the new normal. I feel if**

Srikanth Vemulapalli, MD Internal Medicine
CSF Cabrini Hospital
Alexandria, LA
drsrikanth90@gmail.com

I am internal medicine physician who work as Hospitalist in Alexandria. Along with in Alexandria, we do serve most of central Louisiana as most sick patients present or transferred to our facility. This includes a great number of underserved populations. Every day we take of COVID 19 patients as part of our job. **Certainly, the visa restrictions limit from using best of us.** I am on VISA since 2011 and still continue to work with no certainty. Please consider health care resilience act to be included in the upcoming COVID package.

Sudha Ranganathan, MD Family Medicine
Louisiana State University Health Sciences Center
Monroe, LA
srang1@lsuhsc.edu

I am a family physician taking care of patients in hospital as well as outpatient setting serving underserved and minority population. I am also a teaching faculty involved in training of residents and medical students and PA students. I am a trained overseas as OB/ GYN with 5 years work experience, but was unable to enroll in residency program and serve people in need due to Dependent Visa status for almost 5 years. **There are several qualified physicians unable to work and complete required training to practice in USA. I wish this bill could help several physicians to get back on track and help to serve the country with their medical expertise especially in times on great demand.**

Suguna Veeramachineni, MD InternalMedicine
Internal Medicine Group of Acadiana
Lafayette, LA
suguna.ammulu@gmail.com

I am an internist in Lafayette. Having done with my residency at University Hospital and Clinics, started my job here which I feel is a great privilege to work. I see a lot of Medicaid and Medicare patients in my clinic and also lot patients from surrounding underserved areas.

It has been very stressful since this pandemic evolved not only about my patients who have suffered and suffering covid but also stressed out about my family. My husband is also a physician who treats a lot of covid patients who has the same concerns. We have been living in a fear of risk to ourselves as well as our kids.

Being in such a divine profession, serving patients is our primary goal. I feel like our service towards community is limited due to visa restrictions. If govt can help physicians with expediting immigration process at least during these pandemic times, it helps the nation in providing several front-line physicians to protect American patient population.

Pavana Sakhamuri, MD Internal Medicine
Louisiana State University Health Sciences Center
Lafayette, LA
lalithyasakhamuri@gmail.com

I am first year Internal medicine resident. During my short period of residency I have seen COVID 19 cases increasing rampantly. I advocate for S1024 (formerly S.3599) bill to help physicians for the best of their ability to help COVID-19patients.

Chezhiyan Murugesan, MD Pediatrics
Louisiana State University Health Sciences Center
Monroe, LA
chezhiyan.murugesan@ochsnerlushs.org

I am Dr. Murugesan, I am a Pediatrician taking care of sick kids at both inpatient and outpatient settings at the Ochsner LSU health system for the past 5 years. **I have been seeing kids affected with COVID in our clinic and 3 providers in our Pediatric clinic have been tested positive for COVID.** Every time some Co-worker gets sick, it gives me anxious moments for me and my family. I have applied for green card way back in December 2014 and I have been stuck in the administrative backlog. Even though I was willing to provide care during my vacation and holidays at this critical time and I couldn't due to visa restriction

If this bill is passed, it would be a great help for all the physicians like me who have been stuck in this backlog and also for the community as we will have more providers who can reach out to hot spots and provide care.

I sincerely request the administration to consider the bill S1024 (formerly S.3599)

Harsh Bhartee, MD

Hospital Medicine and Sleep Medicine Physician, Mercy Hospital

Springfield, MO

Email: harsh.bhartee@live.com

Dear Legislators,

I am a Board certified Internal Medicine physician working as a full-time Hospitalist at Mercy Hospital in Springfield, MO. I am also Board eligible Sleep Medicine physician and provide Sleep specialty services (part time) to Mercy sleep center at Springfield, MO and outreach clinic at Aurora, MO.

I received my **training in Internal Medicine and Sleep Medicine at University of Missouri at Columbia and Harry S. Truman Memorial Veterans Affairs Hospital** and moved to Springfield to work at an underserved area in 2018.

I have applied for a green card under National Interest waiver (NIW) and approved but await decades-long backlog to receive the same. I am currently on a work VISA, H1b.

During the current COVID-19 pandemic **I have provided direct bedside patient care to Novel coronavirus infected patients at my hospital**. I was eager to provide care to such patients in need elsewhere in the state and country but was unable to do so due to myself being on a work VISA which **restricts me from working in any facility not approved on my VISA application**.

I personally know of some physicians on VISA such as mine who recently moved to this area and are scared to buy a house and **are currently living in rental apartments due to current immigration policies in place**. They are afraid that if they lose their job due to cost-cutting measures secondary to recent heavy losses by Medical institutions nationwide during this Pandemic, they will lose their **VISA sponsorship and will have to return to their home country with their families**.

I also know of a physician friend who was **unable to secure a position as a pediatric intensive/critical care physician due to lack of J1-waiver positions in the state and may have to return to home country for a minimum of two years** if the state of Ohio doesn't process/grant him J1-waiver in time after completion of his training this year.

There are several stories of physicians awaiting to receive permanent residency in US due to the backlog who have been placed on administrative holds for VISA at their home country for several months at a time which led to lack of appropriate staffing at their institutions thereby directly affecting patient care of our beloved patients in those communities.

There are also heartbreaking stories of physicians unable to return to their home countries for short periods to tend to their families in time of sickness and death for fear of not securing a VISA on their return journey and risking their job and livelihood which they built after decades of hard work and self-sacrifice for their local communities, mostly in areas of physician shortage.

I have devoted my life in the service of the people of this country including war veterans, underprivileged and underserved populations. **I had the honor of voluntarily serving as a physician on two Central-Missouri Honor Flights to Washington D.C. taking care of veterans of World War II, Korean and Vietnam war.**

I will continue to provide my services to my local communities with full vigor and enthusiasm even during these uncertain and challenging times. I would like to extend my services and expertise to other parts of US if I am not restricted by my VISA.

I sincerely urge you take action and become an active part of a positive change that would be brought about by above-mentioned legislations.

I thank you for everything you do for The People. God Bless you.

Sincerely,

Harsh Bhartee, MD

Jose Moonjely Davis, MD

Hospital Medicine Physician, Golden Valley Memorial Hospital,

Clinton, MO

Email: jd4465@gvmh.org

I work as a hospitalist at Golden valley Memorial hospital, a rural hospital, in Clinton, MO. I have been taking care of patients with covid 19 and those suspected to have the infection, among other patients, who are admitted to our hospital. Our Hospital serves a medically underserved rural community. My wife is also a physician and will soon begin her residency training in Psychiatry. She is 8 months pregnant now. As is true for most health care workers, it has been a very stressful few months. The possibility of putting my wife's and my yet be born baby's health at risk, every single day when I come back home from work, has multiplied this stress several fold. Given that she is at a higher risk than I am, we had ourselves isolated from each other as much as we could, for months, until the cases started slowing down in our community. I am also the director of the sleep lab at our hospital and have been involved in developing protocols to minimize the risk to patients coming into the sleep lab for sleep studies.

I worked as an internal medicine resident in Youngstown Ohio, a medically underserved area, for 3 years and did my fellowship at Baylor college of medicine and took care of veterans at the DeBakey VA medical center in Houston during my fellowship for a year.

I love this country and the people here. Like many other health care workers, I am also willing to risk my own health and my family's for the sake of my patients .The last few months is proof of that. The reality is that I will continue to do what I have been doing, no matter what the outcome of this bill is, because I love taking care of my patients and I love what I do. If you help this bill pass, it would certainly take some stress off of many of us, who have been living in uncertainty about our future, for years and make us feel more welcome here. If you think what we are asking for is fair, please support the bill. I have faith in the legal and democratic system in this country and I am sure that ultimately the government will do what is best 'for the people'.

I thank you for all the great work you have been doing to keep all of us safe during this pandemic. I wish you and your families the very best. Stay safe. God bless.

Prasad Gunasekaran, MD

Interventional Cardiologist, Mercy Clinic,

Springfield, MO

Email: pappasad@gmail.com

I am an international medical graduate (IMG) from India, currently working in the medically underserved Springfield (MO) community for over 2 years as an interventional cardiologist. My service involves performing life-saving cardiac catheterization procedures, placing stents in the heart and repairing damaged heart valves for critically-ill Americans presenting with a heart attack round the clock (approximately 50 patient encounters/week). Among the 12 interventional cardiologists in our underserved community, I am the only immigrant who assumed this role. We typically run against a national metric of 90 min or lesser (24x7 service) to open up blocked arteries in critically ill patients. In COVID-19 patients with heart attacks, this translates into very less time to don personal protective equipment (PPE) before emergent procedures owing to either lack of PPE or due to time constraints since "Minutes saved = hearts and lives saved". There have been multiple instances where I have had to emergently perform life-saving procedures in COVID-19 patients, prioritizing patients' welfare over time spent in donning PPE because it is undoubtedly the right thing to do. This approach significantly increases my exposure to COVID-19. It deeply saddens me to be unable to visit with my single mother in India amidst the pandemic due to immigration restrictions since I am employed on a work-based H1B visa. Falling sick to COVID-19 stemming from high occupational exposure would entail losing my job & visa status which would result in moving back to India, thereby leaving many deserving Americans short of my essential service.

Presently, the waiting time to see a cardiologist in my community is close to 6-8 weeks and the pandemic has significantly worsened this metric. I love my community and patients and certainly want to extend my service to nearby hospitals which have a high need for my skillset. However, this is impossible being on a visa. My I-140 (green card application) was approved on November, 2018 but the actual green card issuance takes more than a decade, essentially depriving my community of essential services. Moreover, recruiting an interventional cardiologist to this community often takes years, worsening healthcare disparities. I want to continually offer my service to this community and improve outcomes in the long run. Please consider offering your strong support to our immigration cause and help us offer exceptional care our patients deserve, albeit on a larger scale!

Thank you for your consideration.

Prasad Gunasekaran MD, FACC, RPVI

Juee Phalak, MD, MPH

Child and Adolescent Psychiatrist, Affinia HealthCare

Saint Louis, MO

Email: jphalak@affiniahealthcare.org

I am the only full time child and adolescent psychiatrist working at a federally qualified community health center that follows a locally governed primary care delivery model to serve the needs of patients in diverse, vulnerable, and underserved communities with limited resources in North Saint Louis. When I joined the organization, they had been trying to recruit a child psychiatrist to work for this population for over a year. 45% of the patients at my clinic are uninsured, 38% are on Medicaid and 10% are homeless (per 2019 statistics). These children have very limited options to see a Child and Adolescent Psychiatrist with very few accepting uninsured and Medicaid patients, and those that do having long wait-times of several months which is unacceptable for a child who is suicidal, or traumatized or at risk of losing access to education due to their mental health concerns.

If I were to lose my job related to illness or loss of status, the Mental Health Department of my organization would fall apart due to the loss of their only full -time Psychiatrist. To give an idea of how this would impact the community, in 2019, there very over 12000 mental health patient encounters at my community health center. I have been working here for the past 4 years and have been in the EB-2 (National Interest Waiver) backlog since 2016. During the pandemic, my family and I had to deal with the stress of the possibility of me losing my visa status as my health center was experiencing financial impact of the epidemic, when I along with all employees were asked to use our paid time off (PTO) till the financial situation stabilized with an unanswered question of what could follow if the financial difficulties of the organization continued after all PTO was used up. My organization had been trying to recruit another child and adolescent psychiatrist for a couple of years, but has been having difficulty recruiting physicians to serve this population in a market where there is a short supply of Child and Adolescent trained psychiatrists who are able to choose more lucrative and less stressful jobs.

If I and/ or other IMG physicians working at this community health center were to contract COVID and were unable to work due to subsequent loss of status, this would leave both the organization and the very vulnerable population it serves in a lurch.

I urge you to please support the above bills so that I and other IMG physicians like me are able to continue to serve patients in great need of our services.

Manav Nayyar MD, FACP

Endocrinologist, Capital Region Medical Center,

Jefferson City, MO Email:

MNayyar@crmc.org

Honorable Senators/Congressmen/Congresswomen:

I am writing this letter to request your support and effort to realize the "Healthcare Workforce Resilience Act" S.1024 (formerly S.3599)/HR.2255 (formerly H.R.6788) and the "Conrad 30 Program and Physician Re-authorization Act" S.1810 (formerly S.948)/HR.3541 (formerly H.R.2895). I would like to thank you for your time in reading our letters.

I am a **Physician and in the United States for the past 12 years on a Visa**. After finishing Medicine Residency in Illinois, I have served in **underserved areas for the past 8 years**. Before my current clinical practice **in Jefferson City (underserved area)**, I served as an **Assistant Professor of Medicine in the University of Missouri** where I used to teach Medical Students & Internal Medicine residents in addition to taking care of the patients in the surrounding underserved areas. Currently, I'm seeing patients at Jefferson City as an Endocrinologist and **I am 1 of the 2 Endocrinologists in the Cole County who serve the surrounding 9 county areas (from Miller County to as far away as Dent & Crawford County)**. In the United States, there is a **nationwide shortage of trained endocrinologists** and an ever-growing population of patients who depend on our services. My patient population is made up of a wide range of ages, from 18 to advanced seniors. I treat patients with diabetes, thyroid cancer and other endocrine diseases including osteoporosis, adrenal cancers, pituitary, and parathyroid. As part of my practice, I regularly care for diabetic patients who have advanced complications as a result of their poorly controlled disease. **Without dependable and ready care from an experienced specialist, these patients would have a shorter life expectancy**. It is a vital part of their lives and I am honored to be able to help them to live longer and more productively. I am often reminded of how difficult it is for patients to find an endocrinologist who is accepting patients and I am aware that it is important that my practice is stable and available for this population.

The COVID-19 pandemic has been a very challenging time for the American Health Care community. When the mandatory stay at home orders were in force, I was going to my clinical practice and was seeing patients in the hospital every single day as I know my patients need my support and care during this challenging time. I have two US-born elementary school going kids but even when the schools were closed we were entrusting their care to a neighbor so that both me and my **wife (who works at a hospital-on a dependent visa)** can show up to work and take care of the COVID patients. The demerits of being on H1b Visa (**my initial immigrant petition was approved in 2012**) were indeed felt during this trying pandemic time when both of us have to report to work as soldiers going to war. We know fully well that in case one of us is not able to get through this pandemic safely, **our whole family will be uprooted and forced to go back to India due to our visa restrictions**. But our duty towards our patient population does not let us abandon them during this trying times of Pandemic which is sweeping through our land. The inability to assist the patients will not only be stressful to physicians amid this challenge, but it will also be potentially life-threatening to the patients.

So it's my humble request to you to vote for the mentioned legislation as it would not only benefit me but also my family, my patients, and the professional community in my region. Enacting the legislation mentioned would serve to help and strengthen our families, our communities, and increase access to vital health care resources in our vulnerable communities. It will help us to fight COVID19 and any other such unforeseeable threats and increase the stability of our healthcare systems with many more US-trained physicians ready to help.

I sincerely thank you again for your time and attention and hope that you will consider this very important legislation.

Sincerely

Manav Nayyar M.D.

CRMC, Jefferson City, MO.

Kiran Babu Bandaru, MD

Hospital Medicine Physician, Mercy Hospital,

Springfield, MO

Email: kiranbabu92@gmail.com

I am a US trained internal medicine physician. I am a front line COVID physician. I joined my residency in 2006, completed in 2009. I worked as a faculty and hospitalist at WVU hospital in Morgantown from July 2009 to September 2013. I took care of very poor population when I was working there.

I would like to mention a situation that happened in West Virginia. I was working at Ruby Hospital Morgantown. We had a VA hospital in Clarksburg which was close by. I was working a week off and week on, which is usual hospitalist schedule. They needed medicine physicians to work at VA hospital which was affiliated to WVUH but as I was on Visa I could not work there. It was very unpatriotic thing to do as we are a tax funded resource as the federal government pays for residency training.

I have been working in Missouri since 9/2013. I am a hospitalist at Mercy hospital Springfield. At our place, it takes 2 to 3 years to recruit a primary care specialty physician and some go unfilled. It takes 5 years to fill a subspecialty physician and there are multiple vacancies all the time. South West Missouri is a very physician deficient area.

When many physicians left our hospital in 2015 I was one of the 8 full time physicians of 40 and has worked 27 to 28 days a month to keep the inpatient care running at our hospital. I help physician coverage at Mercy Orthopedic hospital, Mercy Rehab Hospital in Springfield. I cover Mercy Lebanon hospital. I take students from MU school of medicine, Kirksville DO school and KCU DO school and train them in clinical medicine. I am a faculty with MU school of medicine.

Being on Visa many physicians like me are not able to work to their full capacity to help Americans in underserved areas

- I currently work week on and off and during my free time I cannot work in the MSU charity clinic to provide charity care.
- We needed to work at Mercy Lebanon and adding that hospital as workplace on my visa took more than 6 months.
- Physicians on visa cannot open satellite clinics and it hampers care particularly in nephrology and subspecialty care. It makes patients travel 2 to 3 hours back and forth.

The immigration troubles we face usually after being here legally for more than decade and paying millions of dollars of taxes are personal but they have been affecting our patients and that is the reason for us to plead you to find a solution to this unique population of physicians, we can be more helpful if we are permanent part of the communities we serve.

The COVID 19 pandemic has added an extra dynamic to our lives. If I get sick or die our families can be torn apart. My wife who is on H4 visa has to self deport. My citizen kids have to leave the country to stay with their mom or be orphans in this country -a very steep price that my family has to pay for me serving this country for more than 15 years in prime of my life.

Stabilizing physicians like me in underserved areas help economy as a physician creates an economy of 2 million dollars a year from practice and create employment for more than 10 people.

My Green card/ Immigrant Visa was approved in September 2010 and have been in backlog since then. Completion of immigration for around 15000 physicians in backlog helps this nation greatly.

Salil Kulkarni, MD

Assistant Professor of Medicine, University of Missouri Kansas City School of Medicine and Truman Medical Centers,

Kansas City, MO

Email: kulkarnis@umkc.edu

Honorable United States Congress members,

I am an internal medicine physician working at the UMKC School of Medicine and Truman Medical Center, its main teaching hospital. I trained in internal medicine in the South Bronx neighborhood in New York, which apart from being among the sickest counties in the entire country, has also greatly suffered through the ongoing COVID-19 pandemic. As a hospitalist in Kansas City since 2017, I am committed to serve my patients in this designated health physician shortage area (HPSA) through this pandemic and beyond. But, besides that, the reason I chose to come to Kansas City after my training in New York was because UMKC School of Medicine offered me the unique opportunity to be in a position of teaching medical students and medical residents, and thus, contribute to the strengthening of the medical infrastructure of the United States.

Despite this, and having an approved permanent residence petition with the USCIS, it is heartbreaking to know that I am still called a "temporary worker" in the United States.

At the height of the pandemic, I was in constant touch with my ex-colleagues in the Bronx who were facing the brunt of this catastrophic disease. I received personal messages from so many reaching out for help. But, given my visa restrictions, I was unable to do so in my spare time though I desperately wanted to, often to their dismay. How I wish I could do something about it!

As a part of my work, I take care of sick patients every day, including those ailing because of COVID-19. But, if I were to contract this illness myself leading to loss of work or disability, or even death, under current law, I and my family, including my US citizen child shall face deportation from this country that we have called home for over half a decade now.

I am extremely thankful to the U.S. Senators and House Representatives who introduced and have since extended their support to the legislations mentioned above. I appeal to you to kindly consider lending your support to the same.

Thank you.

Krishnamraju Kosuru, MD

Pediatrician, Mercy hospital,

Joplin, MO

Email: kosurukr@icloud.com

I am Dr.Krishnamraju Kosuru M.D., pediatrician working at Mercy hospital, Joplin for the past 5 years. My wife and I are US trained and licensed physicians. My wife did her Internal medicine and is currently working as a hospitalist at Mercy hospital, Joplin. We have a 6 year old daughter and a 2 year old son born in USA and we both are currently on H1-B visas. We finished our residencies in Michigan on J-1 visa and moved to Joplin to fulfill our 3 year requirement of working in a Health care shortage area under the Conrad-30 program. **Since the time we moved to Joplin we had nothing but positive experiences, we find the people of this town and the surrounding areas very friendly and welcoming. After working here for 5 years we feel like an integral part of this community.** Since the start of this corona virus pandemic, **both of us along with other international physicians have received requests from recruiters to work in areas that were hard hit by this pandemic.** As much we wanted to help, our hands were tied due to the current H1B regulations which prevent us from working outside of our hospital even during an unprecedented situation like this. We feel really bad for not being able to render our services during this crisis. I want to get this to your attention that in order to bring an immigration reform for the PHYSICIANS AND NURSES in existing green card backlog especially with COVID19 emergency facing significant shortages, six senators {Senators Perdue (Georgia-R), Durbin (Illinois-D), Leahy (Vermont-D), Cornyn (Texas-R), Todd Young (Indiana-R), Coons (Delaware-D)} came up with a solution and introduced the Bipartisan Bill 'HEALTHCARE WORKFORCE RESILIENCE ACT' Senate Bill S.1024 (formerly S.3599) in senate. This is 'A bill to enhance our Nation's nurse and physician workforce during the COVID-19 crisis by recapturing unused immigrant visas'. There is a companion bipartisan bill in house (H.R.2255 (formerly H.R.6788)) introduced by four Congressmen {Brad Schneider (D- IL), Tom Cole (R-OK), Abby Finkenauer (D-IA), and Don Bacon (R-NE)}.

This bill will alleviate visa based restrictions for US trained and licensed international physicians so that the white coat warriors and nurses can be deployed whenever and where ever they are needed to fight COVID 19 pandemic now and in future. It is a onetime solution offered in light of pandemic, this provision allows recapturing of unused immigrant visas (green cards) from previous years.

On behalf of thousands of US trained and licensed international physicians from all over the US, we request Honorable Senator/ Congressman to support and Cosponsor this bill. This will increase physician workforce tremendously in US in fight against COVID 19 Pandemic and any future rebounds.

S.1024 (formerly S.3599) bill is under consideration to get introduced in the next COVID package bill due in next few weeks. This bill has Support from American College of Physicians, American Society of Anesthesiologists, American Hospital Association, American Medical Association, Physicians for American Healthcare Access, Bipartisan policy center, US chambers of Commerce, American Organization for Nursing Leadership, National Immigration Forum, American Immigration Lawyers Association, and Americans for prosperity.

On the other note, we hope to get your support for S.1810 (formerly S.948) 'Conrad 30 Program and Physician Access Reauthorization Act' that we have been advocating for long as a long term solution for physicians shortages in rural and medically underserved areas.

Shamant Tippor, MD, MHA

Hospital Medicine Physician, MercyHospital,

Springfield, MO

Email: shamant.tippor@icloud.com

Hello respected elected official,

I am Dr Shamant Tippor and I have been waiting for my Green card since 2009!

I am board certified in Internal medicine working in Missouri since 2011 at Mercy hospital Springfield as a hospitalist. I have also completed MHA (Masters in Health Administration) and am actively involved in leadership role and committee participation at the hospital.

I have been taking care of COVID patients and Missouri residents who entrust their care to us when they are hospitalized. Providing compassionate care makes me feel proud and happy but deep inside I have the insecurity that I am on a visa and I have so many restrictions, so there is no sense of belonging and acceptance although I have a home here and my children were born here.

The American Immigration system seems unfair because my fellow residents who got similar training, who were from countries like Nepal, Pakistan ,Bangladesh etc got the Green card within 2 years but here I am 11 years later...just because I am born in India... Still waiting for my priority date to get current.

Due to visa restrictions I am not allowed to work at any other location other than Mercy Springfield even though there is surging number of COVID cases and hospitals are getting overwhelmed due to lack of physicians to take care of the admitted patients. The system has to appreciate talent of physicians, notice the hard-work of the dedicated tax paying legal aliens who are supporting this economy and pave a way to grant Green cards in a prioritized way.

There is dire need for healthcare workers in general and huge shortage of physicians and nurses as per the projections. If there is no solid plan for legal status by American immigration system for us physicians in the form of Green card then I am afraid some or most of us may want to immigrate to different countries who will welcome us with open arms or many may even return to India, their home country which will be a great loss for America.

We have been trained in America at the tax payer's expense and the tax payers deserve to keep us than lose us just because the rules made decades years ago do not allow Green cards based on country of birth due to long backlogs.

The proposed legislations try to fix some of the problems in the current immigration system to make it right. I sincerely hope you will support these upcoming legislations which will be voted for in the near future.

Supporting these bills is the right thing to do for Missouri and for America and I hope you will be one of them to be on the right side of the history!

Thanks

Shamant Tippor MD,MHA

Venu Madhav Chirunomula, MD Hospital

Medicine Physician, Southeast Health,

Cape Girardeau, MO Email:

vmtexas@gmail.com

I am an Internal medicine trained Adult Hospitalist working at Southeast hospital, Cape Girardeau Missouri. I take care of patients admitted to the hospital and responsible for their care until they are released from the hospital. I am like their primary care physician in the hospital.

I am also Director for inpatient Palliative care in the hospital. We introduced this recently and I am very happy to provide quality care for patients with terminal illness.

I also take care of the patients in the ICU when required (ICU physicians are on leave or sick). We have a great community here, and I am fortunate to be part of the community and help these hard working good folks.

I also teach the medical students coming from A.T. Still University, Kirksville. We have a dedicated covid unit and I do take care of the patients in that unit.

Approving this bill would be a great help and help us to work with even more enthusiasm as we don't need to worry about Legal status and fully dedicate ourselves in taking care of these people in the community.

Asad Kabir, MD

Pulmonary, Critical Care and Sleep Medicine Physician, Mosaic Life Care,

St Joseph, MO

Email: kabir.asad@gmail.com

I am a US trained, Board Certified Pulmonologist and Intensivist with additional Board Certifications in Sleep Medicine and Internal Medicine. Currently I am practicing in a Tertiary care center in Missouri which serves a large rural population.

I received my initial medical training in Gandhi Medical College in India and subsequently did additional training for 7 years in the USA including my Residency in Internal Medicine and Fellowship in Pulmonary, Critical Care and Sleep Medicine at University of Missouri at Kansas City. I have thereafter been practicing as a Pulmonologist, Intensivist and Sleep Specialist at Mosaic Life Care in St Joseph, MO.

The COVID 19 pandemic has been a challenging time for all. As we are all aware, we have seen case numbers surge at different times locally and nationally. Need for physicians have changed spatially and geographically during this pandemic. I have received calls and requests from several health care facilities to help take care of critically sick patients given the rising case numbers and acute shortage of health care professionals to care for critically sick patients on the Ventilator. I could not oblige to these requests due to the restrictions imposed by my visa and feel that my skills could have been better utilized during these testing times. I have been stuck in the green card back log due to per country caps.

I humbly request you to support this bill to help utilize our healthcare resources better and serve Americans during these testing times.

Amar Jadhav, MD

Critical Care Physician/Intensivist, SSM St. Mary's Hospital,

Richmond Heights, MO

Email: ajadhav@soundphysicians.com

I am a board certified critical care medicine physician. I take care of critically ill COVID - 19 patients every time I work. While at its peak, I would encounter between 70-80 critically ill COVID -19 patients who on life support every week. Given my visa constraints, I have not been able to help other ICU's that were in critical shortage of ICU physicians. I have an approved petition I -140 for green card since 2012 but still waiting for it due to the extensive backlog.

I have a 9 yr old son who was born in the US and is a citizen. I live in constant concern that if I were to lose my job in the pandemic, I will have 60 days to leave the country if I do not get employment at another hospital since me and my wife are still waiting for our green cards due to the back log. This will further add to the existing critical shortage of physicians and have a downstream effect on patient care as well. Hence I request to kindly consider and pass these bills. Thank you.

Amit C Shah, MD, MPH

Hospital Medicine and Family Medicine physician, Mercy Hospital

Springfield, MO.

Email: dramsinhere@gmail.com

I am a board certified Family Physician who now works as a hospitalist at Mercy hospital in Springfield, MO. Besides Springfield, I also work as a hospitalist in a small rural town of Lebanon, MO. As a hospitalist, my role is very pivotal to patient care. I provide acute medical care to patients admitted to the hospital in various settings including ICU. I am also responsible for coordinating the care with other consulting physicians in the hospital. I see an average of 25 - 30 patients a day.

Besides working as a hospitalist, I also work as a medical physician at a Behavioral health facility - Marion Center. I remember starting there about 1 year ago when I was responsible to cover it only for few days. However, due to shortage of medical professionals, I decided to cover the facility until they find another physician. As of now, I round there most of the days after working in the hospital.

As you know, we are now seeing a surge of COVID 19 cases and I do take care of those patients on a regular basis. There are instances when patients are diagnosed as having COVID 19 later on during their hospital stay and I may have already been exposed. I put my family at a risk of infection every single day and if I lose a job or even worse, die during the pandemic, my family will be severely affected. If I lose job, I will only have 2 months to find another job, have the paper work done, and start working.

There is a critical shortage of family physicians and hospitalists in our country. As a board certified physician, my primary goal is to provide a comprehensive health care to those who need the most- rural communities. The current visa situation and the EB 2 backlog is a hindrance to achieving that objective.

I kindly request you to favorably consider these bills so that we can continue doing what we do the best.

Thank you,

Sincerely,

Amit C Shah, MD, MPH

Ghulam Jeelani Siddiqui, MD

Gastroenterologist, Mercy Hospital,

Springfield, MO

Email: gjsiddiqi@gmail.com

I am a board certified gastroenterologist working in MERCY HOSPITAL SPRINGFIELD for the past 7 years. I work with the group of 7 other partner gastroenterologist in the hospital. I am directly involved with inpatient and outpatient clinical care of patients with digestive disease problems. I also perform diagnostic and therapeutic interventions including upper endoscopy, colonoscopy, ERCP, EUS etc. My visa requirements allow me to work and take care of the patient seen Springfield community under Mercy. We have also been asked to step up for outreach in the surrounding areas including healthcare facilities of Mercy like Mountain View, Cassville, Bolivar, Branson and many others. Going out there to the patient community is tremendously helpful to the patients. Unfortunately because of my visa restrictions it becomes very difficult for me to take care of these patients in those communities. It becomes even more difficult when crisis-like COVID-19 hits and time becomes essence for patient care.

My I 140 was approved and due to backlog I am still working on Visa. I live in Springfield Missouri with my wife who also physician is serving the community along with my 3 beautiful kids. I plan to stay and raise my kids in this gorgeous community.

I urge the support of you and your colleagues on immigration bills S.1024 (formerly S.3599), S.1810 (formerly S.948), H.R. 3541 (formerly H.R.2895) to help decrease the backlog so that our access to provide patient care becomes easier for community in need.

Thanks for all the efforts that you do for all of us in our community.

Amrita Singh, MD

Geriatrician, Missouri Baptist hospital

Saint Louis, MO

Email: assharma.md@gmail.com

I work as a geriatrician and having completed residency training and ABIM board certification in Internal Medicine and in Geriatrics. During the COVID pandemic, I have continued to address patient care needs in different post-acute care nursing home rehabilitation centers across the greater St Louis metropolitan area as part of BJC Medical Group. I have an approved I-140 since 2012. My hope is you will consider our appeal.

Raghu Nandan, MD

Plastic and Reconstructive Surgeon, Mercy Hospital

Springfield, MO

Email: raghunandan86@gmail.com

I am a Plastic and Reconstructive Surgeon who started working at Mercy Hospital, Springfield, MO in August 2019. I finished my General Surgery Residency from the University of Arizona and my Plastic Surgery training from Johns Hopkins University School of Medicine, University of Maryland and the Shock Trauma Center in Maryland. I also finished a Masters in Public Health from the Johns Hopkins Bloomberg School of Public Health and have a keen interest in epidemiology, clinical outcomes and disease progression, which is especially important in the current COVID-19 landscape.

My practice primarily involves doing complicated head and neck cancer, breast cancer and lower extremity trauma reconstruction using microvascular techniques. Our Hospital is a referral center for many patients having complex reconstructive needs. I am one of the few surgeons in this entire catchment area who is trained and comfortable to provide this service to a vast number of patients.

I have a 6 year old daughter and a three year old son who enjoy spending time and sharing their love with numerous children in the community. My wife and I are involved in numerous outreach activities with children and schools throughout the city.

I feel that your support of this legislation will strengthen the healthcare delivery of numerous rural and underserved communities across the United States. It will help people such as me and countless others, be confident that our families will be safe, while we perform our services to the best of our abilities to the people without the fear of deportation and uncertainty. This is especially true in the current scenario, where healthcare professionals are pivotal to help care for the people in these unprecedented times.

Thanking you,
Sincerely,
Raghu Nandan, MD, MPH

Ramana Kankanala, MD

Family Medicine Physician, Cox Medical Center,

Springfield, MO

Email: ramana.kankanala@coxhealth.com

I am a primary care physician working in medically underserved areas (MUA)/Healthcare profession shortage areas (HPSA) all over US for last 10 years. I am currently working for Cox medical center, Springfield, MO. I have a patient base of 3000 and some of these patients come from rural communities 100 miles away. Everyone talks about physician shortage in US and that it is going to get worse in next 10 years. It is going to affect MUA/HPSA/Rural American communities more than the urban communities. Conrad 30 J1 waiver program is proven to be a boon to healthcare access in these rural communities for last 40 years. S1810 (formerly S.948)/HR 3541 (formerly H.R.2895) essentially enhances the Conrad 30 program. Please help these rural communities by supporting S1810 (formerly S.948)/HR3541 (formerly H.R.2895). These rural American communities deserve better healthcare and it is long overdue. Currently there is no other bill in congress which guaranties continuous flow of American Trained international physicians to these rural communities at no additional cost to state or federal government. Please help us to help these financially and medically distressed rural American communities by passing S1810 (formerly S.948)/HR 3541 (formerly H.R.2895).

I also want to talk to you about COVID 19 pandemic and the visa restrictions on American trained international physicians. It makes me feel sad that I cannot help my fellow physicians in the state of Missouri and other states in US in taking care of COVID 19 patients in hot spots. It makes no sense as to why thousands of American trained international physician workforce cannot be used to their full potential during national emergency like COVID 19 pandemic. We all are worried about second wave of the pandemic here in US, we are ok recruiting medical students, PA, NP and other physicians from foreign countries to take care of COVID 19 pts in hotspot area BUT we don't want to let the US trained international physicians to work freely all over US. These work based visa restrictions must go. Please support S1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788).

WHETHER YOU BELIEVE IN TRUMPCARE OR OBAMACARE OR MEDICARE FOR ALL, YOU NEED MORE HEALTHCARE PROVIDERS FOR ALL OF THEM. SUPPORT S1810 (formerly S.948)/HR3541 (formerly H.R.2895)/S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) FOR MORE HEALTHCARE PROVIDERS.

Ramya Sree Chikuluri, MD

Hospital Medicine Physician, Mercy Hospital,

Springfield, MO

Email: dr.ramyach@gmail.com

I am an international medical graduate who is currently working as a hospitalist at Mercy Hospital in Springfield MO. I am working under the Conrad 30 program in an area identified by the Missouri state health Department as medically underserved. I trained at Creighton University Medical Center in Omaha NE. With well-rounded experience in the hospital at the University Medical Center and the Veterans Affairs Medical Center I chose to be a hospitalist taking care of the patients in the hospital. At Mercy Hospital I take care of patients who are admitted for various complex medical problems including diabetes, cardiovascular disease, COPD etc., I also provide consultation services to surgical specialties. I moved to Springfield to join my husband who has been working under the same Conrad 30 program here since 2017 as a specialist in pulmonary and critical care medicine. **Springfield is our home and we love the community we live in.** COVID-19 pandemic has put significant stress on our patients, our community, our hospital and us as providers. The disease is highly infectious with significant risk of transmission to health care providers. With our current visa situation, our stay in the United States will be jeopardized if we were to fall sick and lose our job. The risk is exponentially higher in my family as both of us are on the front lines. We would not be able to offer the same level of care and opportunities to our daughter who is a United States citizen if we were to leave the country. I urge you to consider legislation to expedite the process of permanent residency to physicians like me and provide a path to move our immigration case into the future.

Ravi Kiran Morumuru, MD

Family Medicine Physician, SSM Health DePaul Hospital

Saint Louis, MO

Email: rmorumuru@gmail.com

I Ravi Kiran Morumuru, Board Certified IMG has been working as a Hospitalist in underserved areas for the last 6 years. Currently I am working as a Hospitalist at SSM DePaul Health center where I take care of lot of indigent population. We have lot of patients who were fully dual eligible (Medicare and Medicaid) beneficiaries. We were located in North St. Louis and we were one of the hard hit hospitals in the St. Louis city. I have been working in the Covid floors for the last 3 months. I have my elderly parents visiting us at my house. For the last 3 months I am staying outside at a hotel to keep my parents safe from contacting the virus. It has been very emotionally draining to stay away from my 1 year old daughter and my family. Despite of staying outside, due to my visa restrictions I couldn't render my services at any other needy hospital during my week off.

My wife has been doing her residency on H4EAD and now going into Endocrinology fellowship on H4 EAD status. Unfortunately if I had to lose my job or fall sick during this Covid 19 crisis she couldn't even complete her training as she is dependent on my visa status. My family and my wife's future will be in jeopardy. I urge to you all lawmakers to support these bills to bring difference in our lives and also to improve healthcare in our communities.

Rishi Sharma, MD, MHSA

Assistant Professor of Medicine, Docent Blue 1 Team, Core faculty Internal Medicine Residency Program, IT Liaison Department of
Medicine, University of Missouri Kansas City,

Kansas City, MO

Email: sharmari@umkc.edu

I am a foreign medical graduate who is currently working as an Internal medicine physician at Truman Medical Centers/University of Missouri Kansas City. In addition, I also voluntarily work as a Researcher with Kansas City Medical Center. My duties including teaching students and residents and taking care of patients both in inpatient and outpatient settings. **During the COVID crisis, I worked on frontlines with my colleagues and we even ran a COVID clinic. I have been in US since 2004, physicians who came with me got their green cards long ago but because of current unfair system I still live in this uncertainty.** I urge you to take measures to help physicians who put themselves at danger every day during this pandemic and beyond by helping pass the legislature that will give them permanent residency. Thanking you in anticipation!

Anju Susan Prasad, MD
Endocrinologist, Cox Medical Center,

Branson, MO
Email: Anju.Prasad@coxhealth.com

I am a board certified endocrinologist and my husband is a board certified cardiologist. we work in Branson, MO.

Despite the risks, both of us have continued to work every single day throughout the pandemic in this underserved community.

we hope you will consider our sacrifice and approve this bill.

Bhavani Vaddey, MD

Family Medicine physician, Emergency Medicine Physician, Southeast Health,

Cape Girardeau, MO

Email: Vaddey.bhavani@gmail.com

I'm a family medicine physician working in the department of emergency medicine at Southeast Hospital, Cape Girardeau for the past seven years. My services to the hospital have been well recognized and I am considered one of the essential providers for healthcare. I really enjoy my job and my little town which I made my home. Even though I'm a part of this community I still feel foreigner sometimes because of my current immigration status. My husband is also a physician who has been in the same health system as a hospitalist for the past seven years. I would request our government to recognize our services and help us in expediting this bill which would answer our legal concerns and not interrupt our opportunity to serve his community. Thank you again.

Chanchal Suthar, MD

Primary Care Physician, MercyClinic

Springfield, MO

Email: dr.chanchal21@gmail.com

I am family physician working in Springfield, Missouri. I and my husband both are physicians. we love working and helping patients in need. My I-140 has been approved. We would really like to help other areas if needed with COVID- 19 but we are restricted with H-1 visa. We feel insecure for our young kids being both physicians and stuck with green card process. We would really appreciate your support with legislation.

Chandan Suthar, MD
Hospital Medicine Physician, Mercy hospital,

Springfield, MO

Email: dr.chandansuthar@gmail.com

I am a hospitalist working in Springfield, MO. I have been practicing in Missouri for last 4 years. I am Internal medicine trained and I take care of the hospitalized patients. I have approved petition for green card and am on the waitlist since 2014. I am currently on H1b visa. When covid impacted our community because of my Visa status/restrictions couldn't help next door hospitals for covid surge. Our hospitalist team is front line caretaker of Covid patient's in Springfield. We also feel insecure about our family being in visa limbo while we take care of community. We have been part of this community for long time now.

We would really appreciate your support in regarding legislations helping physicians on visa.

Dennis Chairman, MD

Assistant Professor of Clinical Medicine, Division of Pulmonary, Critical Care and Environmental Medicine, University of Missouri
Columbia,

Columbia, MO

Email: chairmand@umssystem.edu

I've been in my current role as an assistant professor in Pulmonary/Critical Care Physician at the University of Missouri Columbia for the last 7 years and currently am actively involved in ongoing patient care on a daily basis including those with COVID.

My I-140 was approved in 2012 and due to backlog am still on H1b visa. I intend to stay in MO for the foreseeable future and would benefit greatly if the backlog is resolved soon.
Thank you.

Elham Fatima Abbas, MD

Child and Adolescent Psychiatrist, Compass health Network,

Adjunct Clinical Assistant Professor, Kansas City University of Medicine and Biosciences

Raymore, MO

Email: eabbas@compasshn.org

I am double Board certified in General /Adult Psychiatry and Child and Adolescent Psychiatry. I have been providing face to face outpatient services in the underserved population of Cass County, MO. I also provide inpatient weekend coverage to Royal Oaks Hospital in Windsor, MO once a month. I am also an Adjunct Clinical Assistant Professor at the Kansas City University of Medicine and Biosciences, MO and have been involved in Medical student training. There is a huge shortage of Qualified Mental health professionals in the US in general and more so in the areas where I serve and the need has grown even more with the ongoing pandemic which has had such a negative impact on the mental health of adults and children alike. I plan on continuing to serve this population and sincerely request you to please support the approval of these bills.

Thank you!

Falgun Modhia, MD

Hematologist, Medical Oncologist, Mercy Hospital and Clinic,

Springfield, MO

Email: falgun.modhia@mercy.net

I am a US trained and Licensed physician. I have served and helped veterans in VA hospital and underserved places in wisconsin, Oklahoma and now Missouri. I work in the department of oncology. If any of the physician is not able to help the community due to COVID-19, it would be too difficult to find another provider in timely fashion. I request you to support the bill and help the medical staff (COVID warriors) in this noble cause so we don't compromise the health of the people of Missouri.

Foram Shah, MD

Family Medicine and Hospital Medicine Physician, MercyHospital,

Springfield, MO

Email: forushah@gmail.com

I am a board certified Family Medicine physician currently working as a hospitalist in Springfield, MO. As a hospitalist, my job is to provide care to adult patients in an inpatient setting and coordinate their care with other specialties. I am a **frontline worker in the current COVID 19 pandemic**. I am currently on H1b Visa. **My EB2 was approved in 2013** but I am still stuck with the Visa quota which prevents me from working at different hospitals. This has been a significant obstacle in providing health care to the communities in need.

I, therefore, request you to kindly consider/support the bill.

Thank you,

Sincerely,

Foram A. Shah, MD, MPH

Garima Singh, MD

Child and Adolescent Psychiatrist and Chief Medical Officer, Burrell Behavioral Health

Columbia, MO

Email: garima.singh@burrellcenter.com

I am triple board certified in general psychiatry, child psychiatry and addiction medicine and actively involved in patient care, community mental health awareness and expansion of knowledge and services. I am also involved with patient care and our organization's policy reform especially related with current COVID 19 pandemic. I intend to stay in Missouri and serve our community and so request the support of you and others on immigration bills S.1024 (formerly S.3599), S1810 (formerly S.948), H.R. 3541 (formerly H.R.2895) to help decrease the backlog so that I can provide patient care without any restriction and help our community.

Gaurav Kulkarni, MD

Child and Adolescent Psychiatrist, Compass Health Network,

Columbia, MO

Email: drgkulkarni@yahoo.com

I am a Board-Certified Adult and Child Psychiatrist; I am also Board Certified in Addiction Medicine and serve rural counties in the state of Missouri. I provide both in-person care and see patients using telemedicine. There is a huge need for qualified mental health specialists who can provide quality evidence-based care for the underserved and health provider shortage areas in Missouri, this need has been even greater than before during the COVID 19 Pandemic. I plan on continuing to provide care to Missourians in need of mental health and substance addiction problems. I work with some of the most indigent populations who otherwise have no health care access, many of them have not seen a physician for years before they come to my care. with the approval of the bills s 1024 (formerly s.3599), s 1810 (formerly S.948), HR3541 (formerly H.R.2895) will help clear the immigrant visa backlog and facilitate my abilities to continue to serve Missourians without restrictions.

Harinderjeet Kaur, MD

Internal Medicine Resident, St. Luke's Hospital,

Chesterfield, MO

Email: kaurharinderjeet@gmail.com

I am in internal medicine resident at St. Luke's Hospital in Chesterfield, **I intend to work in Springfield Missouri after finishing residency this year**. Visa requirements play a big role in when and where I see patients and help the community. I won't be able to help patients in some of the most rural areas around Springfield due to visa restrictions. By supporting the bills mentioned above, you will be providing support to hundreds of physicians who are in the limbo of fulfilling H1 requirements and waiting in the backlog for green cards. The patients in the rural communities are always thankful of the services we provide to them. Support of the immigration bills S1024 (formerly S.3599), S1810 (formerly S.948) will help these communities have a physician and somebody to depend on when they need them the most.

Jagdeep Chinna, MD

Hospital Medicine Physician, Mercy Hospital,

Springfield, MO

Email: jagdeepchinna@gmail.com

I am a hospitalist in Mercy Hospital, Springfield. **we have been taking care of COVID-19 patients on a regular basis.** Due to visa restrictions we cannot help our friends at other places even when we would like to do so. I do not have an approved I-140 yet.

Samrina Hassan, MD

Hospital Medicine Physician, Saint Luke's Health Care System,

Kansas City, MO

Email: samrinahassan@gmail.com

Dear Honorable Senate and House of Representative Members,

I am a board certified Internal Medicine Physician, currently working as a hospitalist in the Kansas City area. I have been in United States since 2010. I did my Internal Medicine residency at University of Illinois, Urbana-Champaign, from 2010-2013 and then moved to Springfield, Missouri, where I worked as a hospitalist for three years before moving to Kansas City in 2016. I have been on H1B visa since 2010 and have an **approved I-140 since 2013**, still waiting for my priority date to get current.

The current Covid-19 pandemic has been a very challenging time for the American health care system. Currently, there is a great need of physicians all across Missouri hospitals due to anticipated escalation in the number of Covid cases. I am at working at my hospital as a frontline physician. **Many of us have sincerely wished to help our colleagues at other hospitals and in underserved areas. However, because of the restrictions imposed on us by visa regulations, I, along with a huge number of other physicians, are unable to assist further as we are bound to be working exclusively under one employer.**

Health care providers like us request the flexibility to work and serve anywhere there is more need, in this pandemic. The visa restrictions should not hinder us from providing services to patients in great need. I request you to support the legislature mentioned in the introduction. This would benefit all the vulnerable patients in my community by helping in increasing their access to vital health care resources. It will help us to fight COVID19 and any other such unforeseeable future threats.

I sincerely thank you for your time and attention. We hope that we get your support during these unprecedented times to consolidate the stability of our healthcare system.

Sandeep Sharma, MD

Hospital Medicine Physician, Mercy Hospital Jefferson,

Festus, MO

Email: sandeep82@gmail.com

I work as nocturnist at mercy hospital Jefferson. I have been working in rural Missouri for last 5 years and prior to that I worked at rural Massachusetts for 4 years. I have been on H1b since 2012 and my I140 was approved since 2012. Renewal of H1b every 3 years causes unnecessary burden. Being a frontline provider in COVID period adds uncertainties so I request you to support bills for permanent residency for health care providers.

Sarah Ifteqar, MD
Assistant Professor of Medicine, Division of Rheumatology, Truman Medical Centers,

Kansas City, MO
Email: sarah.ifteqar@gmail.com

Dear Senators and Legislators,

I am a board-certified Rheumatologist and Internist caring for an underserved population at Truman medical center. I am also a clinical assistant professor at University of Missouri Kansas City and teach medical students and internal medicine and family medicine residents as well. The current backlog of Green cards creates immense insecurity regarding my ability to care for a patients as **both me and my husband are at the mercy of changing rules and laws and risk losing legal status in the US due to the current green card backlog. He is a physician as well and cares for a rural and underserved population.** We have young children as well and would appreciate it if the bill is passed so that we can continue our work taking care of vulnerable populations and care for our family and continue to create stronger roots within the Kansas City community without the added vulnerability of sudden loss of legal status, which weighs heavily on our minds.

Your support for the above bill is crucial to allow physicians such as myself to continue our work within our communities without the risk of having to **uproot ourselves and our families and leave the place we now consider our home** due to legislative and visa roadblocks despite our contribution both personally and professionally.

Sincerely,
Sarah Ifteqar MD

Jeffrin Joseph, MD

Internal Medicine Physician, Mosaic Life care,

Saint Joseph, MO

Email: jeffrinjoseph006@gmail.com

I, Jeffrin Joseph am currently a physician working at Mosaic life care hospital, St. Joseph Missouri. I enjoy working in serving this community. The physician group I am currently working with is in desperate need of internal medicine primary care doctors. **I am the first one to join this practice after several years of searching.** I believe that foreign physicians who have completed US residencies are providing top-notch care to underserved communities and deserve to be supported by bills such as S1810 (formerly S.948)/HR 3541 (formerly H.R.2895). Obtaining permanent residency after completing a certain amount of years in service in underserved areas would promote better health care in places of need and provide international physicians with security.

Jiny Olickal, MD

Nephrologist, Mosaic Life Care,

Saint Joseph, MO

Email: jinyolickal@gmail.com

I work as a Nephrologist in St Joseph, MO. My husband and I are doctors working in this underserved community. Due to the current permanent residency backlog we would be temporary workers here and at risk of losing our jobs and home in case of any illness. It also makes our lives fraught with uncertainty. We love our community and the people we serve. Please support this bill and you will be supporting physicians who are helping people most in need of medical care.

Karthik Gangu, MD

Assistant Professor of Clinical Medicine, University of Missouri Columbia,

Columbia, MO

Email: kr gbcq@health.missouri.edu

I'm the only full time physician who works at night at University of Columbia, Missouri. I have been involved in treating COVID 19 patients at night since the pandemic began. I also closely work with medical students and residents. COVID 19 pandemic has created a lot of anxiety in my family and I have been going through a lot of stress. My wife who is in cardiology fellowship training in Ohio, was also asked to work in COVID 19 ICU. We couldn't meet each other for 4 months now. The uncertainty of what's going to happen to us if either of us gets infected has created a lot of stress. I urge the law makers to help physicians in this situation, so that we can better serve our community.

Shravan Narmala, MD

Hematologist, Medical Oncologist, MercyHospital,

Springfield, MO

Email: snarmala@gmail.com

I am a blood and cancer doctor working at Mercy Hospital, Springfield, MO. I have been practicing in this community for 3 years and had the opportunity to treat the cancer patients in this underserved part of the country. I am also a board member for leadership group at American Cancer Society southwest Missouri chapter and help in addressing the socio-economic issues our cancer patients face. I am the only provider in my family. My wife a stay home mom is on H4 and my only child is a 5 year old boy who is an American citizen. I always fear for safety and security of my family. Being on an endless green card backlog makes my fears and anxiety worse. I have been waiting in green card queue since 2015. I have National Interest Waiver I-140 approved in April, 2015 and have been only working in underserved areas, taking care of the underprivileged people, for the past 13 years, including my years in training.

Please support S1810 (formerly S.948)/HR3541 (formerly H.R.2895) and S1024 (formerly S.3599)/HR2255 (formerly H.R.6788).

Srikant Nannapaneni, MD

Hematologist, Medical Oncologist, Cox Health,

Springfield, MO

Email: srikant.nannapaneni@gmail.com

I came to US (Springfield, MO) after completing medical degree in India.

2005 - 2008: went to Missouri State and graduated with Master of Science in Biology while also working on my US Medical licensing exams.

2008 - 2010: worked at Albert Einstein College of Medicine, Department of Neuroscience as a researcher and completed my last US Medical Licensing exam.

2010 - 2013: Completed my Internal Medicine residency program in Brooklyn, NY

2013 - 2016: Completed my Hematology and Medical Oncology fellowship in Brooklyn, NY

2016 - Current: Working full-time as Attending Physician, Hematology-Oncology at Cox Health, Springfield MO.

I was the first oncologist to sign up for full time position and started the Oncology department at Cox Health.

I am also the Co-Director for clinical research and started the Oncology clinical trial program, bringing clinical trial access for patients in Ozark/Springfield area.

I also have the rank of Assistant Professor of Clinical Medicine, University of Missouri Columbia, MO and precept medical students.

I have two kids age 4 and 9 years and both were born in Brooklyn. My wife is also a physician working as a pulmonary and critical care physician at Cox Health.

I have been in US for 15 years now. Currently I am on a H1B visa and the current Covid19 pandemic has only added to the anxiety of being on a temporary work visa.

I have a panel of more than 2500 patients with most of them dependent on me being in the clinic due to their cancer diagnosis and treatment schedules. Our clinic has been open and taking care of patients irrespective of the risk posed by Covid19 pandemic.

I worry about my family and my patients if something happens to me suddenly. Any consideration or help with expediting the permanent resident status would be of great help.

Thank you for your time.

Subodh Jain, MD

Child and Adolescent Psychiatrist, Burrell Behavioral Health and Cox Medical Center,

Columbia, MO

Email: jainsub@gmail.com

I am a Child Psychiatrist which is a very difficult to recruit specialty in Southwest Missouri. **Mental health crisis is looming over our communities and especially rural areas.** Our presence in these communities is paramount to children and families to prevent catastrophic rise in suicides. I request our leaders to identify and act for betterment and safety of Americans by supporting our immigration status change.

Sumalatha Nandikonda, MD

Internal Medicine Physician, Cox Medical Center,

Springfield, MO

Email: sumalatha.nandikonda@coxhealth.com

I am a board certified internal medicine physician working in Springfield mo for last 6 years. I have been recruited to work in rheumatology clinic as there is only one rheumatologist who is going to retire soon. They have been unsuccessful in recruiting Rheumatologist here for the last 10 years. My husband is also a physician working in Springfield .if I have to leave this job because of my immigration status patients have to drive for 4 hours to St. Louis or Kansas City. All these patients are immunocompromised and exposed to COVID or at risk of exposure to COVID and need close monitoring. Please support immigration bills to provide permanent residency status to physicians so that this at-risk population can be served better.

Sushruth Edla, MD

Interventional Cardiologist, Mercy Hospital Jefferson in Festus and Mercy Hospital South in Saint Louis

Festus, MO

Email: edlasmd@gmail.com

I'm an Interventional cardiologist at Mercy Hospital Jefferson in Festus Missouri. I'm one of four cardiologists that serve the community in this area. This Hospital serves the entire Jefferson county area south of Arnold with a catchment area composing of close to 300000 people all the way up to Cape Girardeau. It has been an incredibly tough time during the covid-19 crisis, especially with many covid-19 presenting with heart attacks and blood clots in the lungs exacerbated by infections with covid 19. I treated these patients on a daily basis. My wife and I are both physicians who are in the same hospital. She works as hospitalist. It was incredibly risky for both of us to be working in covid-19 units. More so because we have a two-year-old son and it was very difficult to protect him from it.

The most unfortunate part during the whole covid-19 crisis was that I was unable to work at any other Hospital except the one that I have labor certification from at Mercy Hospital Jefferson. This limited my ability to help other communities both within the state and outside the state as and when needed. Physicians especially need to be considered under a different light when it comes to work permits given the amount of connection a physician establishes with his community and how reliant the community becomes on services provided by these physicians and vice versa. Especially, given that these are usually underserved areas where most American physicians are reluctant to take these jobs. I sincerely request the legislators to consider co-sponsoring the healthcare workforce resilience act in both House and Senate with HR 2255 (formerly H.R.6788) and S1024 (formerly S.3599). Thank you.

Swetha Edla, MD

Hospital Medicine Physician, Mercy Hospital Jefferson,

Festus, MO

Email: drswethaedla@gmail.com

I completed my MBBS in Gandhi Medical college, Hyderabad. I did my internal medicine residency at St John Hospital and medical center, Detroit. I am currently working as a hospitalist at Mercy Hospital Jefferson in Festus City, Missouri which is an underserved area. This hospital is also the only tertiary center for most of the surrounding rural areas. **These last few months have been very challenging for every physician. More so for hospitalists like me, who have been the main work force to take care of any suspected or COVID positive patients.** We have been on the front lines admitting, treating and discharging these patients. We have even been managing the intensive care units. We have had to take up extra shifts and work over time to compensate for physician shortage which became more so evident during these testing times.

I have been on H1B visa since 2015. My I 140 has been approved and I am waiting for my permanent resident card. I wish to continue to contribute to the underserved areas and getting my permanent resident card will make this less challenging. I sincerely hope that the healthcare resilience act is supported both in the house and the senate with HR 2255 (formerly H.R.6788) and s1024 (formerly S.3599).

Thank you.

Tushar Tarun, MD
Cardiovascular disease Fellow Physician, University of Missouri Columbia,
Columbia, MO

Email: tushartarun77@gmail.com

I am a cardiology fellow in training and have been in Missouri since July 2014 when I started my training. I have been fortunate to serve rural Missouri with patients coming from all over the nearby underserved regions to Columbia, MO. I have also served in the Harry S Truman VA hospital during this time. I have developed a strong bond with my patients both at the VA and the University Hospitals.

During the last few months, we have been challenged all over the world in the field of healthcare. Due to the pandemic, healthcare has been affected for the general population for routine preventive care. Patients have been unable to visit hospitals for conditions that would otherwise need regular follow up care. Similarly, patients with underlying cardiac conditions have been adversely affected to a larger degree.

I have been on an H1B visa since August 2014 with an approved I-140 (National Interest Waiver) since February of 2018 waiting for my Permanent Resident Card to be issued. Due to my country of birth (India), it might be several decades until my immigration is completed. I want to continue to serve and contribute to society. Due to this lag in processing times, I am unable to work at full potential due to several constraints that I continue to face because of my visa status. I am unable to serve this community to limitations in employment, perform research and apply for grants.

Now more than ever, we physicians should not be curtailed due to visa issues. We have contributed and will continue to serve the community in future. There is a large shortage of healthcare providers and the covid19 pandemic unveiled the deficiencies that the country faces in healthcare. I urge you to please support S1810 (formerly S.948)/HR3541 (formerly H.R.2895) and S1024 (formerly S.3599)/HR2255 (formerly H.R.6788).

Uttara Koul, MD

Neurology Resident Physician, Saint Louis University

Hospital, Saint Louis, MO

Email: uttara.koul@icloud.com

We request you to support this bill. As a resident physician working hard every day during the pandemic, we put our lives at risk every day for the health and safety of the citizens of Missouri. It will be easier for us to get J1 waiver jobs in the state if you give us your support.

Kunal Gugnani, MD

Family Medicine and Geriatric Medicine Physician, Mercy Clinic,

Springfield, MO

Email: kunalpreet.gugnani@mercy.net

Respected Congressmen,

It is my sincere request to you to kindly support the bills to help provide strength, security and to mobilize physicians to practice at the best of their ability. As a primary care physician with training in Family Medicine and Geriatric medicine; I provide care to patients in Southwest Missouri; in an under-served area.

The bills would help our community with influx of skilled physicians and stabilize these physicians and their families; such as myself; in these communities. It further strengthens the commitment and service that we provide to our patients; putting our patients first, now and always; especially in these testing times of the COVID-19 pandemic.

Sincerely,
Kunal Gugnani

Madhu Kalyan Pendurthi, MD

Pulmonary and Critical Care Medicine Physician, Mercy Hospital,

Springfield, MO

Email: mkpendurthi@gmail.com

Respected Members of the Congress, as a Physician practicing Pulmonary and Critical Medicine I am serving on the frontlines of the Covid 19 pandemic. I have been providing much needed care for residents in South Western Missouri including advanced pulmonary disease, lung cancer, pulmonary hypertension and interstitial lung disease. I actively care for patients with severe respiratory failure needing advanced life support on extracorporeal membrane oxygenation. After spending 10 years in training and practice in United States, immigration has been a major barrier to expanding the care I provide. I urge you to consider sponsoring the bill to help physicians.

Karthik Vadamalia, MD, MS

Assistant Professor of Clinical Medicine, Adult Critical Care Physician, University of Missouri Springfield Campus,

Springfield, MO

Email: drkarthik89@gmail.com

I am critical care physician working at Mercy hospital in Springfield. As a critical care physician I am at the front line of taking care of patients with COVID-19. Performing invasive procedures like intubation, mechanical ventilation to save the life of the COVID-19 patients, I am putting myself at risk of contracting the deadly virus every day. 5 out of 7 physicians in our critical care group are international medical graduates serving this area. I strongly believe without critical care physicians support the care of seriously ill patients in this community will be lost.

Kavita Jadhav, MD

Assistant Professor of Medicine, Docent Green 5 team, Core faculty Internal Medicine Residency Program, University Health
Community Care Linwood Clinic Director, CPM1 Course Director, University of Missouri Kansas City

Kansas City, MO

Email: jadhavk@umkc.edu

I came to US in 2007 for IM Residency, followed by Geriatrics fellowship. By the end of my training- I was married, and looking for J1 waiver job along with my husband (Nephrology trained). I worked as Hospitalist in underserved area in Illinois for 3 years. But was interested in teaching learners so switched my job to academic physician in Kansas. I started as inpatient hospitalist/ educator for Family Medicine residents and took over Medical student education in clinic along with IM residency core faculty responsibilities. I am responsible for training and education of few Medical students that work with me in clinic from year 3 through 6th year. I work with IM residents in continuity clinic and **lead one of the community clinics affiliated with YMCA in inner city Kansas.** I have been doing this for approximately 5 years now. Recent Pandemic and working with COVID patients in dual physician family, is a stressful situation. There is always uncertainty around childcare, sick days and PTO. **My I-140 was approved in 2011** and still waiting for the green card. **There are multiple restrictions associated around not having green card including volunteering in free community clinics, volunteering anywhere else (in need hospitals during pandemic) etc.**

Keith Pereira MD

Assistant Professor, Division of Vascular & Interventional Radiology, Saint Louis University Hospital

Saint Louis, MO

Email: keith.pereira@health.slu.edu

I am a US trained and Licensed physician working at Saint Louis University Hospital, Saint Louis for the past 5 years. I am an assistant professor in Vascular & Interventional Medicine. In my role, I perform life-saving interventions for trauma, bleeding, stroke, vascular disease and cancer. Besides I am also involved in ground breaking research in minimally invasive, non-surgical treatments. I am also involved in training and teaching the future physicians in the country.

COVID has been a testing time for us all. Our healthcare system in Saint Louis has been under a lot of pressure and so are we. Healthcare professionals and physicians like myself are in the frontline of fighting COVID-19. I have been involved in performing several lifesaving interventions in COVID patients in the last few months, sometime even without have adequate personal protective equipment. Along with several other health care workers, I am directly exposed to the COVID-19 contagion.

Besides facing the uncertainties of this crisis, we are facing an immigration crisis. Nearly 12,000 doctors in the US (including myself) and many other colleagues working in rural Missouri are on a visa. Thus we are considered to be temporary workers, whose existence in US solely depends on our ability to work in the US. If we get COVID or get disabled, we and our families cannot exist in the US. It would be disruptive if we are expected to return to our country of origin during this national emergency.

I am on an H1B visa currently and have been approved for a green card since September 2015 (SRC-15-904-59938), but being from India, I have been on a waitlist. As a frontline physician in Saint Louis, I ask for your support to process our permanent residence ASAP, to remove employer based work restrictions to let us fight COVID-19 and serve more Americans.

Kunal Bhatia, MD

Neurology Resident Physician, University of Missouri Columbia,

Columbia, MO

Email: kunalbhatia.del@gmail.com

I, Dr. Kunal Bhatia, am a fourth year neurology resident working at the University of Missouri, Columbia since 2016. I will be finishing my residency and will soon be starting a fellowship at Washington University in St. Louis. As an immigrant physician who is now trained in US, I would like to contribute towards the pool of immigrant physicians who are serving in rural areas to help American citizens who do not have access to quality healthcare. This bill will help solve this problem and will give my family an opportunity to stay in Missouri and contribute meaningfully to the community.

Meelie Bordoloi, MD

Psychiatry Resident Physician, University of Missouri Columbia,

Columbia, MO

Email: bordoloim@health.missouri.edu

I have just completed my Child and Adolescent Psychiatry fellowship and Residency from the University of Missouri, Columbia. I will be starting out as a faculty in the same University from July 1st 2020. As a part of the University system, I provide care in an inpatient and outpatient setting, emergency services, school based psychiatry programs, community clinics, addiction clinics and provide telehealth services for rural Missouri. According to AACAP, there are only 8300 practicing child and adolescent psychiatrists in the USA and there are over 15 million child and adolescents requiring services in this country. As I serve in an underserved area, My I-140 was approved in May 2017 in the EB2 category under National Interest waiver but I will have to wait probably another 50-100 years before I attain GC status. What this means is that anytime I renew my visa status, there is a possibility that I will be sent back/deported. What this means for the community is that they lose one of their 8300 practicing Child and Adolescent psychiatrists. They also lose a physician who could have served in emergency situations like the current pandemic in any part of the country requiring help. What this means on a personal level is that I have to lose my job, have no income, start afresh in a new country, spend years getting certified again having to depend on other family members for financial help to support my family. As such, I humbly request you to please consider and review the petition to help us and the community at large.

Rajashree Voraganti Ramamurthy, MD Hospital

Medicine Physician, Mercy Hospital, Springfield,

MO

Email: rajashreemurthy@yahoo.com

I am a physician board certified in internal medicine and working as a hospitalist in Springfield Missouri for 9 years now. My job involves admitting and treating patients that require hospitalization for various medical problems which now includes caring for hospitalized COVID 19 patients. We are at the frontline in the fight against COVID 19 and I feel fortunate that I am able to help take care of these patients. However, in case we get sick from the disease or our indisposed in any other way, it puts our home and the future of our kids who were born here in danger. We are always fought with this fear and uncertainty that comes with being on a visa and not having permanent residency.

I sincerely request that you support this bill and help strengthen the health care service in Rural America.

Sincerely,
Rajashree Voraganti Ramamurthy

Monika Thangada, MD

Psychiatrist, Harry S Truman VA Hospital,

Columbia, MO

Email: monika.sreeja.rao@gmail.com

I am US trained and licensed physician working at Harry S Truman veterans hospital in Columbia as a psychiatrist. I serve veteran population in underserved area in Columbia and surrounding counties. Veteran population are vulnerable for mental health problems and need is extremely high for Psychiatric services. If I lose my job, veteran population will not be able to get psychiatric services in timely fashion as it has always been very difficult to hire new physicians in my area. Many times I see that veterans travel 2.5 hrs one way to see me. I request you to support the bill and help the medical staff in this noble cause which can help state of Missouri population to get adequate health services.

Naganathan Mani, MD

Associate Professor of Radiology and Surgery, Mallinckrodt Institute of Radiology, Washington University School of Medicine,

Saint Louis, MO

Email: manin@wustl.edu

I am working as an Associate Professor of Radiology in the Interventional Radiology Section attached to the Washington University of St Louis School of Medicine. We serve a huge catchment area of population covering the Missouri, Illinois and adjacent states like Arkansas and Indiana. My treatment for these subset of people is very crucial and my subspecialty is an advanced minimally invasive procedure based specialty which can accomplish many wonders with a small pinhole in the body including treating tumors and managing other pathologies. It is imperative that these American people benefit from my service. I sincerely request you to support the bill and help the medical staff in this noble cause so that the patients can get adequate help getting their disease processes treated in an efficient manner without any shortage or delay in the services.

Pavan Tummala MD
Neurologist & Epileptologist, CoxHealth
Springfield, MO

Email: drtummalapavan@gmail.com

Respected Legislators,

I am Pavan Tummala, Neurologist at CoxHealth Springfield, MO. **We serve underserved medical**

community for a catchment area up to 1 million. In addition, **I help serve a larger catchment area by telehealth for stroke patients.** I see patients from Missouri, Arkansas. **I have patients who travel up to 1-2.5 hours to seek neurologic care for lifesaving acute neurologic emergencies** like stroke, hemorrhage, and refractory seizures, traumatic brain injuries (TBI) and they are thankful for care provided in timely fashion, especially for catastrophic acute stroke and hemorrhage. I am also glad to play my role in clinic by helping out elderly patients with dementia, Parkinson's disease who have multiple medical co-morbidities.

I have an approved I-140 for EB-2 Green card petition but at current pace, it would take me at least 40-50 years to get green card (permanent residency) which means I get a green card after I retire. All these years, I will continue to have stress of visa renewal, rejection with the constant change in rules. This is a stress that I have to go through every day for next 50 years.

Losing a physician in underserved are, will impact patient care, workload on other physicians thereby leading to job dissatisfaction. Moreover, with the unprecedented times of COVID where there is shortage of physicians, with my visa restrictions, I am unable to expand my care to the communities needing help. This would have made possible if I would have had a green card by now.

It is my sincere appeal to consider our request to support these bills to help with future healthcare crisis, and make United States of America strong and healthy.

Thank you for attention to this matter.

Sincerely,

Pavan Tummala MD,MS

Prajakta Mungikar, MD

Primary Care Physician (Internal Medicine), Barnes Jewish Corporation Medical Group, Saint Peters

St. Peters, MO

Email: prajs124@gmail.com

Respected Legislators,

I am Prajakta Mungikar, MD, Primary Care physician at BJC ST Peters Hospital. I am on a H1B visa at this time. My husband is a Pulmonary Critical Care Physician in another hospital in rural Missouri.

I serve patients of **St Charles, warren, Lincoln counties**. I would like to serve many more patients that are effected by COVID19 in other hospitals, however visa restrictions come in the way.

It is my sincere request to support these bills.

Sincerely

Prajakta Mungikar

Rohan Devanpalli-Ramaya, MD

Hospital Medicine Physician, Mercy Hospital Jefferson,

Festus, MO

Email: drrohan1981@yahoo.com

Thanks for considering the appeal. And please support the bill. So that the community we serve get the best quality uninterrupted medical care during this national emergency from COVID-19 and for the future.

Venkata Kishore Kenguva, MD

Hospital Medicine Physician, Mercy Hospital,

Saint Louis, MO Email:

drkenguva@gmail.com

I am a hospitalist physician based in St. Louis. I take care of patients admitted to the hospital until their discharge. I take care of up to 20 patients every day and sometimes more. I have been practicing in the medical field for more than 12 years, and **have been in wait for myself and my family to obtain a pathway to citizenship for the past decade**. Covid has brought to the forefront of our mind, the uncertainty of not being a citizen especially in the case of catastrophic changes. As frontline healthcare workers we are directly involved in care of patients with COVID-19 putting ourselves and our families at increased risk. A measure like this indicating support to healthcare workers would be a **huge boost of morale** to everyone. Please consider this. Thank you.

Vikram Balakumar, MD

Critical Care Physician, Mercy Hospital,

Springfield, MO

Email: vikram.balakumar@gmail.com

I am a critical care physician currently working in Springfield, Missouri. Every day at work, I see the brave challenges my patients face - battling the final stages of chronic medical problems like High blood pressure, diabetes, smoking related lung illness etc. Now with Covid-19, all these issues have just been all the more exacerbated.

These are good, hard-working people who have received the short of the end of the American healthcare system due to inadequate access to healthcare for no fault of their own.

I feel that one way of ensuring better access to healthcare is to sustain their relationships with their existing providers who are committed to staying in the community and helping them.

This bill if passed, will go a long way in making sure that many counties such as ours which are short of healthcare professionals will ensure better care of the people.

Vinodkumar Paddolkar, MD Psychiatrist,
Burrell Behavioral Center,

Springfield MO

Email id: vkpaddolkar@gmail.com

I am Vinodkumar Paddolkar M. D. I work at Burrell Behavioral Center in Springfield MO as a Psychiatrist. I am working as a Psychiatrist for the past seven years. COVID 19 has caused lot of stress and anxiety in people. My patients are more depressed and anxious. we are also noticing increased number of suicidal attempts. The use of illicit drugs and alcohol has increased. Because of the restrictions with visa I am unable to provide my services at different places. Being a frontline worker taking care of patients, we have to depend upon the visa rules and regulations. If I have green card I will be able to extend my services to different parts of the country where the psychiatry services are needed.

Swathi Sethuram, MD Peds Endocrinologist
Saint Peter's University Hospital
New Brunswick, NJ
Swathi.s.ram@gmail.com

Dear Senators and House Representatives,

I'd like to thank you for serving the country and working hard during this time of crisis!

I am writing to you regarding a matter that is not only personal to me but impacts the medical care available to the people of the United States. I would like to bring your attention to the bills S1810 (formerly S.948)/HR3541 (formerly H.R.2895) which were introduced in 2019 to address immigration issues and to help fast track permanent residency for international health care workers.

I'd like to tell you a little bit about myself. I completed my medical school in India in one of the top medical colleges in the country and was ranked 9th out of more than 100 medical students in my class. I did my Pediatric Residency at the historic Lincoln Medical and Mental Health Center in the Bronx, NY where I received the 'Best Intern of the Year' award and was also unanimously nominated as chief resident. I have since completed my fellowship in Pediatric Endocrinology from the prestigious Icahn School of Medicine at Mount Sinai (Mount Sinai Hospital) in New York where I received numerous travel awards and presented at multiple local, national and international conferences. Despite being in training, I was invited as a speaker for Grand Rounds at South Nassau University Hospital in Long Island, New Jersey where I discussed 'Thyroid issues in the Newborn' with pediatricians and family medicine practitioners. I am now a clinical attending in Pediatric Endocrinology at Saint Peter's University Hospital, NJ. I take care of children with complicated and chronic medical conditions such as diabetes mellitus, cancer related hormonal conditions, multiple hormone deficiencies from brain related issues, life threatening adrenal disorders, disorders of sexual development and transgender medicine. I also see patients with growth, thyroid and puberty related issues. **These are often extremely complicated issues that require the expertise of a specialist and cannot be managed by a primary care professional. This requires management in the outpatient, inpatient, critical care units and emergency rooms. I am frequently also on call for multiple weeks at a time where I am called during the day and/or night to help manage medical questions.**

As a Board-Certified Pediatrician, I wanted to volunteer during the pandemic so that I could use my skills to help those suffering from COVID-19. **However, due to my H1B status, I was unable to go to a sister institution of my hospital where the need was the highest. I felt helpless as a skilled physician whose hands were tied by visa and immigration issues and not provide direct care to these patients.** I have however worked tirelessly during this pandemic to provide telemedicine services for my chronic patients and prevent them from going to an emergency room, unless necessary.

I am however uncertain about my physician career and how long I can provide care for my patients considering I continue to be on a work H1B visa for the last 7 years now with a pending permanent residency application. With growing rates of diabetes and obesity in children, the need for a Pediatric Endocrinologist is only rising. Physicians of Indian Origin include about 20% of the total international physicians and we are working hard to help keep the communities healthy.

We need your help now. I request you to please support YOUR healthcare professionals and help them keep the United States of America healthy without worrying about losing their visa or having their families displaced. I hope you will support these bills.

Thank you.
Sincerely,

Swathi Sethuram

Sipika Tyagi, MD Obstetrics & Gynecology
Jefferson health,
Sewell NJ
Sipikatyagi@gmail.com

Dear Senator and Congressman, Greetings,

Hope you are all staying safe during these tough times. I would like to share my part of the story to this appeal to improve healthcare workforce in the US and to expedite green cards for the high skilled immigrant physicians waiting in the backlog.

I came to this country in 2008 with a lot of big dreams in my eyes. I was a practicing OBGYN physician in India but my dream to practice medicine in the USA (one of the best healthcare in the world) made me work hard and cross all the hurdles and get ECFMG certified.

I did my second residency in OBGYN from Rochester, NY and also specialized in minimal invasive gynecological surgery including robotic surgery.

Currently, I am working as an OB GYN physician in an FQHC serving the underserved and uninsured population at frontline during this pandemic, taking care of many COVID positive patients including performing childbirths and essential OB GYN surgeries, As per the international OB societies like SFMF, ACOG active obstetric labor is considered a heavy aerosol generating procedure with high rates of viral transmission to the health care team. As per the international surgical societies like AAGL, AUGS, SGS laparoscopic surgeries can cause very high volume aerosolization of viral particles with high potential of viral transmission and contamination. While all this puts me at a very high risk of viral contamination creating risks for my family, I have not slowed down a bit in my responsibility to take care of the sick. Though I am doing my job to my best capacity I am experiencing a range of complex emotions during this COVID-19 pandemic, the biggest one is the fear of uncertainty which comes to my family in case the frontline exposure makes me fatally sick as well as on other moments makes me cringe on not being able to take care of more patients in other facilities due to being bound to same location and employer due to temporary work visa I have been on, a disservice to other patients that can be avoided if physicians accelerated green card can be included in next stimulus relief package.

The COVID taskforce has described doctors as soldiers fighting the war. The United States has always recognized the service of its soldiers and supported them, I am requesting you for your attention to this concern and your help in representing us.

Having a green card will definitely help with my career advancement and help to use my full potential to provide superior care to all my patients and extend my outreach to those who need care but don't have easy access to it.

Thanking you much, hope you will consider cosponsoring the above bills and help with their advancement to the finish line. As attached to this email the bills have been endorsed by many reputed healthcare organizations from all over the USA.

Best Regards,

Sipika Tyagi, MD
OBGYN Minimal invasive and Robotic gynecology surgery

Jefferson Health, Stratford NJ

Ramkrishna Makani, MD
Child and Adolescent Psychiatry
Atlanticare Health System,
Egg Harbor Township, NJ
drramkrishnamakani@gmail.com

Dear Honorable Senators and house Representatives,

Thank you for your service to the nation and leadership in this hour of crisis.

I am reaching out to you today regarding bills S1810 (formerly S.948)/HR3541 (formerly H.R.2895) which were introduced in the year 2019 to help with

shortcomings in the immigration system to fast track permanent residency for highly skilled healthcare workers. Just to give a brief background about myself. I started my medical journey from India and completed medical school in India. To better understand United States health care system, I joined Masters in Public Health (MPH) program at West Chester University of PA in 2008 as a student and came to USA on student visa. While doing MPH, I joined University of Pennsylvania and Children's Hospital of Philadelphia to do volunteer research and help understanding psychological impact of cancer in patients. Then, I joined Cooper Medical School of Rowan University/Cooper University Hospital for Psychiatry residency and obtained MD in Psychiatry in 2017 on J1 visa. Due to the knowledge extreme shortage of child and adolescent psychiatrist and my passion to work and help mentally challenged children, I did fellowship in Child and Adolescent Psychiatry at Children's Hospital of Philadelphia/University of Pennsylvania and graduated in 2019 and recently became board certified in general as well as child and adolescent psychiatry. While in residency and fellowship, in order to contribute to the field of mental health and patients, I have done numerous academics in terms of research publications as well as participated in national conferences and won numerous awards too. I joined AtlantiCare health system after doing J1 waiver and granting H1B work permit and still waiting to become a permanent resident. **The application for permanent residency was filed and it is much needed now during this pandemic for me to work without any limitations or restrictions wherever I'm required the most. State of NJ also reached out to me to provide services in some locations but due to visa limitations, I am not able to work any other location than my current health system.**

As an Assistant Professor and Child, Adolescent and Adult Psychiatrist, I am tirelessly working each day treating a number of patients including COVID-19. **I lead a team of nurse practitioners, social workers and mental health nurses. My work entails not only treating patients but also healthcare professionals as needed who are under tremendous mental stress during this crisis. Needless to say, that this pandemic has been causing significant stress to people of all walks of life resulting in a surge of patients in various mental health crises.** I get exposed to Covid patients on a day to day basis and dread bringing the same risk home to my family. I work in constant fear that if I am infected from coronavirus and if something bad happens to me in the line of duty, my family will lose their immigration status and will get self-deported losing everything I have worked for. **As you may know, the COVID task force has also described doctors as soldiers fighting this war. The United States has always recognized the service of its soldiers.**

Therefore, I request you at this time to support the bill to include emergency relief with green cards so the doctors like me can continue to serve the community to the best of their ability in ways which are not limited or restricted to certain geographical areas or location of work due to their immigration application.

I would truly appreciate your support for this bill to expedite the grant of permanent residency to physicians in this hour of need to strengthen the healthcare force.

Thank you for taking the time and reviewing and considering supporting.

Sincerely,

Ramkrishna Makani, MD, MPH

Anil Anandam, MD Academic hospitalist
Saint Peter hospital
New Brunswick, NJ
aanandam@saintpetersuh.com

Dear Senators and House Representatives,

I greatly appreciate your time and efforts in dealing with administrative and legislative challenges during this unprecedented time. I am writing to you to get your attention, consideration and strong support for " Healthcare Workforce Resilience Act -S.1024 (formerly S.3599) / H.R.2255 (formerly H.R.6788)".

I am a board-certified Internal Medicine physician graduated in 2012 from University at Buffalo, SUNY, currently working as an academic hospitalist in Saint Peters' University Hospital, New Brunswick, NJ. My wife is pursuing her residency in Internal Medicine in the same hospital. I am on H1b visa and my wife has H4 EAD. I have filed my green card in EB2 category, waiting for last 8 years without much hope of approval in near future.

There is no need to explain what the front-line health workers faced during COVID-19 pandemic, especially in NJ and NY. Saint Peters Hospital serves very large underserved community of New Brunswick who are largely charity care or uninsured patients. **Me being a hospitalist and my wife being an Internal medicine resident, we were in the front-line work force of the hospital during the COVID-19 crisis.** The situation asked for extreme resilience and commitment from all of us. As a family we were in a crisis situation with 3 kids aged 8y, 4y and 6 months. Balancing work and family responsibility were a huge challenge. We wanted to drop my older kids to India to minimize every day double exposure from us being in the hospital, taking care of very sick COVID pts. **Our current immigration status made it impossible, as it would require for us to attend a visa stamping interview if traveled outside us, and there were no available appointments for months to come. H1B rules forced us into extreme pressure and mental turmoil.** Not only that, being on H1b significantly restricted my ability to fully practice medicine on many occasions, at nearby or needy hospitals choked by influx of COVID pts. For recruiters "Being on a Visa" is a red flag, and it has become my greatest disadvantage in my CV. **Having green card in hands would have given us a family greater flexibility to work without restrictions and tremendous mental piece to not to worry about our family's future on day to day basis.** I had been in situations where my employment was at risk, when I was stuck in India for few months due to something called "Administrative processing" as part of H1b visa renewal. It has been 4 years since I visited my parents due the fear of visa renewal and risk of getting stuck again, with possibility of losing job and forcing me relocate to India with family. I personally believe that the current immigration system treats physicians very unfairly, especially of Indian origin by placing them in a category with other skilled professionals in Eb2. For securing a spot in residency as an International medical graduate and pursuing further fellowship training in US takes great effort and commitment and one needs to prove at many levels in brutal competition. After residency with H1b from India, to pursue one's dream fellowship that would sponsor H1b has become quite challenging and almost impossible over last 10 years. Graduates come from other countries with lesser county quota are able to secure green card in less than a year after residency and take that advantage to pursue their dream fellowship in prestigious institutes, whereas for graduates of Indian origin on H1b, gates of many reputed institutions have closed permanently due to visa requirement and years of green card wait times. I was in the same boat few years ago, even though I was well qualified, I could not pursue fellowship in pulmonary critical care medicine at reputed institute in the same city I was working because of my H1b visa requirement, as the program "would not sponsor visas for fellowship". It is the story of many brilliant young physicians that I know. Not having green card never stopped us but would greatly enhance our ability to serve.

Preeti Saran MD, MPH Primary care Physician
Robert Wood Johnson Barnabas-Rutgers
Jersey City / Bayonne
Preeti.Saran@rwjbh.org

I have been in the US since 2002, but I still have not obtained my green card due to the USCIS's administrative backlog, and country cap limitations. Thousands of US trained physicians like me are stuck in this stifling situation, finding ourselves shackled, professionally and personally. Being a single parent and a physician on the frontlines, visa related uncertainties have been a source of persistent, nagging agony for me.

After all these years of my medical service not only me but also my son is facing the setbacks of our immigration system. He was in middle school when we immigrated to the US and the system failed us. When he turned 21, he could no longer be on my green card application, something called 'aging out'- a term very common in immigration world. He had to go to India to do his college/med school and now he is trying to find a job in the US, which has become an uphill battle because he requires visa sponsorship from an employer. I have spent several sleepless nights weighing my options, including relocation to India. However, my son, who has come to know the US as his home remains ever apprehensive about moving out of the country. It breaks my heart to think that thousands of kids—of highly skilled, legal immigrants, who are risking their lives for the nation's wellbeing, have to endure such mental turmoil for no fault of theirs.

Preeti Saran MD MPH
Primary care Physician

Vinay S Gundlapalli. MD FICS
Double Board-Certified Plastic and Reconstructive Surgeon
American Surgical Arts, PC, Mullica Hill, NJ,
vinaygsagar@gmail.com

Kalpana Chintha. MD
Internal Medicine Resident,
Inspira Medical Center, Vineland, NJ
drchintha@gmail.com

Dear Senator/ House Representatives,

My name is Vinay S Gundlapalli MD FICS and my wife is Kalpana Chintha MD. We both have been working tirelessly during the last several months taking care of patients COVID and non COVID.

My wife is an Internal medicine resident at Inspira Medical Center Vineland. She completed ER rotation at the inspira medical center Vineland in March, ICU rotation in April and floor rotation in May and June. And now she is back in the ICU doing night shifts this month. She has taken care of so many COVID patients in the last few months it's unbelievable looking backwards. It feels like hell and back to say the least. She has been self-quarantining herself at home and had many weeks when she was exhausted and was tested a couple times for COVID and fortunately was tested negative and back to work taking care of patients.

I have been performing emergent, trauma and cancer surgeries as a reconstructive Plastic surgeon all through the pandemic. I am double board-certified general surgery and plastic surgery. Trained in the US for 9 yrs. I perform reconstructive surgeries in 3 states NJ, DE and PA. South Jersey being my main area of practice. Our practice is the only plastic and reconstructive practice offering Breast cancer reconstructive services and other major reconstructive surgeries to the underserved area of Cumberland county. Our practice also is the only practice that works closely with the oral surgeons at Christiana care to perform microvascular head and Neck cancer reconstruction in the entire state of Delaware. I am in the process of developing a Breast reconstruction program in the south Philadelphia area at Mercy Fitzgerald hospital.

There have been numerous occasions when we were petrified if we will be contracting the virus and will be unable to provide our services to a large community, leave alone the constant worry of bringing it home to my kids.

We have 2 young kids (Vedh almost 8, Kriti 6) who are home, home schooling till the end of the school year and now at home spending their summer indoors for the most part. Juggling work and kids has been challenging at many levels understandably in these unprecedented pandemic times. But we feel proud to be helpful in taking care of patients during these testing times. And we feel it as an honorable calling to help others. We find an immense sense of satisfaction and pride in doing what we do as professionals. We also firmly believe that's what keeps us going.

We both are on temporary Visas (Kalpana H1 and myself O1). We would be very happy to help out in any medical need situations anywhere in the country, but our visa restricts us to do so. Notwithstanding the several times we have to apply for renewal of the visas in the last 12 yrs. It's such a tedious process, physically, financially, mentally and emotionally for our employers and us. This is a very common story that I hear among a lot of my physician friends of immigrant nature. Not to mention the uncertainty about travel plans to visit sick parents in India.

We need the support from you all to reassure protections for US-trained immigrant physicians like us in the upcoming coronavirus relief bill, by expediting a permanent resident status. So, I respectfully request your endorsement for S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) which grants GC to 15k immigrant doctors like my wife and myself. I already have National interest waiver approval since 2015. On top of that we also serve in an underserved area.

Respectfully

Kalpana Chintha MD

Vinay Gundlapalli MD, FICS, FACS

Manjari Gupta MD Obstetrics & Gynecology
Saint Peter's University Hospital
New Brunswick
manjarig@gmail.com

Dear Senators and House Representatives,

I hope that you and your families are staying safe during these challenging times.

I am writing to you today to seek your support for legislations S.1024 (formerly S.3599) / H.R. 2255 (formerly H.R.6788) / S.1810 (formerly S.948) / H.R.3541 (formerly H.R.2895).

I am a board certified OBGYN practicing in New Jersey. I completed my residency from Saint Peters University Hospital, New Brunswick in 2011 and have been serving the same community for the last 13 years (including 4 years of my residency here). I have filed for my Green Card in 2012 and have been waiting last 8 years for approval. Given the current state of affairs - it seems unlikely that it will get approved in my life time.

I have been working tirelessly for the wellbeing for my patients over the last 13 years and have formed deep bonds with many of them. It has been a very fulfilling and rewarding 13 years - but not without undue stress. The stress that comes with the uncertainty of understanding if I will be able to live in this country tomorrow at all. The stress that I might have to take my children (who are US citizens) with me to India if my visa does not get approved next time, or if I am held up at immigration - like so many others. I have lived with this stress and uncertainty for the last 13 years. I am stressed that if anything happens to me while taking care of my patients, my family will have to leave the USA as my husband is still on visa as well.

Even though I was taking care of many patients with COVID at Saint Peters, my visa restrictions limited my ability to help out at other places where there was a higher need for my skills.

I seek your help in helping me and thousands of other physicians like me - who have put their lives at risk while taking care of patients through this pandemic and before that as well.

I hope that you will support these bills.

Best regards,
Manjari Gupta MD

Karuna Poddar, MD Child and adolescent psychiatry
Jefferson university
Resident of Cherry Hill NJ
Dr.karunap@gmail.com

I am Karuna Poddar currently in Fellowship training in Philadelphia in Child and Adolescent Psychiatry. I am grateful that I got into my residency and fellowship training after I received my H4EAD. H4 visa holder is a dependent person under H1 visa holder.

My husband Sameer Poddar MD, a US trained Physician is a H1 visa holder, who continues to work in the frontline and manages COVID hospitalized patients. Although my husband continued to receive many calls from other employers, to provide additional help during COVID, he was not able to extend his services to several needy people through telemedicine or work elsewhere outside of the work visa employer, because of the visa binding.

While he was considering expanding his services, our family has been praying daily that he is able to stay healthy and strong and continue his noble work in managing sick COVID patients. This will also protect me and our children to stay protected in this country, while we are awaiting the prolonged green card backlog. We have been waiting for the green card for longer than 5 years, after wading through the initial steps for the same. The reason for our delay in getting a green card, the long-awaited backlog for applicants from India.

I continue my fellowship in child and adolescent psychiatry training because of my dependent visa status under my Husband. **I understand the value of being a child psychiatrist in today's time, when we are really short of psychiatrists and even more the child and adolescent psychiatrist. There has been an increasing demand for us, especially during COVID**, as we are encountered by many patients who have been adversely affected by COVID requiring acute psychiatric help.

It has been a predicament, while we train and continue to work, making the sick get better, that we battle our own insecurities of being able to continue our training uninterrupted due to visa status or stay protected in this country for ourselves and our children.

I request you to realize this predicament of many families like ours, US trained physicians who wish to continue working towards making a healthier nation.

Karuna Poddar MD

Sameer Poddar MD

Vijay Sandilya, MD Hematology & Oncology
Southern Oncology Hematology Associates.
Vineland NJ
Vksandilya@gmail.com

Dear Honorable Senators and house Representatives,

My name is Vijay Sandilya. I am originally from India and came to the United States in 2003. Even though I have been in the United States for more than 17 years and now raising two daughters who are both American citizens, you will see in my correspondence to you that my country of origin remains as relevant today as it was the day I landed in this country.

I am a practicing oncologist in the Cumberland County of New Jersey. As you must be aware, Cumberland County is the most economically backward county in New Jersey with a poverty rate of almost 20% and an unemployment rate which is rising at an alarming rate over the last few weeks to the COVID-19 crisis. Since completing my training, I have served medically underserved regions continuously for the last 10 years in New Jersey and before that in Pennsylvania. The CDC has identified that cancer patients are at heightened risk from COVID 19. For my patients who were already burdened with economic hardship and a serious chronic medical condition such as cancer, the current health crisis has brought with it some very serious challenges. **During this period, I have been working on the frontlines tirelessly for my patients. Unfortunately, this situation exposes me and my family to the risk of this deadly infection as well. My elderly mother who lives with me is herself a cancer patient and is at a high risk of poor outcome from COVID 19. However, I feel that now more than ever, my patients need me and I must take care of them. To protect my family and particularly my mother I have started living in the basement of my house. My younger daughter, who is only six years old, cannot understand why she can no longer come near her father. Hugging, kissing, watching TV together have become distant memories.**

Despite that, I and my family continue to live with the uncertainty of being in a situation where we may have to leave the country in a moment's notice. I applied for an employment-based EB-2 green card about 10 years ago. Due to the backlog of green cards for people of Indian origin, the expected wait time for a green card for someone like me could be anywhere from 75-150 years. Two bills, S1024 (formerly S.3599)/ HR2255 (formerly H.R.6788), specifically address this issue for doctors.

While the nation fights this pandemic, many have compared the doctors and nurses to soldiers in the battleground. Our nation has a rich tradition of supporting its soldiers in every possible manner when they put themselves in harm's way for the sake of this great nation. However, in my situation, if I die or get laid off during this pandemic, my family will be faced with the prospect of self-deportation. Additionally, even if I want to, I cannot work at any of the Covid hotspots in the country due to restrictions placed on me due to my visa.

Physicians of Indian origin alone comprise 20% of all practicing international medical graduates in the United States and the majority of them work in the rural setting. We need your help right now. It is my humble request to all of you in the position of power to please do the right thing and support your physicians and nurses while they put theirs and their families' lives and future at risk for the people of this country.

Thanks,

Vijay Sandilya

Sonika Puri, MD Nephrology
Rutgers Robert Wood Johnson School of Medicine
New Brunswick, NJ
puri.sonika@gmail.com

Honorable Congressmen, Congresswomen and Senators,

Hope you and your loved ones are safe during these demanding times. I am writing this letter to request for your support and effort to realize 'Healthcare Workforce Resilience Act' S.1024 (formerly S.3599)/HR.2255 (formerly H.R.6788) and S.1810 (formerly S.948)/HR.3541 (formerly H.R.2895) 'Conrad 30 Program and Physicians Reauthorization Act'.

On behalf of the physician community of international origin, I would like to thank you for taking time in reading our stories. As a nephrologist with training in renal transplant, it has been my honor to serve the dialysis community in NJ, to help fulfill their dream of living a life free of dialysis and to help them spend quality time with their loved ones. During the pandemic, I have worked tirelessly to help keep our vulnerable patient population obtain timely medical care and to be available for them in this time of great need and stress. As a dialysis physician, I have always stepped forward to deliver this life saving treatment to patients suffering from COVID-19 even when our health system, in the state of NJ, were stretched thin. **Both my husband and I have been involved in care of patients with COVID-19 and while both of us strived hard to take care of our vulnerable patient population, we worried about the future of our little children, if something were to happen to us.**

This great nation has always taken great care of men and women who have worked tirelessly to protect the health of its citizens. We remain committed to caring for our patients as front-line workers and look to your support for us and our families. I hope you sign this bill in affirmative.

Thank you

Regards

Sonika Puri, M.D.
Department of Medicine,
Division of Nephrology/Transplant
Rutgers Robert Wood Johnson Hospital, New Brunswick, NJ

Ashesha Mechineni, MD Internal Medicine
Hospitalist, St.Joseph's Regional Medical Center
Paterson, NJ.
ashesha.mechineni@gmail.com

Dear Senators and House Representatives,

I hail from a very typical Indian household where my parents dream was to see us pursue our goals and reach professional fulfillment. I made a fortuitous choice and was able to achieve a training career placement in the United States after my medical graduation.

During the past 7 years I have worked endlessly serving the people of Paterson, New Jersey. **I take great pride in being part of the workforce at our hospital and am going to cherish our work during COVID 19 pandemic.** I am also very interested in teaching, sharing my experiences, helping my younger colleagues in whatever way possible and guide them onto great career paths. I am certified in INTERNAL MEDICINE and help inpatients admitted to our hospital in their hospital care.

I recently specialized in obtaining additional certification in OBESITY MEDICINE and am looking forward to serve the minority populations to deal with this crisis which is only going to get worse in the coming years. At this juncture I painfully realize the options to practice this new field of medicine are very restricted while needing VISA sponsorship. I can only practice under one employer as per the regulations, and my current practice does not have the scope of practice that I want to try. Since very few positions offer this kind of work experience and one does not know if it is going to be successful or not, we put this dream on hold until we can achieve a modicum of stability regarding Immigration. At the same time, it's disheartening to continuously experience these hurdles while trying to only provide good care and help people.

We still do our best every single day but we could definitely do much better, contribute so much to the current scientific field and community with our collective skills and experience and talent if only this obstacle is taken out of our paths. Please consider a change in this Immigration policy so that we may go to work free of doubt, secure in our futures and thinking of only serving our patients as it should be.

Thank you for your time and consideration.

Yours sincerely,

Ashesha Mechineni, MD

Shalini Tripathi, MD Internal Medicine (resident)
Saint Peter's University Hospital
New Brunswick
dr.shalini.tripathi@gmail.com

Dear Senator and House representative,

I am Shalini Tripathi, I worked as a resident physician at Saint Peter's University Hospital.

Last few months were the toughest of the 10 years of my training not only physically but it was emotionally draining as well. **The hospital was flooded, ICU was full and we had to use parts of pediatric ICU to accommodate more patients. I am extremely grateful to my attending, colleagues and nursing staff for working relentlessly to save lives and to give them the best chance.** It was heartbreaking to see so many young people getting so sick, losing loved one and not being able to say goodbye. **While fighting this pandemic my fiancé who is resident physician at the same hospital did also contact Covid. I remember the fear and anxiety because working in the hospital had exposed me to the worst.** Thankfully he recovered. I am grateful that I had the opportunity to help so many people and touch so many families. Despite being happy serving the people there is always a fear behind the eyes of immigrant doctor knowing that things could change. Your support to the bill will change this.

Thank you,
Shalini

Avishkar Sabharwal, MD Hospitalist
St Joseph's Medical Center
Paterson, NJ
avishkar1984@gmail.com

Honorable Congressmen and Congresswomen

I hope you are staying safe during these trying times. I am board-certified in Internal Medicine and Obesity Medicine and am fellowship trained in Geriatrics.

I came to USA after having completed my Internal Medicine Residency in India.

Both I and my wife are involved in the direct care of patients suffering from COVID-19. While the work we do is extremely gratifying, we are well aware of the risks it poses to us and to our two small kids. This country is known throughout the world to respect and value hard work and acumen.

The current backlog for H1B applications means that we will not be able to secure a green card despite being in the queue for years to come. Having lived here for this long, we have come to know this country as our home. Our kids are growing up here and God forbid if we do not secure a green card on time, it will mean uprooting them from a place they call home. To add to our woes are the limitations that come with being on H1B visa in terms of employment restrictions. I hope you will consider and give your strong support to the 'Healthcare Workforce Resilience Act-S.1024 (formerly S.3599)/H.R.2255 (formerly H.R.6788) and 'Conrad 30

Dipty Mangla, MD APG pain management
Atlanticare regional medical center
Galloway, New Jersey
Manglagmc@gmail.com

I have been in USA for 14 years. I practiced in rural Maryland for 4 years as anesthesiologist. I am Labor certificate approved for more than 7 years. I am Medical Director for Pain Management at AtlantiCare Regional Medical Center. I have been guiding the organization in alternative pain management techniques for the last 2 years. My husband is a cardiothoracic anesthesiologist. He helped put many corona patients on ventilator. All through this ordeal I prayed for our patients and family.

I will add to simple struggles, that a 2 physician household faces with uncertainty with visa. We were well liked by our hospital organization and community in general and of course our patients in our rural practice, but in our practice as our partners exploited the fact that we were on visa blatantly. We had no winter or summer vacations; we were given time offs only when kids were in school (so no family time), had maximum calls (weekend) in the group, had busiest schedules. So, to avoid further exploitation we went for fellowships. All fellowships offered J1 visa. My husband and me had already lived 5 years in rural Maryland, and we knew J1 waiver position will only lead to further exploitation. Our lawyers asked us "if we were crazy to accept another J1 position". We considered going for H4 EAD, for fellowship alone, however current administration threatened to repeal that as well.

I have not seen my family for 3 years. I was planning to travel home to see my elderly parents, however the US embassy in India is closed. I was hoping after Corona pandemic is over, we can visit family. Every year we visit family at least 2 days are in embassy, taking time away from parents again.

Meenakshi Khosla, MD Pediatric Hospitalist
Saint Peter's University Hospital
New Brunswick
mkhosla07@gmail.com

Dear Senators and House Representatives,

I am a board-certified Pediatric Hospitalist working in NJ for last 8 years.

I am writing this to seek support for legislation S1024 (formerly S.3599)/H.R. 2255 (formerly H.R.6788). I have been working on H-1B visa in this country since year 2008. I did my Pediatric residency in New York and did my Pediatric Hospitalist Board Certification in 2019. I am involved in teaching residents and medical students for more than 8 years, and currently also taking care of COVID-19 patients.

Being on H-1B visa requiring repeated renewals every 3 years, it's been tough and stressful. The international travel, driver's license renewals are all very stressful in addition to the cost and paper work involved. It's an added stress to my young child especially being a single mother.

I do love my work and intend to be a Green Card holder soon, but need your support for the legislations mentioned above.

Hoping to see your support for helping all of us physicians in the similar situation who are doing so much for the community especially during these hard times of COVID.

Thanking you,

MEENAKSHI KHOSLA, MD

Shailaja Pamnani, MD Hospitalist
St. Joseph's Regional Medical Center
Paterson, NJ
Shaileja.pamnani@gmail.com

We have been working relentlessly day in and out for last 5 months at st Joseph's hospital New Jersey, while fighting this pandemic.

While treating the patient we kept humanity first, with no discrimination whatsoever.

I would expect the same from the state and federal government to be humane and look at our real genuine problems.

Gurdeep Singh MD, FACE Internal Medicine & Endocrinology
Our Lady of Lourdes Memorial Hospital/Ascension Health Binghamton, NY
gurdeep2001@hotmail.com

I did my residency in Internal Medicine at Georgetown University, DC, from 2009 -2012 and finished my fellowship in Endocrinology, Diabetes, and Metabolism at Penn State University, PA, from 2012-2014. After finishing my training, I moved to Upstate New York in 2014 to help the rural population suffering from diabetes and other hormonal issues in Broome County. I take care of patients with thyroid cancer. I started doing genetic testing in my clinic so that my patients don't have to travel for 2 hours to go to a big city to get the essential evaluation of thyroid disease/cancer.

During this Coronavirus pandemic, I have been using telemedicine to ensure that they are safe and getting the treatment they need. Since the beginning of my journey in 2009, visa restrictions and requirements to renew J-1 Visa every year caused several problems. My father died in 2013, and I had to go through a long and painful process of visa renewal while fulfilling my duties as a son.

I am a father of two young girls, ages 2 and 7. I request Congress members protect health care physicians by giving them permanent status/Citizenship.

Rizwan Duddekula, MD
Attending in Pulmonary and Sleep medicine
Middletown Medical Center, NY
rizwan2003@gmail.com

I have finished Internal medicine residency and pulmonary fellowship from Bronx Lebanon Hospital in 2019. Then joined 1-year sleep fellowship in University of Buffalo in July 2019. Because I was on work visa H1b, **I was not allowed to work as pulmonologist (as moonlighting) during sleep fellowship. Whereas my colleague was working as moonlighting on Friday nights in hospital. This has become real issue when covid-19 pandemic broke out.**

Now in July 2020, I wanted to start job as pulmonary/sleep specialist. I have signed job contract. My new employer wants me to start job as soon as possible because of covid cases surge in ICU to take care of patients on ventilator. For me to start job, my new employer has to file green card prior to start of job (as any employee can be on H1b work visa only for 6 years and I have used all my 6 years of H1b in training as doctor). For doctors who come from India with American dream, will need in addition to applying for green card, also apply for h1b visa after I 140 approval (which is second step in green card process). This green card and h1b extension is taking more than 1.5 to 2 years before I can start the job.

I actually signed job contract 1.5 years before my actual start date to allow I 140 approval/H1b visa approval. Most of the job options are waiting for doctors to start immediately and serve people in underserved areas but have no option but to wait. This could be avoided if wait time for green card can be minimized. My colleagues who are legal immigrants from other countries have less than 6 months wait period for green card issuance and able to serve people in need without any hassle. But I am jobless now waiting for I 140 approval and H1b visa approval at the time when my time has arrived to give back to community and NY state where I was trained to become doctor. My attorney says I have to go back to India if there is more delay. Orange regional medical center in Middletown and offices in Liberty in Orange county, NY where I am about to start job has long waiting period to see a doctor in office. **My employer said he would rather hire physician who does not require visa and green card sponsoring as it takes many hours of administrative time apart from money. But could not find American physician for past few years, so has to hire me.** All these problems in healthcare system can be partially resolved if wait time for physician green card sponsoring is minimized as the bill proposes. Please help us so that we can serve community back. Thanks in advance.

Warm regards,

Rizwan Duddekula.

Aruna Pitchika MD
ER physician and Neonatologist
New York, NY
Pitchika-aruna@hotmail.com

BronxCare Health System is a community hospital serving underserved population. During the peak of pandemic, New York has been the epicenter of the worst cases. Our hospital, has not only received very high number of COVID-19 patients, but still continues to get patients affected by this disease. All floors had to be converted to be able to treat COVID-19 patients.

BronxCare not only treats patients but also teaches the next generation of doctors through it's residency program. Once I completed my own residency in Pediatrics at the Bronx Care health system in 2015, I started working for the same hospital as an attending in Pediatrics. Primarily I'm a neonatal hospitalist but occasionally also a Pediatric ER and urgent care physician. I cover both shifts when necessary. My role involves caring for neonatal babies and teach the residents and medical students. During the COVID-19 pandemic, I attended to receive babies of COVID mothers.

The only way I was able to accomplish this is through the H1-B Visa program. I have been on VISA since 2012 and have been waiting for a green card. Immigrants like us have been stepping up throughout the history of the US. If we can have a more certain future in the country, we would be able to better serve you. I hope this bill will make a difference of our uncertain status.

Anand Kumthekar, MD
Attending Physician Rheumatology Montefiore
Albert Einstein college of medicine
Bronx, NY
anand.kumthekar@gmail.com

Dear Sir/ Madam,

My name is Anand Kumthekar and I am a rheumatologist at Montefiore/Albert Einstein College of Medicine. I finished residency training from 2013-2016 at NYC-HHC Jacobi Medical Center/ Albert Einstein College of Medicine and further did a 2 year fellowship at Oregon Health & Science University in Portland, Oregon. I have been on H1B visa since my residency training.

I provide specialized care to one of the most underserved community in the United states . During the COVID-19 crisis , I provided medical care to numerous COVID-19 patients and my visa was a limitation to provide care outside my institutional setting. My current H1B status imposes many restrictions on my travel during these recent times which is especially stressful for me and my family.

The proposed bill will provide great relief to the medical community who have been providing state of the art medical care to diverse communities all around the country. I wish to continue providing such medical care going forward and request you to please consider supporting the bill.

Thank you for your time and consideration

Sincerely,
Anand Kumthekar

RamKrishna Tangirala, MD
Medical Director
Rochester Regional Health , NY
nrktangirala@gmail.com

Dear Senators,

In this time of public health emergency, I am appealing to all of you to kindly consider the situation myself and many physician colleagues of mine who re here tirelessly taking care of all people in need not worrying about our own welfare. I have been in USA for 10 years and have never been worried about my family before.

As a teaching faculty and hospitalist I have seen many if my colleagues getting affected by Covid 19 and have had complicated medical course. I am determined to serve the people I swore to serve with complete dedication. I am worried that in case of a situation I am affected withbthe infection my family will be helpless and the current immigration status will have detrimental effects for them.

The proposed bill will alleviate the stress as I will be assured my family will be taken care of and can continue this fight.

I will request all of you to take time to get help us by approving the bill.

Thank you and sincerely

Krishna Tangirala

Jasbir Makker, MBBS, MD
Attending Physician , Division of gastroenterology
Bronxcare Health System, Bronx, NY
makkerjs@gmail.com

My name is Jasbir Makker. I am a gastroenterologist at Bronx care hospital located in Bronx which is one of the poorest congressional districts in the United States. The hospital is located in South Bronx and surrounded by poorest neighborhoods. I have been working there for the past 10 years and serving this poor community.

Colorectal cancer is the second leading cause of cancer death in New York State. About 9000 New Yorkers are diagnosed with colorectal cancer each year, and about 3000 New Yorkers die from the disease each year. Disparities in colorectal cancer screening exist across New York State. People from low-income group, especially without insurance are affected more than others. I have been working in this community for past 10 years and intend to overcome these disparities by serving the needs of the community.

All these years, I have been working with H1b visa. Due to visa restrictions, I have not traveled to my country and visited my family for last nine years. Both my grandparents died within last five years but even then I could not travel due to these visa restrictions.

During the ongoing covid pandemic, I have been directly taking care of Covid infected patients and have risked not only my life but my family members' life as well. I truly hope these bills are passed and finally make us feel home.

Joshna Singh, MBBS
University psychiatry Practice Inc
Buffalo, NY
Joshna1@gmail.com

I am a Psychiatrist with University Psychiatric Practice in Buffalo, NY. I am also an Assistant Clinical Professor in Psychiatry with Jacobs School of Medicine and Biomedical Sciences, Buffalo, NY.

I completed my residency in Psychiatry in India but decided to repeat my training again in United States believing that this is a country of opportunity and my success will depend on the hard work I put in and not the caste or financial background of the family I was born in. Raised by a single mother, being a physician in United States was an impossible dream but I was able to achieve it just by sheer hard-work and the potential my current employer saw in me. However the current immigration system has again put me in same vicious circle where my future depends on where I come from and where I belong rather than my own capabilities.

I am the only reproductive psychiatrist in the city of Buffalo and adjoining areas. Most pregnant and post-partum mothers either have no access to appropriate care or have to wait months before they can get to care. Time is of essence for these patients suffering during a time which should be the most joyful time for them. As a result of being on visa I am limited in being able to provide care to these mothers or expand my area of service.

My spouse and I are both physicians on visa. Providing care to our patients during the COVID-19 pandemic was a terrifying time for us, worrying about bringing infection back home. We live in worry and uncertainty because of the constantly changing rules in immigration and have been unable to visit our parents and in-laws in the past few years because of these fears.

I am hoping that you would take this into consideration and that S1024 (formerly S.3599), S1810 (formerly S.948) and HR3541 (formerly H.R.2895) would be able to bring an end to the plight of all the physicians in these uncertain times.

Amandeep Singh, MD
Hospitalist at Olean General Hospital,
Olean, NY
amandeepsraw@live.com

I am Amandeep Singh, Hospitalist and Family physician in Olean, NY. I have been in the United States since 2013 and been serving the community in rural America. We have sparsity of primary care and specialist physicians in our area which is gradually getting worse with the aging population and retiring physicians. Because of visa restrictions, we are not able to provide care to nearby communities where there is no physician. We will appreciate it if you can support these bills and help all of us to serve the communities we have been apart for a long time.

Sincerely

Amandeep Singh

Biswarup Ghosh MD
Assistant Professor, Psychiatry
Jacobs School of Medicine and Biomedical Sciences
University at Buffalo , NY
biswarup@buffalo.edu

Dear Sir/Madam,

I have been working as a physician since 2008 and as an Assistant Professor in Psychiatry at Jacob's School of Medicine and Biomedical sciences, Buffalo NY. I am engaged in education of Medical students and residents, on the Senate Board of University at Buffalo, actively involved in research through the Department of psychiatry. I also work as Attending psychiatrist at Erie County Medical Center, Buffalo NY, caring for severely and persistently mentally ill patients. I am serving in underserved area while furthering medical education. My petition for Green Card was approved in January of 2013. I have not received my green card as I was born in India and there is a decades long backlog for citizens of India. I have continued to care for my patients during the epidemic to the best of my abilities. I fear for my family should anything happen to me. My kids are US citizens but my spouse is an Indian citizen.

I hope you would consider the services that I provided for years and continue to do so with the same enthusiasm and vigor despite all the uncertainties.

Sincerely, Biswarup
Ghosh MD.

Chanchal Mangla, MD
Anesthesiologist
NYP-Brooklyn, Methodist Hospital, NY
drchanchalmangla@gmail.com

Dear Sir/Madam

I am an Anesthesiologist working at NYP Brooklyn Methodist Hospital in Brooklyn, New York. I have been on H1b visa since 2011, initially during my residency and then as an Attending Anesthesiologist. My petition for green card was approved in 2016, also my husband's petition was approved in 2012(he is a nephrologist working in New Jersey) and we as a family have been in line for the green card since last 8 years. It is getting difficult renewing the H1b visa every year, with the fear of having to leave the country.

I have been working throughout the COVID pandemic, providing emergency airway management for all the patients apart from giving anesthesia for urgency and emergent surgeries on COVID patients. We all as physicians have been putting our life at risk, especially during the pandemic.

I would highly appreciate if you could support these bills and help the healthcare community waiting for permanent status in United States.

Sincerely
Chanchal Mangla, MD

Salil Sharma MD, MBBS
Attending Radiologist
Mary Imogene Bassett Hospital
drsailsharma@gmail.com

I work as a radiologist in upstate since last 3 years. Our hospital network serves a vast rural area of central New York. I spent 9 years doing my medical school and radiology residency in India. After I came to USA in 2011 i had to repeat the radiology residency and did two advanced fellowships spending 6 more years studying. After spending 15+ years studying medicine, being double certified in radiology and double advanced fellowship, it was not easy to get a job. I joined Bassett hospital in an underserved area which is short of physicians. Having done advanced training in Neuroradiology and Body Imaging, my expertise was helpful in serving the rural community in Bassett Hospital, who otherwise had to be transferred to Albany and Syracuse for advanced imaging. In the times of COVID when I was working to keep our community safe and healthy, my visa renewal process got jeopardized which made me and my family extremely nervous. We are still working on my visa extension but each day I go to work its under tremendous pressure that what will happen tomorrow. After I got a job, I bought a house, I have kids who are born and brought up here in USA. It's hard for them to understand the plight I am going through and that their future is uncertain because of green card backlog. Handling work, family and immigration legal procedures gets overwhelming. I believe if the immigration problem is solved then I and many more physicians who are stuck in this backlog, can work more peacefully and can serve our community even better.

Pranayjit Adsule, MBBS
Attending psychiatrist
Jacobi Medical Center , Bronx, NY
dr_pranay@hotmail.com

I am Dr. Pranayjit Adsule, an attending psychiatrist at Jacobi Medical center, Bronx- one of the hospitals under Health & Hospitals Corp of NYC.I've been working here for close to 5 years now. We have been on the frontlines not only during Covid but even before dealing with the most severely mentally ill and most vulnerable people in the city in the Bronx region. We deal with majorly minority population and do our best to provide the best care we can in the community we serve. As part of my job, we not only provide care to individual patients but involve the patient's family and community as much as possible to have the most holistic and sustainable changes while providing what people who can't necessarily advocate for themselves need. I have patients who have lost everything and when they reach "rock bottom", we hope to provide the ladder for them to climb back. In such a human endeavor, we become ingrained in these communities and their lives. Not only do we have to understand the community to help them but the communities' acceptance of us changes us into an integral part of this community. As a result, I have to spend hours trying to help someone see hope in life, or help their family understand the struggles their son/ daughter is going through, etc.

Given the role we play in your constituents' lives during their darkest times, I request you to support this bill to help us be able to provide this invaluable

Shashank Agarwal, MD
Neurology Resident,
NYU Langone Health, NY
Shashank.agarwal@hotmail.com

Dear Senators,

I work at NYU Langone Health in Brooklyn which was one of the most severely affected areas in NY during the COVID-19 pandemic. As immigrant physicians, we provided selfless care to American citizens, holding up our Hippocratic oath. We cared for COVID-19 patients in high-risk settings in the ICU where the risk of exposure to us and our families was very high. Many healthcare workers fell sick to this virus during this pandemic affecting the work power of my hospital to care for sick patients. As immigrant physicians on a visa, we are limited by our ability to provide care for patients outside of our job description in the visa petition. Seeing our colleague's burnout from working overtime and in high-risk settings, unable to provide help, leaves me unsettled and helpless. Due to the relentless efforts of healthcare workers, leadership, and resilience of NYS citizens, NYS was able to flatten the curve but it is only a matter of time when experts believe that we may be hit with a second wave. I, therefore, urge you to please support the above bills so that we can strengthen the workforce and provide care to American citizens when needed.

Shashank Agarwal, MD

Muthumeena Kanappan, MD MPH
SUNY / University hospital of Brooklyn
Muthumeena.kanappan@downstate.edu

I am Dr. Muthumeena Kannappan MD, MPH, currently working as a Clinical Assistant Instructor at two hospitals in Brooklyn, New York City (NYC), including the State University of New York (SUNY) Downstate Health Sciences University/University Hospital of Brooklyn (UHB) which was designated as a “COVID-19 ONLY” hospital in the pandemic, and the Kings County Hospital (KCH), one of the public hospitals in the NYC Health + Hospitals system. Kings County is a medically underserved area comprised of the culturally diverse ethnic populations - primarily African American, Caribbean, and Hispanic. KCH and UHB continue to be the leading healthcare facilities in the area with a mission to provide care to everyone regardless of their ability to pay.

I serve as a frontline physician for coronavirus task force at two of the busiest hospitals and provide care to complex admitted COVID 19 patients managing the issues mainly addressed by the critical care team in these settings, such as ventilation concerns and multi-organ issues related to this infection during the height of the pandemic in NYC. Being a primary care physician in a COVID ONLY designated hospital in the setting of lack of PPE resources, I am at high risk of getting infected; many of my colleagues are found to be infected with Covid-19 and unfortunately, some of them ended up dying as warriors.

I have been living in the US on employment visa for the past 8 years and due to visa restrictions, I couldn't travel back home or outside of the country for international conferences and research work.

I live with the constant fear of getting the infection and bringing it home, eventually putting my family at risk too. I hope these bills get passed and bring us a ray of sunshine into our lives to feel at home.

Harini Chintaluri, MD
Attending Physician/Geriatrics
Essen Health Care, NY
Harini.chintaluri@gmail.com

I am an NYU trained geriatrician, working in the medically underserved areas of Bronx. I came to the United States of America in 2009 and since then have given all my licensing exams, completed my residency training in Internal Medicine in the Bronx and went to NYU Langone Health Center for my fellowship in Geriatric and Palliative medicine. My husband is UCSF trained transplant nephrologist at the well reputed transplant institute at NYU and has been living in New York since 2007. We are both on H1b visas. We have two children aged 6yrs and 2 yrs who were born here. We have called this country our home for over a decade.

I have been working in long term care facilities catering to the most vulnerable geriatric population. During the nursing home Covid -19 outbreaks that happened in the last couple of months in New York, my role was to control and prevent the spread of this deadly disease and also provide optimal medical care to the residents of the long-term care facilities.

As both me and my husband work in the field of healthcare, we are at high risk for exposure to Covid -19 and we have a constant fear of carrying the risk back to our children at home.

We hope that S1024 (formerly S.3599), S1810 (formerly S.948) HR3541 (formerly H.R.2895) will bring a ray of hope to physicians like us who have made this country our home in all ways.

Nishitha Reddy MBBS
Fellow in Hem/Onc
Staten Island University Hospital, NY
nishithareddy99@gmail.com

I am Dr. Thumallapally, third year chief hematology oncology fellow in Staten Island university hospital. As you are aware NYC has been an epicenter for COVID pandemic in USA.

I have been actively involved in taking care of COVID patients which has been associated with tremendous pressure as well As uncertainty. I have been actively involved in formulating protocol providing inpatient and outpatient consultations for cancer patients as well as COVID patients.

While this has been rewarding time for me as physicians it has been mentally exhausting especially given the uncertainty in my visa status and my family being dependent on my VISA. I have been in H1b for 6 years and I have approved I-140 petition. However because I am an Indian origin doctor I am still waiting for me green card. This bill is very promising for physicians like me as we are struggling with constant fear of getting infection and loosing valid visa status

Fnu Seemant, MD
Primary Care Sports Medicine
Cayuga medical Center, Ithaca, NY
drseemant@gmail.com

I have been on H1B visa since I started my residency at MetroHealth Medical Center 2008. After completing my residency did fellowship in sports medicine at University at Buffalo and worked in New Jersey before moving to Upstate. During this time, my visa has been renewed multiple times and puts constraints on travels and other planning and there is always an uncertainty about approval or sometimes, its just gets delayed.

As I work in Urgent care, I have been on the frontlines since the onset of the covid pandemic. I have been seeing PUI's (Patient under investigations) and patients positive with covid, Guidelines being changed every day and new information affecting mechanisms in place for patient evaluation puts me and my family at risk and susceptible to acquiring covid infection. My wife is a physical therapist and works in a nursing home. We have 2 children, 7 yr old boy and a 9-month-old girl.

I believe that we all are playing an important role during this pandemic. It's important that these bills be strongly considered and passed which will allow me and other physicians who are stuck in the green card backlog to feel confident and comfortable to continue providing care to our patients without worrying about visa renewals and uncertainty.

Ravi Manglani, MD
Fellow in PCCM
Westchester medical Center, Valhalla, NY
drravipm@gmail.com

Hello,

I am a Pulmonary and Critical Care fellow working in three hospitals In New York - in Valhalla, in the Bronx and in Manhattan. I have seen the awful scenes play out in ICUs across New York in the last few months. I have seen immigrant workers caring for people in need, all the while knowing they are putting themselves and their families in harm's way by doing so, but they help anyway, since it is all they know.

I implore the leaders of the country to safeguard our families. We do not want to see them forced to leave their homes and be deported in case we fall sick while taking care of patients. We have been waiting , in some cases, for decades to feel like we are part of the communities we serve. The greencard backlog takes a toll on a lot of legal immigrant healthcare workers and their families, and waiting years upon years, I am sure is an unintended consequence.

Thank you once again,

Best Regards,
Ravi Manglani MD

Palveen Lumba, MBBS
PGY 1 Pediatrics
Woodhull hospital
Brooklyn, NY
palveenloomba@gmail.com

Greetings.

I am a trained pediatrician from India, and currently doing my residency again in the states. I believe US is a land of opportunities and your success depends upon the amount of hard work you put. When the COVID struck the New York city, me along with my other colleagues were deployed to adult medicine considering the overflow of patient in medicine, I worked in emergency medicine and inpatient adult medicine floors. It really was an emotionally draining experience me. I had to call families of COVID Positive patients whose loved ones were dying alone in the hospital. Also, constant worrying about infecting your family members, add to the toll. One common worry that we all as immigrant residents and physician share was the fear of losing our visa status. The above-mentioned bill would provide a security to a lot of immigrant physicians who did and would again, if need be, fight for this country. This could solve the physician shortage that our country is facing especially in rural areas. Now, looking back at the time, I feel it was an honor to provide care and help to the people of the country, we call home.

Shravan Kooragayalu MD, MBA, MHA
Pulmonary Critical Care, Medical ICU Director CRMC
Garnet Health System, New York
knsk86@gmail.com

Respected team,

I am a Pulmonary Critical Care attending physician and have played a vital role in the fight against COVID-19. I took care of very sick patients, did essential procedures on them like placed a tube for them to breath, placing a catheter to administer medications, placing a catheter for dialysis and many other procedures by spending utmost time and being exposed to the risk of acquiring the infection myself and god forbid that happens to expose my family at risk of infection.

But at the time of taking care of the patients, I did not have any of those concerns except for saving my patient's life. I also serve as a Medical ICU Director of my Hospital and actively took part in Pandemic surge plan, to adequately and efficiently deliver services to the patients and making sure the entire ICU staff are fully protected as well.

On behalf of all of us, With all the risks we take as physicians and the sincere service we provide for our patients, I request our government officials to consider removing the green card backlog for our front line health care workers so that we can have job security.

Hoping our request is considered. Regards,

Shravan Kooragayalu, MD MBA MHA.

Siva Harsha, MD Associate Program Director
Apogee Physicians, Buffalo, NY
Erie county Medical Society
ysivaharsha@gmail.com

I have been trained in Internal medicine at University at Buffalo and since my graduation, have worked as a clinical assistant professor teaching medical students, residents, pharmacy students for 5 years and currently working as an Associate program director for the Apogee physicians Hospitalist group at Erie County Medical Center.

During COVID-19 pandemic, we THE HOSPITALISTS group have embraced the responsibility of being the frontline and have taken care of all the sick patients admitted to our hospital. During this, me and wife have exposed ourselves to COVID patients daily since the beginning of this pandemic.

I have been approved of I-140 since 2014, however due to the long wait time, it is almost impossible to obtain a green card to ensure some stability on our lives.

I sincerely plead you to consider approving the bills mentioned in the cover letter.

Siva Yedlapati, MD, MPH, FACP

Srikanth Yandrapalli MD
Fellow in Cardiology
Westchester Medical Center, NY
Sriky.n7100@gmail.com

To whomsoever it may concern,

I trained in internal medicine at Westchester Medical Center in Valhalla, New York, where I also finished my chief residency and currently training in the cardiovascular disease fellowship program. I started my medical training on the H1B visa in 2014. I am looking at 8-9 years of medical training and unfortunately, due to the time limitation on the H1B (6 years), I had to work towards obtaining my I-140 during fellowship, so that I could finish my medical training. After going through these long years of training, so that I can appropriately care for my patients, having to continuously find visa providing jobs and trying to provide quality medical care while living with the uncertainty of what could happen tomorrow to me or my family if a visa application doesn't go through is extremely painful. During this COVID pandemic, I provided basic and advanced medical care for several patients, when I volunteered to help with these sick patients.

I hope that you could support our reasonable cause by supporting these bills so that a very important section of the society, who contributes daily to the growth and well-being of the Unites States, could have a safer future.

Sincerely,

Srikanth Yandrapalli, MD

Sridevi Rajeeve, MD
Hematology-Oncology fellow
Mount Sinai Hospital NYC.
sridevirajeeve@gmail.com

Recently graduated Internal Medicine resident from Mount Sinai St.Luke's and West hospital in Manhattan, NY. We were hit by the deluge of cases from March to June 2020 wherein I served as the senior medical resident on service in the COVID19 inpatient units and ICUs. I'm currently on an H1B visa and starting fellowship training in Hematology and Oncology. My concern is with regards to the long waiting lines following these extensive years of training just on the basis of country of birth. I would be mid-career before even being eligible for green card while having served the sickest of the population of America for many years.

Tapti Panda, MD Obstetrics and Gynecology
Attending physician, CrystalRun Healthcare LLP
Sullivan county , NY
pandatapti@gmail.com

I am Tapti Panda MD FACOG. I am a foreign medical graduate from India who completed an OBGYN (Obstetrics and Gynecology) residency program from Bronx Lebanon Medical Center in the Bronx in year between 2004 to 2008 during which time I was serving the Bronx community on a H1B visa. After my residency I have been working as an obstetrician gynecologist at CrystalRun Healthcare LLP. I have been serving the community of Sullivan county New York since August of 2008 .

My husband completed his fellowship in Albany Medical Center in 2010 and joined CrystalRun Healthcare in 2010 as a pulmonary Critical Care specialist and is also serving the community of Sullivan County since then. We both work at Catskill regional medical center for crystal run healthcare which is a small community hospital in Harris New York.

During this COVID healthcare crisis and pandemic we have both served as frontline physicians covering multiple locations across Sullivan and orange counties in New York risking our lives and the health of our two young children.

My daughter who is my dependent, goes to Monticello school district in Monticello New York. She started her Kindergarten in 2008 and is now in her 11th grade and will be graduating in 2020. She is looking to applying for colleges soon and dreams of pursuing a medical career.

My employer CrystalRun Healthcare applied for my adjustment of status from H1B in June of 2009 . Over the past 10 years my family and me have reapplied work permit travel documents and visas multiple times at least every 2 years. We continue to serve this wonderful community of Sullivan county and feel privileged to serve the people and live here.

My family and me are reaching out to your esteemed office to help us with getting my green card processed since this has taken several years. We also request that you support the S.1810 (formerly S.948) Conrad state 30And Physician access and reauthorization act

During this decade that passed my family saw the birth of my son in 2017. We have lived in Rock Hill New York for 12 years and I am part of the strong community here. I look forward to continuing to provide medical services to your constituents

Vamsi Amanchi, MBBS, MD
Attending Physician
Bronx care Health System
Dr.koushika@gmail.com

I completed internal medicine residency training in 2018 at BronxCare Health System and, for the last two years, have been serving one of the poorest counties in this country, the Bronx, in the capacity of a physician, and with a binding promise of a friend. I decided to come to this country with the belief that this is a land of possibilities where people can dream freely and work towards realizing those dreams. I was one such young mind who braved to cross the oceans that not only divide our lands but metaphorically separate our cultures and traditions, in the pursuit of knowledge and the means to live my life free of judgment, opinionative oppression and most of all for freedom to live life on my terms.

My son is born here and is going to start kindergarten in the Bronx. My wife is also a resident physician working in the same hospital I am currently working. I made this country my home now, and I am happy that I heeded to my calling as a healer to this community riddled with problems not just of the body or mind but to its fabric of reality distorted and riddled with economic disparity, racial inequality, cultural apathy, and societal indifference. Nevertheless, no matter how much I try to weave my life intricately with the nation, certain words and experiences reinforce my tenuous position as an outsider, waiting to be plucked out and discarded at a moment's notice. This uncertainty, coupled with my anxiety, makes my already arduous day more painful so much, so I lose self-empathy and motivation.

I believe my story is not so different from all the other immigrants who are supporting this country, struggling and waiting diligently. I set foot on this Great land seven years ago, and I would love to be able to declare that I am an American proudly to everyone. Despite being in the front lines of an invisible war that I did not sign up for, jeopardizing my life every day, I still believe this is something only I can do, and so I must continue to fight. But to be working under fear of persecution and job insecurity is excruciatingly painful and demoralizing. No amount of appreciation or achievement will give peace of mind during this pandemic if our families and ourselves have to endure an incessant state of incertitude to earn an identity in the current American society.

In my search for a conduit to voice my suffering, I have finally found an organization by the name of Physicians for American Healthcare Access (PAHA). Unlike several other political ones, this organization has a single point agenda - immigrant visas for health care workers. S.1024 (formerly S.3599), also known as the 'healthcare workforce resilience act,' is a bipartisan bill seeking to secure immigrant visas for healthcare workers. This bill can be a simple, final push to ensure a future for so many health care workers, including myself, in which we can proudly call ourselves American. Please note that this bill is crucial for the American communities, for we will have kept a promise of always being there for them. Kindly support us and provide us a means to keep fighting for our patients, our families, in honor of our dedication and commitment to serve the United States of America.

Rakesh Mahali, MD
Nephrologist
Jacobi Medical Center, Bronx, NY
Dr.rakeshraju@hotmail.com

My name is Rakesh Mahali. I completed my internal medicine residency in 2013 and since then have been waiting in the never ending green card approval process. The process of visa renewal every year is so tedious and I constantly worry about the thought of my visa not being renewed. I have been living in this country for the past 10 years and have served multiple underserved hospitals during various stages of my training. I have not been able to visit my parents in the last 2 years or have not been able to travel outside the country due to H1B visa restrictions. I hope this bill passes and physicians like us get GC's, giving us freedom not only to have a secure life in this country but also to help us better serve the rural/underserved population here.

Priyanka Mahali, MD
PGY3 InternalMedicine
Montefiore Medical Center, Bronx, NY
Priyanka.penmethsa@gmail.com

My name is Priyanka Mahali. I recently finished my internal medicine residency and just started my endocrinology fellowship at Montefiore medical center. My husband Rakesh Mahali, is a nephrologist, who has been serving underserved population in the Bronx. Our daughter was born during the height of the pandemic. I returned to work in 4 weeks to fulfil my responsibilities as a physician during the COVID crisis. My husband has returned to work, when our daughter was only a few days old, performing life saving procedures on COVID patients. Despite all our hardwork and sacrifices we are doing, we constantly worry about losing our visa status if we fall sick working in the hospital. I hope this bill passes to ensure our safety in this country that we call home.

Santosh Mukka , MD
Pediatrician @ Lourdes Hospital,
Binghamton NY 13905
mukka95@gmail.com

Dear Senators,

I am working as a pediatrician in Upstate NY for the past 6 years. With intense struggle and difficulties, we all achieved these positions. It is of pride that we are able to serve the society with their healthcare needs in these tough times but at the same time if we think of our families about what would happen if god forbid something happens to us during this battle. This constantly replays in the back of my mind. Having made sacrifices and exposing to this risk, I feel at least if residency status is addressed by passing this bill enables us to focus and give our best in handling the healthcare needs in an efficient manner.

Supreet Dhaliwal, MD
Academic Hospitalist
Jacobi medical center
Bronx, New York
supretdhaliwal1@gmail.com

I did my residency from st barnanas Bronx 2013-2016. Currently serving underserved population of Bronx, New York at Jacobi medical center. I have been on H1 visa since 2013. Though my i140 petition has been approved in 2019, the wait for GC is endless. It is hampering my personal and career growth.

Dr. Dhrubajyothi MD
Pgy-1 Internal Medicine
Mt. Sinai, St. Luke's Manhattan, NY
Dhrubajyoti87@gmail.com

I am working in Mount Sinai St Luke's Manhattan through this COVID-19 pandemic. I am on J1 visa since 2017. This pandemic made me realize that I can be sick at anytime and can die and my family have to leave US which is the scariest thing. If we are soldiers against this battle we should be given permanent residency so that we can fight fearlessly and know that our family is safe and US government will take care of them.

Shajiuddin Faraz Mohammed MD MPH
Child and adolescent psychiatry
Garnet Health Medical Center, NY
Dr_shajifaraz@hotmail.com

I have been in the USA since 2011 and have dedicated my 9 years towards the health care in the country. I work as a Child and Adolescent psychiatrist in NY and work with the most underprivileged patient population, that is the children with mental health issues. Because of visa restriction I am not able to provide care to children of this county in other underprivileged areas and I would greatly appreciate if you can kindly support this bill and help us improve the health care of this country

Sudhamshi Toom, MBBS
Hematology/Oncology PGY5
Maimonides Medical Center, Brooklyn, NY
toomsudhamshi@gmail.com

I am an oncology fellow in final year of my fellowship. I did my residency and now fellowship in New York City where we were hit by covid very bad. We had to work long hours during this pandemic. It was stressful emotionally, mentally and physically. I am on visa H1B, 6th year now and I don't have any green card filed for me yet. It's challenging and because of this I may have difficulty getting a job.

Surya Prakash, MD
Hospitalist
Kettering Health Network, NY
surya_mmc@yahoo.com

Completed residency at VA Bronx In 2014 and saint peters hospital in NJ. Working as hospitalist since 2017. I am front line covid worker seeing and caring for covid patients. .

Trupti Vakde MBBS, MD
Attending in PCCM
Bronxcare healthSystem
truptivakde@gmail.com

I m pulmonary and critical care doctor working in Bronx, NY
I have been here since 2009 . Have been waiting for green card for over 5 years now

Meenal Malviya, MD Infectious Diseases
North East Ohio Infectious Disease Associates [NEOIDA], Youngstown, OH
drmeenalmalviya@gmail.com

I'm an **Infectious Disease physician** doing my waiver job in a very underserved area in East Liverpool, Ohio. East Liverpool. I have been involved in covid19 preparedness for my hospital extensively. **Along with the CMO/ Board members of the hospital I was able to create isolation rooms, getting essential medications, test kits, infection control policies, setting up a separate clinic, triage in the ER and currently running quite smoothly.** Spending long hours, a day and constantly replying phone calls, I have realized that somebody in Washington needs to hear the importance of doctors like us.

Our need in underserved areas is desperate and the doctors working in these areas also need good support to sustain.

**Niharika Juwarkar, MD Internal Medicine Primary Care
Firelands Physician Group, Sandusky, OH
dr.niharika.juwarkar@gmail.com**

I am an internist in a small city on Lake Erie. Me and my husband fell in love with this city. I am one of the only two internists in my group. We have a lot of older physicians retiring in my community and my hospital has been searching for an internist since the last 8 years. **I have been in the US since 2009. I am also the medical director at the center for Diabetes in my hospital where I collaborate with several nurse practitioners. Having a collaborating physician helps guarantee jobs for a lot of staff at the center and helps provide the best care to Diabetics.**

As an internist I see some of the sickest patients with multiple comorbidities I am routinely providing care to COVID patients, diagnosing and treating them and keeping them away from the ER to the best of my ability. I am well respected in my community and at my work. I have a panel of close to 1000 patients. My job also ensures that my office staff like my administrative staff and my nurse have their jobs. I have been on H1b since 2010. Even after playing such a critical role in my community I am always afraid that if I go home and get stuck there, I won't be able to come back to the US. My patients will lose their PCP and my community will lose a doctor. I haven't been home to visit my parents since 2011.

I have owned and served this country and my community as my own but during this uncertain time I expect the same from the leaders of this great country. Please consider including bills S1024 (formerly S.3599)/S1810 (formerly S.948)/HR2255 (formerly H.R.6788)/HR3541 (formerly H.R.2895) in the upcoming COVID package and help protect and reinforce the frontline physicians.

**Ranvir Singh Rathore, MD Internal Medicine and Bariatric Medicine
Medical Director Primary Care,
COVID Task force Physician Representative for Hospital, Toledo, OH
Franklin1857@gmail.com**

Medical school from India and did four years of Surgical training in London England, came to USA in 2008 to Toledo OHIO, here since then. I did Internal medicine residency three years and in practice from 2011 serving inner city Toledo.

I am a Faculty in Residency program of Internal Medicine and Family Medicine, Serving as Medical Director for Toledo area Primary care. Seeing patients in office and hospital both.

In last 9 years I have trained many Resident Doctors and many more US Medical school students. Many foreign-born Resident Doctors that I have trained, have got Green cards and even Citizenship. Its very disheartening that I am still waiting since 2008.

I serve on Mercy Physician Board and also as Vice Chairman of Clinical integrated network (CIN) to reduce cost of care and better quality of care.

Since this COVID pandemic, **I am serving as only hospital Physician representative for COVID task force of our health system for St Charles Hospital while seeing COVID patients on daily basis.**

Both my senior partners from south Asia started here in 1977 and still practicing in same place serving same community, dedicated their whole adult life. I am serving same community for 12 years and plan to stay here indefinitely. I have two US born kids and wife working as Dentist, a very high-risk profession in COVID crisis.

Not having green card is creating a lot of trouble for me as physician and also as medical director to mobilize resources and so many Doctors are on visa and restrictions for work place.

Please support this cause and help us to help our community. Kind
Regards
Ranvir S Rathore M.D
Toledo ,OHIO

Vinod Khatri, MD Pulmonary and Critical Care Medicine
Mercy Health, Toledo, OH
drvinodkhatri@gmail.com

I came to United States 11 yrs back, after completing my medical school and residency training from India. While in the US, I re-did 3 yrs of Internal Medicine residency training, followed by a 2 yr fellowship in Pulmonary Disease from Chicago, IL. Later on, I had an opportunity to do Critical Care Medicine fellowship from the prestigious Mayo Clinic (Florida). After completion of the fellowship training, I worked as an intensivist for 3 yrs at Mercy Medical Center, Sioux City, IA and served the medically underserved population as a part of J1 visa waiver commitment. I am currently working as a Pulmonary & Critical Care specialist at Mercy St. Vincent Hospital, Toledo, OH. **During the ongoing COVID19 pandemic, our hospital has become a regional hub for management of critically ill patient COVID patients among all the Mercy Hospitals in the northwest Ohio. I, along with my team have been proudly working at the forefront and have managed close to hundred COVID cases on the ventilators at our hospital.** As I continue to serve the community in these testing times, I wish I could apply for a permanent residency status sooner. But the current Green Card backlog forces us to stay on temporary VISA status, and this is expected to last for several decades. At times, I do worry about the immigration status and well-being & immigration status of my wife and three beautiful daughters, who are dependents on me for all their needs, in case I get infected and die due to COVID.

Amarendhar Gopireddy, MD Hospitalist
Cleveland Clinic, OH
gopirea@ccf.org

I am an Internal Medicine Hospitalist working at Cleveland Clinic, OH since 2011. **I am on H1B visa for past 12 years. I entered into the US for IM Residency training in 2008.**

I have been providing my services at one of the premier medical centers in the nation and I am grateful for this opportunity. These are difficult times for everyone and situation is demanding the best out of us and I am thankful to be a part of frontline workforce providing services to patients affected by COVID19 virus. While this is definitely an opportunity for me to serve the community I live in, this comes with an additional risk compared to permanent residents and citizens of this country just because of my visa status.

Living far away from native land, parents, family and friends has taken its toll all these years. That is because of my decision to come to the US and I have eventually found peace with this decision. But working on a temporary work visa indefinitely tremendously burdens the uncertainty of my future. Surviving this pandemic so far seems to be more in the hands of fate and luck than in the understanding of this protein particle. I am strongly hoping not to run out of this luck lest my family faces real risk of deportation because of dependent visa status.

My son was 3 months old when he came to this country and he is 12 years old now. In a few years, he will be attending college. I am sure he will be at a great disadvantage when he applies to colleges due to his dependent visa status despite best grades in school. The fact that he has to move on from one visa status to other despite spending all his life in the US remains a stark reality how he will be discriminated based on the country of his birth.

I earnestly request all Senators, Congressmen and Congresswomen to listen to our plight.

Path to permanent residency provides assurance to me and my family that we are part of the community we live in. **It provides sense of belonging, peace and motivates further to contribute at the place I work.** It gives fair chance to my son to build his future and contribute whatever way he can.

I am strongly requesting you all to support this bill and give us equal opportunity to be part of this great nation.

Sincerely

Amarendhar Gopireddy, MD

Ganesh Prasad Merugu, MD Geriatrics
University of Toledo, OH
Ganesh.Merugu@utoledo.edu

I am a board certified in family medicine and geriatric medicine. I earned my medical degree at Gandhi Medical College in India, and completed residency in family medicine at the University of Illinois at Peoria in Illinois. And continued my education by completing a fellowship in geriatric medicine at the Albert Einstein Medical Center in Philadelphia, Pennsylvania. During my training, I developed an interest and skills in teaching and received the 2015 Resident Teacher of the Year award from the Society of Teachers of Family Medicine. Also, I received 2018 excellence in teaching award from family medicine residency at the University of Toledo.

I am currently working as Division Chief & Program Director for Geriatric Medicine Fellowship at the University of Toledo. I am also medical director for two skilled nursing facilities in greater Toledo region, providing medical services to several hundreds of long-term care residents. Having worked in three long-term care facilities, I always aim to improve these facilities' ratings on the Centers for Medicare and Medicaid Five-Star Quality Rating System. I have been working in several COVID-9 positive nursing facilities, serving hundreds of older adults during this COVID-19 outbreak and helping them to recover from the disease. Every day, I am putting my health at risk by taking care of COVID-19 patients, but I feel it's my privilege to help my geriatric patients during this crisis.

It was very difficult to accomplish all the required training to reach my current level of practice in academic medicine. It included several sacrifices. Even though I am at the pinnacle of my career, I always feel the fear of losing my position due to visa-related issues. **Currently our Geriatric group which consists of five physicians are the only geriatrics around 50-mile radius and among four of them 2 physicians are H1b holders. if any reason I cannot renew my visa, there will be a huge amount of deficit with care of older population.** I strongly believe S1024 (formerly S.3599), HR2255 (formerly H.R.6788), S1810 (formerly S.948), and HR 3541 (formerly H.R.2895) will remove the fear not only in me but also from several thousands of health care professionals. I think these health care professionals who make sacrifices entire life to complete medical training, deserve to live without fear of losing their job from visa-related issues, which I call it true freedom in practicing medicine.

Prashant Varshney, MD Emergency Medicine
Mercy Regional Medical Center Lorain
Mercy Allen, Oberlin-Mercy Willard, Willard, OH
pv.em.md@gmail.com

Dear ALL:

My wife and I got married in India in 2004 and moved to your wonderful country, the United States, in 2004. We both are physicians and received phenomenal training in India and here in the USA. We are blessed with two kids, Mira, a girl born in Grand Rapids, Michigan and Neel, a boy born in Lansing, Michigan.

I am a Board-Certified Emergency Physician, and went through residency training at Michigan State University, Lansing MI. After graduating I had the privilege to work in multiple Emergency Departments in both rural and urban areas. I have always provided services to the community for emergency medical needs.

I have worked at rural departments where the hospital was not able to hire Board Certified Emergency Physicians even if it meant a commute of three hours in a day in various weather conditions.

During the COVID-19 pandemic, I have provided the best possible medical management with whatever resources available. As of today, I have kept myself, my emergency staff and, my family safe by following recommended guidelines by the authorities including hand washing, wearing PPE, etc. It has been stressful, but we have held up so far. Thanks to everyone including neighbors, leaders of my hospital and local community.

We have been on H visa for the last 16 years because of the backlog for Indian Citizens. It has added a great deal of stress and uncertainty to both my wife and I.

Therefore, I request OHIO state legislators for inclusion of S.1024 (formerly S.3599) into upcoming covid relief. In the meantime, me and my family will continue to provide our best for the community at all times.

Appreciatively,
Prashant Varshney MD

Divya Pradeep Ramaswamy, MD Internal Medicine/ Hospitalist
Promedica Toledo hospital, Toledo, OH
Drpradeep99@hotmail.com

I came to the USA, the land of immigrants in 2008 to achieve excellence. America is always known to attract the Worlds best talents. I completed my Medical Residency at Saint Mary's hospital in Connecticut. I left the United Kingdom as the country had adopted a hostile attitude to immigrant doctors in training after joining the European Union. I didn't feel I was appreciated despite my hard work.

America welcomed me with open arms and so grateful for it. I have repaid by serving the community as a Hospitalist taking care of acutely ill patients in a busy tertiary care center. I pride myself with delivering high-quality care. Currently involved on the frontline in the fight to defeat the coronavirus.

Also taken on leadership roles and strived to improve accountability and pushing for high-quality care. I have served as a previous hospitalist section head, vice-chair for the Department of Medicine, and department chair for Medicine at Toledo hospital. I am on the Medical executive committee and on the peer review committee and credentialing committee at Toledo hospital. I am also a guest faculty(Assistant Professor)at University of Toledo and involved in teaching Medical Students and Residents.

I am the current Metro region department chair for hospital Medicine and serve on the peer review committee
The commonly accepted time for waiting for a green card, when I immigrated was around 5 years if you were from India. **I have a 12-year-old daughter born in Britain who we brought to America at 3 months of age who will age out with current wait for a green card.**

It is not a nice experience to think twice before leaving the country being on a nonimmigrant visa despite being in this country for so long. I visited India recently in October of 2019 for my medical school 25-year reunion. When I landed in Detroit the US immigration officer asked me how long I have been in this country. I replied 11 years. He simply could not understand why I didn't have a green card.

I tried explaining that my employer has applied a long time ago but because, I am from India I had to wait for around 20- 25 years. **His facial expression was priceless. It was pure surprise and disbelief.**

It is my humble request for lawmakers to pass S1024 (formerly S.3599) to honor the physicians fighting coronavirus the green cardsthey highly deserve. This is the least that can be done to recognize the work we are doing and the risks we are facing. We have made America our home.

Dr.Divya Pradeep Ramaswamy

Gayathri Sreedher, MD Pediatric Radiologist
Akron Children's Hospital
Gayathri.sreedher@gmail.com

I work at Akron children's hospital. A hospital which the community here loves for its dedication and unwavering mission to treat every child that enters the hospital. It's such principles of compassion and empathy that attracted me to this community.

I have been an h1b physician in the USA for 10 years and specifically in Akron for 6 years. AKRON children had searched for 2 years to find a pediatric neuro radiologist before they found me. Never have I felt as anyone other than an integral part of my community, department, and hospital.

Yet the fact remains that anytime I have to leave the country for a vacation or to meet my family in India, I always leave with a backup plan for my replacement for the department incase my visa doesn't get stamped or I am detained at the port of entry or worse still denied entry to go back to the only place our family calls home - Akron, Ohio, USA. Every time my h1b needs a renewal I will wonder if it doesn't get approved, will I have to uproot my family and kids and leave all our material possessions and friendships behind to start afresh.

It is also a fact that this uncertainty will prevail for me under current laws for the next possibly 75 years based on the fact that my green card is filed under the EB2 category.

Mahesh Manne, MD Internal Medicine
Cleveland Clinic, OH
mannemahesh@gmail.com

I have been in US since 2003. I came to study Masters in Public Health in 2003 on student visa and then completed my residency in Internal Medicine at Cleveland Clinic in 2009. I have been on H1B visa since 2006. **I have worked in primary care practice for 8 years providing care for variety of patients including underserved with in the state and also from out of state as Cleveland Clinic being a tertiary care center.** In addition, I also participated in variety of research projects including surgical treatment of infective endocarditis which provides great insights into this serious condition. Additionally, I also did research on Biventricular devices use and their effectiveness in heart failure patients.

My visa restrictions restrict me to pursue my long-term plan of pursuing cardiology fellowship and to dedicate more time to be a clinician researcher.

As a clinician, I was awarded following by vitals.com:

Patients' Choice Award (2012, 2014, 2015)

Compassionate Doctor Recognition (2012, 2014)

On-Time Doctor Award (2014, 2015)

In terms of judge of others works in research, I was awarded as best reviewer by Annals of Internal Medicine and Society of General Medicine as reviewer of these journals.

Kaustubh Shrivastava, MD Hospitalist
Miami Valley Hospital, Dayton, OH
kaustubhks@gmail.com

Hi I am a full time Board Certified Internal Medicine Physician. I have been on a visa since 2011.

Previously I worked in a community hospital which served an under-served population in a rural area.

That was an extremely fulfilling yet a challenging experience. The hospital was unsuccessful in hiring a full-time physician for quite a few years before I was hired.

The patients and the hospital administration were always grateful for my presence. **Hiring a full-time physician allowed the hospital to be able to support all the physician assistant and nurse practitioner jobs since I was their supervising physician.**

The hospital featured me in many of their hospitalist interviews with local news channels due to the positive impact a full-time physician makes to the trust the patients feel and continuity of care.

I cannot begin to explain how stressful the visa limbo has been for me and my job. Despite having built equity in a community that desperately needs my services I am unable to commit to a long-term scenario since the wait for my Permanent Residence status is indefinite.

The hospital says that they need me but I do not know what the next immigration change will bring and how it will affect my ability to work despite having a green card that is ready to be approved.

Waiting to be a PERCENTAGE, (7% country cap) disheartens me because USA has given me all the opportunities that I could ever ask for and I am extremely grateful for it.

I sincerely want to be able to procure my green card so that I can volunteer my time and serve the people of this country which I am unable to do at this time due to our visa restrictions and excruciating delays.

I am currently also working on the front-lines as healthcare worker/hospitalist taking care of and treating CoViD patients. With the uncertainties and surges I am considerably worried about how an untoward turn of events could bring my family and me to the brink of deportation.

Please consider our contribution and the sacrifices that we are willing to make.

An expedited permanent residence process is all we ask for.

Thank you

Sincerely.

Nanda Methuku, MD Hematology and Oncology
Southern Ohio Medical Center, OH
methukun@somc.org

My name is Nanda Methuku. I am a Hematologist and Oncologist (Blood and Cancer doctor) at SOMC Cancer center in Portsmouth, Ohio. We serve Scioto, Lawrence, Adams, Pike and Jackson counties in Ohio.

I did residency in internal medicine and fellowship in Hematology and oncology at Maimonides Medical Center in Brooklyn, NY. I am board certified in Internal Medicine, Hematology and Oncology.

I treat patients with cancer and blood disorders. I have continued to take care of patients even during COVID 19 out break. I take pride in treating patients with cancer and blood disorders. I have many patients who are tested positive for COVID 19. **I am on the front line of COVID 19 and proud to serve in Rural America.**

I have been on a Visa since 2004. **I have never felt the need for Permanent Residency more than now.** I am married and have two boys. I worry if I get COVID 19 while I take care of my patients and get disabled or die, my wife and kids will be out of visa status and will be deported.

I would like your support for S1024 (formerly S.3599) HR2255 (formerly H.R.6788) S1810 (formerly S.948) HR3541 (formerly H.R.2895) bills which would give me and my family protection during this pandemic while I serve the country!

**Maulik Shah, MD Hospitalist,
Ohio state University, Columbus, OH
maulikshah8@gmail.com**

My name is Maulik Shah. I am a Board Certified Internal Medicine physician working at Ohio State University East Hospital as a Hospitalist. I have been on H1b visa since beginning of my residency training at New York in 2009. I treat patients who are admitted to the hospital as well in ICU. I also admit patients who come to our ER. **My hospital is located in underserved area.** I am proud to say that I am a front-line worker in this pandemic and have been treating COVID 19 patients on everyday basis since beginning of the outbreak. As you may know, Franklin County is one of the hardest hit counties in Central Ohio. I am happy to serve my local community in times of need. Additionally, I am willing to offer my help to other parts of the country which are considered hotspot area and where they need more physicians. Unfortunately, my H1b Visa status would not allow me to work for other employers.

Also, I am always stressed with the thought of my family being deported if something is to happen to me while working at frontline. My spouse is on H4 visa who will be forced to leave the country along with my two USA born kids as her legal status expires with my death.

With the number of cases surging across the country, undoubtedly, we are in need for more physicians.

This bill is going to help physicians like us who are bound to their visa status and will certainly help the nation fight this deadly pandemic more effectively in addition to providing protection to us and our family while we serve the country.

Sathish Adigopula, MD Pediatrics
Ashtabula County Medical Center, OH
Sathish.Adigopula@acmchealth.org

I have been on a visa for the past 14 years. I came to the US in 2006, completed my Masters in Public Health, went in for my Pediatric residency and was selected to be the Chief Resident for my program. I have served a medically under-served population as a pediatrician for the past 8 years. I have also volunteered to be the sideline physician for the local high school football games, when the local WIC lost their lactation consultant, I completed the course and volunteered as the lactation consultant so that the community can receive a valuable resource.

I am well regarded in my community and I provide a good service to the hospital and also have for the past 4 years been on the board of the hospital, 2 of which as Chief of staff for the hospital. **As the Chief of Staff, I also a part of the COVID 19 HICS (Hospital Incident Command Center), planning for the pandemic response and preparedness.** It is unnerving to realize that even though i have been serving this community for almost a decade and have been in the country for about 14 years, my immigration status is still not permanent. Even planning a vacation with my family is stressful, as it entails visits to the immigration office and we always face the uncertainty every 3 years during visa extension.

This bill will make us healthcare providers have the stability we have provided to countless sick and unwell Americans.

All through the current COVID 19 pandemic, I have worked with my children and their families making sure they are healthy physically and mentally. As the father of 2 Americans, I am always nervous about what would happen if I lost my visa or be disabled with illness, would I have to uproot 2 American children to live in a country they have never visited and heard of in passing?

Rajiv Parinja, MD Psychiatry
Mercy St. Charles Medical Center, OH
Rparinja@mercy.com

I have been working in Ohio for the last seven years as a psychiatrist. I was with Cleveland Clinic for six years and I have been with Mercy Health in Toledo for one year.

My wife is also a physician. **We are on an indefinite wait for green cards.** This interferes with our ability to do our work. **At the moment there is a shortage of the Psychiatrists across the country** and particularly in the Toledo market where I work. We are actively trying to recruit but are short of staff. **We have 90 inpatient beds and at this time only two psychiatrists are employed at Mercy Health in Toledo. There is also an immense need for outpatient psychiatric services.** My job description has been changing due to staff shortage. **But every time a new site is required to be covered, it has to go to the attorney for submission for an amendment to my H1B visa.** This issue has arisen twice in the last six months alone. **This delays patient appointments and limits the work I can do.**

Physicians getting green cards do not displace American workers. **We are all residency trained physicians. US taxpayers have spent considerable sums of money on our residency training.** There are no unemployed psychiatrists anywhere in Ohio who might be willing to step into vacancies we have.

Rajkumar Agarwal, MD Pediatric Neurology
Dayton Children's Hospital, OH
agarwalr@childrensdayton.org

I am a child neurologist with specialization in epilepsy. I work at Dayton Children's Hospital providing neurological care to a large underserved geographic region in southwest Ohio. My expertise is taking care of children with medically difficult to control epilepsy often using advanced treatment options like Electrical neuro stimulation and epilepsy surgery. **There is an immense deficit of child neurologists in the US with anticipated gaps projected to increase over time.** I am thankful for the training I have gotten in the USA and for for the opportunity to take care of the sickest of patients who I have been able to help. **However, the uncertainty of my ability to continue my work amidst the ever changing immigration policies is nerve wrecking.**

I have been in the US since 2009 and on green card wait list since 2013. However, being a citizen of India, me and my family, as well as several other health professionals like us, are stuck in this never-ending backlog for green card. I have two daughters who are US citizens and it hurts me to think that if I get physically disabled and lose my work visa, **I would have to up root my family to India.** Many other Indian physicians are in the same situation and live under constant fear of adverse situations that could threaten the well-being of their family.

I sincerely hope that this petition is considered for its true and **intended goal of recognizing the contributions of several health professionals like us to the country by providing security and stability in terms of citizenship.**

Roshani Agarwal, MD Hospital Medicine
Dayton Children's Hospital, OH
agarwalr1@childrensdayton.org

I am Dr Roshani Agarwal. I completed pediatric residency in the US in 2013 and have since been working as a pediatric hospitalist. That makes it about 10 years of being on H1B visa. I have my NIW application for EB2 green card approved since 2015.

As a pediatric hospitalist, I take care of the acutely sick children who are admitted to the hospital. Having a dedicated hospitalist promptly attending to the needs of the hospitalized patients has undoubtedly improved the quality of care of patients in house. I have been part of many quality improvement projects focusing on proper resource utilization, improving length of stay and streamlining management plans to improve patient outcomes. As a pediatric hospitalist, I also play an important role in the pediatric residency training and education.

In addition to taking care of the children affected by Covid-19, I am also part of Bioethics Committee at Dayton Children's Hospital. A subcommittee of this entity, Triage committee played an important role of coordinating with GDAHA Bioethics Committee to allocate resources for patients in event of an emergency declaration by the region, state or national government.

Despite being an important player in the healthcare scenario, having no certainty in terms of my future gives me jitters sometimes, to say the least. This uncertainty restricts my ability to expand my involvement in several projects and help the community in more meaningful ways. I hope that there would be some legislative changes that would allow physicians in the green card backlog an expedited pathway to citizenship.

Thank you.

Roshani Agarwal

Abhishek Kumar, MD Hospital Medicine
Kettering Health Network, OH
abhishekkumarma@gmail.com

Dear Senators,

My name is Abhishek Kumar MD , working as a Hospitalist in Dayton Ohio.

I am serving 4 hospitals in the area, and cater to approximately 2000 inpatients every year. I have been on a H1b visa since the last 6 years and continue to be so.

Being on a temporary visa during times of Covid is very scary and tense for me and my family. If by any chance I fall sick or fall in the line of duty my entire family gets deported. This is my biggest worry till date. I hope no one faces this situation.

I am faced with work site restrictions due to the visa and am unable to answer the call of duty for Physicians in Covid hotspots areas.

Passing S1024 (formerly S.3599) will help us serve the country better and answer the call of need when time arises. Please do help the immigrant workforce by passing the Healthcare workforce Resilience act.

Thank you,

Anu Garg, MD Geriatrics/ hospice and palliative medicine

University of Toledo

Anu.garg@utoledo.edu

Dear Congressmen,

I am a physician at University of Toledo. My journey began in 2004 at University of Toledo as an Internal Medicine resident on J1 visa. Subsequently I did one-year fellowship in Geriatric Medicine at Cleveland clinic and obtained board certification in Geriatrics and Hospice and Palliative Medicine. I, then returned to Toledo and started working at university of Toledo and have served the underserved population since 2012. I have been on J1 and subsequently on **H1 for last 16 years.**

I work at different Nursing homes and take care of patients at end of life. I also train future doctors as I work consistently with medical students, residents and fellows.

Due to visa issues I am often limited to where I can provide my consultations for difficult cases in aging population. During last few months– nursing home were hardest hit with Corona virus infection but I continued to provide care to my patients and did my best possible to keep them safe but following recommended guidelines.

I believe I make significant contributions to the community by providing medical care and also participating in research that is critical for improving care of aging population.

I request that S.1024 (formerly S.3599) bill be included in upcoming covid relief package so I can continue to provide the care that I do to all my patients.

Thank you

Anu Garg, MD

Asha Chakka, MD Internal Medicine
Canton Medical Education Foundation, Canton, OH.
Asha.Chakka@aultman.com

Dear Congressmen,

I am a board-certified Internal Medicine and Geriatric Medicine physician. I have been working on a H1-B visa since 2008. As a Clinical Associate Professor and an Assistant Program Director, I take care of patients both in the office and hospital settings, and also teach resident physicians and medical students from two different institutions on a daily basis. Most of our patient population is unassigned/ uninsured. With my fellowship training in Geriatrics, I not only supervise senior care office visits providing comprehensive assessment and management for senior citizens, but also train the resident physicians in taking care of the ageing American population. I feel happy and proud to be actively involved in training the new generation of physicians in America. I was honored with best teaching attending award by my residents and also fellowship from American College of Physicians.

On a personal note, my husband is also a physician on H4-EAD taking care of COVID patients in ER and ICU set up. Like many America trained International physicians, I am also worried about the future of my 5 year old daughter and my dependent spouse if something happens to me while working full time on frontline.

It is my sincere request to you to provide your full support to the proposed bills. Thank you.

Sampath Kumar Thiruveedi, MD Nephrologist

Dayton, Ohio

drsampatht@yahoo.com

Dear Senator,

I sincerely appreciate you and your team's effort in helping shape the fight against this pandemic with public policy.

All immigrants have a story - for most it is a determination to excel in their field with discipline and dedication for the betterment of self, family and community. We understand, respect and cherish the American dream.

I am a Nephrologist in Dayton and have been practicing here for the last 6 years. I take great pride in serving a very complex group of patients with high mortality and morbidity. I would say Nephrology is a challenging field with higher risk of burnout among medical specialties from multitude of reasons. This has made it less enticing for medical residents to choose my speciality as a future career, creating a very disturbing trend of less than 60% fill rate for available fellowship positions over the last decade. I see my work load increase year over year as a provider along with increasing leadership role. It has been rather difficult to recruit an associate nephrologist for precisely these reasons - there are not a lot of nephrologists trained and majority happen to be foreign medical graduates like me with 'visa problems'

My practice takes me to 7 regional hospitals, 3 dialysis units and an office to provide around 4000 consultations yearly combined. I am directly involved in the care of sickest patients at the hospital with CoVID-19. Kidney failure adds a layer of complexity to any medical condition and Similarly with CoVID-19. It is our calling to serve despite the risk to self and family.

As with colleagues in this petition - I have been on H1B visa for 12 years training to be and serving as a nephrologist. I have been waiting for 8 years, stuck in the green card backlog due to country quotas and have to renew H1B visa every 3 years.

Please support S.1024 (formerly S.3599) and shape future healthcare workforce of the country.

You are the flag bearer of our hope. Please hold our hand in most difficult of the times.

Thank you

Yours sincerely
Sampath Thiruveedi MD

Mohana Vamsi Alapati, MD Internal Medicine
Aultman Hospital, Canton
vamsy83@gmail.com

I have been in US on visa for 11 years. I am Internal Medicine physician at Aultman hospital. I was working as one of the doctors who was treating COVID patients when pandemic started. I was worried about protecting my family especially my 1-year old daughter as me and my husband are health care professionals. **Despite the risk I was committed to provide service to the community and people in Ohio.**

Being on temporary visa restricts how I can serve the community with **restricted employment opportunity** and to take care of my kids. If this bill gets approved and if I get green card along with my husband, we can serve our community better not only caring for hospitalized patients but also by engaging in volunteer activities.

Recently my driving license was not renewed as I was waiting for my extension approval which seems to have been delayed in processing compared to 3 yrs ago. With this, I was unable to drive to help with household activities and care for my kids. This in turn affects my husband unable to work more days to provide front-line work in caring for hospitalized patients including COVID-19.

Pooja Suri, MD Hospitalist
Toledo Hospital, Toledo, OH
Pooja.suri@promedica.org

I did my medical school and residency in India and then moved to USA and redid my MD in Internal Medicine and currently working as an internist. After all the long struggle and finally settling down looking at my predecessors I Realized it's a long wait of decades for citizenship for immigrant physicians from India. While my colleagues from other countries get the citizenship in 6 months to 1-year max. Which does not make any sense as we are all equally qualified working the same job profile but we have to face this uncertainty for decades and restricts us in so many ways - travel to home country to see parents, pursuing fellowships, no voting rights but tax paying etc. Both me and my husband are frontline workers in this covid pandemic. We have 2 sons 4 and 8 years old. It breaks my heart when we leave for work and wonder what will happen to our kids if we are to be infected and succumb to this infection. One of my kid is on dependent visa and other is USA citizen!! With this wait time I wonder my elder son might have to study on foreign student visa in spite of his parents Being highly qualified, skilled, serving the community in all capacity and immigrated a decade ago!!! Current green card policies need amendment so that we can do our jobs with much less anxiety and emotional trauma.

Tejaswini Jagadish, MD Internal Medicine Hospitalist
ProMedica Toledo Hospital, OH
Hitejaswini@yahoo.com

I am a hospitalist at a tertiary level, a non-profit organization hospital in Toledo, Ohio. I came to the US with my husband in 2008. I am truly honored to be fighting at the frontline against COVID, and serving my patients to the best of my abilities and giving them the care they need.

I had to wait for 5 years to join the Internal Medicine Residency program because I was on a dependent H4 visa. A lot of residency programs rejected my application which was hard to accept because it's not that I didn't have qualifications but because I didn't have a work visa. In fact, I was never competing for positions that would be easily filled by US citizens. The place where I did my residency or the place where I work now has not been a popular destination for many US graduates because of the weather and lifestyle.

Even though I have been in this country for 12 years, I worry every time I have to visit India. The thought of going for visa stamping, and worrying about visa interview sends chills through my spine. I have to spend a lot of sleepless nights doing the paperwork and organizing the documents for my kids, my husband, and I. Due to the work schedule I only get limited time off and every time I go to India, the first visit is always to US embassy for visa stamping. Like a pain in the neck, the visa stamping is for two days. They do biometrics on the first day and interview on the second day, for some reason they do not do it in a continuum. With all the jet lag and cranky kids, going to the embassy is a nightmare. The place where I have to go for visa stamping is also far from where I live. I have to either take a flight or a 16-hour long drive which eats into my vacation time when I have only 2 weeks off. Although kids do not have to attend the visa interview, I have to tag them along as they will not stay with unfamiliar faces (they have not met grandparents, uncles, and aunts for years even though they are family). After all this, still there is so much anxiety waiting for the passport to be received with visa stamp after the interview. The whole process takes up almost half of my vacation time. Do I have to really go through this when I am serving this country wholeheartedly for all these years? This is home for my kids, they have friends closer than family here. And this is now my home too. I know the people and places here better than in India.

Even before the COVID pandemic, I was doing my duty with the utmost care and diligence. In fact, the COVID situation never deterred me from my duty, I wear my PPEs and take care of my patients as usual because this is the right thing to do. I became a physician to serve patients and I am proud to be a warrior now.

When I was struggling to get into a residency program, I understood and made peace that my turn would come and I need to be patient. But now after having been here for so long, I have the right to be treated fairly and I want my family to have a secure future if something happened to me with battling this coronavirus pandemic. I am an exemplary law-abiding person, pay my taxes regularly, generate revenue, and help the economy grow. Isn't it the American dream to provide opportunities to hard-working and well-deserved people?

We deserve a better future.

Sincerely,

Tejaswini Jagadish, MD

Malavika Balachandran, MD Internal Medicine
Kettering Medical Center, OH
drmals10.1@gmail.com

My name is Malavika Balachandran.

I am board certified in internal medicine and am working as a hospitalist in Dayton area, Ohio.

Me and my husband are both frontline physicians fighting the covid 19 pandemic. I am very much proud, privileged and grateful come to work every day and get an opportunity to give back to this state of Ohio which embraced me and took me in and helped me complete my training and residency. Unfortunately, due to the challenges posed by the immigration laws, we have been stuck with an approved permanent residency petition since 2017. With the increased chances of getting covid, **we constantly worry about the future of our 6 month old daughter**. I request you to support HWRA, which would give me and my family protection and stability, while we fight this covid 19 pandemic.

Thank you.

Abel Joseph, MD Internal Medicine
Cleveland Clinic, OH
abeljosephmd@gmail.com

I am currently an Internal Medicine Resident at the Cleveland Clinic. I have been working relentlessly towards a goal that requires a lot of personal sacrifices along with a resilient mindset. However, lately, it has been very disheartening to see my colleagues and friends in this remarkable health care family struggle with unfortunate issues of policy. I encourage you to appreciate the hard work and determination that goes into making every single health care professional on this list and hope you are able to value our compassion towards the welfare of this beautiful country.

Sincerely,
Abel Joseph, MD

Geeti Sharma, MD Internal Medicine Hospitalist
Mercy Health-Boardman, OH
Gsharma@mercy.com

I am a hospitalist working 7 on 7 off at a busy community hospital in Ohio. I have got married in 2012 and moved to United States in 2015 since getting a visa, giving my exams, my husband who is also a physician finishing up on his residency and starting to work as a full time physician made us do Intercontinental long distance (me in India, he in US) . But when We started living together, I again had to move to a different state Ohio for residency since I was on H1 visa and not eligible for J1 (since I was a J2 visa at one point) and my husband was doing his J1 waiver job at West Virginia at an underserved area. Finally, after 7 years of long distance/ meeting on weekends, taking turns parenting our 5 yo daughter we got together last year June. Despite all the hardships the immigrant doctors are working day and night giving their best and should in return deserve better visa policies irrespective of country of origin.

Vaishali Sinha, MD Internal Medicine
Mercy Health, Oregon, OH
VSinha@mercy.com

I am a primary care physician with Mercy health. I have lived in Ohio for seven years. I have trained at Fairview Hospital Cleveland clinic where I got the Best Resident Award. I Also received a “good catch” award from nursing staff.

I have worked as a primary care physician at the Cleveland clinic for two years before moving to Mercy Health in Toledo Ohio. I am on an H1B visa which is restricted to two sites. At this time the organization requires flexibility from its physicians to cover services. I was told that my visa doesn't cover teaching and immigration attorney had to be contacted to file an amendment.

I have two children who moved to US when they were six weeks and four years old. They have always been here legally on an H4 visa. Without change in legislation they will both age out at the age of 21 and have to leave the country.

Travelling abroad to visit family bring this on challenges because we have to apply for a visa from the US Embassy which can be unpredictable and involve delays. And during our last visit we were delayed by one week. This caused inconvenience to my colleagues and patients.

There is a nationwide shortage of residency trained primary care physicians. Residency training is funded through US taxpayer dollars. It makes sense to retain residency trained physicians by giving them Green Cards. It does not disadvantage US workers because only residency trained physicians can work in jobs that require trained physicians. There are nowhere near enough US citizen or US permanent resident Physicians to meet the needs of the population.

Gopi Patibandla, MD Internal Medicine
Mercy Medical Center, Canton, OH
Gopimadhav2003@gmail.com

I still remember the day I first entered the United states in 2008. The day with a lot of excitement, hope for the future and also a lot of uncertainty. Eventually everything fell into place. I did my residency in Texas and then worked in a rural, medically under-served area in Maryland before moving to Ohio and making Canton as our hometown. We love the community we live and the people we work with. Me and my wife both on H1B visa are front line workers in treating hospitalized patients with COVID-19. I feel proud that I belong to this profession fighting hard against this pandemic to save lives and serve the people of the city and state. But when we think, when will we become the permanent residents of the community where we live in, the answer would be "may be a few decades". This has been keeping us in stress and anxiety. Going through renewal of visa on a periodic basis and unable to visit my birth country as often as I should, will only increase the stress. But as we are and will be doing our best here to fight COVID-19, we are also hopeful that our leaders of this great nation would understand our plight and support us in getting permanent residency. I sincerely request you to support and pass HWRA and other immigration bills for medical professionals.

Sincerely,
Gopi Patibandla, MD.

Ishwinder Singh Sehgal, MD Hospitalist
Cleveland Clinic Akron General, Akron,OH
isehgal@soundphysicians.com

I have been working in the USA for the past 5 years. I am directly involved in taking care of COVID patients since the start of this pandemic. Being healthcare worker, we are at higher risk of contracting this disease. And I get sick due to this disease, I will not be able to work and I will be violating my visa laws then. So I will have to self deport as I will not be able to maintain my visa due to not able to work. Also, if something happens to me, my family will be left alone and they will be deported back to home country as they will be out of visa. This is really scare. Also due to visa restrictions, we cannot provide our services to any other hospital or area. I believe this bill if passed, will solve this issue and we will not be replacing any American citizen as there is huge shortage of physicians in the USA.

Jayaprakash Dasari, MD Nephrology

Akron, Ohio

idasari@americarekidney.com

I work as a Nephrologist in Summit and Wayne counties. More than 50 percent of my patient population is considered underserved population. I have been in US since 2007, finished Masters in Public Health, residency and fellowship (total of 7 years of post-medical school education). I have 2 children who are US citizens. **A stable immigration status in these trying times helps us focus on providing medical care to needy instead of worrying about immigrations status.**

Kanika Ahuja, MD Hospitalist

Sandusky, Ohio

Drkanikas10@gmail.com

Hello,

This is Kanika Ahuja .

I am board certified internist and Geriatrician. I am currently working as hospitalist at Firelands Medical Centre, Sandusky. I am one of front-line workers and encounter Covid pts on daily basis. Since the beginning of the pandemic me and my family have been living in fear. If something happens to me while serving my duty, my family will be at risk of deportation or If I am not able to work due to Covid related illness, due to strict visa rules, I will have to Self deport myself.

Kindly support the bill so we can support and do our duty towards our community without any fear and worry

Mansi Sharma, MD Internal Medicine Hospitalist
mansi_3012@yahoo.co.in

My name is Mansi Sharma.

I am board certified Internist and currently work as a hospitalist.

We are a dual physician family with both me and my husband on frontlines of COVID-19.

We are proud of each day we get the chance to be able to give back to Ohio community that took us in as immigrant physicians and gave us the opportunity to complete our training, work in underserved Ohio with a promise to path to citizenship.

Unfortunately, due to complex immigration laws we have been stuck with an approved green card petition from 2015 but still waiting for green card due to backlog.

We leave behind our young kids when we leave our home for work, with the increased chances of COVID 19 infection we constantly worry about the future of our children,

We request **social stability for physicians** so that we can serve during this pandemic with peace of mind, please support HWRA and please incorporate it as part of COVID bill.

Thank you.

Pravan Kumar Metla, MD Hospitalist
Kettering Medical Center, OH
Mksravan@gmail.com

I am a physician who has been living in US and serving the community for 9 yrs. I have been on H1b all through these years. We are providing services including taking care of patients in the hospitals when they come in, in the sickest of states. Helping them heal and bring smiles to the patients and their families is something we relish. Our network due to the sustained efforts has grown and expanded tremendously, providing resources to take care of our community without the need to transfer them anywhere else for the most part. Also during this current COVID -19 pandemic we are actively taking care of patients infected with the covid -19 virus. **We took care of a grandfather raising his grand kids who got infected with covid -19. also took care of a father of 3. sole bread winner of the family, a middle aged person who is the sole care giver of his wife who suffers from multiple sclerosis and countless such stories.** We are also educating the community on necessary preventative measures. One of the restrictions with being on visa is that I am only able to render services in the institutions where I am allowed to work based on my visa and labor filing. We cannot go and offer our services elsewhere. If we have a permanent immigration status, that will ease the restrictions and we shall be able to assist the communities in dire need of medical help which would help this country achieve greater success and prosperity along with the well-being of our communities.

Sudha Jagarlamudi, MD Internal Medicine
Mercy Medical Center, Canton, OH
sudhajagarlamudi132@gmail.com

I am Sudha Jagarlamudi, MD, Internal medicine physician. Being a Hospitalist at Mercy Medical Center, I am a front-line worker taking care of COVID positive patients. Like many others in my profession, I am in the long line of workers waiting for their green cards. Even after living in the United States for many years, having worked hard in a professional career and having direct patient care responsibilities I am still struggling to get my permanent residency. Definitely this has been very stressful. Because of visa restrictions, I can't work in a place that needed my service the most when the healthcare is in shortage especially during these tough times. **I would like to take care of the patients more than ever at this time rather than worrying about immigration/visa issues, renewal of driver's license periodically etc.** I believe it is not fair for the front-line workers who are risking their lives in the fight against COVID-19 does not even have a permanent residency and their family members will be deported in the event of disability or death. I can only hope for the immigration process to be fair and streamlined for physicians who are risking their lives every day. I request you to please consider and pass the bills being proposed and help us in taking care of the people of this great country.

Sincerely,
Sudha Jagarlamudi.

Vaishal Shah, MD Pediatric Sleep Medicine
Cleveland Clinic, OH
shah.vaishal85@yahoo.com

We are war and this time it is not against a country or group of people. It is against an invisible enemy which has wracked havoc in the world! During COVID pandemic I have been involved in different aspect of COVID response including treating patients with insomnia and anxiety related to pandemic, being part of reserve teams for deployment at frontline as our frontline teams gets fatigue and burn out with burden of COVID related care, advising on pre-procedural COVID testing prior to sleep studies for the patients and triaging high risk patients to safely provide them care they need during this time.

I currently serve as the Director of Pediatric Sleep Program and a sleep medicine staff physician at the Cleveland Clinic. My interest in research and leaning about health systems, epidemiology of diseases led me to pursue graduate education in public health at Cleveland State University following medical school. I support a team of several staff physician, nurse practitioners, administrative assistants, sleep lab team, nurses and medical assistants who are integral in providing support to patient in our community.

My family and I, are thankful to the United States for providing opportunities we had in advancing our careers and making a difference in our patients' lives. Despite wanting to help more and having a public health background, extend of our contribution is severely limited by restrictive ruled under H1B visas and significant backlog of green cards. We are not able work outside of our employers due to these restrictions and support our communities better in the time of the need.

Additionally, being the primary bread earner and visa holder in event that if I acquire COVID myself and have health consequences due to the same, my family will be in devastating position of losing their legal status in this country and support, which further limits my ability to fully support our frontline workers in the time of need.

Therefore, I strongly request support for immigration bill S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) and S1810 (formerly S.948)/HR3541 (formerly H.R.2895) intended for stabilizing workforce and creating resilience in the time of need by allowing healthcare workers like me to be freeof restrictions and to be able to contribute fully.

Thanks,
Vaishal Shah MD, MPH

Meera Kumari, MD Psychiatry
University Hospital, OH
drmeera81@gmail.com

There is **already a huge demand-supply gap for pschiatrists** and, unfortunately, it is going to increase in the current pandemic era. There is a long wait time for patients even in urban areas. **The wait time for green card limits the options for us to move to areas where the need may be the greatest.** The timely resolution to this matter is of utmost importance to increase the healthcare accessibility for the vulnerable population. I hope that your office will take all the necessary steps in this matter.

**Puneet Chopra, MD Internal medicine,
Mercy Health Oregon, OH
Pxchopra@mercy.com**

I am an internal medicine physician, working in a small town, Oregon Ohio. I completed my residency with clinical excellence award! **I serve patients from rural background mainly farmers, blue collars and underprivileged.** I am also taking care of COVID patients in this pandemic.

I am waiting for green card for last 4 years and not sure how much longer - may be decades as per current visa policies. **We have a son, who is 8 years old, he was born in India, I am highly concerned about his future,** if he does not get green card by age 18, it will be problematic for his higher education!

Rahul Sharma, MD Endocrinology
Ashtabula County Medical Center, OH
dr.rahul.khn@gmail.com

I initially was working in **underserved rural area of Southern Illinois in Mount Vernon, Illinois**. I was seeing patients infected with COVID-19 virus admitted in the hospital during the whole pandemic period. **I recently moved her to another rural area in Ashtabula Ohio and doing the same job**. If I get infected and something happens to me my wife and 2 kids have to leave US. My wife is a dental student studying at Case Western University in Cleveland Ohio. She worked very hard to get here and all her dreams being shattered.

Our whole family has to continuously live in this fear of being deported back. Being on frontline our lives are always at stake. I hope legislation is passed and we can become citizens of this country and continue serving the community.

Rajat Maheshwari, MD Nephrologist
Ravenna, Akron Ohio
rmaheshwari@unityhealthnetwork.com

I am a nephrologist in Akron and Ravenna Ohio. **I routinely provide Nephrology and dialysis care to patients in underserved and rural areas especially in Ravenna Ohio.** I have taken care of multiple patients with Covid-19 and kidney failure including supporting them on dialysis. I have two daughters who are American Citizens. I worry if I am disabled or die by contracting covid they would need to leave their country; I worry hundreds of my patients would be left without a doctor who has been helping them through navigating their hypertension and kidney disease. I have been waiting for green card now since September 2012.

I am hoping this legislation can provide more certainty to my patients and their family that their doctor is going to be there for them.

Rajitha Dasari, MD Internal Medicine Hospitalist
Doctors Hospital, OhioHealth, Columbus, OH
Rajitha.Dasari@ohiohealth.com

Myself and my husband Dr. Duvuru are board-certified Internal Medicine physicians. We moved to the United States in 2009 and started our residency. We graduated in 2012. Since then we have been working in Ohio. This is our 12th year on H1B visa. We both are currently working at Doctors Hospital, OhioHealth, Columbus as Hospitalists. **Majority of the population we serve, are of low socioeconomic status, underprivileged, and with poor healthcare literacy.** We are committed and dedicated our lives to serve this community. We take pride in playing a vital role as frontline physicians risking our lives each day, working relentlessly during this COVID 19 pandemic. Yet, we are also under stress, and constant fear about our children that if something were to happen to either of us as we fight this Pandemic, our children would have to leave their country of birth. We have 3 young kids aged 9 and 6 (twins) who were born here in the United States. During these unprecedented times there is so much of stress in each of our lives. **We as immigrant physicians, not having a permanent status in this country is affecting our emotional health.** Dedicating so many years of our life in serving the people of this great nation, we want to call this home, and continue to serve our communities. We kindly request all the policy makers and leaders help us in finding a pathway to permanent residency to all the immigrant physicians like us.

Ramnath Santosh Ramanathan, MD Neurologist

Aultman Hospital, Canton, MD

Dr_santosh7@yahoo.co.in

There is a great dearth and shortage for neurologist all over the USA. **Especially many community hospitals around our area in Copley area in Akron, OH do not have neurology physician.** In spite of such a grave shortage of neurology physicians, it is tough to be in such circumstances where we are tied up by our individual visas which comes with so much future uncertainty for us on individual level and for our families. This bill certainly looks at improving our current situation.

Shinoj Pattali, MD Hematology and Oncology

Ashtabula County Medical Center, OH

Shinojpi@gmail.com

To my knowledge, I am the only full time practicing hematology oncology doctor in Ashtabula County.

I am working everyday despite the covid 19 pandemic not to inconvenience patients receiving chemotherapy. I also take care of covid 19 positive patients in the hospital. I have been on H1b visa since 2010. I love taking care of my patients and families in their most difficult times of their lives. I hope legislators realize the services of the immigrant physicians to the communities they serve.

Divya Akshintala, MD Endocrinology
Ohio Health, Columbus, OH.
Divya.akshintala@ohiohealth.com

Thank you for your time and consideration.

I migrated to US 8 years ago, and have spent the majority of this time on H1B visa. I completed my Internal Medicine Residency at Peoria, IL. During this time, I worked in clinics serving the underserved population, practicing both acute and preventive medicine. I then moved to Gainesville, FL to complete my fellowship training in Endocrinology. During these two years, my clinic was primarily at the local VA - serving veterans who have themselves sacrificed so much for this country. I now work at Columbus, OH with my office at a downtown location, serving those with poor medical access and medical literacy.

I have enjoyed every moment of my career here in the US - particularly enjoyed the moments spent educating as well as treating my patients. However, I am constantly worrying about my immigration status and ability to continue to provide continued care for my patient population. My immigration petition is currently pending, and if not approved by November, there is a threat to my ability to continue to serve in my current role as an Endocrinologist at Ohiohealth. **This is a position that took two years from advertising to fill.** Every day, as I am interacting with my patients and making follow up visit plans, I am hoping to be able to continue to serve them.

Please consider this appeal from all of us. We each have different stories and backgrounds, but a common interest to be able to continue to do what we are passionate about - the health of those we serve.

Sunjeet Kaur, MD Pulmonary and Critical Care Medicine
MetroHealth & Case Western Reserve University School of Medicine, OH
sunjeetkaursandhu@gmail.com

I am working as Pulmonary and Critical Care fellow. In my current role, I am directly involved in taking care of COVID patients in ICU settings along with managing patients with other critical illnesses. I have been on H1b for more than 7 years and waiting for green card which has been held up based on sole criteria that I am from India. When I completed my internal medicine residency in New York and started working, I knew there was waiting time of about 4 years but never expected it to extend from years to decades. Even after knowing this, I have been actively and sincerely performing my duty towards humanity and contributing to health and well-being of community. I believe it is high time to reevaluate this immigration policy and urge you to work towards ending this discriminatory practice against physicians of Indian origin.

Surya Prakash, MD Internal Medicine
Kettering Medical Center, OH
surya_mmc@yahoo.com

I have been working as a physician for last 6 years on H1b visa. I completed my internship in New York where I worked in city hospitals followed by two years of residency in new jersey. I currently work as a hospitalist in Dayton Ohio serving Kettering health network. I enjoy taking care of the people of Dayton who have welcomed me here with open arms. My wife is also my colleague and we both work taking care of sick hospitalized patients including covid -19 patients. **I was the first very few doctors who started working with covid patients when the Pandemic started.** Even though I enjoy working and taking care of these patients I am worried about my family. We have a six-month-old daughter and we are worried for her as we both are healthcare professionals working with covid patients. However, I am on temporary immigration status just because of my country of birth.

It will be a great encouragement and relief for physicians like us if we are given a pathway to permanent residency in this country which we have started calling it our home for last 6 years. It will also allow us to freely move to other places to practice medicine and take care of sick patients whenever situation demands. Kindly consider our request.

Suryakumar Narayanasamy, MD Anesthesiology
Cincinnati Children's Hospital, OH
drsuryakumarmmc@gmail.com

I'm a pediatric anesthesiologist working in one of the nation's top three children's hospitals in the United States. I take pride in taking care very complex and sick children coming to our hospital from all over the country. I'm at the front line of providing anesthetic care for Covid positive patients who are in need of surgery as well as other diagnostic testing.

I'm survived by my wife who is on dependent visa and two little children who are born here hence US citizens. If anything happens to me by contracting Covid-19 while treating the patients, my wife has no legal status in the United States and hence have to leave the country with our children. She is a qualified medical school graduate who is unable practice currently due to the visa issues.

I came to the United States Seven years ago with the American dream of being able to train and work in the best health care system in the world. I scored in the top one percentile in the whole country in every in-training exam conducted. . I take care of the most complex and sick children of this country every day. I have a family here. I have a home here. However, I still live in the fear of being losing the job due to my temporary residency status. In the current situation, I may never be able to get a permanent residency in my lifetime. I would greatly appreciate if the law makers support this bill to give the best and the brightest of this country to be part of the American dream! Thank you

Tanveer Singh, MD Hospital Medicine

Cleveland clinic, OH

Tanveersing@gmail.com

I have been working in U.S. for the last 6 years. Currently I am involved in taking care of COVID patients and I have been doing it since the beginning of the pandemic. This is a part of my duty to serve the patients who have been impacted by this pandemic. However, the risk of falling sick is very high for the healthcare workers (both physicians and nurses) directly caring for the patients with COVID-19. Personally, I have taken care of 3 nurses who have fallen sick to COVID 19. Since I am awaiting in the green card backlog, this is extremely scary. If I get sick and I am unable to work I will have to self deport myself. Also, if any other hospital needs my services, I am unable to provide that because of visa restrictions. This bill S.1024 (formerly S.3599) - Healthcare Workforce Resilience Act introduced by Senator Perdue helps to solve this issue and it would not replace any U.S. workforce. I would be highly thankful if this bill is passed.

Taranpreet Kaur, MD Nephrology
University of Cincinnati, OH
Kaurtt@ucmail.uc.edu

I have been on visa for last 9 years. **I am currently working as transplant nephrologist at university of Cincinnati. We perform about 180 kidney transplant each year at my hospital.** I am involved at every step this process and play an important role in this live saving process. Being on visa has significantly affected my personal life. My husband and I are both on visa and hence restricted on job opportunities despite highly qualified. He is an oncologist and for past 3 years working and living in a different city than I. We welcomed our first child 15 months ago and he missed out on all her major milestones. I hope you will consider supporting this bill so that we continue to serve the community and have a fulfilling family life.

Vaibhav Verma, MD Hematology and Oncology

Vaibhavsimla@gmail.com

I have been on a visa for past 11 years, of which I used 6 years for training and 5 years practicing Medical Oncology. I have touched lives of Americans and felt heartfelt gratitude almost on daily basis for past 11 years. I am thankful to my patients for providing this opportunity to me and everything seems perfect. **Unfortunately, I have been told it will be at least 75 years before I get my green card. Until then I will have to be on a work visa with no security of a stable life.**

While I don't particularly mind the hardships that come along with being on a visa (which could be nerve wrecking to many people) since I sort of signed up for that, I do feel bad for my daughter. Born in Brooklyn, she has known no country other than USA as her home. She is all of 5 years old and the immense pride and joy in her eyes on July 4 is seen to be believed. I see in her, the supreme confidence that being an American brings with it, the potential that she has to contribute to this country. But I see that with trepidation- since it can be all taken away from her. If I lose my job/die/become disabled, she will be deported out of this country and go to a country that she does not belong to. It just seems unfortunate.

Vamsi Emani, MD Hospitalist
Columbus, OH
Vamsi.emani@ohiohealth.com

I am board-certified in Internal Medicine and have worked in this field for the last 10 years. I moved to the United States to complete my residency training at Youngstown, OH. **I was involved in providing care for a greatly underserved population.** I then moved to Peoria, IL to serve in academic medicine. While continuing to practice medicine in an underserved area, I was also involved in the supervision of resident physicians in training, as well as medical students. I am now in the forefront, taking care of COVID19 patients at OhioHealth, Columbus, OH while continuing to be involved in resident physician training and education. I take great pride in my work and am humbled by the opportunity to take care of my patients as well to be able to contribute to the education of our future doctors. However, I continue to constantly worry about my immigration status and the uncertainties it carries. Although US is home now, we have left behind elderly loved ones in India. And each time we travel to visit them, there is a concern about being able to come back home in a timely manner to resume our professional responsibilities due to the hurdles of visa processing. Please consider this appeal from me and my fellow physicians who are dedicated to the health and well-being of our patients, but constantly faced with uncertainties and immigration issues.

Venkata Vajrala, MD Hospitalist
Miami Valley Hospital, Dayton, OH
venkata.vajrala@gmail.com

I would like to thank you for taking your time to review our efforts in promoting Healthcare Workforce Resilience Act (HWRA)

I am one of many other healthcare workers who got scrambled in the green card que waiting for my turn which may be a decade or more. I've been working as a hospitalist for 5 years serving Montgomery county in Ohio taking care of hospitalized patients as well as COVID-19 patients. I am bound to a VISA which restricts my ability to serve other counties and communities. Fostering a Nursing home and taking care of uncared elderly has been my dream that cannot be accomplished due to VISA restrictions. My pregnant wife and 2-year-old daughter dependent on me will get deported if I demise from COVID 19, which I am worried about acquiring while serving the community.

HWRA is a great initiative that boosts the healthcare providers trust towards the Great America and gives us a better opportunity to serve and keep the nation healthy.

“Ours is the only country deliberately founded on a good idea.”
– John Gunther

Vinay Lingabathula, MD Hospitalist
Miami Valley Hospitalist Group, Dayton, OH
vlingabathula@gmail.com

I am a board-certified Internal medicine physician currently working as a Hospitalist at Miami Valley Hospital, Dayton Ohio. I am from India and have been in US for 9 years on a visa.

I did my residency in an underserved area in Brooklyn, NY from 2011-2014 and then moved to Dayton, Ohio and have been living here since then.

My wife who is also a physician finished her Internal medicine residency and started working for Miami Valley hospital since 2019. We had a kid this January and recently bought a house. Dayton is our home now. We take pride in our work and have been serving our community and would like to continue to do so as long as we can. Currently we both are on visa(H-1B) and now in the long line waiting for our Green cards to come through.

We have been taking care of COVID patients since March of this year. With the cases surging here in Ohio and throughout the United States there is no doubt that the requirement of physicians taking care of the COVID patients will continue to go up. I am willing to offer my services beyond my current place of employment should that situation arise but being on a visa limits your ability to work in other places.

I kindly urge you to support this bill S1024 (formerly

S.3599)/HR2255 (formerly H.R.6788) and S1810 (formerly

S.948)/hr3541 (formerly H.R.2895).Sincerely,

Vinay Lingabathula MD

Sudhir Duvuru, MD Hospitalist
Doctors Hospital, Columbus Ohio
Sudhir.Duvuru@ohiohealth.com

Myself and my wife Dr. Dasari, Board-certified Internal Medicine Physicians, both work as a hospitalists with OhioHealth in Columbus, Ohio. We moved to the United States in 2009 after completing our certifications at the Royal College of Physicians and Surgeons in the United Kingdom to pursue our American dream. After completing residency in Wisconsin, we started working as Hospitalists in Ohio.

We work at Doctors Hospital, which serves a large population, who are of low socioeconomic background, and low health literacy. We are committed to serving this patient population and serving our community. I am also involved in teaching the residents and medical students. I am passionate about quality improvement projects which directly impact patient's health positively. We are also proud to serve this community during these unprecedented times being the frontline providers for COVID patients at our hospital, knowing that we are risking us and our 3 young kids. We are committed in every possible way to serve our community. **We have been on H1B visa for the past 12 years without any assurance of obtaining a permanent status in the near future.** We kindly request all the policy makers and leaders help us in finding a pathway to permanent residency to all the immigrant physicians like us.

Sai Mukthapuram, MD
Neonatology
Cincinnati, Ohio
S.mukthapuram@yahoo.com

Dear Senators and House Representatives,

I am Sai Mukthapuram, an Assistant Professor of Neonatology at Cincinnati Children's Hospital affiliated with the University of Cincinnati Medical Center. Thank you for taking the time out to consider our requests and concerns during these testing times. COVID-19 has impacted people significantly both globally and locally with physicians being no exception. In fact, physicians from all aspects of medicine are the frontline soldiers in this war with an invisible enemy. Healthcare workers being the most affected group in Ohio & USA not only risk our lives going into this war but also risk the lives of our friends and families. Adding to this, being on a visa and waiting for a Greencard/Citizenship, doesn't allow me and many of my colleagues to avail benefits of disability insurance, life insurance, and unemployment benefits if we were to get sick with COVID-19. The uncertainty of the current immigration status doesn't also allow us to visit the sick/ailing family and friends in India without the fear of getting deported/denied entry into the USA due to embassy closures.

By considering and passing this bill, you will not only give us some hope but will also boost our confidence in this war against COVID-19. I thank you for considering our request and we will continue to help the United States of America fight this battle the best we can. I sincerely request you to support and consider passing Healthcare and immigration bill for medical professionals S1810 (formerly S.948)/HR3541 (formerly H.R.2895) and HR2255 (formerly H.R.6788).

Sincerely

Sai Mukthapuram, MD; MEd; FAAP.
Assistant Professor of Neonatal-Perinatal Medicine
Perinatal Institute, Division of Neonatology Cincinnati
Children's Hospital Medical Center

Communications Chair & Secretary
Trainees and Early Career Neonatologists (TECaN)
Section on Neonatal-Perinatal Medicine American
Academy of Pediatrics

Email: s.mukthapuram@yahoo.com
@sai_mukthapuram

Mahaveer Mukkamalla, MD Hospitalist
Summa Health, Barberton, Ohio
mahaveerm@gmail.com

I am Dr M. Mukkamalla, a hospitalist who works at Summa health System in Barberton, Ohio, I have been in this job since March 2018, I am on a H1B visa since July 2007 and my Green card processing is still pending. I currently take care of all inpatient admissions including the patient's infected with COVID 19. I like my profession and the care I give to my patients. Please help us pass this bill so that our legal status (including the other physicians who are in the frontline) isn't jeopardized. This gives us more liberty in managing the COVID 19 crisis in these unprecedented times.

Thank You!

Gokulakrishnan Balasubramanian, MD Gastroenterology
Ohio State University
Columbus, Ohio Gokul.bala@osumc.edu

Dear Senators and House Representatives,

Hope this message reaches you well.

I have been a physician working in United States of America since 2008 while my wife is also working as a physician since 2011. **We have two daughters who are being taken care by wife while she is working at Muncie, Indiana. With great personal pain of being separated from two daughters who are one year old and 6-year-old, I am writing this letter.** I had applied for green card and waiting for it since September, 2012. Currently, the only that gives pleasure is my work at The Ohio State University as a Gastroenterologist. Serving the community as a physician has been one of the greatest honors for me and my wife. I hope that you would consider solving our immigration situation for myself and my fellow physicians who have been working in the midst of the COVID-19 pandemic.

Thank you and Sincerely,

God bless you and God Bless America,

Gokulakrishnan Balasubramanian, MD
Assistant Professor
The Ohio State University
Columbus Ohio

Sandeep Singh, MD Internal medicine

Toledo Ohio

Sandeep.kukrejaMD@promedica.org

Dear congressmen/women,

This will give me an opportunity to be more available in covid hit areas as and when needed. It also gives me an opportunity to serve some of the rural areas even when the pandemic is over where there is physician scarcity.

I have been in states for 17 years going between a student visa for 3 yrs and 14 yrs on a H1b visa. Being able to see that the country is able to invest in me, I will have a better opportunity to serve this country better.

Yours sincerely,

Sandeep Singh Kukreja
Internal Medicine/Hospitalist
Toledo, Ohio

Aditya Garg, MD Internal Medicine/ Hospitalist

Dayton, OH

aditya.garg1405@gmail.com

I have been on a temporary work visa in the US for 3 years now. I finished my internal medicine residency on a J1 visa and I am looking to start a hospitalist job in Greenville Ohio.

I was supposed to start my job in July 2020. but because of visa processing delays in the J1 waiver, I have not been able to.

of note Greenville, Ohio is an underserved area in terms of healthcare professionals. with us being in extraordinary times of COVID 19, I am equipped to provide care to COVID 19 patients with my residency training. so with the delay in my visa, it is affecting the people of Greenville.

I request the S1024 (formerly S.3599) bill be in the next COVID relief package so I can continue to do my job effectively.

Aditya Garg

MD

Sujit Muthukuru, MD Hospitalist
Kettering Medical center, Dayton, OH
Sujit.muthukuru@ketteringhealth.org

I am a physician working at Kettering medical center mostly in the COViD unit. I have been on a H1b visa since 2016. My wife is a physician too and both of us are young and can be considered low risk. We can help in many hard-hit areas during this pandemic situation and we like doing this but the visa situation is limiting us. we request you to please consider sponsoring this bill.

Shameer Singh Khubber, MD Hospitalist

Cleveland Clinic, OH

Shameersingh.dr@gmail.com

I am a physician taking care of COVID 19 Positive cases at Cleveland clinic. I have been on H1B visa since 2014. I hope the congress would take into consideration our services towards the community and help us with immigration status so that we are able to provide best clinical care without any fear.

Madhu Kandarpa, MD Nephrology
Kettering Medical Center, OH
mkandarpa@gmail.com

I am a board- certified Nephrologist in practice. Kidney disease is a common complication of COVID infection. Because of visa restrictions I am only able to treat patients in the hospitals I am allowed to work. Without these restrictions I will be able help and work wherever there is need.

Swathi Sangli MD Critical Care Medicine
Allegheny Health Network
Email swathisang@gmail.com

Dear Senator and Representative,

My name is Swathi Sangli. **As a Critical Care physician in Pittsburgh, Pennsylvania**, I am a front line worker in the American fight against the Covid-19 pandemic.

I originally came to the US in 2012 and have spent close to a decade to complete my training, developing the expertise that allows me to serve my patients during these unprecedented times. I initially volunteered as a Research Assistant in the Cardiology department associated with Columbia University, for a year, day in and day out without a stipend, away from my family and with ongoing challenges for self-sustenance. Thereafter, I have been fortunate to have had excellent opportunities for residency training in Internal Medicine at Mount Sinai St. Luke's Roosevelt Hospital in New York City and then my Critical Care fellowship training at the Mayo Clinic, Rochester. I have since been working as a Critical Care physician within the Allegheny Health Network at Allegheny General Hospital and West Penn Hospital in Pittsburgh. **I am fortunate to work with several immigrant physicians who have had similar exceptional training. In our roles as critical care physicians, we serve at the very fault lines of the Covid-19 crisis.**

The expertise that we have had the opportunity to develop during our training has given us the skills to help the sickest of the sick patients. The decisions we are called upon to make are life-and-death decisions, and we have accepted with humble gratitude the faith that our patients place in us to make these difficult decisions on their behalf. It has been our honor to be able to serve our community in this capacity, and we hope to be able to continue to use our expertise and knowledge for the relief and health of the patients that we have the privilege of treating.

On a personal note, my fiancé is also a Critical Care physician and we both work in the same hospital system. The US has become our home over the last decade. We love our friends, family and the community of which we have become a part. The Covid crisis has been particularly hard for us, given the unpredictability of the disease, and the emotional and physical toll it levies on us. Yet, our highest commitment is to our patients.

Our training, especially at the Mayo Clinic, has taught us that the patient's needs come first, and it has been our honor to do our bit to treat those stricken with the most severe forms of Covid-19. Of course, at the back of our minds, we do remember our responsibilities to each other and to our families as well, but our immediate priority in this time of crisis is to our patients and the community from which they come. **In the early days of the pandemic, my fiancé was even exposed to the virus through a patient that he had been treating, and although, thankfully, he did not develop symptoms, we went through several days of worry for ourselves, and our community.** Along with the stresses of being critical care physicians, especially in the era of Covid-19, both my fiancé and I have also had to deal with the uncertainty of our lives in the United States. Both of us are immigrants to this country, and although we have been approved for green cards, based on our merit and training, we would not receive those green cards for permanent residence in the US for several decades, due to a backlog in the green card allocation process. In the meanwhile, we have been dependent on temporary work visas, which often leave us fearful about our future in the USA. **We do not take our ability to live and work in the United States for granted, and we like to believe that the opportunities that this country offers people like us is what makes it great. We would like to continue to be a part of the United States, and build our family here, contributing in whatever way we can to this great nation.**

The Senate has been considering the Health Workforce Resilience Bill or S.1024 (formerly S.3599), which offers doctors and nurses stuck in the green card backlog an opportunity to realize our dreams of being part of the American Dream, instead of having to live in uncertainty about our future. It recognizes the immense sacrifices being made by health care workers on the Covid-19 frontlines and allows us the dignity of being fuller members of the community and society that we work so hard to help. It will help us serve the United States better, with the flexibility to be deployed at facilities that would need our services the most, a flexibility that the current arrangement does not allow.

I request your support for this legislation, which would benefit both the United States and also so many of the health workers who are right now caring for the people that need help the most.

Kind regards,

Swathi Sangli MD

Critical Care, Allegheny Health Network

Contact:

Shaun Noronha MD Critical Care Medicine
Allegheny Health Network
Email dr.shaun.noronha@gmail.com

Dear Senator and Representative,

My name is Shaun Noronha. I am a physician by training and occupation, and currently work as an ICU specialist in the great city of Pittsburgh, in the Commonwealth of Pennsylvania. I love my job, my community and most of all, I love the patients whom I have the privilege of serving in **my role as ICU physician**. I am writing this letter to you to request your assistance in allowing me to continue my calling.

Senator, I am an immigrant physician from India. I first moved to the United States in 2009, to train at Harvard University in Boston, Massachusetts, where I obtained my master's in public health. I then worked to strengthen US foreign policy outreach via the Capacity Plus program funded by USAID. Subsequently, I completed my internal medical residency within the Mt. Sinai system in New York City and then a fellowship **in Critical Care Medicine at the Mayo Clinic, in Rochester, Minnesota**, before moving to Pittsburgh, a city that I now know as home.

I write to you because, despite having lived and served in the United States for over ten years now, I, like so many of my fellow immigrants, find myself in a situation where, if the status quo continues, I will not have the right to be a permanent resident of the United States for another 120 years. This absurdity is because of a quirk in the immigration system, whereby permanent resident status is allotted in quotas based on country of birth, putting potential immigrants from larger countries at a significant disadvantage. This has created a huge backlog in the system whereby a person born in India applying for a green card today, will have to wait 120 years before it is their turn to be able to call this great country home. You will agree, Senator, that this is an unfair system, and needs to be addressed.

More urgently, Senator, the Covid-19 crisis has laid bare the acute shortage of medical workers in the US. A fourth of all physicians practicing in the US are immigrants, several thousand of whom are stuck in the green card backlog. Earlier this year, bipartisan legislation was introduced on the floor of the Senate in the form of the Healthcare Workforce Resilience Bill or S.1024 (formerly S.3599) to make unused green cards available to doctors and nurses stuck in this backlog. While not a comprehensive solution to the nation's immigration problems, it offers a surgical fix, if you will pardon the metaphor, to give relief to those of us on the healthcare frontlines. I humbly request you to extend your support as a co-sponsor of this fair and necessary bill.

As an immigrant physician who loves his city and place of work, it would remain my life's greatest privilege to continue to care for the sickest of the sick amongst us in the great state of Pennsylvania. As I have cared for critically ill patients during the Covid crisis, I keep reminding myself that we are all in this together. I write this letter to you, not only on my own behalf, but also on behalf of my fiancée, Dr. Swathi Sangli, who is also an ICU doctor in the identical situation, and on behalf of several thousand physicians and nurses in Pennsylvania, and the larger United States who will be robbed of the opportunity to fulfill our life's calling in a country we have adopted as our own, and that we love as our own. In humility, Senator, I request you to afford our deserving cause your support so that we may continue serving the good people of the United States of America. It is, in my humble opinion, the right thing to do.

Yours Sincerely,

Dr. Shaun F. Noronha

**Pranav D Patel MD Hospital Medicine/ Internal Medicine
Geisinger Medical Center Danville, PA
Email ppatel7@geisinger.edu**

Dear Legislators,

I am presently employed at Geisinger Medical Center, Danville, PA. I completed Internal Medicine Residency program from Montefiore Medical Center at Bronx, NY on H1b visa. I served area of Bronx as a resident and also served 1 more year as attending physician in area of Bronx with socioeconomically challenged patients. Then I re-located with my family to Pennsylvania in 2017. **Central PA where I am working is considered one of the underserved rural areas with physician shortage.**

I remained on H1b visa since 2013 from beginning. I provide medical services to hospitalized patients, medical consultation for surgical patients and behavioral health patients. In addition to being hospitalist I am clinical assistant professor of Internal Medicine. I am actively involved in resident trainee clinical didactics and supervision. It has been difficult to recruit skilled physicians to this hospital and reasons for this is that the location is not really favored by new providers due to the long distance from the city and lack of resources in a rural underserved community.

For the last three months, I was heavily involved in the COVID 19 team working in our hospital. I was involved as active care provider of COVID 19 and effectively provided patient care. During this crisis when I saw overwhelmed New York city, I wanted to serve there as volunteer physician to save lives but unfortunately due to visa restriction I couldn't work there!

I have a pending I140 petition for green card since 2017 and still waiting for it to be approved due to extensive backlog. I have worked in this hospital for more than three years and plan to continue providing medical services here even after approval of green card. This requirement restrict me to work and support in this physician shortage. My wife who is trained physician as MD from India who could also volunteered in this time. But due to H4 visa she can't work! She is highly skillful healthcare worker but unemployed because of visa restriction. While risking my life treating patients selflessly, if I succumb it is bigger risk for my family that they will lose everything here and have to go back to my home country. That is also with years of service as frontline healthcare worker in underserved area.

Given the resurgence of COVID 19 cases again in various states it is highly concerning how the next few months will unfold and how it will affect the health of the people in the community.

Given the existing physician shortage in this hospital it will be extremely difficult to provide adequate medical services to our people if any of our physicians fall sick due to COVID 19.

Through this combined letter and efforts of several physicians we sincerely request you and your colleagues to consider our appeal urgently and support the bills S.1024 (formerly S.3599)/HR.3541 (formerly H.R.2895) and S.498/HR.2255 (formerly H.R.6788). This will help with immigration backlog for physicians and nurses and prevent any hurdles for physicians to serve and provide care to our affected patients in every community and health care organizations. We as physicians are here to answer the call of this pandemic. We request your support for us so that we can in turn help our country to stay healthy, strong and overcome this health crisis together.

Sincerely,

Pranav D Patel, MD

Sachin Mehta MD
Division Chief- Adult Psychiatry
Belmont Behavioral health system
4200 Monument Rd.,
Philadelphia PA 19131
215-581-3763

July 4, 2020

Dear Senators and House Representatives,

I am a physician in the United States of America and have been here for the last 17 years. I did my residency training at the Carilion clinic program affiliated with the University of Virginia. After graduating from residency I started working at the Belmont behavioral Health system in Philadelphia. My hospital sponsored my H1B visa and I am awaiting my green card for the last 13 years. I am now the division chief of adult psychiatry in our hospital system. **Over the last 13 years I have worked with a lot of passion, taking care of the patients with severe mental illnesses, opioid and other addictions and adults suffering from severe depression and anxiety.** I'm also the medical director of our outpatient program and of the Deep Transcranial Magnetic stimulation program for treatment resistant depression at Belmont.

During the most recent healthcare crisis with COVID-19 we created an isolation unit in the hospital to treat patients who were positive for COVID-19 and also struggling with mental health issues. I took the lead in treating COVID-19

positive patients and was working closely with them. **After working on the units for two consecutive weekends and a week I got infected and tested positive for COVID-19. At that point I quarantined myself in my house trying not to get my wife and two young children infected. At this point I had to have the very serious conversation with my wife about deportation for my wife and children if I were to die from COVID-19 as they are dependent on my visa.** Fortunately, I recovered from it and went back to working with COVID-19 patients and am still doing the same.

Every day I go to work with the same passion and compassion for my patients. I understand that I am risking my life and my families lives during this process. We love this country and consider this home now.

I have been asked multiple times to work in a nearby medical hospital as a consultation-liaison psychiatrist to treat psychiatric issues in the ICU and medical floors during this COVID-19 crisis. I am unable to do so due to visa restrictions. My family, myself and my patients would really appreciate you passing these two above mentioned bills removing the green card backlog that I have been stuck in for the last 13 years.

Sincerely,
Sachin Mehta MD

Mushtaq Bhat MD Hospitalist
Texas Health Presbyterian Hospital
Denton, TX
bhatmushtak@gmail.com

My name is Mushtaq Bhat, a resident of North Texas. I want to bring your attention to the plight of more than 12 thousand US-trained highly skilled physicians who are currently stuck in decades-long green card backlog (due to country cap) which has especially saddened and disheartened us as we face the current unfortunate crisis of COVID-19 pandemic. The limitations on us (the H1b visa holder physicians most of whom already have green card applications approved for years) are so stringent that we feel helpless and handicapped when we want to serve our communities to our full extent. We are stuck in this green card quagmire because of the country cap and if we go by the current pace, 99% of us might get green cards in 70 to 100 years despite having our GC applications already approved, for years now. We as physicians are committed to dedicated care for our patients in this country irrespective of our immigration status.

I am an internal medicine trained physician working as Hospitalist with Texas Healthy Physicians. I worked as a physician in different countries including East Europe, Indian subcontinent, Middle East and England and finally

moved to USA in 2010. I have two US born kids who are 5 and 3 years old, older ones 14 and 9 years old are born outside of US. The day I completed my residency my wife and I were already convinced that this is the country where we will bring up our family and make this our country, but that "American dream" has never come true, even after a decade of waiting. We have been patiently waiting despite facing countless hardships because of temporary H1B visa, but this pandemic has really made us think if all that sacrifice was worth. **Leaving our old parents and other loved ones back in India, whom we have not been able to visit for last 4 years because of fear of not getting our visa stamped once out of country (as has happened to few of my colleagues) , fear of what if I get sick at work due to COVID-19 and am not able to work , for even a month or worse, succumb to it. If the worst was to happen, my wife would have to take my 4 kids and deport herself, within a month and take them to a country they have never lived in, don't speak the language of that country and is a war-torn place (Kashmir). This constant fear is paralyzing at times.**

I belong to one of the few specialties of medicine who are at the forefront of this war against COVID-19. I have received so many calls from hospitals or their recruiters from underserved areas in the state, out of state and telemedicine companies to help out during this crisis. I joined medicine, as many of my colleagues did, with a vision of providing compassionate medical care to the sick and ailing. There is rarely a situation more dire than we are experiencing with this pandemic. Due to the restrictions my visa status puts on me, I am not able to offer my help to the hospital just across the street let alone anywhere else in the underserved areas of the state or in the country. I feel helpless and disheartened at the same time, that during these difficult times I am not able to help as many needy and sick people. Federal and State governments are advocating for Telehealth and even waived the state license restrictions but we, a strong force of around 12 thousand physicians, cannot be part of it either. Imagine if each of us is able to chip in just 1 day a month to help in most affected areas of the united states we will get 12,000 physician days amonth

This is a war against an invisible enemy, and we need all hands-on deck. In war times some extraordinary steps need to be taken to win the war and we are frontline foot soldiers who are willing to fight and win this war for us, our families and this great country.

Sincerely,
Mushtaq Bhat , MD

Karuna Poddar, MD.
Child and Adolescent Psychiatry Fellow
Jefferson University Hospital
dr.karunap@gmail.com

Dear Senators and Congressmen,

I am currently in Fellowship training in Philadelphia in Child and Adolescent Psychiatry and was grateful that I got into my residency and fellowship training after I received my H4EAD. H4 visa holder is a dependent person under H1 visa holder. My husband, a US trained Physician is a H1 visa holder, who continues to work in the frontline and manages COVID patients. **Although my husband continued to receive many calls from other employers, to provide additional help during COVID, he was not able to extend his services to several needy people through telemedicine or work elsewhere outside of the work visa employer, because of the visa binding.**

While he was considering expanding his services, our family has been praying daily that he is able to stay healthy and strong and continue his noble work in managing sick COVID patients. **This will also protect me and our children to stay protected in this country, while we are awaiting the prolonged green card backlog.** I continue my fellowship training because of my dependent visa status under my Husband. It has been a predicament, while we train and continue to work, making the sick get better, that we battle our own insecurities of being able to stay protected in this country for ourselves and our children. I request you to realize this predicament of many family like ours, US trained physicians who wish to continue working towards making a healthier nation.

Karuna Poddar, MD.

Varun Malayala, MD MPH FHM FACP
Hospital Medicine Temple University- Jeanes Campus Philadelphia,
Pennsylvania.

Dear Senators and House Representatives State of Pennsylvania,

My name is Dr Varun Malayala, I am an Internal medicine physician practicing in Temple University-Jeanes campus. I have licenses to practice medicine in the states of Pennsylvania, New Jersey, New York and Delaware. I also have a Masters in Public Health, specializing in Health education and Biostatistics from Western Kentucky University (WKU).

I have a significant number of accolades to my credit including presentations and awards at multiple national conferences, publications enhancing the medical literature in peer reviewed publications. I also teach the students from Temple University. **I also helped prepare protocols for COVID patients recently at our hospital and was awarded the “COVID Hero” from our facility.**

I have been practicing in the US on a H1b visa since 2010. I renew my VISA every 3 years to continue my stay and practice in the US and this has been creating an everlasting anxiety for me and lately, this has been affecting my practice. **My H1b VISA is again going to expire at the end of this month and with that, also expires my driver’s license and all the other documents proving my legal stay in the US.**

Though I tried to contribute as much as possible to patient care and a lot of other significant contributions to the medical field, **I was never able to contribute fully to my potential due to the restrictions by H1b. In spite of having a Masters in Public Health, I am not eligible to participate with the department of Health or Public Health departments as their services are only restricted to US Citizens. Even during the pandemic, I wanted to offer help to the hospitals in New York, New Jersey and the rest of Pennsylvania and my VISA restricted me from doing so.** The immigration restrictions are limiting a lot of physicians (about 20,000) like myself to offer extra services to the hospitals that desperately need help during the COVID-19 pandemic.

Our practice itself is short of physicians and when we try to hire more doctors, we see a significant shortage of doctors. We always try to do extra shifts and see extra patients to keep up with the physician shortage in our practice.

The legislations like s1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) and s1810 (formerly S.948)/HR 3541 (formerly H.R.2895) can solve the problem of increasing the physician workforce without any extra cost to the government. These legislations only make sure that the physicians who are already in the US will be able to work effectively and to their full potential. I sincerely request the entire Pennsylvania delegation to co-sponsor these legislations and help our practices and there by the patients.

Thank you,

Varun Mala, MD MPH

Srilakshmi Vallabhaneni MD Cardiology (Fellow)
St Luke's Hospital University Health Network
Email sriluvallabhaneni@gmail.com

Testimonial:

My name is Srilakshmi Vallabhaneni. I did my medical school training at NRI Medical College, Andhra Pradesh, India and moved here for further training in 2014. I did my internal medicine residency at Medstar Harbor Hospital, Baltimore, and cardiology fellowship at St Luke's University Health Network. I am currently in training for cardio-oncology at University of Pennsylvania/Washington University at St Louis.

As a cardio-oncologist, I provide care for cancer patients (active and treated) with heart conditions. I also supervise stress testing for the heart and imaging of the heart. During the peak of coronavirus hospitalization in Lehigh Valley, **I worked in the hospital providing care for patients with COVID and doing high risk procedures on them.** I have an approved I-140 (NIW-outstanding ability category) from 2019 but due to backlog for Indians cannot proceed further.

Once I complete my training in Cardio-oncology, I hope to return to Lehigh Valley, PA and provide care for oncology patients there, however being on a visa limits the hospitals and clinics I can work in. This specialized field is currently limited in Lehigh Valley and I will be able to offer care for a large needed group of patients but worried my visa limits me from where I can practice within a certain radius.

Before COVID hit, I was visiting my family in India early March but preponed my trip to come back what I considered my home away from home to US. However, being on a visa I was questioned and asked to go back despite having an approved and stamped H1b visa. However, my hospital, St Luke's University Health Network intervened to let customs know that I am much needed in the hospital and was requested to come back early and help in the hospital at which time I was allowed into the US.

I moved to United States to get top notch training with cutting edge research which I'm able to accomplish. I would like to give back to the society which gave me such strong and wonderful training. However, being on a visa now limits me from using my training to help patients. There is a lot of uncertainty for us physicians on visa and now with especially COVID and taking care of these patients, my parents worry about me constantly. I have considered US my home now but these uncertainties with visa limit me and hopefully we can find a solution for the same.

**Ananth Ravi MD Radiologist
Guthrie Clinic, Sayre, PA
Email ananthkravi@gmail.com**

Dear Senator, Congressman or Congresswoman,

Re: US trained physicians: a plea to support S1024 (formerly S.3599)/ HR2255 (formerly H.R.6788)

As a resident physician and a practicing radiologist, over the past 11 years I had the privilege of taking care of patients in a variety of settings including tertiary care trauma centers, veteran's administration medical centers and rural community hospitals across the United states. As a Radiologist, I am closely involved in taking care of sick patients with ailments afflicting multiple organ systems and varying ages. During the COVID pandemic, over the past few months, I have played a critical role in diagnosing symptomatic and asymptomatic patients with COVID-19 in the emergency room, identifying complications in sick intubated patients in the ICU including respiratory failure and nervous system complications including strokes. I also perform invasive procedures on these patients including lumbar punctures among other fluoroscopy and ultrasound procedures.

As a US trained immigrant physician, because of the green card backlog, my current visa status is very tenuous, a fate I share with thousands of other immigrant physicians. Despite having an approved immigrant petition dating back to 2016, I face a wait time that could span decades. **Every day for thousands of frontline immigrant physicians including me taking care of sick patients with COVID brings upon us an undue added stress due to concerns about loss of visa status if one contracts the virus and is disabled. This untenable situation affects not just us but also our families including our young children.**

Given the bipartisan consensus regarding the plight of immigrant physicians and our contribution to the American health care system, Healthcare Workforce Resilience Act (S1024 (formerly S.3599)/HR2255 (formerly H.R.6788)) has provided significant hope to physicians, nurses and their families. I hope that you choose to support S1024 (formerly S.3599)/ HR2255 (formerly H.R.6788).

Sincerely,
Ananth Ravi, MD,
Physician, Department of Radiology
Guthrie Clinic, Sayre, PA

Sudhakar Kinthala MD Anesthesiologist
Director of Neuroanesthesiology
Director of Anesthesiology department research
Clinical Assistant Professor of Anesthesiology department of Medical Education at Geisinger Commonwealth School of Medicine
Guthrie Robert Packer Hospital, Sayre, PA
Email Sudhakar.kinthala@guthrie.org

Dear Senator and Congressmen/ Congresswomen

I am Dr. Sudhakar Kinthala, US-trained, Licensed, and Board-certified Anesthesiologist currently working at Guthrie Medical group, a hospital system located in rural PA.

After completing medical school in India, I moved to the US in 2013. I completed my residency in anesthesiology from New York-Presbyterian Brooklyn Methodist Hospital, in collaboration with Weill Cornell Medicine. I am a fellowship-trained Cardiac and Neuro anesthesiologist and board-certified Anesthesiologist in India. Since 2017, I am working as an attending anesthesiologist and neuro anesthesiologist at Guthrie Robert Packer Hospital in Sayre, Pennsylvania.

My immigration petition was approved in 2018, but because of the country-specific limit, I will have to wait for a few more decades or my whole life to receive my permanent resident ship.

As an anesthesiologist, I provide care to the wide range of patients who require elective and emergency surgery. **As a Director of Neuro anesthesiologist, I provide care for patients needing surgery on the brain and spine. Guthrie hospital performs more than 500 cases of Brain and spine every year.**

As you are aware, anesthesiologist is one of the frontline medical providers who come in contact with the patient's airway secretions and high risk of contracting severe infections like COVID-19. **I take pride in working as a frontline hero in this COVID-19 pandemic. However, my profession also puts me at a high level to contact COVID 19 infection.** If I contract the infection and die, my family will be being deported immediately.

My wife and two kids are on a dependent visa **will face extreme financial, social, and emotional strain, and will have to leave the US.**

I request your support to all immigrant healthcare workers during this pandemic situation by supporting and co-sponsoring the Healthcare Workforce Resilience Act (S. 1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788)) and Conrad 30 Program and Physician Reauthorization Act (S.1810 (formerly S.948)/ H.R. 3541 (formerly H.R.2895)).

If these bills are approved, I do not have to fear for my family's future and I can continue to care for the underserved population of rural PA and also provide medical assistance in other regions of the country where COVID-19 is prevalent, which I cannot currently do due to current visa restrictions

Dear Senator, we appreciate your help.
Sincerely

Sudhakar Kinthala, MD.

Shaik Abdul Samad MD
Hospitalist / Internal Medicine BMT unit
Thomas Jefferson University Hospital, PA
Email shaik.rashid@jefferson.edu

Coming to work as a physician in the USA was in by no means an easy decision. It meant that I would spend several years studying for the most competitive exams in the world in medicine, do volunteer work for no pay and then train in a residency program for another 3 years. What it also meant was that I had to leave my family, friends, and social life that I had built in my home country and travel thousands of miles away. All those sacrifices in pursuit of excellence in medicine were worth it, since it gave me an opportunity to train in the best institutions and utilize that training in practicing this noble profession of treating patients and relieving suffering.

I was rewarded of my efforts when I was accepted in a residency program in Abington Hospital Jefferson Health, Pennsylvania. Following completion of training I decided to join Thomas Jefferson University Hospital as a hospitalist physician treating patients admitted to the hospital, specifically in the medical oncology department. The unit I worked in specifically admits patient with cancer and my responsibility is to treat them for the diseases that they develop. **This includes treating patients with any form of infectious diseases including COVID-19. I also provide care to the critically ill patients who need mechanical ventilation/ respirator due to pneumonia and other illnesses and emergent dialysis for kidney failure as and when complications occur.** Currently, I continue to work in the unit on an H1B visa which must be renewed every 2-3 years. Every 2-3 years I would have to go through the arduous process that is necessary for anyone on a visa, each time I travelled outside the country. This also meant that I am limited in terms of providing care to patients who are not admitted in the sponsoring hospital, limiting my ability to help during this time of need. I was even unable to respond to the call when I received a request to help treat COVID-19 patients in New York during the first wave of the pandemic.

I do have a green card application that was approved but am unable to receive it since the often-debated immigration laws limit the number of green cards based on the country of birth to 7%. India, a country with a population of >1.3 Billion gets the same number of green cards as the smallest, least populated countries in the world. This has resulted in hundreds of thousands of people stuck in the backlog. Since I was born in India, I find myself in the same backlog, which is estimated to take anywhere **between 60 to more than 150 years to clear.** This effectively prevents the more than 800 like me in Pennsylvania (and 15,000 in the USA) from becoming permanent residents of USA.

As I continue my unwavering commitment to my patients, I find myself facing another peculiar yet devastating issue, one that could still be avoided. **My wife and son were due to return to the USA after visiting family in India when the pandemic occurred. Their return flights were cancelled, and they now find themselves stuck in India, leaving me alone here in the USA. Since then, her visa expired on June 30th and she will not be able to enter the country unless issued a renewed visa at a US consulate in India. Currently, the consulates are closed for processing of such visa. My son who is a US citizen by birth, will have overstayed his Indian visa in August. To make matters worse, on June 22nd the president signed a proclamation effectively barring my wife from receiving a visa at least until January of next year, effectively sealing the family separation, a separation that has devastated me. It has been nearly 5 months since I last saw my family, and with no end in sight for the visa ban, I will not be seeing them at least until next year. Meanwhile my infant son has now grown up to be a toddler.**

During the pandemic, If I catch the Covid-19, or die as a result, it would be without having seen my family for months and them without seeing me. My US born son would be unable to grow up in his country of birth and citizenship and would be unable to envision the life we had dreamed for him. There seems to be consensus in appreciating the work frontline healthcare workers like myself, some even referring to us as “healthcare heroes”. Yet I feel underappreciated, and with the new visa ban proclamation, victimized. All of this would not be an issue but for the green card backlog. There is a bipartisan bill in Congress named **Healthcare Workforce Resilience Act (S1024 (formerly S.3599) / HR2255 (formerly H.R.6788))** which provides a much-needed temporary solution for physicians and nurses. **It recaptures unused immigrant visas from previous years and makes it available for the healthcare workers.** I wish and hope that you support us in these difficult times by supporting S1024 (formerly S.3599) / HR2255 (formerly H.R.6788). It will go a long way in supporting frontline healthcare workers like myself and relieve the anxiety and separation the pandemic has caused for our families.

Sincerely,
Shaik Abdul Samad Shaik Abdul Rashid, MD

Amit Behari Bansal MD, MBA
Director, Department of Hospital Medicine Central Region
Associate Professor, Geisinger Commonwealth School of Medicine
Geisinger, Danville, PA
Email: abbansal@geisinger.edu

Dear Legislators,

Re: A plea to support S1024 (formerly S.3599)/HR2255 (formerly H.R.6788)

My name is Amit Behari Bansal and I practice Internal Medicine in Danville, PA. I completed my Internal Medicine residency at Robert Packer Hospital in 2009 at Sayre, PA and have practiced medicine at Geisinger for the past 11 years. Geisinger is a well-reputed integrated health system in rural PA and provides health services to a catchment area of 1.5 million people in Central and Northeastern PA.

I am a hospitalist and take care of hospitalized patients. A large population in this geography is seniors with chronic disease who need improved healthcare access, now more than ever with COVID-19 spread. We have seen unprecedented challenges over the past few months with COVID-19. While in PA, we have lived through the first wave of COVID-19, there is fear of a rebound in fall or even earlier. I am concerned about potentially contracting it myself in my hospital. In such a situation, my family will have to deal with potential deportation and other challenges in case of my death.

I have called Pennsylvania home for the past 15 years and feel blessed to be part of such beautiful and nice community. **I have two little children who have only known Danville to be their home since their birth.** I have patiently waited for a green card for the past decade when most of my colleagues from other countries have received theirs. COVID-19 has made my exceedingly difficult visa situation more desperate. Our community has seen chronic shortage of internal medicine and specialty physicians. **Elderly population in my geography and looming COVID-19 rebound makes approval of immigrant visas for foreign physicians more urgent than ever.**

S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) bills recapture previously issued immigrant visa numbers and do not increase the overall immigration numbers.

I strongly urge your support for this bill which makes American healthcare stronger, gives me and my community strength to fight COVID-19 and fixes the injustice done to immigrant physicians over the past decade.

Sincerely

Amit B Bansal MD MBA CPE FHM

Director, Central Region, Department of Hospital Medicine

Clinical Associate Professor of Medicine, Department of Clinical Sciences, GCSOM

Geisinger Medicine Institute

100 North Academy Avenue, Danville PA 17822

(P) 570-214-9585 (F) 570-214-9519

Sireesha Vemuri Reddy MD Family Medicine
Geisinger Hospital, Lewistown, PA
Email drvvsireeshamd@gmail.com

Dear Senator/congressman/ Congresswoman,

I am currently working as a fulltime hospitalist on the **frontlines of COVID19** at a small rural hospital at Lewistown, PA. I am also HARSA grant reviewer and I am actively involved in promoting rural health from past 11 yrs. Previously I worked as **PROGRAM DIRECTOR for a new Rural family Medicine** residency program in Lewistown PA that I started from scratch in 6months that in average takes a year to start (2017-2019). I started the residency program with an aim to educate physicians who can one day provide care to the most vulnerable population of United States. Past 11yrs, I had been providing care to rural population of United States. I previously worked for a small rural FQHC in Spencer west Virginia (from 2009 to 2015) and later promoted to be the Chief Medical Officer of the same FQHC in 2012. During my tenure as a **Chief Medical Officer** (2012 to 2015), my facility received the NATIONAL QUALITY LEADER AWARD and ONLY 54 centers out of more than 1200 centers across USA received this award. During my tenure, my facility also bagged every award for primary care such as **IMMUNIZATION AWARD, NATIONAL QUALITY IMPROVEMENT AWARD, MILLION HEARTS HYPERTENSION CONTROL CHAMPION AWARD**. But what gave me the most pleasure is serving the vulnerable people of USA.

In 2018 I started the rural residency program with a goal to train rural minded physicians who will eventually work in rural and medically underserved areas within USA. **During my tenure as, Medical director my biggest challenge in providing care to rural areas is recruitment.**

The biggest strain for anyone who wants to work in rural area is not the will to serve but the family. Spouse career opportunity is the biggest challenge, and I am not any different in that aspect. My husband lost 5yrs of his career while I worked in rural west Virginia, now he is hardly back on his feet because of H4 EAD. Now that H4EAD is being rescinded he lost his opportunity once again. The only option we have is that we must leave this country we called home.

Despite of my accomplishments I am not qualified for EB1 category. In my opinion EB1 considers only the talent in the terms of what works for big organizations (Big universities and international business) and not what is essential for regular folks (Healthcare, agriculture and small business). A PhD takes an average 5 yrs, post bachelors, a trained primary care physician takes 8 yrs and cardiologist or other fellowships takes 10 to 12 yrs post bachelors. Most of us are in our early or late 30s and specialist late 40s before they start their careers. We got dearth of doctors not Olympian gold medalists.

The GC quota limit based on country of birth might make sense for family-based immigration where most of the applicants live outside of USA, but in employment-based GC system we are already in USA some of us lived in this country more than 15yrs. **If things remain unchanged and during this pandemic I die or become disabled due to infection my husband will end up without any status in USA, would be forced to leave to leave the country with my citizen children. He will not be able to survive back home because by then he would have no skills to support himself or my children. He cannot receive any social security benefits or sometimes even my insurance proceeds.**

Now, extrapolate this scenario to over 20,000 of Indian doctors within USA waiting for their GC who served this country with honor, love and dedication. You will have a humanitarian crisis within USA worse than what we see now with DACA. Moreover, all us came here legally living, working and paying taxes like everyone else.

Please support the bills that will help physicians to serve the community with respect and without fear for the safety of family. **I am taking care of most vulnerable people of United States as much as I can, I hope and believe that United States will take care of me and my family.** Please feel free to contact me with any questions you might have.

Thank you for your time and patience

Sincerely,

Sireesha Vemuri-Reddy MD, NIPPD 4845603507
Family Medicine / Hospitalist.

Zakir Shaik MD Nephrology (Fellow)
Temple University Hospital, PA
Email zakirshaik@gmail.com

Dear Senator, Congressman/Congresswoman,

Re: Plight of US trained physicians: a plea to support S1024 (formerly S.3599)/HR2255 (formerly H.R.6788)

My name is Zakir H. Shaik, a physician who came to USA in 2003 from India and is been in practice of medicine since 2007. I have done master's degree in Healthcare Administration, residency training in internal medicine and currently in further specialization in nephrology in United States. My spouse is infectious disease specialist. We have 3 children who are born in USA. I have applied for permanent residency for US in 2012. I would like to submit to your kind attention that we are waiting for the Green Card for the last 8 years. At this current rate of Green Card issuance to the persons of Indian origin such as myself it may take several more years. According some estimates, this may take few decades and up to about 150 years.

Meanwhile this has significant implications to our personal and to the professional lives. As a family we have been here for more than 15 years, and on a regular basis we struggle to get simple tasks done such as renewing the drivers license, renewing the H1-b visa every 2 to 3 years. We also experience tremendous travel restrictions in and out of the US. All this comes in the extreme uncertainty of continuously changing US government policies about the immigration. Due to the visa restrictions we are also subjected to extreme constraints in professional life. During this unusual time of COVID pandemic, I am limited in terms of proving my services to the community with visa related restrictions. I have been fighting the COVID pandemic alongside my patients. **Currently working at the Temple University Hospital in the great city of Philadelphia, I cater to the poor inner-city populations, who are also the most affected due to the pandemic.** Unfortunately, we lost many patients to this virus, but at the same time, I am glad that we were able to successfully save some very sick patients who were in the intensive care unit, needed ventilator and continuous renal replacement therapy to support the kidney function. There are many physicians of Indian origin like me who provide these essential services in these safety net hospitals taking care of poor population while fearing for our own immigration status constantly in the United States.

Pertaining to my field of nephrology, there is an ever-growing population of chronic kidney disease (CKD) patients in US. It is estimated that CKD affected 37 million patients in US and 1 in 3 are at risk. According to United States Renal Data System (USRDS) the incidence of kidney failure requiring dialysis and transplantation for end-stage renal disease (ESRD) in US ranks among the highest in the world. The total Medicare spending on both CKD and ESRD patients was more than \$120 billion annually. The spending for ESRD patients totaled \$35.9 billion, accounting for 7.2% of the overall Medicare-paid claims in 2017. When it comes to the nephrology workforce, there is a significant scarcity of the physicians especially working rural areas. According to the National Resident Matching Program 2020, there was only 62% of Nephrology training programs that were able to fill the positions. The actual number of physicians who can graduate successfully and be able to practice is much lower. **This is creating downstream effects of not having enough physicians for the CKD patients, especially in rural areas.** Physicians of Indian origin are disproportionately affected by country-based cap on green cards. **Easing on these restrictions would help support demand that we are seeing in nephrology. Physicians like me who have been on a legal visa status for more than 15 years and seeking green cards have contributed tremendously to the health care in United States of America. Yet, with this never-ending Green Card backlog we feel threatened about our future stay in United States.** While the COVID crisis is ongoing, the bipartisan bills like healthcare workforce resilience act will provide much needed support to the communities we serve and at the same time ensure our stay in United States. Hence, I urge you to support the green card bill.

Zakir H. Shaik MD, MHA, FACP

Tuhin Gupta MD Child and Adolescent Psychiatry, Addiction medicine.

Wayne Memorial Community Health Center.PA

Email guptatuhin@gmail.com

My name is Tuhin Gupta. I am a subspecialty trained Psychiatrist and am board certified in Psychiatry, Child & Adolescent Psychiatry and Addiction Psychiatry. **Currently, I am working as an outpatient psychiatrist in rural Pennsylvania as a part of Conrad 30 J1 visa waiver program.**

I am the only child and adolescent psychiatrist in Wayne, Pike and Susquehanna counties and I provide treatment for mental health and substance use disorders for children and adults in a vast region of Northeast PA. Prior to my arrival, there was no specialist to treat these individuals in this region for several years, as there is a dearth of subspecialty trained psychiatrists in the US and recruitment is often unsuccessful. According to a recent survey done, about **70% of rural counties in America do not have even one Child Psychiatrist.** Every 3 years, my employer Wayne Memorial Hospital does a community health needs assessment (CHNA) as a part of FQHC status and for a decade the top areas of needs are Psychiatrists and Substance use services. There is such a huge shortage that almost every week I get a request to help out nearby hospitals and clinics who are struggling to recruit psychiatrists to provide adequate coverage. For example, recently a high school student committed suicide and several school students were in crisis and would have greatly benefitted from school based psychiatric services. Unfortunately, I was unable to work there part time due to extreme visa restrictions. I am quite certain that the same thing happens in most specialty services in most rural counties as it is immigrant physicians who often fulfil crucial needs in most of the underserved areas. Ultimately because of our inefficient visa system and bureaucratic red tape, **people in need are unable to get essential services and the rates of suicides and opioid overdoses are higher in rural counties.**

As you might be aware, the rates of suicides and addiction deaths have skyrocketed with the pandemic. Several national experts have warned that we will be witnessing an increase in the rates of mental health disorders and substance use disorders as unemployment, safety fears, racial tensions, social isolation, unresolved grief and breakdown of the usual structure of people's day to day lives have poised unique challenges. In my clinical practice, I am seeing several patients who have been devastated by the coronavirus pandemic. During this entire time, my clinic has kept its doors open and I have continued to see patients in person to provide the highest quality care that I can. **I am inevitably putting my own health at risk and people in my practice did end up contracting COVID-19. Personally, I don't mind putting my own health in danger with the risk of acquiring covid-19 infection** but I am worried about infecting my wife and my child. **If I get infected with covid-19 and get sick for weeks, which has happened with my colleague physicians, then me & my family would be at risk of deportation out of the USA due H1 visa rules.**

As per H1 Visa rule as well as healthcare workforce resilience act and Conrad 30 bill international healthcare workers would not displace an American citizen physician from his job. US. trained international Physicians will create more nursing & support jobs in clinics as well as in hospitals while serving American citizens and saving their lives, but If a physician on a visa dies in this pandemic, their ultimate sacrifice is rewarded with deportation of their dependents.

Hence, my sincere request to co-sponsor bill S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) so US trained international doctors can be deployed to covid affected areas. S1810 (formerly S.948)/ HR3541 (formerly H.R.2895) will bring board certified Physicians & specialists to rural communities and underserved areas to create a long-term stability to the healthcare of American citizens. Hence, I humbly request you to consider the legislation of Health Care workforce resilience act S 1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788) and its long term fix by Conrad 30 reauthorization S 1810 (formerly S.948) / HR 3541 (formerly H.R.2895)

Thank you so much for your time and consideration.

Best wishes to you and your family.

Tuhin Gupta, MD

Venkata Suneel Tammana MD Gastroenterologist
Weirton Medical Center, Weirton, WV
Email manikyams@gmail.com

Respected Sir/Madam,

I am Dr Tammana Venkata.S. I am a practicing **Gastroenterologist** at Weirton Medical Center, Weirton, WV. I did my Residency Training, Fellowship training in Gastroenterology at Howard University Hospital, Washington, DC. I have been living in the USA since 2007 legally on an H1 b visa status since 2007. My wife is Dr Karpurapu Hemamalini. She is a **practicing Oncologist** at Weirton Medical Center, Weirton, WV. She has also been on an H1b visa since 2006.

We have 2 kids- Suhaan and Isha and they were born in the USA. They are 11 and 5 respectively. My kids are US Citizens. My immediate family have all been in India. We both did Medical school in India from 1996-2002. We went to Trinidad and Tobago after getting married and started working as a Senior House officer in the Department of Medicine. With our vast clinical experience prior to the residency and good scores, we were able to get Residency positions at Howard University Hospital, Washington DC. I also worked as a Chief Resident for the Department of Internal Medicine and did my Fellowship in Gastroenterology at the same institute as well. My wife, Hemamalini Karpurapu, did her Residency and Fellowship as well at the same institute. We have been in training on a H1 B visa since 2006 to 2014. We were unable to apply for labor until we get a permanent employer which we have signed only after the fellowship. As you can see, we lost from 2006 to 2014, 8 solid years unable to file green card just because we are in training. At the same time, if a software engineer gets a job and applies for labor, he would have gotten his Green card by now (India's current Priority date for green card in 2009).

It just feels so injustice for us doctors not able to get Green cards in time just because they are doing additional training. I personally request Doctors who did their training in United States should get Green card on a priority basis. Please kindly consider the difficult situations that US trained Foreign Medical Graduates are facing.

Thanking you very much.

Sneh Pandey MD Internal medicine
UPMC McKeesport, PA
Email snehpandey23@gmail.com

Dear Senator and House Representative,

My seniors in medical school told me about the American healthcare system in 2010 when I was a third-year medical student. My curiosity about that led to my clinical elective in Staten Island University Hospital in NY in my third year. I was amazed to see state of the art technology being used routinely to manage the patients with highest precision and accuracy. **I was amazed how valued a human life was in United States and the extents to which its system goes to protect the health and happiness of its citizens.** I knew I wanted to do my post graduate training in the US. Not only I was impressed by the healthcare system, I was thoroughly charmed by the city of New York and the NY lifestyle! I saw that everyone in NY was struggling for the American dream, but they are happy in the pursuits as well. And hence I decided to pursue my postgraduate medical career from USA.

I met my wife in the first year of my medical school and although we got married a decade later. Now we have an 18 months old boy. My wife joined me in the pursuit of my dream without asking too many questions. She believed in me and believed that there could be a place as blissful as I described to her. She pursued the entire pathway to residency involving many ups-and-downs, complicated exams, learning to speak and understand the American English, travelling tirelessly like nomads, and then still having go through the "MATCH". As they say, fortune favors the brave. We didn't have any family or a lot of money in the US but just had a dream, an American dream. The first time I experienced the American dream failing me was when I was told that only a few programs will offer interviews to immigrant doctors. I should forget Ivy league, top university hospitals, and bigger-better programs and focus on community hospitals. I ranked 30th in the All India Examination done for selecting doctors with more than 200,000 candidates appearing for it. I swallowed my pride since I wasn't BORN in the country so why should my TALENT be as valuable as the talent of people born here (from people who immigrated from other places as well).

I was fortunate to match into UPMC McKeesport program which was a great opportunity and it was a learning experience to realize the American isn't just New York. I was thrilled to get to know Pittsburgh. It has everything American has to offer. Football, bars, friendly people, delicious food, rivers, mountains, BRIDGES, and so much more but the best I like is the roads!! If you can drive in Pittsburgh, you can drive ANYWHERE! **After getting residency, we got married in India and went to Nepal for a vacation only to realize that my visa renewal was stuck in administrative processing.** My parents were planning to come to the US with us for the first time. We all were disappointed in the system. It costed a lot to change our flights, but the unfairness continues and we continued to swallow our pride and kept changing our plans as the US immigration system wanted us to!

After graduation, our job choices were limited! We wanted to explore more of the US but the practices we would want would not offer visas. I took this opportunity to pay back to the great city and people of McKeesport who helped me train during residency and become a primary care doctor. I took over the practice of an old retiring physician and was handed over patients who were mostly older and had more than a couple decades of relationship with the existing doctor. **We never expected the American people will welcome me and love me without any judgement about my color, race, ethnicity, cultural preferences, ACCENT! I was surprised by the affection and trust these patients have placed in me. We feel humbled and proud at the same time to serve such great people.**

We built a house here in Pittsburgh. **We all love living here and hate going through these visa issues repeatedly. This is just a tiny scoop from the ocean of problems us Indians must go through if we want our American dream. Furthermore, our families are threatened with deportation. We will wait few more months before we return to India.** We are sure if any reasonable American citizen or lawmaker knew about it, they'll happily support our agenda as many have done already.

Truly,

Sneh Pandey,
Internal medicine,
UPMC McKeesport,
snehpandey23@gmail.com

Swati Pandey,
Internal medicine,
UPMC Community Medicine,
docswatipandey@gmail.com

SivaRamaKrishna Cheetirala, MD
Hospitalist Uniontown hospital, PA.
siva.cheetirala@gmail.com

Dear Senator/Congressman/congresswoman,

I am a physician and I am on a temporary visa over the last 4 years. After finishing medical school in India, I did my residency at Chicago medical school at Rosalind franklin university. As part of my training program, **I got the opportunity to take care of veterans, active-duty personnel, and recruits in training. Once I finished training, I was planning to join a VA hospital to take care of the heroes who served in the army and warriors who are in the training to protect the country. I was unable to secure a job at a federal facility secondary to visa restrictions.**

Over the last one year, while I working as a hospitalist at union town hospital in Fayette county in Pennsylvania, I came across so many underserved populations who cannot afford copays for their PCP visit and they stopped following with PCPs. As a hospitalist, I work for one week and I am off the opposite week. **I am interested in doing voluntary service during my off weeks to help the underserved population. I am unable to do the same secondary to restrictions of my visa. Many of my friends are willing to help the underserved population, but they can't do the same secondary to visa restrictions. There will be extreme shortage of physicians in rural America moving forward based on multiple studies.** If the physicians don't have visa restrictions, we all can help rural America and Underserved populations.

Sivaramakrishna Cheetirala, MD.

Hospitalist, Uniontown Hospital

Parshva Patel, MD Hospitalist
Knoxville, TN
Patel.parshva@gmail.com

I am Internal Medicine hospitalist at Tennova Healthcare in Knoxville, TN. I have been working in underserved areas in several parts of the USA including in Greater Philadelphia area, PA and Knoxville, TN from last 5 years. I have been working closely and teaching US medical students, medical residents, nurse practitioners, physician assistants in last 5 years. I have also played role in various hospital committees for quality improvement projects to improve clinical outcomes. During this time, I have worked on multiple research projects with research team from multiple prestigious institutes across the US and published significantly in medical literatures. **Even though serving thousands of underserved, uninsured patients in community, I do not see reasonable future of getting permanent residency in two decades or more due to long backlog. I have treated multiple COVID positive patients in ICU on ventilators, putting patient's live before mine to save them. My family is risk of deportation if I get sick while treating patients from poor underserved areas of east TN.**

The S.1024 (formerly S.3599) and H.R. 2255 (formerly H.R.6788) (Healthcare Workforce Resilience Act) will address shortage of physician inunderserved America. **This will help me to serve in different community hospitals across East TN without restriction of working at same hospital. This bill boost not just shortage of shortage of healthcare provider in underserved area but also recognize our contribution in society.**

Sincerely,
Parshva Patel, MD

Chandra Gourineni, MD Gastroenterologist

Oak Ridge Gastroenterology Associates

Oak Ridge, TN

drchkanth@yahoo.com

My name is Venkata C Gourineni. I am a Gastroenterologist, practicing at Oak Ridge Gastroenterology Associates / Methodist medical center, Oak Ridge TN. We serve the population of surrounding rural areas for about a 50-60 miles radius and Our Practice has a typical wait times around 3-4 months to see one of us.

I came to United States in 2009 and finished my Internal Medicine and Gastroenterology training at Yale / Bridgeport Program. My application towards permanent residency was approved in 2016 but due to the current waiting time, it may take a few decades for me to get permanent residence status. **Despite this, I am having to renew my visa at regular intervals and poses lot of travel restrictions. This creates a tremendous uncertainty in my personal and family life and at times wonder if this is all worth going through. I love my job and would like to help my patients to the best I can if I had opportunity like others.**

Having permanent residence status not only alleviates my anxiety but lets me to focus my energy in some ambitious projects, educational and financial, I would like to invest into.

I, along with other PAHA members appreciate you taking timeto look into our petition and thank you in anticipation of your help in this matter

Venkata C Gourineni, MRCP, MD
Oak Ridge Gastroenterology Associates Suite 200
Physicians Plaza
988 Oak Ridge Turnpike Oak
Ridge, TN 37830
Tel: 8658351000
Fax: 8653742090
www.orgastro.com

Naga Swetha Samji, MD
Cleveland, TN
snswetha85@gmail.com

I am Dr. Naga Swetha Samji. I came here to USA in 2010. Started my residency in 2011 and since then has been working as a primary care doctor and hospitalist in rural and underserved areas. I have been on immigrant visa from past 10 years. I have a 5-year-old kid and I made Tennessee, Chattanooga my home.

Teaching residents and nurse practitioners, working in the free clinics, educating community about several medical conditions and currently taking care of COVID positive patients in hospital, I have been contributing strongly to the community where I live.

I wrote many peer review articles and also contributed to research strongly and will continue to do the same in the foreseeable future. I already have approved I-140 **but because of back log in processing in green cards for doctors of Indian origin, we feel insecure and it gets difficult to raise a family. There has been a constant struggle and confusion of feeling unsettled in our own community where we have been living for years.**

Kindly listen to your plight and approve the above bills for the betterment of us and our community as a whole.

Sincerely,
Naga Swetha Samji Hospitalist
Tennova Cleveland hospital,
Cleveland,
Tennessee

Sajin Karakattu, MD Pulmonary & Critical care
Johnson City, TN
Sajin.karakattu@gmail.com

I am a Pulmonary and Critical Care fellow currently with East Tennessee State University. I moved to Tennessee in 2008 along with my wife, Monika who is a primary care physician. We have been serving East Tennessee for past 10 years. I served as an ER physician in a medically underserved area for 3 years and it was the most fulfilling experience of my career. We have sown our seeds here and have 2 kids, Naisha and Neil. **I have had the opportunity to take care of patients affected with Coronavirus for past few months, some critically ill in the ICU. I wouldn't say that I am making the ultimate sacrifice but do feel most of the days coming back home scared worried of infecting my kids.** My permanent immigration was approved in 2012 and I have been waiting for a Green card since then. **I have been unable to provide my services due to work visa restrictions despite being flooded with specific requests from various States. I feel strongly that my expertise could be put to use at these stressful times, if not for visa restrictions.** Look forward to you supporting this bill and making our dream come true.

Sajin Karakattu, MD

Satyanarayana Raju Pusapati, MD Hospitalist
Memphis, TN
rajupusapati@gmail.com

I came to USA in 2007 and finished my Internal medicine training in 2010. Since then I am working as a Hospitalist. Since the last 6 years, am based at Baptist Memorial Hospital and decided to make Memphis our home. I am waiting in the green card line since the last 10 years with no hope in the horizon. **I have a 15-year-old, a non-US citizen, who will be out of status once he reaches a certain age, and unable to attend college in the USA, though his whole education was here. Our children call this home, and cannot imagine anything else.**

As a respectable physician, I always devout my energies towards the healthcare of our community. These visa restrictions are limiting me from serving the needy in this pandemic times. Feeling insecure all the time limits one to perform at their best.

We sincerely request you support S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) bills and prevent the injustice to the healthcare workforce.

Kaushal Patel, MD Pulmonary & Critical Care
Cookeville, TN
Kaushal810@gmail.com

I am a Pulmonary-critical care specialist and currently working in Cookeville, TN. I moved with my family last year after finishing extensive training. **Our small pulmonary group here is providing essential care for the underserved rural community of 14 counties of upper Cumberland region.** I am also **doing my best to provide critical care services in very busy ICU of the hospital which is currently overwhelmed with COVID-19 patients.**

Current pandemic situation is putting too much stress on our family. I am at constant fear of contracting COVID-19 while providing care to my patients, not because of health risk but mostly due to worry of maintaining visa status. Currently there is no protection for physician in my situation. These bills will help not only the community of rural USA but also to physicians and their families and will provide them safety and security. I urge you to support these bills to support the healthcare need of rural America.

Thank you,
Kaushal Patel, MD
Pulmonary-critical care
Cookeville, TN

Harsha Vendantam, MD Hospitalist
Rogersville, TN
harsha5082@gmail.com

My name is Dr. Vedantam. I am working as a hospitalist in Rogersville, a small town in rural Tennessee. **I serve the population of surrounding rural areas for about a 50-mile radius. Most of the population I serve here has very poor health literacy, multiple medical problems, Substance Abuse issues and lifestyle related health issues.** I strive to not only treat their Acute medical Problems but also try to educate them and help them make plans to change their perspective on healthy living. **I would like a to open an outpatient clinic eventually and serve them because most of my patients love me and wish me to be their primary care provider.** The visa issue not only stops me from pursuing this dream for at least next 25-150 years (this is the time it takes for me to get permanent residency), it also makes my life uncertain as position in rural hospital.

I am working in is always subject to problems that every small rural hospital face pertaining to staffing and funding issue. I would be able to bring change in lives of so many rural Americans if I were to have permanent resident status here. Please support these bills and let us help rebuild the health of rural America.

Mihir Patel, MD Hospitalist
Johnson City, TN
Mihir.patel@balladhealth.org

I have worked in rural north east Tennessee - Hawkins County for 6 years as a HOSPITALIST before moving to Johnson City TN. **Even after working as a licensed physician for past 10 years, I do not see any green care in horizon.** It was applied and approved in 2012. **My wife who is also a physician is in the same situation. Serving the community and hospital in various clinical, administrative and voluntary positions, we have become a core part of this community.** We would be able to serve this community more effectively if we have at least permanent residency after staying in USA for 15 years.

Namratha Vontela, Hematology/Oncology
Oakridge, TN
nrvontela@yahoo.co.in

I am an Oncologist working at Thompson Oncology, Oakridge, TN. I came to USA in 2009 and have been on the immigrant visa for the past 10 years. I have undergone 6 years of training at UT, Memphis and worked in rural areas of Southaven, MS for couple of years prior to moving to East TN. **I take care of sick cancer patients and help them fight it.** Me and my husband who is also a physician have been waiting for our Green Card since 2014. We have two young kids and feel insecure with immigration uncertainties. **Please support the above bills and help us serve the community better!!!**

Namratha Vontela, MD

**Saurabh Desai, MD Pulmonary Critical Care
Knoxville, TN
Drsaurabhdesai@yahoo.com**

I am pulmonary critical care physician at a frontline taking care of covid 19 pts and other patients in very critical condition. I have been in USA since last 15 yrs and practicing Pulmonary/Critical care medicine for more then 5 yrs after completing my training here in USA..I have served areas in rural TN like tricities and underserve areas in Knoxville. I have my green card approved since last 6 yrs but still awaiting to get one. Due to visa restrictions I cannot go and help other facilities in need even if I want to do so. **Allowing to have green card for physicians like me who is stuck in backlog will free us from visa restrictions and able to serve in much needed areas if needed. it will also help to liberate physicians from anxiety and fear of self-deportation of their family's god forbid if something happens to primary visa holder while taking care of patients and serving the community.** So, I kindly request you to support frontline physician like us by supporting and passing Healthcare Workforce Resilience Act, senate bill No S-1024 (formerly S.3599) and House bill no HR 2255 (formerly H.R.6788).

Saurabh Desai
Pulmonary/Critical Care Physician

Goda Damera, MD Hospitalist
Memphis, TN
Goda_damera@teamhealth.com

I have been doing hospital medicine over the last 5 years in Memphis and before that for about 3 years in a rural hospital in Arkansas. **I am very passionate about caring for my patient and this pandemic has only strengthened that. However, having been on a temporary visa for close to 10 years, I am restricted in regards to where I can work. I have come across many stories in the last few months where physicians have travelled across the country to places of need like New York to help patients. If given an opportunity I would like to be one of them.** A 'green card' will not only make that possible but also give me and my family a sense of security in these uncertain times.

Jigar Panchal, MD Hospitalist
Knoxville, TN
jigspanchal@gmail.com

My name is Jigar Panchal. I work at Tennova Hospital in Powell, TN as a hospitalist. My wife and I have moved to Powell, TN from Canada to pursue my J1 waiver and build our lives here in the US. I have enjoyed working in the rural community of Powell and provide the best care to the patient in and around Powell. **The COVID-19 has placed a strain on my family and has made my career very uncertain. I am always in fear that if anything were to happen to me, my family would be deported and we would lose our investments, our family, our friends and our life in an instant.**

Nilesh Patel, Hospitalist
Knoxville, TN
Patelnilesh7877@gmail.com

I am an Internal medicine Hospitalist working in Tennova Hospital in Knoxville which provides care to underserved population of East Tennessee. **I have been in USA for last 5 years serving various rural communities in MI and TN. Because of COVID-19 pandemic and green card backlog our life has been uncertain with unclear future prospect.** Please support above mentioned bills to help us so we, as healthcare workers can focus on taking care of our American patients when they need us most.

Nilesh Patel, MD
Internal Medicine

Raghu Reddy Chenna, MD Hospitalist
Crossville TN
drraghukommineni@gmail.com

I having been working in a rural hospital located in a underserved area of TN since last 4 years on a temporary visa. I have been taking care of COVID 19 Patients since last several months since the pandemic stuck. **This hospital is the only source of inpatient medical care for a large section of population serving several counties around this area.** Please support the above-mentioned bills so in turn I will be able to take care of these patients in a underserved area without the fear of losing of my visa status if I get sick while taking care of these COVID 19 patients

Meghana Gore MD Hospitalist with Team Health

Houston, TX

Meghana.gore@gmail.com

Respected Policymakers,

I am Meghana Gore, one of covid-19 frontline Hospitalist physician. I am writing this letter to request your support for physicians like me who are on H1b Visa for almost a decade. I have been practicing for 10 years as physician and still waiting on permanent residency to happen to me. We are in constant fear of uncertainty due to h1b visa status. I am working hard and risking my life and family's life while serving during COVID-19 pandemic. Being on H1 visa, I have to go thru renewal processes for visa on regular basis, overseas trip back home always brings stress of overwhelming visa application process. During job change process, my visa paperwork was delayed, and I could not drive and do my job as a physician for 6 months. **If nothing is done about physician's green card process, many of us will feel not appreciated. Being a physician, I have never felt this helpless before.**

I urge you to consider giving permanent residency to all health care workers who have served this country during Covid-19 Pandemic. I genuinely feel we all deserve it. Health care community take immense effort to deliver health care to their communities.

**Nanda Kishore Akula MD Hospitalist,
Texas Health Resource
Azle, TX
nandakishoreakula@gmail.com**

Dear legislators

I am Nandakishore Akula MD Internal medicine hospitalist working in the great state of Texas. I work in a small city by the name Azle which has a population of 10,000. I work with another physician to provide the care for the individuals of the community. Both my colleague and I are dependent on work visa H1B. **We love taking care of the health issues of the individuals of our local community and we are also nervous at times when we think about the possibility of acquiring COVID19. If one of us gets sick we would have to divert the patients to the hospitals in Dallas Fort Worth area. The main reason being there is already shortage of physicians in our area which is the very reason why we were hired with H1B visas (the basic premise of allocating H1B is that there is no US citizen available to take up the job only when it gets allocated to a foreign-born physician). We have seen a spike in the case of COVID19 even in a small community like ours. I request you to support S1024 (formerly S.3599) and HR2255 (formerly H.R.6788).** This will enable us foreign physicians to step in to help the people in need of health care as current work visa restrictions do not let us work anywhere other than for the employer who sponsors us a visa. We can quickly fill in the void for the physicians where there is a surge of COVID19 cases.

I would like to bring another important issue to your notice. My wife and my children would lose their immigration status in the USA as soon as my employment gets affected should I acquire the COVID19 (for that matter any kind of medical problem I might suffer from).

It also allows physicians like me pursue the entrepreneurial aspirations including establishing businesses which will in turn create numerous jobs and boost local and national economy.

As you know the COVID19 has really hit us very hard and every day going to work is like an adventure, my wife is always concerned about the possibility of acquiring the COVID19 and transmission of the infection to our children. But still as a physician I feel like it's my duty and obligation to care for the patients suffering from COVID19 and not to step back. My parents back home also feel apprehensive about this situation.

I have been living in this country from 2008. I have been living a righteous life in the USA and called this my home for almost 12 years but couldn't call it my country because of the roadblocks in the immigration which is the reason why I couldn't get my green card in spite of my permanent residency application being approved. Sometimes I feel discouraged by the fact that my/our efforts as physicians go unrecognized, however with the introduction of the S1024 (formerly S.3599) and HR2255 (formerly H.R.6788) bills "American dream has blossomed" yet again.

I urge you all to support the above bills to create a pathway for the green card and eventually citizenship for the foreign-born physicians.

Pavan Devulapally MD Nephrologist
South Texas Renal Care Grp
San Antonio, TX
dpavan2000@yahoo.com

I am a Nephrologist and have been in the USA for the past 12 years on H1B visa. I have been taking care of my patients in different capacities as a resident, fellow, hospitalist and a Nephrologist for all these years. Prior to coming to the USA, I had trained for 6 years at Medical school in India and I had completed my post-graduation in India as well in internal medicine. I also trained and served as a medical doctor and a nephrologist in the United Kingdom for seven years and hold the prestigious Membership of Royal College of physicians of the United Kingdom.

I have been serving in San Antonio Texas for the past six years as a nephrologist and also as chief of medicine and Nephrology at Christus Santa Rosa hospital at Medical Center and also contribute at Main Methodist hospital as a nephrologist and member of medical executive committee and member of Quality improvement and peer review committee at this hospital. I am also medical director for US Renal care dialysis unit at Lytle Texas With Dialysis capabilities of over 150 patients where I supervise not only the care of these patients but also help with supervising 10 other nephrologist along with care providers.

Currently, I am very much involved and taking care of the patients with COVID-19 pandemic not only in dialysis units and outpatients but also in the hospitals. We've had a tremendous upsurge in cases here in San Antonio in Texas but we are fighting every day to save lives in the best possible way we know and we have been trained. The reason for this long introduction is to request all the lawmakers involved in making this health Care bill that would provide stability to healthcare professionals like Me and their families with their immigration status. **I have a 13-year-old daughter who will age out in case we continue to wait under the current system of EB2 category which has a waiting period of decades.**

My wife is a trained pharmacist both in India and in the United Kingdom and cannot work in the United States and contribute to the healthcare system due to visa restrictions **I am an honest taxpayer And have contributed to the economy and continue to make a difference to the lives of scores of unfortunate individuals on a day to day basis. I have a lot of respect for the American system and the American way of life in spite of which I cannot integrate and contribute to the political system as I have no right to vote on the current immigration status for the past 12 years.**

Two of my younger kids are American citizens and will have better integrated into the society with more educational opportunities compared to my older daughter which is very unfair to her just based of her immigration status. Professionally also I have faced and continue to face discrimination based on my immigration status in spite of my superior credentials compared to my colleagues.

All the professionals who are represented in this petition and who will be benefited by the passage of this law are toiling day and night putting their lives at risk for saving Human lives, in my humble opinion there is no better Attestation or qualification for human citizenship.

I therefore humbly request that our plea please be heard patiently and treated Justly and fairly.

Rahul Pandey MD Nephrologist
Kidney Associates PLLC
Houston, TX
rpandey2005@gmail.com

To

Honorable Senators and House Representatives,

I am writing you this letter during the unprecedented times; the country is facing with Coronavirus pandemic. I am happy to inform you, the morale of all Healthcare workers remains high and determined to fight it back. I am a Nephrologist providing services in Greater Houston, Texas. My daily routine involves seeing patients in ICU with kidney failure, hospital floors, office visits and taking care of outpatient dialysis patients. Many of my patients are elderly with multiple comorbid conditions and require special care.

Lately, we are seeing a sudden spike of Covid-19 cases in our beautiful city. This is taking toll on people from all walks of lives. As physicians and frontline workers, we are highly susceptible to COVID-19 infection and I am observing many of my colleagues falling sick with this virus. The COVID- 19 pandemic has placed International immigrant Physicians like us, who have undergone rigorous US training for 5 years in an even more precarious position. Considering the high virulence of covid virus, we as frontline workers carry a high risk to get eventually infected. Currently, I am taking care of multiple COVID 19 infected patients in ICU, medical floors and dialysis units.

I am on H1b visa since July 2005 and have been renewing every 3 years. I have an EB2/NIW I-140 with approval date of May 2010. My wife is an OBGYN on H4-EAD currently providing services to all pregnant and geriatric patients in Houston. We have two beautiful 7 and 11 yr old kids, who are proud US citizens. We both carry a high risk of falling sick from COVID-19 while doing our job.

I live in constant fear, if I die or become incapacitated my family would be deported under the current laws creating a monumental financial and emotional stress on my kids (especially moving back to new land, where they can't relate). Due to current country caps on green cards issuance, we have been waiting for past 10 years and still the projected wait time can be over 5 years. Also, due to H1b visa job place restrictions, we are unable to provide our specialized services in other places, if and when needed. Passing the below mentioned bills will give us mental and financial security. Data shows each physician job supports or generates 12-14 American jobs, which is direly needed during this crisis. **We take pride in working selflessly and celebrate the power that selflessness can have to heal individuals and societies. We leave our safety at home and request you to guard our families.**

Therefore, I urge you and your colleagues to support, in helping physicians like myself and others who are working relentlessly during this national emergency to support the immigration bills especially S.1024 (formerly S.3599), H.R 2255 (formerly H.R.6788), S.1810 (formerly S.948) and H.R. 3541 (formerly H.R.2895) to help decrease the backlog so that we can do our jobs without any fear.

Please accept this letter for the proposed bills on behalf of my patients, my staff, myself, my family and my fellow Texans.

Regards
Dr Rahul Pandey

Ratna Charishma Boppana MD
Assistant professor in InternalMedicine
El Paso, TX
charishmaboppana@gmail.com

I am an Internal Medicine Physician, who completed medical school in South India, came to United States for residency training in Internal Medicine. I did my internal medicine residency at a program in Des Moines, Iowa. I worked in a hospital in underserved area for 3 and a half years and then came to El Paso, TX to pursue my passion for a career in Academic medicine. Besides being busy with both hospital and clinic duties, I have been actively involved in teaching both medical students and Internal Medicine residents. I have been very content with my work and felt highly gratified every day, through all the experiences with the trainees.

While everything has been going on so well, COVID has arrived into our lives. *My first encounter with a COVID-suspect patient was, when we admitted an elderly gentleman for severe respiratory distress. He died within 24 hours of admission. In order to send COVID testing for him, at the time of admission to hospital, we had to jump through multiple hoops, because of severe restrictions on testing. Eventually, later in the month in March, it has become a daily occurrence for us.* In most of the cases, we were trying to take all precautions, wear appropriate personal protective equipment when seeing a suspect. **But, at least once every few days, we would have an unprotected encounter with a patient and me being an attending physician for Internal Medicine team, becomes the first one to suspect COVID. Because of this, it was first time in my life, I felt vulnerable, uncertain and almost afraid to go to work. I was worried NOT of me having the deadly disease itself, but about the consequences of it. Like, me spreading it to my family members, plus, the consequences on my legal immigration status in United States, when I am not able to go to work.**

Three months into the pandemic, things have not changed much. If anything, the situation is only getting worse. Because of the marked rise in cases, our exposure has also increased greatly, making us more vulnerable every day. **If this bill passes, it will help us greatly because it will at least assure us of a legal immigration status in United States. Plus, it will let us continue to provide services when recovered from the disease.** This is especially very important in current situation where health care workers are much needed.

Despite the unprecedented and uncertain situation that we are in today, I continue to be dedicated to my patients, medical students and residents, to provide my services in my best ability for as long as I can.

I sincerely thank the senators for considering this bill.

Santosh Yatam Ganesh MD
Hospitalist CHI St. Luke's
Livingston, TX
Syatamganesh@gmail.com

My name is Dr Santosh Yatam Ganesh and I have been in the US since 2007. I initially came to train in master's in public health at Missouri State University and further did my internal medicine residency training in University of Buffalo Catholic Health system.

I am a board-certified internist and have worked in multiple rural areas around USA. I eventually decided to move to Texas and have been here for the past 6 years. I am currently working as a Chief hospitalist at a rural hospital in Texas and treat COVID-19 patients in addition to other co morbidities widespread in the rural community. After finishing my Internal medicine residency at University of Buffalo Catholic health system at I move to Texas 6 years back. I have been practicing at this rural location which is approximately 90 miles from Houston downtown for last 2 years. I liked the practice, community, staff and more importantly my patients so I decided to remain committed to this community and stay and work at this hospital.

I am writing today regarding the deeply concerning situation currently unfolding in our country and all over the world. **We are now seeing an upward trend in the number of COVID 19 cases in Texas. As the number of cases of COVID-19 are increasing in the United States I feel helpless and underutilized as a US trained board-certified physician.** I work 2 weeks in a month and have the rest of the 2 weeks available to help. There are many areas which need help due to the overwhelming number of patients that my colleagues and friends are seeing. **However, I am unable to offer a helping hand due to visa restrictions. Even though I have privileges in another nearby hospital, I cannot work there due to visa regulations.**

My wife who is also board-certified Internist and Infectious Disease physician also works and takes care of COVID 19 patients and we have a 2-year-old daughter who was born in the US. Every day we worry about our health and feel threatened about getting sick and disabled and not being eligible for any disability benefits despite being a legal alien for long period of time. Similar frustration is shared by thousands of international medical graduates on visa. Situation is particularly worse for physicians from India who are stuck on visa status. Some of the physicians from India are stuck on visas now for decades because of huge backlog.

Every day I am receiving multiple emails and phone calls from recruiters pleading for immediate help in COVID stricken areas but here I am sitting helplessly. It would take months long paperwork and long periods of uncertainty for visa approval before I can work in a new place to help. I am responding to calls from some states, be it medical students or residents or retired physicians or nurse practitioners or physicians' assistants **who are reaching out to me for help but I am unable to help despite being a board-certified physician because of visa confinements. Some of the retired physicians are at high risk because of age but still they are joining to help because of dire shortage of physicians.** I salute to their courage but for now that is all I can do. United States has given me so much love. I have been provided with opportunity to learn at the best institutions. I have had the opportunity to succeed. I feel this is my turn to give back to United states, it is my turn to show the gratitude, but I can only watch in deep anguish and frustration while thousands are succumbing to the pandemic of the century.

Regards,
Santosh Yatam Ganesh.

Vinay Punnam MD Hospitalist Director
THPG/Texas Health Harris Methodist Hospital Alliance
Fort Worth, TX
Vinaypunnam@texashealth.org

Honorable Senators and Congressmen/Congresswomen,

I am writing to you during this pandemic, that has impacted all of our lives in an unprecedented way. I am an Internal Medicine hospitalist physician currently working at Texas Health Harris Methodist Hospital Alliance and Texas Health Harris Methodist Hospital Fort Worth. Both of these hospitals are located in Tarrant County, which has one of the highest numbers of positive cases in the country. **I am fighting on the front lines alongside many of the hard-working nurses and other staff members who play a critical role in winning this fight. Over the last few weeks, we have seen and significant surge in the number of cases and that has put a significant strain in staffing our hospitals with physicians and other staff members.**

I have been working on a H1B visa as a physician for the last fifteen years. Because of our current immigration laws that put physicians and other highly skilled immigrants from certain countries at a disadvantage, I have been renewing my visa every three years. My wife is currently on a H4 visa and is a dedicated home maker who tirelessly cares for our two daughters who are US born citizens. While I tirelessly work in the hospital caring for our community members who need my help. These are very stressful time both at work and home. If I get sick while care at front line for caring for COVID-19 patients, and get disabled or die, my wife and our dependent young US born daughters will be forced to leave the country. **I am very dedicated to my work and am in this field of patient care as an answer to higher calling. I may pay for this with my life but the thought that I am risking the livelihood of my wife and kids while fighting this pandemic, is a thought that keeps me up at night.**

I assume several leadership roles in our hospital. I currently am a member of the leadership council for the hospital and serve in many committees and task forces that deal with monitoring and improving the quality of care we provide for our patients. I have served a member on the board of directors for the hospital and as chair of the Medicine council in the past few years. In addition to that am a volunteer faculty member who teaches University of Texas South Western Physician Assistant students during their Internal Medicine rotations in the hospital. I am the medical director for team of eight hospitalist physicians and two nurse practitioners. I serve on several committees at our system level for Texas Health resources, including Physician Leadership Policy Council. I play a critical role in both bedside care of our patients and leadership role for our team of doctors, nurses, hospital staff and administrators.

I would like to make a humble request to all of you to please support and co-sponsor the bills S1024 (formerly S.3599)/HR2255 (formerly H.R.6788). **These bills will help support several thousand of physicians like me who are struggling to cope with emotional turmoil of risking their family's future while bravely fighting at front lines during this pandemic.** These bills will expedite the permanent residency for physicians like who have already been legally approved for Green Card but are stuck in a huge backlog because of some outdated immigration laws that need to be addressed. I would request you to please support these bills in the senate/house and include them in the next stimulus bill that will be a huge morale boost for physicians like me who are working the front lines. I appreciate all of your leadership and count on you all to do the right thing for our country. God blessUSA!

Regards,

Vinay Punnam

**Rashmi Rode, MD
Family Practice
Harrish Health System, Houston, TX**

I moved to the United States in 2008. Just like others, I wanted to pursue a dream. But more than dreaming for myself, I had the dream to give my children an opportunity to grow in an environment where they would be recognized for their capabilities and wisdom, a freedom to choose what they want to do and flourish in the same. I was a practicing Obstetrician and Gynecologist in India working in a teaching institute. My husband was a Dermatologist in Indian Armed Forces. It also meant that he would get transferred every 3-4 years and as my kids were growing, I chose to settle down in one place where they can have great education. That's when we decided, why not try to settle down in the "United States- A land of opportunities."

I took the ECFMG exams and matched in the Family Medicine residency at BCM. Knowing the struggles of a resident, I chose not to bring my kids in the first year of training as I understood the school system here and navigated the day to day life which was very different from back home. My husband supported me in the decision and took care of kids. My son moved when he was in his 8th grade and daughter was in 2nd grade. It was me and my children here, husband had to finish his service bond in the Indian Armed Forces.

I am blessed to have my kids, who are responsible and dedicated and I had to put in none to little effort as they blossomed both academically and socially. I came in on J1 visa, did my Waiver as they appointed me as faculty in the BCM and have stayed with the department ever since. I filed for my permanent residency and it was approved but the priority date is not current. **My son had to transition to F1 Visa when he turned 21.** His academic performance in his high school got him a direct admission in college and then he was to get into Medical school. The state of Texas does not allow international students to apply in any of the State colleges. He had to go to Private Medical school and is currently in St Louis Missouri. I was thrilled that he got into medical school as an international student, but then I had to deposit his 4 year of tuition into an Escrow account. He was not eligible to get student loan either. I put all my savings to get his education done. He is applying into residency this year, and I know he will need a visa sponsorship just like I did and he will go through the same tenuous process.

My daughter is on dependent visa H4 and is studying computer science. But she cannot do any internship as one is not allowed to work on H4 visa. He cannot get a SSN number until she starts to work. With the current Covid pandemic, I don't want her to go on F1 visa as it requires her to go back to on campus classes. **I had not thought that coming into the United States will make it tougher for my kids and family.**

My husband who is a trained Dermatologist from India, moved to the United States in 2012 after completing his service tenure with the Armed Forces. He studied and cleared his ECFMG exams but did not match into any residency program. It saddened my heart to see him apply year after year and get no interviews because of being an old graduate and lack of clinical experience in the United States. Ultimately after 4 years of applying in vain, we decided to not pursue medicine as a career from him. As I look back, my moving to the United States gave me opportunity to be an educator and a physician but took away the opportunity from my husband to be a clinician. My kids are getting the education they want, but not the equal opportunity. I still don't know when I would get my permanent residency. **The kids will have to fight their own battles still. And if something was to happen to me in these uncertain times, everyone will be forced to leave the country- A land of opportunities?**

Kishore Patcha, MD Nephrology
University of Utah, Salt Lake City, UT
Kishorepatcha@gmail.com

I am Kishore Patcha, clinical nephrologist with university of Utah serving rural Utah and Wyoming. I am father of four and my wife is a cardiologist specialized in heart failure and Transplant cardiology. We moved to United States in 2009 with my 4-week-old son. **We are on front lines treating the sick COVID 19 patients and yet we are limited to certain geographic area. With visa restriction many of us not able to provide care to large communities in need.** We always had uncertainty in life with visa regulations and green card processing. With the proposed S.1024 (formerly S.3599) bill will help improve healthcareplatform in many ways for good.

Poorna Nalabothu, MD Cardiologist
St. Mark's hospital, Salt Lake City, UT
Poorikishore@gmail.com

My name is Poorna Nalabothu. I am board certified cardiologist working at St Mark's hospital, Salt Lake City, Utah. I graduated from University of Texas, Internal medicine in 2012, cardiology, heart failure and transplant cardiology in 2016. My husband is a nephrologist working with university of Utah group. I am on H1B visa since 2009 hoping to get green card. As a full time, working clinician taking care of the sick patients, being on call frequently round the clock and being a mother of 4 it always concerns me when I think uncertainty of visa renewals and current immigration policy of green card processing.

With Covid 19 being on front line, **one constant worry is if something happens to me, my 11-year-old born outside the US and brought up here in US since he was a 1 month old never knew the world outside the US will be deported. He will be separated from his three siblings born in US.** This is the reality and unthinkable. **With visa policies I am restricted to provide care to the limited geography, green card allows me to reach out to more communities in need.**

I strongly believe in change that will bring better healthcare and keep our families together. I hope current congress in session will support the bill s1024 (formerly S.3599).

Deepika Garg, MD Reproductive endocrinology & Infertility
University of Utah, Salt Lake City, UT
drgargdeepika@gmail.com

I have a similar story as many of the other physicians. I would appreciate it if you could please support us.

Thank you!

Sonia Mehra, MD Pediatric Infectious Disease
University of Utah, Salt Lake City, UT
sons.mdr@gmail.com

I share the same story as many Indian physicians across the country. My family would really appreciate your support.

Sonia

Sonia Mehra MD MSCI
Pediatric Infectious Diseases

Sonam Puri, MD Medical Oncology
University of Utah, Salt Lake City, UT
sonampuri@gmail.com

My name is Sonam Puri and I am an Assistant Professor in the Division of Medical Oncology within the Department of Internal Medicine at the Huntsman Cancer Institute/the University of Utah. I am a citizen of India and came to the United States 7 years ago after completing my medical school training in India. I completed my residency training at the University of Connecticut and fellowship training at the University of South Florida before moving to join faculty at the University of Utah in Salt Lake City.

I am very appreciative of the dedicated residency and fellowship training that I have received in the United States. At the Huntsman Cancer Institute, I specialize in the treatment of patients with lung cancer. **Lung cancer is the leading cause of cancer-related mortality in the state of Utah and the United States, through my services and expertise, I have been able to significantly improve cancer care access for patients suffering from lung cancer not only in the Salt Lake valley but across Utah and the surrounding states.**

The uncertainty around the green card process for physicians of Indian origin is a significant cause of distress for myself and my husband, who is an American board-certified Pulmonary and Critical care physician at the forefront of taking care of COVID 19 patients.

We will really appreciate your support for this legislation

Sonam Puri MD

Jaskaran Sethi MD

Abhishek Singh, MD Neurology
Creighton University /CHI neurological institute
Omaha, NE
neuralcrest@gmail.com

I came to the United States in 2007 did my residency and got married in Michigan. My both kids are born in Michigan and last 13 years I made the United States my home. I have done training in neurology and international neurology. I have built up programs in Michigan and currently Creighton University as an assistant professor. COVID has increased the anxieties as we both are taking care of the highly complex medical cases who need our help. What will happen to our kids if while helping those patients we get sick or die . Due to backlog, we don't feel secure enough to make career and professional decisions. We cant make long term plans as the rules and changing very fast and it is preventing us to set up roots. our only options are to accept this uncertainty or to rebuild in India. Both will be difficult for our kids who are US citizens. This act will give us at least some hope that down the line we can stay here together in the country we made our home.

Abhisekh Sinha Ray, MD Nephrology
CHI Health
Kearney, NE
dr.abhisekhsinharay@gmail.com

Dear Senators & House representatives,

I, Dr. Abhisekh Sinha Ray, currently working as Nephrologist in a small rural town in Nebraska. Before I joined here the position was vacant for almost 3 years. I have completed 5years training in US. I cover a big portion in south central Nebraska and upper central Kansas from Nephrology stand point. I regularly see patients who has traveled more than 150miles to see a Nephrologist. I also go to few outreach clinics to better serve this people and to minimize their travel back and forth. I feel honored to see these patients who are in dire need to see a specialist for their kidney disease. Although they live in rural Nebraska communities, I believe they deserve the standard of care which can be delivered in urban or semi-urban setting. I feel privileged and honored to serve a community of good hearted American people and make a difference. In the middle of COVID pandemic, I feel more obligated to serve this group of people as 20-25% patients with severe corona virus infection develop acute kidney injury and need renal replacement therapy. With winter and flu season coming in few months, we expect to see a big surge in the case rate as well as hospitalizations. However, with my visa limitations my ability to serve the community is somewhat restricted to a limited scope of practice even if a surge hits our healthcare system. Healthcare Workforce Resilience Act will enable me to serve this community better.

Aditya Vuppala, MD Epilepsy
UNMC
Omaha, NE
Aditya.vuppala@unmc.edu

Dear Senator and House representatives,

I am working as an epileptologist in the state of Nebraska. I take care of patients with seizures/epilepsy which affects about 1-3% of the population. This is one of the most debilitating unfortunate neurological condition, not only for the patients but also their families. These include patients whose seizures do not respond to medications and have to undergo Epilepsy surgery. I had 6 years of graduate medical training after medical school to reach a point where I can treat such patients. Nebraska has a severe shortage of epileptologists and I feel honored to provide tertiary epilepsy care of its population. I see patients who travel from all parts of Nebraska and surrounding states including Kansas, Iowa and South Dakota. Despite the impact of COVID, with help of a dedicated team, I continue to provide the absolutely necessary medical care for epilepsy patients. There needs to be a reform in immigration, enabling physicians like me to continue providing the absolutely necessary medical care for the underserved. Please support this essential bill.

Thank you.

Aishwarya Patil, MD Physical Medicine & Rehabilitation
CHI Health
Omaha, NE
drashoo@hotmail.com

Esteemed Senators,

I am the one of the few PM&R (Rehab) Physicians in Omaha, Nebraska (There are fewer than 25 of us in the entire state of Nebraska). In the last 10 years of my practice in this state of Nebraska, my hospital has been able to expand Rehab services and create even more jobs. As an Assistant Professor affiliated with Creighton University Medical Center, I have been able to contribute to the teaching and mentoring of the medical students and residents training to be the future Doctors.

I was the first Rehab Physician in the State to write the guidelines dictating the care of COVID19 patients for all the Rehab units in our organization (CHI), and we were the first facility in Omaha and Nebraska state to accept actively infected COVID19 patients unlike other systems in the state.

I have been on Visa for the last 14 years and have immense gratitude to the people of Nebraska for welcoming me warmly and giving me the opportunity to serve them.

Please allow me to take care of patients with no restrictions.

Thank you,

Aishwarya Patil MD

Amol Patil, MD
Pulmonary & Critical Care Medicine, Neurology Critical Care
UNMC/ Nebraska Medicine, Omaha, NE
dramolpatil@hotmail.com

Esteemed Senators,

There are only two Neurocritical care specialists (Doctors trained to care for critically ill patients with neurological problems) in the ENTIRE state of Nebraska. I was the first Neurocritical physician in the state of Nebraska and I started the first official Neurocritical care ICU here, in Nebraska. In the last 10 years here, I have directly contributed to creating 16+ jobs, I have filed a Patent and won numerous awards for teaching young physicians from Nebraska

I take care of patients from Nebraska, Iowa, South Dakota, North Dakota and Colorado.

I have been taking care of COVID patients at the University of Nebraska Medical center, Omaha. My visa status prevents me from helping out in neighboring hospitals in the city and my state, in this crisis. I was prevented from volunteering in New York city by the same visa issues.

I have been on a visa for the last 15 years.

I cannot even express my gratitude for the wonderful people of Nebraska who have welcomed me with open arms, years go. It is time for me to repay that debt.

Please allow me to take care of my patients with no restrictions.

Thank you

Amol Patil MD

#Nebraskastrong

Hemanth Koduri, MD
Interventional Cardiology and Vascular Medicine
Pioneer Heart, Lincoln, NE
hkoduri@pioneerheart.com

Esteemed Senators and House representatives,

I am a interventional cardiologist with special training in vascular medicine. I am the only one in Nebraska with this kind of training. My focus is reducing leg amputations. Nebraska has one of the highest amputations rates in the country when reviewing Medicare data. Due to COVID 19 patients have been holding off on prevent care and coming in with very advanced disease state making treatment very complex. Specialists like me have been waiting decades to get permanent residency. These physicians have been part of frontline workers in these trying times of COVID 19 Pandemic. It will be of greatest help for Nebraskans if you support this bill aiming to have these physician's immigration status stabilized and have their primary focus on most important problems at hand like COVID 19 pandemic.

Respectfully,
Thank you
Hemanth Koduri

Joseph Thirumalareddy, MD Internal medicine/ Hospitalist
CHI Creighton Bergan Mercy Hospital
joseph.thirumalareddy@alegent.org

Respected Lawmakers,

I have been practicing medicine for the past 8 years and has served in under served areas in North Dakota moved to Nebraska to establish and settle in Nebraska.

I have taken care of many COVID patients in the last 6 months and will continue to do so. Even before the COVID showed its real colors, i work at CHI Bergan Mercy and part of Academics and while trying to educate the future generations , I got exposed to a student who had COVID and have to stay home and self isolate which did put a lot of pressure on myself and my family. Luckily I was tested negative for COVID but the thought of being the sole earner for the family and to be on VISA and loose everything if something happens while serving gives me sleepless nights. I hope the lawmakers will support and pass the Healthcare Resilience Act.

Thanks

Joseph

Madhavi Cherukula, MD Hospitalist
CHI Health StFrancis
Grand Island, NE
madhavi.cherukula@gmail.com

Dear Senators and House Representatives,

Greetings, I am Madhavi Cherukula board certified in Internal medicine and currently working as a hospitalist in Grand Island, in central Nebraska. I moved to the united states in 2014 to pursue my residency training at the University of Tennessee. Following my training, I relocated to Nebraska in 2017 to join my husband who was in residency training at the Creighton University in Omaha. I joined as a hospitalist when my son was one year old at St. Francis in Grand Island, a health professional shortage area two hours away from Omaha to serve the needy population.

I am grateful to serve people from the community who are so friendly and have always welcomed me with a big smile everywhere including Walmart, County fair, and the shopping mall. This small community which I call my home been a huge support to raise my kid while I am solo parenting and living away from my husband who is yet to finish his fellowship training in Radiology. I proudly call myself a Husker and thoroughly enjoy midwestern life including county fairs, floating down the river in stock tanks, visiting my colleague's farms, barns, and many more...But I constantly fear that what I consider my home and how much joy I find in treating underserved patients is an illusion because of uncertainties with my temporary visa status.

I am involved in acute care of hospitalized patients particularly indigent populations not only from Grand Island but the surrounding counties. Grand Island was one of the first cities in Nebraska hit by a pandemic and as a front line health worker, I was prepared for the worst caring for critically ill patients. It was anxiety-provoking to even imagine what happens to me and my family if I get disabled by contracting the virus which puts me at risk for deportation and affects us financially, mentally, and emotionally. I take immense pride in being a health care worker and having an opportunity to care for sickest of sick patients during this pandemic but I lack the freedom to volunteer to work anywhere else in the United States to serve COVID patients due to employer-specific visa restrictions.

I sincerely request to support and pass the above mentioned two bills which will alleviate the uncertainties of all immigrant physicians' futures so we can continue to contribute to the American health care system.

Manoj Suryanarayanan, MD Internal Medicine, Sleep Medicine
CHI Health St. Francis Medical Center
Grand Island, NE
M.Suryanarayanan@sfmc-GI.org

Respected Senators and House Representatives,

I am reaching out to you along with several colleagues seeking your support to pass the Healthcare Resilience Act.

I came to the United States in 2009 and, after completing my training, took up my first job in western Kansas to serve the people who needed healthcare the most in western-northwestern-southwestern Kansas. Even after completing my J-waiver, I have remained employed in a community that has continued need for physicians to care for the indigent population. I, along with my colleagues, have continued to do our part to meet the medical needs of our community in central Nebraska.

In March-April 2020 when COVID crisis was at its peak in Nebraska, I was actively involved in caring for the critically ill patients. We understand that it was the need of the hour, and I am glad that I could make a difference by helping these patients during such time of crisis. Although we have temporarily overcome that phase, we continue to prepare ourselves to care for yet another crisis should we be faced with one.

It has been a privilege to dedicate myself to providing healthcare in the United States, and I look forward to offering many more years of service to the people of the United States. My appeal to the lawmakers is to help us by considering the many ways in which our medical community makes a difference in the society.

Sincerely,
Manoj Suryanarayanan

Meenakshi Ghosh, MD Pulmonary & Critical Care Medicine
CHI Health
Kearney, NE
dr.mghosh@hotmail.com

Respected Senators and Houserepresentatives,

I, Dr. Meenakshi Ghosh, currently working as Pulmonologist and critical care specialist in a rural community in south central Nebraska, am writing this letter to urge you to support Healthcare Workforce Resilience Act.

I came to US in 2010 and went through seven years of training in US for my residency and two fellowship . After completion of my training, I joined in my current job as a J1 waiver physician in a medically underserved area. I completed my waiver earlier this year, however, I still continued to serve this community while we are in the middle of the worst pandemic of modern era. As a part of my job, I take care of the sickest of the sick's, those who are fighting for their lives with or without COVID infection. We do fear, as the case numbers are surging up in different parts of US and in Nebraska in the recent times, and with winter and flu season is only a few months away, things will get worse before they get better. Hospitals will be under tremendous strain and will fight against physician shortage in addition to Corona Virus. I am the only employed Pulmonary/ Critical Care specialist in my hospital and I love my job here taking care of good hearted Nebraskan people. Although I would like to help as much as I could, my visa impose severe restriction in my ability to help these people in need, even if a surge hits our healthcare system. While taking care of the critically ill patients with this deadly virus, I also do fear for my family, if I become disable or die while working in the frontline.

S1024 (formerly S.3599) is a ZERO-COST BI-PARTISAN BILL which will bolster the healthcare delivery and help saving thousands of American lives. I and many others US trained international physicians may be able to go the hotspots and help those hospitals and patients in-need. This bill will also give assurance to my family and thousand others that if something goes wrong with us in this fight against COVID, our family will be saved against deportation and other consequences.

I would urge all the lawmakers to champion the Healthcare Workforce Resilience Act. Including this bill in the next COVID relief package will help the America healthcare care system and the medical community as a whole.

Narayana Koduri, MD Psychiatry
Great Plains Health
North Platte, NE
kodurim@gphealth.org

I have been serving as Medical Director and Psychiatrist in rural Nebraska for the last 8 years. In this role we serve the mental health needs of 20 rural counties which are very underserved. Been in USA since 2008 and still waiting for the Green Card. If law makers can help us with this we would greatly appreciate. Your support to HWRA would help in acknowledging our services. Being a permanent resident in this country would make us feel more belonged, serve the community we live and love with renewed enthusiasm in the current pandemic. Thank you for taking time to read this and your support to the proposed bill.

Nikhil Jagan, MD Pulmonary & Critical Care Medicine
CHI Health St Francis
Grand Island, NE
nikhiljagan@creighton.edu

Dear Senator and House Representatives

My name is Nikhil Jagan and I am a Pulmonary and Critical care physician working at St.Francis Hospital in Grand Island, Nebraska. I have been in the United States since 2013 and have been honored and grateful for the opportunities I have had working in the United States.

As the COVID 19 pandemic rages on and being the only intensivist in my community I have been at front lines caring for patients. I have relished the blessing of being able to care for these very sick patients however being on a visa and associated concerns regarding renewals does bring about a lot of anxiety and insecurity for me and my family.

I sincerely request your support on the proposed immigration bills which helps provide stability to the immigrant physician workforce during this time of increasing need.

Nikhil Jagan MD

Prashanth Anand, MD Orthopedics
CNOS
Dakota Dunes, SD
Drprashanthanand@gmail.com

Dear Senators,

I am an orthopedic surgeon at CNOS, Dakota Dunes. Being along the border, we do see a lot of patients from neighboring Nebraska. Hence I would like to take a few minutes of your valuable time to brief you about the healthcare bill S1024 (formerly S.3599) that would benefit the healthcare workforce. I am an Indian national who did my fellowship training in the US and subsequently opted to practice orthopedics in a rural hospital in Illinois, recently moved to CNOS. I have been practicing in the US for the last 8 years and still stuck in green card backlog. The above healthcare bill would immensely benefit immigrant physicians like me trained in the US in getting a path towards citizenship.

As you are aware, the current COVID situation has brought a renewed emphasis on healthcare access in rural towns. It is very critical at this point that this bill is passed at the earliest in order to incentivize physicians towards rural hospitals and effectively fight this pandemic. If I get infected or disabled from COVID-19, under the current law, as an h1b visa holder, I am not eligible for social security or disability benefits. I may lose my job and have to self deport. If I die from COVID-19 complications, my kids who call the US as their home risk deportation along with my wife. Hence my sincere request to you is to consider co-sponsoring the bill, so frontline workers like me face no red tape barriers in our fight against this pandemic. The bill S1024 (formerly S.3599) is gaining a lot of bipartisan support and has 36 cosponsors. I would be happy to connect with you if there are any questions.

Thanks for your valuable time and look forward to your reply.

Thanking you
Prashanth Anand, MD

Ramesh Gadiraju, MD Internal medicine
CHI hospitalist
rameshgadiraju@hotmail.com

Dear Senator

My name is Ramesh Gadiraju. I would like to share my part of the story to this appeal to improve healthcare workforce in rural america and to expedite green card to the high skilled immigrant physicians waiting in backlog.

I have been in USA since 2006 . I graduated from residency in internal medicine Mount Sinai VA medical center and Iowa Methodist medical center in the year 2013. Also completed Nuclear medicine training at St Luke Roosevelt hospital , NY . Having passion for pt care decided to work as a hospitalist. I started working in the medically underserved community as Hospitalist in Des moine, Iowa for 2 years from 2013 till 2015, then I moved to Omaha , Nebraska and has been working at Immanuel medical center, CHI Health since 2015. I applied for my green card in 2011 and have been waiting since then in the backlog.

Physician shortage is a real thing and is seen across most of the rural and underserved hospitals. I was one of the 5 hospitalist physicians who were front-line and major physician workforce handling both inpatient and ICU patients in Omaha serving underserved community. Immigrant physicians have been a leading workforce serving this community.

During this COVID pandemic I along with with other Hospitalists were the front-line workers. We love and feel privileged serving these communities. Having said that being on visa will severely restrict my ability to render my services. I am tied to one employer and have to extend my VISA every 3 years to continue working even though i have been in USA since 2006 and met criteria for green card since 2011. I feel stressed when i think if in case I have to loose my visa status or be a victim of COVID or has a disability from my work and lose my job, our entire family have to self deport. Passing senate bills S1024 (formerly S.3599), S1810 (formerly S.948) and its companion house bills will improve our quality of life and give us more opportunities to serve the community when needed the most.

Having a green card will definitely help with my career advancement and help to use my full potential to provide superior care to all my patients.

Thanking you much, Hope you will consider cosponsoring the above bills and help with their advancement to finish line. As attached to this email the bills have been endorsed by many reputed healthcare organizations from all over the USA.
Best Regards,
Ramesh Gadiraju

Sunil Jagadesh, MD Nephrology
CHI Nephrology
Omaha, NE
docsunil20@yahoo.com

Respected Lawmakers,

I came to Omaha, NE approximately 14 years ago pursuing my residency in internal medicine. The city has helped me grow both personally and professionally. I returned to Omaha after my Nephrology fellowship in Gainesville Florida in 2012. I have never felt more at home any other place. My two lovely daughters were born in the very hospital I work everyday . As a family we have shared some amazing moments in the city. Like many of my colleagues, I have been waiting for a green card for approximately eight years.

Working at a tertiary health care center (CUMC Bergan hospital) , we took care of patients were transferred from all over the state of Nebraska. .We took care of many of the Critically ill patients with COVID in the intensive care units on regular basis offering services like dialysis .

In May 2020, I had a routine COVID test through test Nebraska program. It came back positive. I was fortunate enough to recover with only mild symptoms. The stress it put on our family, where I am the sole breadwinner on a visa was unbearable. I do not believe my story is unique. I'm sure there are countless others with similar experiences. I love my job and continue to take care of Covid patients to date.

I would urge the esteemed lawmakers to support and pass the healthcare workforce resilience act. We need your help. Our families deserve the peace of mind this bill would provide during these uncertain times.

Thank you & Stay safe!
Sunil

Suresh Manapuram, MD Hospitalist
CHI Health St. Francis Hospital
Grand Island, NE
smanapuram@gmail.com

Dear Senators and House Representatives,

I moved to USA in 2013 to pursue my further clinical training in Internal Medicine and Transfusion Medicine. I completed 3 years of internal medicine training in Pittsburgh and another year of transfusion medicine fellowship in Louisville, Kentucky. My wife, Swathi is a physician as well and has completed 5 years of medical training in internal medicine and nephrology.

We moved to Grand Island, Nebraska to fulfill our J-1 waiver requirement in 2018. I currently work as a Hospitalist, providing care to hospitalized patients in CHI Health St. Francis hospital. I was involved in active care of COVID patients during the surge we had in Grand Island and provided care to approximately 80-100 COVID patients during the months from March to May 2020. Being the only nephrologist in Grand Island, Swathi is actively involved in the care of patients with kidney diseases in the community. She played a vital role during the COVID surge in Grand Island, providing consultation services to the sick patients admitted in ICU and COVID unit.

We have

Vasu Voleti, MD MBA CSSGB Emergency Physician
Medical Director, St Vincent Jennings Hospital
Regional Associate CMO at Ascension Health- St Vincent
Columbus, Indiana
VasuVoleti@gmail.com

Dear Senators and House Representatives,

Thank you for being there for all of us during these unprecedented times and for taking the time to look at our appeal.

I moved to the United States to start my residency training on a J1 VISA in 2006 after finishing medical school in India and gaining clinical experience in Jamaica. I have tremendous joy working in this country with readily available resources to provide quality care for my patients. I cherish this healthcare system more than others after my experience in a resource-poor country. **I have been working in an underserved area, with a constant scarcity of physicians, for the past 11 years.** I finished a healthcare MBA to work towards improving cost-effective care and actively participated in policy proposals as a delegate to Indiana state medical association, but still uncertain about my future here.

I am currently working on the frontlines in the Emergency Room since the beginning of this pandemic. As a regional associate CMO, I participated in implementing surge plans to prepare our critical access hospitals to handle this pandemic. As I put these plans together, I realized how immigrant physicians had been a great asset to the healthcare system. **It also noticed their lack of flexibility in working across different hospitals due to their VISA status. Personally, I was eager to join the paramedics from my hospital when they deployed to NYC during the spike, but I was unable to do so due to my VISA status. As a physician on H1B, I felt incapacitated even though the state licensures eased during these times.**

When I moved to this country, my son was one year old and spent most of his life here and refused to call himself an Indian as he knew very little about that country. As he applies for pre-med in one year, he has to apply as an international student even though he started his education in this country.

Being on the front line of this pandemic and keeping my life at risk, I am not afraid of contacting COVID and would not call myself a hero. I consider this as my responsibility when I chose this profession. I am not ashamed to say the thought of my son getting deported to a country which he has only visited, if I succumb to COVID, worries me.

Hence, I would urge this senate bill S.1024 (formerly S.3599), which will give stability to the healthcare force and their families. Let us have what we really deserve.

Ramesh Adhikari, MD, MS, FHM, Hospitalist and Geriatrician
President of Indiana Chapter for Society of Hospital Medicine
Franciscan Hospitals- Lafayette, Crawfordville, Rensselaer
adhirms@outlook.com

After completing medical school, I was involved in Gastroenterology research in one of the most prestigious institute in the world, The Asian Institute of Gastroenterology (Hyderabad, India) under an eminent world-renowned gastroenterologist Dr. Nageshwar Reddy. My passion to learn more about research and nutrition related to gastroenterology drew me to The United States to pursue higher education. After 14 years being in USA, I had the opportunity to study and train in best universities and gained wealth of knowledge.

I graduated my residency in Internal medicine from Seton Hall University- St. Francis Hospital – Trenton, NJ. During residency I cared for the low income, high acuity patients from diverse backgrounds especially from vulnerable population. My residency experience and personal experience with my grandmother helped me to pursue Geriatrics and I completed my fellowship at Brown University, (Providence, Rhode Island). It was an enriching experience both in medical knowledge and the opportunities and mentorship obtained from an Ivy league University. My passion towards geriatrics helped to address Elder abuse and I had the opportunity to present my research at national and international conferences and it remains my main interest.

I applied through J1 Waiver for Indiana and barely made into the 30 spots allowed to practice in Indiana for year 2014. I have worked in Union hospital, Terre Haute, Indiana as a hospitalist. Terre haute is a medically underserved area with multiple nursing homes. **I realized for the first time, in spite of my best education from an Ivy league University in Geriatrics, I can't help the patients in nursing homes because of multiple hurdles from visa.** I work a week on and week off and the time off couldn't be best use to help the community which needs their geriatrician the most.

After working for three and a half years in Terre Haute, I moved to Lafayette, Indiana which is also a medically underserved area and worked for Franciscan hospitals. **Myself along with my team was instrumental in helping to staff a critical access hospital in Rensselaer from getting closed.** I have worked as hospitalist and served in leadership role for state of Indiana for society of hospital medicine for the past 4 years and part of national committee for learning.

While facing challenges of navigating the complex immigration restrictions as an International medical graduate trained in The United States, COVID-19 pandemic occurred. This itself threw a different challenge personally and to the communities I serve. **It took me long 24 years of continuous training, challenges , work experience to be who I am here professionally, but for having a great nation like The United States for not being able to use the resources readily available in the fight for COVID-19 due to work place restriction makes me wonder that we are not adapting to the growing challenges of health care dynamics at a pace that we need to put the needs of the community and vulnerable population as a priority.**

How does COVID 19 impact me, healthcare, economy and nation?

1. My work permit is tied to hospitals I am contracted to work- Can't help the nursing home right in front of my hospital even with a board certification in Geriatrics. (Most vulnerable population in current Covid19 pandemic is Nursing home residents and elderly patients)- Indiana had multiple outbreaks in nursing homes already.
2. It is challenging to participate in telemedicine in USA unless it is linked to my own facility.
3. The high stress of getting infected with COVID-19 and facing challenges of being disabled or death with imminent deportation and struggles to family in case of worst-case scenario itself adds tremendous stress to the current work environment.
4. A Physician brings jobs and wages to the community they serve.
5. Physicians help to keep the community healthy. Healthy rural community is a healthy country.

How can Legislative process help us?

1. Current bill S1024 (formerly S.3599)/ HR2255 (formerly H.R.6788) addresses most of the issues as a temporary fix to 15000 physicians like myself to be able to serve the community I work in without worrying for my family security.

I sincerely urge you to look through the hardships of the physicians which directly impacts the way we deal with the current pandemic and the already stretched out health care systems affected due to shortage of healthcare professions.

Sincerely
Ramesh Adhikari

Abhinav Singh MD Internal Medicine, MPH, FAASM

Franciscan

Carmel

singhsleep@gmail.com

Abhinav Singh MD, MPH, FAASM

Number of years on Visa - 18 yrs

Arrived to US – 2002, **Obtained Three US medical degrees**

Master's in public health along with sleep research, Internal Medicine residency followed by Sleep Medicine fellowship at Northwestern University. (only 140 spots in the country)

1 Sleep Medicine fellowship training in Indiana (Short supply of Sleep Physicians). Since 2010 been working at Franciscan partnered practice. Greenwood Indiana.

Green card petition approved and pending in backlog since 2011

Current Role: medical director Indiana Sleep Center, joint venture Franciscan facility. Employees 12. Attending physician & executive board member, Indiana Internal Medicine. Employees 220.

Providing specialty sleep services along with Internal Medicine services in the southside of Indianapolis. Johnson County. Classified as Healthcare provider shortage area.

Challenges with temporary visa and work restrictions: cannot serve outreach locations which are in short supply of sleep specialty services as well as Internal Medicine services due to a geographic restriction on work locations.

Traveling for leisure or professional purposes is restricted due to visa limitations

Volunteering in hotspots during COVID -19 is restricted and a potential violation of work authorization. In the event of illness/disability for myself- Family faces potential deportation.

Contributions/ Awards: Voted as top doctor 2020, teach a Sleep Medicine rotation to Marian University and Franciscan medical residents Voted most compassionate doctor by vitals.com 2016 to 2018.

One of eight sleep physicians in the state awarded fellowship of the American Academy of sleep Medicine

Only sleep physician in Indiana to be selected for national advisory board as well as location for drug trial in the field of Sleep Medicine invited to speak as a sleep physician at a global conference hosted by Eli Lilly. On the medical advisory board of the national sleep foundation.

On the peer- review board for multiple national sleep journals.

Simranjit Singh, MD Internal Medicine
IU Health
Carmel
ssingh6@iuhealth.org

Dear Senator/Congressman/Congresswoman,

My wife and I are board-certified in Internal Medicine with a focused practice in Hospital Medicine. For the last four years, we have been working as Hospitalist Physicians with Indiana University Health Methodist Hospital and as Assistant Professors of Clinical Medicine with Indiana University School of Medicine. Being the largest hospital in the state and located in the hardest-hit County (As of August 2020, Marion County has 21% of all COVID-19 cases in Indiana), we see and treat the highest volume of COVID-19 patients. We feel lucky to serve humanity and our communities as frontline doctors against this pandemic.

The COVID-19 pandemic is a war against the invisible enemy, and frontline doctors like us are soldiers fighting this battle with courage and selflessness. **I was recently interviewed and featured by the prestigious Society of General Internal Medicine (SGIM) for my COVID-19 related contributions** (<https://www.sgim.org/career-center/covid-19-resources/frontliners>). While we are much appreciated by patients, families, and neighbors as heroes, we are battling our own demons that keep us up at night. As frontline doctors, we are at high risk of contracting the virus. Because of our temporary legal status due to the H1B work visa, there is no protection for us if either or both of us die after contracting virus or get permanent complications while fearlessly fighting this battle to protect American communities. If either of us gets permanent complications from the infection, we risk losing our job, legal status, and face deportation. If one of us dies, the other partner will face extreme hardship and have to go to India with our 2-year-old daughter. If both of us contract COVID-19 and die, our U.S. citizen daughter will be left behind without anyone available to take care of her.

Many of our American colleagues, where both partners are not frontline doctors, are able to keep themselves isolated from their partners by moving to temporary housing or basements, so they don't transmit the virus to their loved ones. We, on the other hand, don't have that option because we are both frontline doctors, we do not have immediate family living with us, and our parents are unable to visit us from India due to the travel ban. Moreover, due to the recent H1B travel ban, we can't visit our elderly parents in India in case of a family emergency.

While we are battling hands-on with this pandemic on the frontlines, we are anxious and scared about our families and our futures in this country and abroad due to the uncertainty of temporary work visas. We also, teach and train the new generation of doctors [medical students, residents, physician assistant students, advanced practice providers] – especially in the diagnosis and treatment of COVID-19. As the current pandemic is evolving, it is further essential for us to continue our role in preparing the next generation of doctors. If we receive our green cards, we could help more people. **Our week on week off schedule would enable us to help understaffed hospitals around the town and across states during potential surges in coming fall and winter, which we are unable to do with the current H1B visa work restrictions.** **As frontline physicians, we need peace of mind while fighting for the U.S.'s populace. Every time I walk into the hospital, it's not the fear of contracting the virus but the future of mine and my family which is tied to my legal stay that keeps me in constant fear.** **The success of the Healthcare Worker Resilience Act will help tremendously overcoming these fears and also enable us to help more places during time of need which is very much anticipated in the coming months.**

Simranjit Singh, MD, FACP.

Rakeshkumar Subramanian, MD Pulmonary and Critical Care Medicine
Parkview
Fort Wayne
rakeshmmc@gmail.com

I am a pulmonary and critical care physician practicing in Fort Wayne, Indiana. **Every day in my practice, I am managing patients with COVID 19 along with a lot of sick patients with various other serious lung diseases. I am not scared of talking to patients with COVID 19. I am not scared of intubating a critically ill COVID 19 patient. I am not scared of doing CPR for patients with COVID 19, who just had a cardiac arrest.**

I cheered with patients and their families when they improved from their illness. Held hands and prayed for the patients when they are dying in the hospital without their loved ones at their side. **I constantly fought for them whatever way I could, so they could get the best possible care.**

I always loved to go back to work every day to care for the sick and suffering patients. **But one thing I am afraid of is, what would happen to my family when I get sick, disabled, or die.** I am here in the US for the past 8 years, still on a temporary visa. My daughter was one year when she arrived in the US and my son is just one year old now. **My family has no choice but to leave the country if I am not able to continue to work. This is what haunts me every day.** So, I humbly request congress takes into account the contribution we make for our community and consider the healthcare workforce resilience act. So many physicians like me can take care of the patients but are with the constant fear of worrying about our family's future.

My hospital still needs a lot of physicians like me, to fully cover the needs of the population in the area. We also support a number of jobs from nurses, physicians' assistants, medical assistants to patient care technicians. So our presence would not take away any jobs but definitely creates a significant number of jobs.

Neelakanta Kanike, MD Pediatric Medicine
Deaconess Womens hospital
Newburgh
neelrakku@gmail.com

Respected leaders

I have been in US since 2008, so almost 13 years on a temporary nonimmigrant visa status first as F1, then H1 and subsequently on O1 visa. I started my pediatric residency at Western Michigan University, Kalamazoo, Michigan and then came to Cleveland, Ohio for a fellowship in Neonatal Perinatal Medicine. Since completion of the fellowship, I returned back to Michigan, Detroit as an attending physician & Neonatologist and served in a medically underserved hospital catering inner city population. I am currently working at Deaconess-The Women's Hospital in Newburgh, Indiana, serving the rural population of southern Indiana. As a Neonatologist, **I am involved in taking care of patients who are born extremely preterm infants sometimes as early as 22 weeks of gestation and as small as ~1pound.** I am currently active in quality improvement projects both as a leader and participant in our hospital. I also serve on various institutional committees which are essential in checking and reviewing research protocols, continuous medical education programs and hospital wide practice protocols in medicine.

Each time when I have to change job, I have to re-file for visa with the new employer and because of these restrictions if there is a need for physicians in a nearby facility, I am unable to help. **My wife is also a physician, working as cardiologist in Greenwood, Indiana. Due to visa limitations, we were not able to get a job in the same location. I drive ~300 miles round trip every week to go to work and the painful part is that, I have to stay away from my family during the work days and only can see them on weekends.**

CoVID 19 has thrown a lot of challenges for physicians working on Visa in general, some of my biggest worries are:

- 1- What happens in case if I get disabled or die from this, which would put my family in risk of losing the visa status and subsequent self-deportation?**
- 2- My 4-year-old kid was born here. Our family has bonded well in our community and feel the love and respect that community offers.**

Enacting the legislations that are mentioned would go a long way in helping our families and increasing access to much needed health care resources for our vulnerable communities. It will also help us to fight COVID19 and any other such foreseeable threats and increase safety of our healthcare systems with many more US trained physicians ready to help

Thank you all for your attention, with sincere hope that you will consider these legislation and cosponsor them
Best regards

Karthik Polsani, MD Internal Medicine
Community health network
Westfield
krpols@gmail.com

I am a Hospitalist and Inpatient Hospitalist Director at Community Howard Regional Health, Kokomo, Indiana. I have been serving Kokomo and at Howard hospital since 2011. Kokomo is a medically underserved area. I have been on H1B visa since 2008 and waiting for my permanent residency since 2011. I was Vice Chief of Medicine at Howard Hospital, and at present Hospitalist Director.

As a hospitalist and as a director, I have been instrumental in bringing important changes at our hospital and in our community, which has impacted patient care and relationships in a positive way. Our motto is to provide exceptional quality service and, in a cost, effective way and my ideas which have been implemented were in regards to these. My role has been more important at our hospital and in our community since March 2020 in regards to tackling COVID crisis in our community because the hospitalists along with ED physicians are the primary pillars of inpatient care and especially in smaller hospitals like ours where hospitalists take care of the critical care patients, intubations, resuscitation, etc. I have led our team and hospital during these times both at the hospital and in our community. **At our hospital, not only was I a front line clinical taking care of critically ill patients on a day to day basis, I was also leading our team and part of our COVID task force team and create COVID related policies and updating them on a regular basis and making sure they were implemented properly while helping our team and other disciplines at our hospital to provide an exceptional, evidence based care,** I as part of task force was helping us reach out to other hospitals, other community physicians and local leaders like Mayor, County Health commissioner for collaborating and providing standardized care in our community. **I was nominated as the physician of the year for the above accomplishments.**

I find that being on a visa has been challenging. As mentioned, I have been waiting for my permanent residence since 2011. I am sure that if I had my green card, I could have done more and used my expertise and help other hospitals and other communities. **I could do much more for my community with my other ideas which I could only share but could not implement myself because of lack of visa.** I was always showing courage by leading our team and by being a frontline physician because it's my duty and I believe that is why we are in this profession; **but sometimes I fear for my amazing wife and 2 wonderful kids who supported me through this; and who were dependent on me; just in case something happens to me during this crisis and with being on visa.**

I truly believe that this bill will positively impact physicians like me and our society by continuing to provide our exceptional services especially in underserved rural communities like ours in years to come. I sincerely request all the leaders to please take into account the interests of our communities and support this wonderful bill.

Mirza Baig, MD Nephrologist
Hendricks Regional Health
Brownsburg
baigmd0921@gmail.com

I am a kidney doctor in Indiana serving the Hendricks county. I have obtained my fellowship in Nephrology at Indiana University School of Medicine and have found the Hosier community of greater Indianapolis very welcoming and friendly place to settle down and raise a family. **I see in my clinic patients coming from Hendricks, Putnam, Boone, Hamilton, and Marion counties and I also take care of about 100 dialysis patients on the west side of greater Indianapolis area spread over 6 dialysis units were I round weekly.** My patients are absolutely grateful for my services and the testimony thereof is the achievement of physician-specific top patient satisfaction scores on the Press Ganey Scale for 3 consecutive years since I joined the practice.

After graduating from the prestigious Armed Forces Medical College of India I came to the US in pursuit of the American dream. Prior to that, I completed my residency training in the UK along with the pursuit of Membership of the Royal College of Physicians. Despite being on the track to citizenship on a highly-skilled migrant program in the UK I headed to the US in 2006 in pursuit of coveted and highly respected post-graduate training in the US. I completed my Internal Medicine residency training in University of North Dakota School of Medicine in July 2010. Subsequently, a green card petition was first filed for me in November 2010 while I was working as Hospitalist in underserved areas of rural Illinois. **Subsequently, in lieu of my completion of 5 years of work in the underserved areas I was granted approval of physician national interest waiver in 2015. Despite this, I was unable to do adjustment of status to permanent resident status with green card backlog arising from country caps. I will soon be completing my 10-year wait,** meanwhile, during this waiting period, I have continued to expand my clinical skills and acquired board certification in IM, Nephrology, and Palliative Medicine. **Despite my willingness to volunteer in COVID physician shortage areas, I have been unable to use my full clinical skills due to employment restrictions imposed by an H1b visa. I have been getting several emails daily from various recruiters across the nation soliciting help to cover pandemic related physician shortages.** Despite my willingness to work, I am crippled due to my H1b visa being restricted to a specific employer and specialty. I have been renewing my H1B visa every 3 years with no end in sight. During this time if I plan to travel outside US, I will have to take a perilous and **intimidating journey of H1b stamping at a foreign US consulate with the concomitant risk of being stranded for unprecedented administrative processing. I have personally gone through this nerve-wracking experience when I was stranded in Canada away from family for 3 weeks in March 2020. During this wait, my young family faced hardship and uncertainty and my patients were distraught. If God forbid, I have to quit my job and leave the country due to visa issues in the future, I fear for my patients whose continuity of care will be severely compromised.** And my wife who is also a physician started our family in US and cherish the long-lasting relationships that our family has been able to build in this community through volunteering at kid's schools, Boy Scouts and other community and social events.

It is my sincere appeal to you to consider our request to include the Healthcare Workforce Resilience Act S 1024 (formerly S.3599)/ HR2255 (formerly H.R.6788) with the COVID stimulus package. **'This ZERO expense', a one-time solution will not only provide the needed protection to the US-trained highly qualified, law-abiding international doctors but also help pump billions of dollars in the US economy and create thousands of jobs that will be instrumental in the post COVIDrecovery of our countries economy.**

Samatha Madhavarapu, MD Pediatrics
Indiana health center
Kokomo
samatharao12@gmail.com

I am a pediatrician, who has been working at Federally Qualified Healthcare Center (FQHC) in Kokomo, Indiana since 2012. I came to USA as a student on F-1 visa and finished my M.S in Community Health and later did my pediatric residency in Bronx, NY on H-1 B visa. Since I started my medical career in USA, 11years ago, starting from my residency in pediatrics to currently practicing as pediatrician at FQHC, I have always served the underserved population on H-1B visa.

I love my job as pediatrician as I get to connect with parents and kids and make a positive impact on the kids physical, mental and social wellbeing and in turn serve the community. It is so satisfying to work for an employer like Indiana health center (IHC)with a mission to provide high quality, affordable, patient -centered health care to underserved areas of Indiana. **There are lot of instances where IHC is the only clinic where families can be seen by provider, given their financial situation or social situation. I can proudly say that I mostly serve medicaid/ uninsured population in Kokomo area. I took up this profession with a dream of serving the needy and I feel like I am living my dream.**

My husband is also a physician working in Kokomo for past 9 years on H-1B visa. **Me and my husband take pride in being the front-line workers in these unprecedented challenging times posed by covid 19. We have renewed our H-1 B visa multiple times so far and we are still temporary workers. Last year when me and lot of other physicians who are working on temporary visa tried to renew our medical state license in Indiana, they renewed only until the time the visa is valid. So being on H1 B visa and practicing in Indiana can pose a risk of losing Indiana State Medical Licenses if there is any bureaucratic delay in visa renewal process.** We as a family have been waiting to create a new identity in USA for so many years now but the uncertainty of future due H1B visa creates a sense of frustration and hopelessness. A permanent residency would solve lot of problems and give a new hope for many physicians who are like me waiting for green card.

Thank you for your time and consideration.

**Anuja Bandyopadhyay, MD Pediatrics, Pulmonary Medicine and Sleep Medicine
Riley Childrens Hospital,
Indiana University School of Medicine
Indianapolis
anubandy@iupui.edu**

Last month I completed 10 years of living in USA and serving the children of USA. **I spent 7 years on J1 visa and 3 years on O1A visa; 8 years training as a pediatrician, pulmonologist and sleep physician and 2 years treating the 1,573,409 children living in Indiana.** For the past 2 years, every day, I have treated children with asthma, cystic fibrosis, chronic lung disease due to prematurity, obstructive sleep apnea and on home ventilators. **Each year, I help train 1409 medical students at Indiana University School of Medicine.** For the past 2 years, I have served at national committees of American Academy of Sleep Medicine and American Thoracic Society, which were created to facilitate advancements in the field and create guidelines for standard of care to be followed around the world. For the past year, **I have co-chaired the ISR gold standard panel, which is used by every single sleep laboratory in the country to maintain accreditation.**

Despite all these years of hard work-every year in summer, my patients are thrust to uncertainty, as I wait for visa renewal procedure. Every year, when I travel 8,000 miles to India to see my ageing parents, I am worried that I will not be allowed back to my own home in USA. Every year, despite dedicating the most productive years of my life to this country, **I am told that I'm temporary and an "alien physician". Every year, when I get the visa expiration notice, I am reminded that I do not belong here.**

I am told that I can wait 150 years to get permanent residence. At the risk of sounding impatient, I would like to urge the senators to support this bill and reduce this wait time. As leaders of this society, I know it is not your intention to alienate the contributing members of this society. It is our sincere request that you put this intention to action.

**Prashant Malviya, MD Neonatologist
Medical Director
Neonatal Intensive Care Unit
IU Health Ball Memorial Hospital
2401 W University Ave,
Muncie, IN, 47303**

Respected Leaders,

My name is Prashant Malviya. I hold two degrees in the USA. I did residency in Pediatrics and fellowship in neonatal-perinatal medicine at John H Stroger Hospital of Cook County, Chicago. I am Board certified in both Pediatrics and Neonatology. I have been on H1B VISA for the last 10 years with an application for a Green card accepted for the last 7 years and in the waiting list since then.

I have been working as a neonatologist for the last 5 years in underserved areas (2 years in Missouri and since last 3 years in Muncie, Indiana). Since I have taken this position, we have worked hard to develop this unit and now treating extreme premature and sick newborns. **Last year I was appointed as Medical Director of NICU. Our Unit is now a designated Level III NICU. I am working to bring more treatment modalities to our unit to benefit our community.**

Due to this temporary and restricted status it prevents me from working in other hospitals. With current unpredictable circumstances, it has prevented me and my family from traveling outside the country even to visit my native country India as I am not sure whether I will get my VISA stamped or not. **Even after living in the United States for the last 10 years as a productive member and essential worker of society, there is always a fear that if I lose my job or affected by death/disability, my family will suffer and will be deported. Considering that I and my wife are on VISA but my 3 children are US citizens, that situation of leaving the country will be devastating for all of us.**

This bill will bring a sense of security for my future. It will help me to continue working to benefit my community without any fear.

Thanks

Prashant Malviya, MD

Vijay Muppidi, MD Internal Medicine
IU Health
Muncie
vjdershan@gmail.com

I am Dr Vijay Muppidi. **I have been in the US for 16 years** since 2006. I have been on F1 visa and H1B visa all these years. **Green card seems a distant possibility and may not happen in my lifetime.**

During the years in the US so far, I have completed masters in health administration (MHA), certificate courses in medical billing and coding and practice management. After that I did my residency training in Internal Medicine in Pennsylvania, worked for more than 3 years in Wisconsin as assistant professor of medicine at Medical College of Wisconsin. Currently, I am with IU health as a hospitalist for more than 4 years. Also, I am an assistant professor of medicine with Indiana University school of medicine.

I specialize in Internal medicine/ hospital medicine. I provide care to the underserved population of Muncie and surrounding areas in Indiana currently. Also, I teach and mentor medical students. I contribute to the training of internal medicine residents at my hospital. **I have received "best online physician 2018", "best compassionate doctor 2018" and "patient's choice awards 2018"**. I have done research and published scholarly articles in medical journals and presented my research at national and international scientific meetings. I continue to **provide care for patients with COVID-19 among others during the ongoing pandemic**. I am a frontline healthcare worker during this pandemic. **I have published scholarly articles on COVID-19 as well.**

In spite of working hard and providing care to thousands of US citizens so far and having been on visa for so long (16 years), green card is nowhere near sight for me. Without the green card, my ability to serve many more US citizens including patients during the ongoing pandemic is limited. In addition, the renewal of my medical license is dependent upon the validity of my visa status and a delay in processing the visa will lead to loss of my medical license and ability to practice medicine. These are only some of the problems and my ability to provide more care for US citizens would be enhanced with a green card.

I sincerely request all the senators to kindly consider passing the bill mentioned above to help me and many others like me.

Thank you very much

Vikas Kalra, MD Cardiologist
IU Health Ball Memorial Hospital
Muncie
drvikaskalra@gmail.com

I am a cardiac electrophysiologist in Muncie. I have been in the US since 2008. I have served patients of downtown Indianapolis during my training in residency of internal medicine and fellowship of cardiology in there after cardiac electrophysiology. Thereafter, I moved to southern Illinois – Carbondale where I saw her for three years. I moved back to Indy area I'm currently working in Muncie. **So far, last 13 years I have been serving in underserved areas and still I am no longer any closer to getting green card.** With the current system, I may not even get a green card through my lifetime. **I have contributed to patient care and society with education of my community by giving talks in local churches and organizations and paying my taxes diligently.**

With the current visa restrictions, I had to renew my visa every year for first 8 years and then every three years currently. Indiana medical licensing board has now decided that they will be renewing my medical license only till the visa is applicable and when I apply for visa, I have to have a valid license to practice in Indiana. This seems like a vicious cycle where I have to waste so much time in paperwork in getting limited extensions for visa as well as medical license. This has been a big stress mentally.

I am not sure how can I be a better citizen then what I have been so far. However, with the current immigration system, it seems like a losing battle for me.

I would highly appreciate if you good support the above-mentioned Bill.

Dinesh Edem, MD Internal Medicine, Endocrinology
Indiana University Health Arnett
West Lafayette
dedem@iuhealth.org

Name: Dinesh Edem MD, Endocrinologist at IU Arnett, Lafayette

Internal medicine residency: Johns Hopkins University/Sinai Hospital of Baltimore

Endocrine fellowship: UPMC Pittsburgh.

I have been on J1 Visa for 5 years and then H1B visa for last 3 yrs.

Role: **Clinical endocrinologist at a busy Arnett Clinic affiliated to Indiana university.** I see around 22 patients a day. I support 2 Medical Assistants and 1 nurse.

Helping Community: sees multiple patients with diabetes, thyroid, hormonal issues. I am the local obesity medicine doctors as well trying to reduce the burden associated with obesity.

Visa issues:

I could not buy a house due to visa uncertainties in 2017.

Cannot travel to home country or other countries on numerous occasions due visa stamping issues. **Cannot switch jobs** easily.

Cannot work extra hours or help other departments due to visa restrictions.

Cannot help in covid related activities at other hospitals due to unnecessary visa restrictions.

How this bill will help:

Removes the visa uncertainties. Help with job portability

If we die of covid or job-related issues then our family will not be deported back.

I sincerely urge you to pass these bills so our future can be secure and we can continue to provide high quality care to our patient without any fear or unnecessary restrictions.

Hari Gopakumar, MD Internal Medicine
Parkview Health, Fort Wayne
hgopakumarmd@gmail.com

I am an Internist and Hospitalist working in Fort Wayne Indiana. I did my Internal medicine residency training in Cook County Hospital in Chicago, Illinois. where I went on to do a year of Chief Residency. I now work at Parkview Hospital in Fort Wayne, Indiana. I have been on H1B visa now more than 8 years. I have a permanent resident petition that was approved in April of 2016 but have been waiting since then like many of my colleagues due to the backlog.

This year has been a very eventful one with the COVID-19 pandemic having wreaked havoc with health and economic wellbeing of multitudes world over. **I consider myself fortunate to be part of the solution and in being able to help fellow human beings in these trying times. It does bring with it unique challenges. Myself and my wife are both physicians and hence naturally one of the most exposed households to this disease and hence at maximal risk of contracting it.** We are also parents of an infant. As our son was born here, he is a citizen of this county. We consider ourselves emotionally to belong here after these many years of productive adult life spent on this soil. **This makes every day trying as one never ceases to wonder what would happen if we were to fall victim to this malady. What would happen to our son? Who would take care of him? This is not unique to COVID 19 but a daily part of this profession which we long ago have signed up to. The lack is stability on a visa makes the situation very volatile.**

During the peak of COVID-19 in NY where many of my friends work and took care of those who had fallen prey to this disease, **we constantly came to know of how much more help they were seeking for. We have always considered medicine our calling and would have loved to volunteer help in those times. However, on a visa what we are allowed to do is severely restricted and hence restrained from being able to help.**

There are many like us and this bill will help free us to help those in need.

Mellekate Vishwas, MD Neurology
Union Health
Terre Haute
vishwas@mac.com

I have been working as a neurologist at Union Health, Terre haute for last 6 years. Terre haute is a health professional shortage area. I have been working as a neurologist with significant role in administration, I serve as a medical director for Neuroscience services line and my role involves making policies and improving patient access and improve quality care in Neurology, neurosurgery and pain management. **I have also been serving as a medical director for stroke and have played significant role in improving stroke care in the last 3 years, our hospital has been awarded Gold status plus from American stroke association and American heart association under my leadership.** My role has been critical in the hospital due to covid pandemic, I am involved with other specialists and administrators in making policies and managing Covid patients both in the hospital and in our community, involved in educating public about covid pandemic with significant positive impact.

However, **my visa status has restricted me from getting involved in other significant roles. If other critical access hospitals in neighboring counties need my services in this unprecedented situation, I cannot offer my services due to visa restrictions as I cannot involve myself with other employers, even if I have to offer my services without compensation.** Even if I have to travel outside USA for conferences or fun or visiting families there are so many hurdles and reentering USA will be very cumbersome. S 1024 (formerly S.3599) bill/ Healthcare workforce resilience act will help me and my colleagues in health care immensely in overcoming these hurdles and help us perform our duties more effectively without any fear. It is my humble request for our senators to kindly support S1024 (formerly S.3599) bill.

Shivu Kaushik, MD Internal Medicine
Parkview Health
Fort Wayne
shivukaushik@gmail.com

Dear Senator/Congressman/Congresswoman,

I am international physician trained in the US. I initially came to the US in 2004 on a J1 visa. After completing my medical school from one of the top medical schools in India, I also completed a residency in Pulmonary Medicine from the famous and prestigious V.P chest Institute, Delhi, India. I came to the US with the hope of gaining and enhancing my professional skills. I did another residency in Internal Medicine at the University of Virginia (Roanoke-Salem) Program and then went to Medical College of Georgia, Augusta, GA to complete a Pulmonary/Critical Care Medicine Fellowship.

After completion of fellowship, I went to the great state of North Dakota to do a J1 waiver ship. I spent 8 years of my professional life in North Dakota working in an underserved area and despite the extreme cold weather, it was the warm spirit of the people that made us stay for so many years. I finally then moved to Indiana and have been working here as a Pulmonary/Critical Care physician.

It has been a honor and privilege to take care of the American people. I have always felt the people of this country have been extremely generous and welcoming to immigrants as myself. I have been on a work visa since 2004 and now am happily married to my wife who is a Dentist and have two children both born in the US. We feel the United States is our home and have imbibed the cultures and do not feel we can live anywhere else. My wife who is a Dentist is also an active in her profession and feels great pride in taking care of people of this great nation.

Being a Pulmonary/Critical Care physician, I have been at the frontline of the COVID-19 pandemic. It has been an extremely stressful situation since the onset of this pandemic. Although I take great pride in helping the current work health force, I am limited due to my visa restrictions to provide help in other hospitals. I personally feel the COVID-19 situation is likely to get worse and will need the help of more physicians like me who otherwise are able and qualified to help but are also restricted due to their visa situation.

It is my humble request to you to support the Bipartisan Health Care Workforce Resilience act (S.1024 (formerly S.3599)/HR2255 (formerly H.R.6788)) which will help physicians like me who have been in the green card back log to get permanent residency which will enable us to help more American people likely to be affected by this pandemic. It will also help me support the future of my family and lead to my dream of becoming an American citizen.

Thanks once again for your time and kind consideration.

Best Regards,
Shivu Kaushik MD,FCCP
Pulmonary/Critical Care

Suyog Kamatkar, MD Pediatrics, Neonatal & Perinatal Medicine
Community Hospital East
Indianapolis
suyog86@gmail.com

Respected Senator/ Congressman/ Congresswoman,

I have been in USA on a visa since 2010. In this period, I have completed Masters of Epidemiology program from Harvard University, trained in Pediatrics at Riley Children's Hospital and trained in Neonatal Perinatal Medicine fellowship at Cincinnati Children's hospital. Currently I am practicing as a Neonatologist and Medical Director on NICU at Community East Hospital in downtown Indianapolis. Here my team provides essential medical service to high risk pregnant women and their infants. I have special interest and expertise in treating Neonatal Abstinence syndrome and acute withdrawal symptoms in newborn babies born to mothers with substance use disorder. Through the Community Network's CHOICE program, we had stupendous success in treating pregnant and post-partum women with Substance use and Opiate usedisorder.

I believe my services are very vital for the long-term health of Hoosiers and Americans. My professional success will directly improve our society for better. I will love to utilize my expertise for betterment of many more people. However, **the visa restrictions have meant that I am constrained to work in a narrow scope and not able to secure my family's future. This legislation will help me achieve my full potential expanding the scope of the medical services I provide and reach many more Americans in need of healthcare.**

Sincerely,

Suyog Kamatkar, MD, MS Epidemiology

Medical Director, Neonatal Intensive Care Unit |Community Hospital East

1500 N Ritter Ave, Indianapolis, IN 46219

O 317-355-1659 Fax- 317- 351-5488

Vamshi Bende, MD Internal Medicine
Porter Regional Hospital
Valparaiso
docvamshi@gmail.com

Dear Law makers,

My name is Vamshi Bende and **I have lived in the US on a visa for the past 15 years**. I practice as a hospitalist at Porter Regional Hospital, Valparaiso, Indiana. I spent majority of my time as a doctor working in underserved communities in various parts of the country. **Being a frontline worker, I have been taking care of COVID patients on a regular basis. I have received numerous requests to work in other COVID hit areas but I could not do it as my visa does not permit me to work for anybody/anywhere else. I wanted to go and help out so badly but just could not.** I believe this bill (S1024 (formerly S.3599), HWRA) will help strengthen all the communities across the country as there are several doctors like me who are willing to help but are not able to.

The other important aspect of this bill is that it provides a safety net for our families should something happen to us as front-line workers. In the current situation, if something were to happen to me, my family would be deported back to India as my family members are dependent on me for their legal status in the US.

Hope you please consider sponsoring this bill and help get it through the congress/senate.

Appreciate your help in this very important matter which can lead to a healthy America.

Thank you

Vamshi Bende

Praveen Ranganath, MD Internal Medicine
St Vincent Medical Group
Anderson
praveenranganathdr@gmail.com

I am a hematologist, oncologist at St. Vincent Anderson Regional hospital in Anderson, Indiana. I been working here for the last 4 years, taking care of cancer patients. I completed my fellowship in hematology and medical oncology at Indiana University Simon cancer Center. **I am currently a principal investigator for many of the clinical trials here in our facility and I am striving to bring more clinical trials and new therapeutic options to our underserved population here in rural Indiana.** I am also the cancer liaison physician for the facility, working with COC and NSABP to further quality of cancer care for our patients.

I believe that I have established my roots here in Indiana and would want to continue to be a part of this community. Being on a employment visa is challenging as we are always in fear of losing our visa status.

I truly believe that S-1024 (formerly S.3599), Health Care Workers Resilience Act will positively impact not the physicians but also our community for many years.

Natraj Ammakkanavar, MD Internal Medicine, Hematology & Oncology
Community health network
Indianapolis / Anderson
natrajmedico@yahoo.com

I have been in United States for last 12 years on Visa. Trained at New York City internal medicine program and later got my training in hematology oncology at Memorial Sloan Kettering and Indiana university. Currently practicing as Medical oncologist at community hospital Anderson for last 6 years. Medical Director for cancer center.

I have played major role to start Precision Genomics program for entire Community Health Network and currently Director for the program. I am restricted on research options due to my visa requirement. **Visa requirements and stamping processes has made it difficult even to visit my dad when he had a heart procedure last year.** It is also making it difficult for me to visit my cousin who is in late stages of cancer currently. **These events place me in an embarrassing situation due to inability to show my support and concern to my own family members. The situation would be different if I had been approved for green card which make the travel very easy and left keep my personal- professional life well balanced.**

It would **also help my dependent wife and children avoid deportation in case of unexpected event to me.** Currently actively serving cancer patients in a full clinic even in this COVID-19 pandemic. I am committed to my profession and helping my cancer patients. **It would help me serve better more patients in our network if Visa restrictions are removed which would give me ability to cover additional different clinic sites in Indianapolis.**

I believe we can all overcome these difficulties hundreds of physicians are experiencing if you all the legislators can come together to make this green card process easier.

Hope you all consider this and cosponsor the legislations which is supporting our cause.

Thank you.

Maitri Kalra, MD Hematology & Oncology
IU Health Ball Memorial Cancer Center
Muncie, Indiana
mkalra@iuhealth.org

I have been a physician serving the people of US for the last 10 years. I am a hematologist and oncologist and have been **servicing an underserved population in Indiana** for the last 2 years. I am very compassionate and dedicated towards my patients and my colleagues can vouch for that. Both my children have been born in the country. **My husband is a cardiologist, also servicing an underserved population in Indiana.** With the current green card system, we do not expect to get a green card for the next 150 years! **Despite dedicating more than a decade of our lives and our valuable skills to this country and serving in areas of need, we feel unwelcomed because of the green card system.**

Muralidhara Shankarapura Nanjappa, MD Child and Adolescent Psychiatry
Park Nicollet Speciality Clinic and Methodist hospital
St. Louis Park
muralishanknan@gmail.com

Dear Senators and congressmen,

I and my wife are US trained international Physicians working in Minnesota and Wisconsin. I am a child psychiatrist and my wife is a Pediatrician. I work at St. Louis park specialty center and Methodist hospital. I take care of the Children and Adolescent's mental health and also take care of the patients admitted at Methodist hospital due to Mental health related issues. We have 2 children aged 19 and 13. We are in US since 2008. We had trained in UK for 5 years before moving to USA. Me and my wife have helped thousands of kids and teenagers to have a healthy and successful life. **We currently actively helping the families and children with both their physical and mental health aspects affected by this once a century health care crisis. While we are working actively to help the communities, we are worried for our own safety and the future of our children.** Both of us are high risk group and as we do not have any extended family support in this country, we are worried about the future of our children. **Every day we try to make life better for other children in this country while worrying about our own Children's future.** If something were to happen to us our children have to self deport as we do not have green cards. **Our daughter is also aging out of the immigration line once she turns 21.** As we are from India there is a long wait list for green card and there is a significant back log due to country cap.

Currently due to our visa conditions on H1B we are not allowed to work in any other department. We are also not allowed to help out in the other hospitals if needed let alone working across the states. **There are many hot spots in the country where we could have helped out but for the visa restrictions. Some CDC experts are expecting much worse situation in the coming Flu season due to double trouble. If there is a significant surge then we would be helpless. Lot of Rural areas do not have psychiatrists.** Child psychiatrist are even rare in many counties. I could have helped fill that gap by doing TelePsychiatry if I had the green card. **Unfortunately, on H1B I am unable to help out in these areas. I receive number of calls daily from the recruiters to help out in these remote hospitals, but I am unable to help due to not having green card.**

Thankfully, there is a bill S1024 (formerly S.3599) in senate and HR 2255 (formerly H.R.6788) sponsored by many senators and congressmen introduced in both the houses. If this bill is enacted it will provide us the freedom to work in various parts of the country. All the constraints of visa restriction will be lifted and this will help me to do telepsychiatry and help the areas where there is significant shortage of Child Psychiatrists. This bill will also help US trained international doctors and Nurses who are stuck in this backlog and provide significant peace of mind and relief. We can focus on our work at hand without having to worry about the future of our children. We have already written living will due to this pandemic as many of our colleagues have already succumbed to this dreaded disease.

We strongly urge you law makers to understand the plight of the US trained international Physicians and Nurses and enact these bills. Country will be better prepared in both short and long term with this smart solution. We also thank you all for the great work you do in assisting the country to get back on its feet in these difficult circumstances.

Thejaswi Poonach, MD Hospital Medicine
University of Minnesota Medical Center
Minneapolis
thej.poonacha@gmail.com

I am Dr. Thejaswi Poonacha, US trained and Board certified in Internal medicine and Obesity Medicine. I moved to United States in 2009 from United Kingdom. Having graduated in India in 2004, and having worked in 3 different continents with 3 different health care systems, I bring my global perspective on health care in United States. I joined the department of Hospital Medicine at University of Minnesota Medical Center on the West Bank (undeserved area) in 2012 and have been providing service since that time. In addition to Hospital medicine, I also work as the Medical Director of Utilization Management. My role includes ensuring that patients are appropriately admitted to the hospital, track length of stays in the hospital, ensure compliance with Medicare and medicaid and avoid fraud. I also work on cost reduction strategies and improve availability of bed and capacity issues in the hospital.

During this COVID crisis, I am a part of the Hospital Medicine team, which oversees mental health patients with COVID 19 illness. It is a challenging task to be able to take care of these vulnerable patients as they battle with both physical and mental health. There are not many providers who are able to take care of both these issues in one setting. With Hospital Medicine, I oversee at least 5 advance practice providers. Additionally, I teach both medical and PA students. I am the course director of the remedial medical student program on the West bank for University of Minnesota Medical School. I also recently graduated with a Master's in Business administration (MBA) from the prestigious Kellogg school of Management with Northwestern University in Chicago. **This has enabled me to hone greater leadership skills as I navigate my role as a Medical Director of Utilization Management.** I have several publications targeted at evidence behind guidelines in Medicine and financial conflicts of Interest among guideline writers. To this effect, I was awarded the Young investigator award at the national conference of Eastern Cooperative Oncology Group (ECOG) in 2011.

Having completed a Physician National Waiver Program by working in an undeserved area for more than 5 years, I am still waiting to get my permanent residency, so that I can work at the top of my license. **There are a lot of places here in Minnesota, desperately in need of doctors. While I have the time to cover some of their shifts, I am unable to do so because of the Visa restrictions. Me and my wife have to stay away because of Visa Restriction.** She is a medical resident in Internal medicine (also treating COVID patients) in Philadelphia. She is dependent on my visa, which allows her to work. However, I cannot relocate to Philadelphia because her work visa is dependent on my work Visa with University of Minnesota Medical Center in Minneapolis. It is an unfortunate situation where the price we pay to work as physicians is to stay apart as husband and wife. Furthermore, if I succumb to COVID-19, she will have to stop her residency training and return back to our home country.

That being said, I am grateful for the work I do and hope to do so with the same dedication, determination and perseverance as we navigate these troubled times. I just hope that our lawmakers from MN and around the US watch our back as well selflessly work to help our patients recover. **The old saying goes, " In the circle of life, you should never take more than you give"**

Lawmakers: We are just asking you to give us a permanent residency here in the US after so many tears of wait while you take our selfless services.

Rajasekhar Reddy Madathala, MD Internal Medicine
Mayo Clinic Health System Austin Practice
Rochester
drrajasekharreddy@gmail.com

Dear Senator / Congressman / Congresswoman

I am an Internal Medicine Physician who is currently Licensed to Practice in the State of Minnesota / Iowa. I moved to 2008 after graduating from medical school in India. I successfully finished Extremely difficult USMLE (United States Medical Licensing Exam) and matched at Loyola medicine Mac Neal Internal Medicine Residency program in Berwyn Illinois. After successfully finishing my residency program, I moved to Fort dodge Iowa to finish my J1 waiver. I then moved to Minnesota to join Mayo System and currently working Primarily in Austin / Albert Lea but also working in various other Mayo facilities in Minnesota. ***As Internal Medicine working in the hospital covering Adult sick patients and Critically ill ICU patients and has been front line provider for COVID patients during this pandemic and have treated and currently treating many COVID patients.***

Unfortunately, due to decade long back log for green card especially for Indian National, even after being a part of community, who is respected, accepted and appreciated in the community and paying hundred thousands of dollars in taxes, we are still considered foreign national and still feel we are not accepted.

With COVID pandemic, our stress has multiplied many folds, beings the frontline healthcare workers treating critically ill COVID patients we are at risk for contracting COVID. **Understanding the risk, we still strive hard to care for our patient irrespective of whether they have COVID or not.**

I have a 7-year-old daughter who is currently in elementary school, and my wife who is a research fellow at Mayo clinic. I constantly worry about what will happen to them in case I contract this deadly virus , become sick , disabled or worst case die. I worry about their future in this country which we thought as our home, due to the current immigration policies they will have to self deport themselves leaving behind the life we build in this beautiful country. **This add additional stress to our already stressful work while we are doing our best for the health of American people.**

Enacting this legislation will increase the physician workforce, increase health care access to all rural and urban communities, it will create great jobs opportunities in health care , and most importantly will give peace of mind to serve the community which we own and give security for our families.

Sincerely
Dr Raja Sekhar Reddy Madathala

Amit Kulkarni, MD Hematology-Oncology
University of Minnesota
Minneapolis
kulkarni@umn.edu

I am a practicing hematologist-oncologist at the University of Minnesota. After 6 years of training in medical school, I came to this country looking for further training and an opportunity to do cancer research. I have been on a valid visa since my arrival in the U.S in 2011. **After more than 15 years of medical training, I am fortunate to be able to get the opportunity to take good care of patients in my practice. My scientific contributions in the field of cancer research had a positive impact with more than 25 peer-reviewed publications and have received more than 700 citations thus far. All of this while facing immense uncertainty about the future of immigration for me and my family due to the overwhelmingly long delays to be able to get a green card.**

I currently work in an HSPA medically underserved area designated by the health department. Patients with cancer who I care for every day are very vulnerable to severe COVID-19 outcomes compared to the general population. My patients not only need attention to cancer treatment but also, I have to continuously weight the risks and benefits of any intervention with the possibility of getting severe COVID-19.

This legislature will help to secure the future of physicians like me by providing a faster path to permanent residency while I continue to serve in my role by not only contributing to the patient's care and the scientific community.

Dhauna Karam, MD Internal Medicine
Mayo Clinic Health System
Albert Lea & Austin, MN
Karam.dhauna@mayo.edu

I, Dhauna Karam, am a primary care physician in Mayo Clinic Health System in Albert Lea/Austin. I have been working to care for COVID patients since March 2020. I took up the Director role for setting comprehensive covid care clinics in Albert Lea and Austin to serve a population of over 50,000 people. When COVID infection was new and uncertain, **I was one of the first physicians to take a leadership role to set up dedicated COVID clinics and also worked frontline to care for COVID patients.**

I was and am involved in planning, set up and day to day activities of comprehensive covid clinics in both the locations mentioned above. I am also actively seeing patients in my regular clinic, accepting a risk of transmission to me and my family. As I am in H1 visa, it does worry me as my future is uncertain in this country. **It also limits my service, as I was unable to help in Rochester area due to visa restrictions, when there was immense need for physicians during March-April 2020. I had to do tele work to support the teams there.**

Apart from patient care, I am also actively involved in teaching and research activities with scholarly contributions to the field of Medicine. I humbly request the congress and senate to help alleviate my concerns with a stable permanent residency pathway as I continue to serve the county's under-served population day after day.

Thank you,
Dhauna Karam,
Assistant Professor Of Medicine,
Mayo Clinic Health System,
Albert Lea and Austin, MN.

Bhaskar Kolla, MD Hematology and Oncology
University of Minnesota
Minneapolis
bckolla@umn.edu

I am a physician and have been in practice in US since 2006. Currently, I take care of patients with cancer at various locations including University of Minnesota Medical Center, Region's Hospital, Hennepin County Medical Center **which is a safety net hospital for many underserved populations, and Veterans Administration Hospital of Minneapolis serving veterans.** I have been contributing significantly to my community through patient care at these various locations. I also provide valuable service to the hematology and oncology world at large through research and publications as well as education of next generation of physicians including residents, medical students, and nurse practitioners. I have been on valid visa since 2006, and my Green Card has been pending for more than 10 years due to heavy back log. I have been able to contribute in all the various ways, while still being restricted on the career choices and options due to the long-awaited permanent residency and limitations related to employment on a visa. As a health care provider, I am at an elevated risk for exposure to COVID19 with potentially serious outcomes. **I do not think or worry about this risk for myself but I take pride in being able to help vulnerable patients at this time of elevated need. But I do worry about my family and the consequences to them including their immigration status if I were to contract serious illness and succumb to it or lose my job.** The proposed legislation can go a long way in helping physicians like me be unrestricted and more productive members of the community. I hope you will support this legislation.

Heli Bhatt, MD Pediatric Gastroenterology and Transplant Hepatology
University of Minnesota, Minneapolis
bhatt376@umn.edu

I, Heli Bhatt, am an assistant professor at the University of Minnesota. I did Masters in Public Health with epidemiology as my major after finishing my medical school and since, have completed 3 years of residency, 3 years of fellowship, and an additional year of advanced fellowship in the United States. There are less than 15 spots nationwide for Pediatric Transplant Hepatology fellowship and there is a dire need of pediatric hepatologists nationwide.

Currently, I am on H1B visa, working to take care of many immunocompromised patients who are at high risk of contracting COVID. My husband, who is also on H1B, is a pulmonary critical care physician who is at the fore front of taking care of these patients. We both strive hard in these testing circumstances to provide the best care to our patients. We have a 6-month-old daughter whose health is at risk due to her parent's profession, but has not stopped us from whole heartedly caring for our patients.

I humbly request the Congress and the Senate to simplify our path towards citizenship so that we can continue to provide care in the field of medicine which is highly underrepresented in the United States.

Thank you,
Sincerely,
Heli Bhatt MD MPH
Assistant Professor
Pediatric Gastroenterology and Transplant Hepatology
University of Minnesota, Masonic Children's Hospital.

Arif M Shaik, MD Critical Care Medicine/Neuro Critical Care
United Hospital, Allina Health
Minneapolis
drarifsm@gmail.com

I am the Director of Neuro Critical Care Medicine at United Hospital, MN. On H1 B visa Since 2005 and Green Card line since 2010. **I have been practicing critical care medicine for 16 years now in USA. Helped 1000's of patients throughout my career. Helped create Neuro Critical Care program in united hospital, we have created state of art stroke program thorough which helped many individuals with acute stroke, traumatic brain injury, Brain hemorrhages and recovery form brain surgeries.**

Since covid, I am treating acute covid patients, risking my life and my families. With uncertainty of future immigrations, this bill will help us secure a legal status. My family and me unable to travel to my home country since 10 years because of visa uncertainty.

Aditi Garg, MD Child and Adolescent Psychiatry

Allina Health

additti19@gmail.com

I have been on visa for last 9 yrs. In my current role as a child psychiatrist, I am seeing a lot of patients struggling with mental health as a consequence of restrictions secondary to Covid -19. **I feel like my role is very important in current scenario as I help adolescents and children deal through these difficult times and help them develop tools to come out stronger. As a Child and adolescent psychiatrist, I serve multiple families in the community.** Due to visa, I am restricted to serve only in a limited area and cannot help wider communities. I am tied to my employer for yrs until I get green card even I want to relocate to an area of need.

Deepa Ovian, MD Hospital Medicine
M Health Fairview
dovian1@fairview.org

I am Deepa Ovian, currently an internal medicine hospitalist at M Health Fairview, Southdale hospital, MN. I have been on a H1B Visa since my residency in 2010. I have practiced as a hospitalist for the last seven years. I have been serving on the front lines during this pandemic placing mine and my family's lives at risk. **I am the only breadwinner in my family. Every day I worry about the future of my family in this country. If something were to happen to me, my husband will lose his dependent visa and would have to return to India.** After living in this country for 13 years, serving in the frontlines of healthcare, taking care of thousands of patients, I still cannot put down firm roots in this country.

This bill will help countless other physicians like myself and pave the way for better utilization of foreign physicians. The visa restricts my ability to switch jobs, restricts my spouse's ability to get a job. It also restricts my ability to travel to my home country.

Guru Trikudanathan, MD Gastroenterology
University of Minnesota
Minneapolis
tgvg2000@yahoo.com

I am Guru Trikudanathan, **interventional gastroenterologist** at University of Minnesota, Minneapolis and VA hospital, Minneapolis. **I bring specialized expertise in pancreatic endotherapy which is unavailable in majority of the country. I am also on call for specialized procedures in COVID patients** who are currently housed in Bethesda Hospital. I have managed several COVID patients the past 6 months. After having completed my GI fellowship and therapeutic endoscopy fellowship I completed my J1 waiver for serving under represented patients. My Green card through EB1 category was approved in early 2019 and I am still awaiting my chance to apply for I 485. My wife and 2 kids are all dependent on me and so are multiple patients not just in Minnesota but neighboring states of North and South Dakota, Wisconsin. My current visa situation greatly restricts my ability to switch job, my wife to find a job and us to even travel to our home country. *My family worries about my risk of exposure in the setting of aerosolizing procedure which I daily do in COVID patients and COVID rule outs. I am the sole bread winner of the family with multiple dependents to take care of and this bill will immensely help our struggle and also more patients who will benefit my specialized expertise.*

Hem Desai, MD Pulmonary & Critical Care
University of Minnesota
Minneapolis
drhemdesai@gmail.com

I, Hem Desai am a Pulmonary & Critical Care physician who is actively helping manage Covid-19 patients. I have been on front line since March and have worked in COVID ICU and have also taken care of Covid19 patients on ECMO.

I am on H-1 visa and currently working at University of Minnesota and we have a 6 months old daughter. *My biggest concern is not for my safety but what will happen to my wife and daughter as if I get sick or disabled while taking care of Covid19 patients than my family will also have to leave the country as we all are on a visa and do not have any permanent resident status.*

None of these concerns have prevented me from taking care of my patients and I will continue to do so. But I sincerely urge congress and Senate to help us towards path for citizenship so I can allay my worry and continue to work towards providing best possible care to my patients.

Thanks,
Hem Desai MD MPH
Assistant Professor
University of Minnesota.

Kannan Kasturi, MD Pediatric Endocrinology
Essentia Health
Duluth
kannankasturimd@gmail.com

I am a physician practicing Pediatric Endocrinology in Essentia Health in Duluth, Minnesota. I have been working in the field since the last 6 years. I take care of children with hormonal disorders (thyroid problems, puberty issues, transgender care etc.) and Type 1 diabetes.

I have a wife (on H4B) and two U.S. born children.

I recently mentioned to my neighbor, who is a US citizen, that as a physician, it will take me around 15 years or more to get a green card, let alone citizenship. His jaw dropped on hearing this. **He was shocked that an immigrant with a profession that is contributing to the community in so many ways (social, economic, academic) is basically left in the lurch.**

The very uncertainty of the current immigration scenario is very scary, and more than once our family has thought of relocating.

I urge and plead all the concerned lawmakers to kindly support this bill to ensure we continue to contribute to this beautiful vibrant country, that we so ache to call home.

Thanks,
Kannan Kasturi, MD

Kaushik Bhunia, MD Nephrology (Fellow)
University of Minnesota
Drkbhuniah@yahoo.com

Despite working for almost 10 years and additional three more years in training in internal medicine, We have not been able to get permanent residency which would otherwise give my family some stability in terms of our future. I've dedicated My life to the service of my patients and yet I know if I become disabled or if I die in the line of service, my family will be deported back and left alone to struggle. I am hopeful our service to the people of United States of America and at the same time our plight of being stuck in a stagnant situation with uncertain future will be appreciated through passage of this bill. This way we can continue to do happily what we do best: taking care of our patients.

Ranjan Gupta, MD Cardiothoracic Surgery (Fellow)
University of Minnesota Medical School
gupta745@umn.edu

I have been in US for last 7 years to finish my Surgery residency and now I am pursuing fellowship in Cardiothoracic Surgery for another 3 years. I was in H1B for first 6 years and had to change to J1 visa to finish my training. Although type of visa is not a priority, not worrying about the future of your visa and having a stability during training would definitely help someone to give their best to their priorities.

Praneet Iyer, MD Pulmonary & Critical Care Medicine
Baptist Desoto
Southaven, MS
iyerpraneet@yahoo.com

Dear Senate and House Representatives,

I am a Pulmonary and Critical Care Physician practicing at Baptist Desoto hospital in Southaven, MS. I graduated from University of Tennessee Health Science Center in 2019 and have been working in an undeserved area for the past 1 year. In this duration, I have seen a shortage of physicians in this area, especially during covid 19 pandemic. My responsibilities include managing critically ill patients in the intensive care unit, patients with high risk pulmonary issues in the rest of the hospital as well as treating patients in the clinic. In addition, I also perform procedures which are vital to the survival of the critically ill patients and high risk patients with lung issues.

Since the COVID 19 pandemic hit us in March 2020, I have treated and saved so many sick patients on the ventilator as well as patients with varying levels of oxygen requirements. At any point of time, our hospital has more than 100 patients admitted with COVID 19 with many in the emergency room waiting to be admitted. I have taken an active part in the care of these patients including instituting protocols for isolation, diagnosis and treatment. Additionally, if a patient on ventilator doesn't improve with current measures, then I have also referred them to Baptist Hospital in Memphis, TN for Extracorporeal Membrane Oxygenation (ECMO) and also treated them there as I have privileges to work there too. **I am the Primary Investigator of the Convalescent Plasma study (conducted by Mayo Clinic) for the Baptist Desoto center. As you might be well aware, convalescent plasma is a potential treatment for COVID 19.**

Due to the long wait time for doctors like me to obtain a green card, I am not able to volunteer in other centers where COVID 19 patients do not have enough physicians in order to care for them. Also, this disparity is raising the number of patients who are eventually referred to tertiary centers in critical condition, which leads to their untimely death. **I have seen patients of all age groups (especially 30-60 yrs of age) die of this disease due to lack of physicians in centers where they initially present and late referral to tertiary centers due to above mentioned reasons.** This is not just my story alone but the story of many physicians treating COVID 19 patients including Hospitalists, Infectious Disease Specialists and other Pulmonary and Critical Care Specialists like me.

If this bill gets enacted, we all would be able to volunteer at other hospitals which have lack of physicians and we could save more lives and maybe prevent young and old patients from decompensating to a level which will eventually lead to their death. This bill will improve the physician shortage that we currently experience and as you know, we need all the help we can get during this pandemic. So, I humbly request the senate and House of Representatives to kindly vote and pass this bill at the earliest.

Praneet Iyer MD
Pulmonary and Critical Care
Baptist Desoto Hospital,
Southaven, MS

Raghavendran Gajagowni, MD Psychiatry
North Mississippi Medical Center
Tupelo, MS
rgajagowni@nmhs.net

I am Dr. Raghavendran Gajagowni, a Psychiatrist, medical director of the Behavioral Health Center at North Mississippi Medical Center in Tupelo Mississippi, which is the largest rural hospital in the USA.

I finished my medical school in India in 2005, practiced medicine over there for few years and moved to US. I did my Psychiatry residency at UMMC Jackson from 2011-2015. I served as the chief resident during my final year of residency. I was honored with the best Psychiatry resident award at the GV Sonny Montgomery VA Medical Center in Jackson in 2014.

After finishing my residency in 2015, I moved to NMMC Tupelo. *Behavioral Health Center had a capacity of 45 beds but was limited to only 15 beds as they had only one full time psychiatrist. They could not recruit a psychiatrist to this rural area for 2 years prior to my joining this facility. **Once I joined we later recruited couple more temporary work visa psychiatrists to our facility. We have around 90 employees working at this facility now as the number of psychiatrists have increased.***

Unfortunately, ***I have been on temporary work visa for the last 10 years, which is significantly hampering my ability to practice psychiatry to the fullest and help underserved communities in rural Mississippi.*** I would like to set up my own clinics in different counties in these rural communities and improve health care access but cannot do that due to visa restrictions.

Some of my patients drive 2 hrs one way to see us in outpatient clinic as there is huge dearth of psychiatrists in this area and unfortunately there are no child and adolescent psychiatrists in 100 mile radius. We are still trying to recruit one for the last 7 years with no luck. We perform the Transcranial Magnetic Stimulation Therapy for chronic refractory depression. I had veteran patient referred from VA Jackson for this TMS procedure who lives 120 miles away from Tupelo, he parked his camper around Tupelo area and got his treatment for 1.5 months got better and returned home. There are many stories like this.

I am interested in teaching and precepting residents and NP, PA students. Dr. John Mitchell from Physicians Work Force, who is appointed by the Governor of Mississippi to work on increasing the number of residency training sites in MS has approached NMMC to start a Psychiatric Residency Program by 2022 and I was asked to lead the program by being the program director. I was so excited but at the same time frustrated as I could not do it as I am on H1 B visa. I had to refuse the offer as I do not want to put the residents training in Jeopardy as there is a chance my visa might be delayed or not renewed when I am traveling out of the country. It saddened me to let that opportunity go, where I could train more Psychiatrists for Mississippi and retain them, **unfortunately NMMC hasn't found a Psychiatrist yet to lead the program in the last 1.5 years.**

Mississippi has the least number of physicians per 10,000 people in the whole nation. Our state has the highest COVID positive rate for the number of tests done and has high mortality rate. This COVID-19 has exposed the deficiency of workforce even further. American Psychiatric Association has predicted that there will be a pandemic of mental health issues in the coming months to years and which we are already experiencing.

This pandemic has brought new challenges to all the frontliners, and especially to physicians on temporary visas like me. ***We have many physicians being quarantined from COVID and few physicians have succumbed to COVID in MS. This Pandemic is here to stay. We need to be better prepared for this fall.***

This pandemic has put a lot of stress on me and my family. Every day I go to work without peace of mind. As I am on a temporary work visa, I don't qualify for disability benefits and if I cannot return to work after a certain period I will be deported. If I succumb to COVID, while taking care of these patients, unfortunately my family who is dependent on me will be deported. My kids (3 and 5) are US born citizens and my wife cannot stay here as she is dependent on me. We will be caught in a catch 22 situation. I love what I do for my patients and would like to continue to do what I do the best.

Senators Perdue, Durbin, Cornyn, Coons, Leahy and Young have introduced a bipartisan bill S.1024 (formerly S.3599) in the senate and H.R.2255 (formerly H.R.6788)(house version) has gathered 38 senate cosponsors in the last few months to bolster the work force. I truly believe that this no cost bipartisan bill will help rural American communities to have high quality health care access and it will also bolster the frontline workforce. I hope our MS legislators will push this bill to be included in the HEALS ACT.

Sohail Salim, MD Nephrology
St Dominic Hospital
Jackson, MS
sohail3553@gmail.com

Respected Senators and House of Representatives,

I am board certified General and Interventional nephrologist practicing in Jackson MS. I trained in the University of Mississippi Medical Center and I have been serving the local community for the last 5 years.

I have been fortunate enough to be in the United States since 2008 after which I have been trained in Internal Medicine and relative subspecialties. **I am triple board-certified and take care of patients with kidney disease.** I could discourse at great length about current scenario of patients with kidney disease in my community. As you may know, Mississippi has one of the highest rates of obesity and poverty in the country which cannot be extenuated. This epidemic has led to Mississippi having very high proportion of patients with kidney disease and some of them needing life-sustaining treatments like dialysis. As you may know, ***Dr. John Bower who is the pioneer nephrologist introduced hemodialysis in the state since 1970's, but unfortunately some of these vulnerable patients live in rural communities far away from Jackson without access to kidney care due to the massive shortage of nephrologists in the state. To make matters worse few nephrologists serving these rural areas are in retirement age and are expected to retire in next 5 years. We serve patients in and around Jackson to 100 miles radius in multiple rural areas.***

I am the only nephrologist in the state with Mississippi Department of Corrections serving inmates with kidney disease and Medical Director of dialysis unit in MDOC Pearl. There are a significant number of patients in correctional facilities with various stages of kidney disease under my care.

Indubitably kidney disease not only dispose these patients to a higher risk of death, but Medicare spending on these patients is over \$120 billion since 2017 per United States renal data system which is a big burden to the tax payer. We as nephrologists identify patients as lesser stages of kidney disease and intervene to prevent progression to later stages of kidney disease needing dialysis. Even though my job as a nephrologist is to serve these vulnerable communities in the state, I have been active in academics and hold an adjunct faculty position with University of Mississippi and a member of editorial board of Mississippi State Medical Journal. I have published around 50 peer reviewed publications in the field of nephrology with an emphasis on drugs causing toxicity in kidney disease. Few of these papers have also mentioned the current state of home-dialysis which is important not only to serve rural communities with no access to in-center dialysis but also help decrease overall costs to tax payer.

With COVID-19 pandemic affecting our state overwhelming our hospital systems, **it is expected that the number of patients with kidney disease will be on the rise. My assiduous perusal of patients with COVID-19 shows that patients who develop acute kidney failure have a 4-fold increased risk of death than patients without kidney injury** which was published in journal "Renal Failure". Patients who survive may develop residual kidney disease adding to patients needing kidney care in the state.

I am extremely proud of serving these rural and minority communities but current scenario of health care in the state posits an urgent increase in the number of health care providers. Trunchant ways of increasing the health care force in rural areas are by means of passing bills S1024 (formerly S.3599) and S1810 (formerly S.948). **This comes at no cost to the tax payeras there might not be a need to train more physicians, rather utilizing an already existing pool of American trained and board certified immigrant physicians serving the country.** We understand that passing these bills need a mammoth effort but at the least would have approbation of the vulnerable patient population in my state.

Respectfully,
Sohail Abdul Salim MD, FSSCI, FASN

Sridevi Alla, MD Hospitalist/Family practice
Baptist medical center
Jackson, Mississippi
sridevialla@gmail.com

I am Sridevi Alla, I work as a hospitalist at Baptist medical center, Jackson, Mississippi. I have started my career pursuing masters in public Health at Jackson state University. I have been practicing primary care medicine since 2009. I have also **worked in different rural areas of Mississippi as HIV coordinator for CDC/Mississippi state Department of Health.** During my early years of practice I have realized Mississippi has significant shortage in primary care physicians. I started working as a hospitalist at Baptist medical center to take care of acutely ill patient's which involves - cardiac patients, stroke patients, cancer patients, critically ill ICU patients. Since covid has become more prevalent across United States **I strongly believe that I should not have any work Visa related obligations to serve the community better.** In the current situation my resources are available only to the Baptist medical center. If I do have the flexibility of working at other locations I can make myself available to several rural locations in Mississippi and can open primary care clinic. This in turn can bring in at least a few more jobs - for ancillary staff, nurses. If covid pandemic is considered a war zone, healthcare workers are undoubtedly the warriors. ***We might be able to build hospitals and open up intensive care units in 1 day, we cannot bring physicians to work in Mississippi in that 1 day. It takes years to own the community and I feel that I am of part of Mississippi community and consider myself as a Mississippian.*** To serve my people better I sincerely request you to look into bill S1024 (formerly S.3599).

Yathish Haralur, MD Neurohospitalist
Medical director, Vascular Neurology
Mississippi Baptist Medical Center, Jackson MS
yathish.h.s@gmail.com

Dear Senators and Members of the House of Representatives

I have been in the United States for the past 10 years completing my neurology residency at the University of Louisville, and 3 fellowships (Vascular neurology, Neuroradiology, and Headache) at the University of Southwestern Texas, University of Buffalo, NY.

I moved from Buffalo, NY to Jackson, Mississippi in 2018 and took a job at the Baptist Hospital in Jackson. With the help of the nicest people I have ever met, after assuming the medical directorship of vascular neurology and stroke, we built the neurology division from shambles to an award-winning program for stroke. We still have a long way to go and will continue to build until we are a comprehensive center for the management of all neurological conditions.

In the past 2 years that I have been in Mississippi, I have cared for thousands of patients with stroke and other neurological conditions. *What hurt me the most was the fact that many people from rural parts of the Mississippi did not even know what a neurologist was and was happy to see one and they were very thankful for the care that was provided to them. Many of them had undiagnosed dementia, previous strokes, and other neurodegenerative conditions. It was saddening.*

We need to do more instead of just feeling sorry and sad!

With the COVID-19 Pandemic, we are seeing hundreds of patients with neurological complications such as stroke, cerebral edema, the long term cognitive disability, and other complications. These patients need our help and there are not many of us.

As doctors, we need more freedom to reach out and establish clinics in these remote parts to care for these patients. My hospital and everyone at the leadership level are ready to expand our care and establish satellite clinics, but for the fact that my service is restricted due to the visa restrictions and my immigration status.

I am a father to a 13 yr old son and a loving husband to my wife. We have been in this country for many years and have contributed significantly to the progress and economy of the United States. We are extremely proud to call ourselves Americans, at least from the heart even if we are not citizens.

With utmost sincerity, we request all the honorable senators and representatives of the house to support our bill and give us an opportunity to become a part of this great nation so we can continue to serve our fellow countrymen.

Renjith Kalikkot, MD Neonatal-Perinatal Medicine
University of Mississippi Medical Center
Jackson, MS
rkalikkot@gmail.com

Respected senators and House representatives,

My name is Renjith Kalikkot. I am a physician board certified in Pediatrics and Neonatal perinatal medicine, working at the University of Mississippi medical center in Jackson.

After completing my medical school and Pediatrics training in India, I came to USA in 2010, to get further training in general pediatrics and for another 3 years in Neonatal medicine. **United States government has spent more than a million dollars for my education during this training. After completing my fellowship, I decided to choose Mississippi to work.** I have been working here at the University of Mississippi since 2016. UMMC is the only level 4 NICU (highest level of care for newborns) and only ECMO center in the whole state. We take care of the sickest of sick kids in our ICU.

As you know, Mississippi has the worst extent of shortage for physicians and other healthcare resources. *There are many cities in Mississippi where kids and parents have to travel 2-2.5 hours to see their pediatrician or a sub specialist. The COVID19 pandemic has only made the things worse.*

There are many areas in Mississippi like the delta, where I can go and open a practice to help the poor patients, but the visa restrictions are preventing me from doing so. **We get multiple calls every week from other NICUs/ pediatricians across the country for help. I definitely want to give back to this country, but we are shackled by the visa laws.** I have been waiting for my permanent residency for about 5 years now.

When we go to work in the ICU, we always want to give our best to the sick and dying patients. Like the general population, the pandemic has caused significant mortality and morbidity in the physician population as well. Unfortunately if I get sick/disabled or die while fighting this unseen enemy, my family will be totally helpless-they will be forced to self deport as they are dependent on me. I won't be even eligible for disability insurance if I get disabled. This is a matter of great concern.

As you are aware, S1024 (formerly S.3599) and S1810 (formerly S.948) are great solutions to fix the health care access issues in Mississippi and the whole country, at no extra cost for the government.

I would urge you support and pass these bills to strengthen the healthcare system and help the sick and suffering Americans.

Yours sincerely,
Renjith kalikkot MD.

Preeti Singh, MD Neonatal-Perinatal medicine
North Mississippi Women's Hospital
Tupelo, MS
preetisingh_lh@yahoo.co.in

Dear Senators and House Representatives,

My name is Preeti Singh; I'm a Neonatologist, working in Newborn Intensive Care Unit (NICU) at North Mississippi Women's Hospital in Tupelo, MS.

After completing my Neonatal-Perinatal Medicine Fellowship program at University of California, Irvine in 2017 I moved to Mississippi to serve this community. Our Level III NICU facility provides newborn ICU services not only to most of North Mississippi, but also to patients from South Tennessee and West Alabama. I have also been part of Quality Collaborative and revising Covid protocols during this pandemic.

I'm on H-1 visa like hundreds of other physicians in Mississippi, affected with work restrictions and unable to extend our services to other hospitals and clinics around. I'm double board certified in Pediatrics and Neonatal-Perinatal medicine. **Given the shortage of pediatricians in Mississippi, I would love to set up my private clinic and help the community not only by providing patient services but also create more jobs but unfortunately visa rules restrict such opportunities and possibilities.** There is also a constant stress and fear of getting sick or god forbid dying with Covid as a result of which the financial/immigration problems that will be faced by my husband who is on dependent visa and my 6 y/o son who has chronic respiratory problems.

Recruiting and retaining physicians in medically underserved areas is a big problem both for primary care and specialist services, which adversely affects the access to health care in Mississippi and this pandemic is making this situation even worse. During last three years I have witnessed so many physicians moved out and I am afraid if necessary steps are not taken in timely manner we are going to loose even more physicians either to Covid, exhaustion or to other countries.

I truly believe that bills S1024 (formerly S.3599) and HR3541 (formerly H.R.2895) can really help increase the access to health care for a large number of Mississippians and also safe guard our immigrant physicians and their families. I humbly request you all to provide thenecessary support to make HEALTH a priority during these unprecedented times and improve morbidity/mortality indicators in Mississippi.

Best Regards
Preeti Singh MD MPH
Neonatologist
North MS Women's Hospital
Tupelo, MS

Prashant Natteru, MD Neurology
University Of Mississippi Medical Center
Jackson, MS
pnatteru@umc.edu

Dear Senators & House Representatives,

My name is Prashant A Natteru, one of the PGY-4 Neurology residents at UMMC. I will be graduating residency in June 2021 after which I am heading to pursue my fellowship in Epilepsy at Cleveland Clinic Foundation in Ohio. **I write this letter to you to bring to your notice - Physician shortages, especially in Neurology.**

*As a soon to be practicing neurologist, it worries me immensely the current trends of wait times for patients to see a neurologist. As per the trends, **the average wait time for a new patient in 2010, was 28.1 days vs 34.8 days in 2012, and 25.6 days for follow-up visits vs 30 days in 2012.*** Besides this, the current significant shortfall of neurologists estimated at about 11%, will grow to 19% by 2025.

Several neurologists like myself who did medical school outside of the U.S. and are currently on a visa, kindly request you to consider extending your support to the bills S1024 (formerly S.3599), HR2255 (formerly H.R.6788), S1810 (formerly S.948), and HR3541 (formerly H.R.2895), as these **can helpease the above shortfalls by allowing neurologists to work in a resource-limited rural setup and not be limited by geographical/institutional contracts under visa waivers.**

To top this, add the pandemic to the current mix and we have a perfect recipe for extended wait times, physician shortages, and delayed patient care. I am a firm believer in the fact - care delayed is care denied.

Please kindly help us to help our patients!

Best,
Prashant Natteru
Chief Resident - Neurology
University of Mississippi Medical Center
Jackson, MS

**Pradeep Vaitla, MD Transplant Nephrology,
Medical Director Kidney & Pancreas transplantation
University Of Mississippi Medical Center, Jackson, MS**
drpradeepvaitla@gmail.com

I am a transplant nephrologist by training. I completed Internal medicine training at Texas Tech University Odessa, TX, Nephrology fellowship at Ochsner Clinic, New Orleans, LA, and Transplant fellowship at Emory University, Atlanta, GA. Diverse exposure during my medical training helped me appreciate the differences in socioeconomic aspects of public health across three states in the U.S. I joined the University of Mississippi Medical Center (UMMC) as a **Transplant Nephrologist** in 2016. I am also the **Medical Director for the Kidney and Pancreas Transplant Program at UMMC**. Since assuming the role of Medical Director in 2017, I worked to strengthen the kidney and pancreas transplant program and implemented multiple changes.

We serve patients across the state and expanded to outreach clinics in Hattiesburg, Grenada and Biloxi. In addition to serving easy access, these locations help patients with kidney failure get on transplant waitlist more efficiently and get all required pre-transplant testing and clinic visits locally.

Kidney transplant waitlist has grown by 40% since early 2017, which is a testament to our continued community outreach efforts to partner with referring physicians and build a referral base. Kidney transplant recipients cared for by University transplant has increased by 45% since 2017, which reflects our consistency in performing a good number of kidney and pancreas transplants every year.

We are starting kidney transplants in HIV positive individuals, which will be a first in the state of Mississippi.

I serve on the Organ procurement and transplantation network Pancreas Committee as a Region 3 (MS, AL, LA, GA, FL& PR) representative. The Pancreas Transplantation Committee is charged with considering medical, scientific, and ethical aspects related to pancreas and islet organ procurement, distribution, and allocation.

Being the only transplant center in the state of Mississippi, we serve as the hub for all transplant needs in the state. It has been my pleasure to lead the kidney and pancreas transplant program for the last three years.

Despite all these professional achievements and critical roles I possess, I feel challenged personally due to the limitations imposed by current immigration status. I am on H1B visa and have an approved I-140 application. Current wait time for Green card is north of 50 years; ***this discourages me greatly and limits my ability to serve in this country for an extended period. Insecurity of living on temporary visa and uncertainty of the future has led to substantial mental and emotional toll.***

I request you to consider supporting S.1024 (formerly S.3599)/ H.R.3788 and S.1810 (formerly S.948) / H.R.3541 (formerly H.R.2895)

Navneet Panesar, MD Hospital Medicine
Baptist North MS
Oxford, MS
panesar_nav89@icloud.com

Dear Senator and House Representatives,

I am Board certified Internal medicine, currently working as Hospitalist at Baptist North Mississippi, Oxford, MS on H1B. I did my residency in Saginaw Michigan (J1 visa) , serving underserved population. Since I arrived to US I have been working mainly to medically underserved areas.

I came to US to gain knowledge/do residency, I was welcomed by this country greatly that this country is my home now. I am very grateful for the opportunity this country has offered to care for patient population. Being on H1B visa which needs to be renewed every 3 years, and I live in fear all time that if my visa is not renewed I will have to leave so called home- country.

In COVID 19 pandemic due to surge in COVID 19 patients in our county and hospital I am taking care of critical ICU patient also along with medical floor patient I am being very active to treat patient so they are able to get well soon and able to go home, even though there is always a fear of falling sick from COVID 19 which could curtail future. My friend in NY doing GI fellowship had to work as hospitalist and was asking me to come help; I also got calls/email from different hospitals to come help. ***Some physicians who had to quarantine as get got infected by COVID 19 asked me to cover. As much as I wanted to go and help and take care of patients but due to H1B work restrictions I was not able to. Having restrictions, like H1B visa, should not hinder from providing service to patient in great need. Still, we continue to do everything we can to help to fight this situation. We work in underserved area and there is still shortage of physician in rural area. Our services can be expanded to other areas if we do not have immigration issues.***

I sincerely hope that you will consider this very important legislation.

Thank you

Navneet Kaur Panesar, MD

Ajay Vongala, MD Hospitalist
Baptist Medical Center
Jackson, Mississippi
Ajayvongala@gmail.com

I am a Board Certified Family Medicine Physician working as a hospitalist at Baptist Medical Center in Jackson, Mississippi. I currently form an integral part in treating patients with COVID-19.

COVID-19, the lethal coronavirus that is sweeping the globe, has put an enormous pressure on the health systems across the board. This has led many organizations at all levels of society to implement unprecedented protocols to slow the transmission of the virus and mitigate the still-rising death toll from COVID-19, the disease caused by the virus. My hospital plays a vital role in this pandemic. A national emergency was declared by President Donald J. Trump.

1 in 4 physicians is an immigrant physician and 40% of rural physicians are immigrants. *Maintaining a robust health care workforce in the US, that is capable of addressing the health needs of the citizenry, is heavily reliant on international medical graduates (IMGs) who are citizens of other nations.*

I am currently working on H1B since September, 2015. **My hospital is** located at 1225, North State Street, Jackson, MS 39202 is currently **designated as HPSA (Health Professional Shortage Area) as per the HRSA (Health Resources and Services Administration) data** (per data.hrsa.gov).

Prior to the COVID-19 pandemic, the U.S. was already facing a serious shortage of physicians largely due to the growth and aging of the general population and the impending retirement of many physicians. *It would greatly help if I am able to provide services in areas that are hardly hit by COVID-19 without having to work with visa constraints.* On these grounds, I humbly request to cosponsor this bill.

Bharat Malhotra, MD Hospital medicine
St. Dominic hospital
Jackson, MS
drbharat25@gmail.com

Respected Senators and House Representatives,

I hope in this pandemic you all are safe with your families. My name is Bharat Kumar Malhotra. I work at St. Dominic hospital, Jackson Mississippi as a hospitalist. I am on H1 work visa and have been working in Mississippi since 2015. I am board certified in Internal Medicine. In these dire times I am working relentlessly to help the community I love.

Recently I was approached by UMMC hospital in Grenada MS, as they are short of hospitalist to take care of their inpatient adult population. They liked me and really wanted to hire me during my off time from my current job for some help. But unfortunately due to current immigration visa issues I cannot work there. Mississippi already is an underserved state and in this pandemic has made the situation worse. Current visa restrictions stop many physicians like me to serve the community we live in.

Being a front liner in this pandemic, God forbidden if anything happens to me during this pandemic there is no support for my family and they will be forced to be deported. My 2 children are born here and are Americans and I cannot even imagine them being deported and what stress it can bring to them. ***We are at war with COVID in this pandemic and I humbly request you all, for your support to all immigrant healthcare workers by supporting S1024 (formerly S.3599)/HR2255 (formerly H.R.6788) and S1810 (formerly S.948)/HR3541 (formerly H.R.2895).***

Sincerely,
Dr. Bharat Kumar Malhotra
Hospital Medicine
St. Dominic Hospital
Jackson MS

Sachin Patil, MD General & HepatoPancreatoBiliary Surgeon
South Central Regional Medical Center
Laurel, MS
drpatil.sachin1@gmail.com

My name is Sachin Patil. I am a **board certified General Surgeon and Fellowship trained HepatoPancreatoBiliary Surgeon**. I graduated from Medical School in 2001, after that I served as a general practitioner in India for 8years before coming to USA. I came to USA in Sept 2009 and did two years of clinical research and contributed a lot to the cancer research, in terms of numerous podium presentations, scientific publications and book chapters. I started my surgical training in July 2011 and completed in June 2016. I was selected for HepatoPancreatoBiliary Surgery Fellowship in July 2016, one of the most complex surgical fields. I graduated from fellowship in June 2017. I have won several awards for best research and for outstanding performance during my surgical training. Currently I'm serving in a community hospital in Laurel, MS. **I am the only surgeon in this area with advanced fellowship training and robotic surgery skills. I have been on VISA since 2009. I have been trying to obtain naturalization since I came to US, not for my personal benefit, but to make better use of my over 19 years of Medical experience**. Since 2009, there have been numerous natural disasters in USA, including floods, hurricanes, tornadoes, forest fire and now COVID. **Every time there is a natural disaster I feel helpless, since I cannot work as volunteer physician due to my visa restrictions**. Every now and then I have good amount of free time on my hands, which I could make better use by giving back to the communities in need by doing volunteer work. Like, in my current job I have two weekends off in a month, which I can donate to do volunteer work that is like 6 days in a month. **Also, there is large deficit of general surgeons in rural America, I receive at least two emails in day with hospitals looking for general surgery locums, I cannot help those in need due to my visa restrictions**. This is my humble request to the concerned authorities to grant naturalization to the medical professionals on VISA, so that they could volunteer and donate their free time and better serve rural America. Thank You.

Deepak Khemka, MD Psychiatry, Addiction Medicine, Sleep Medicine
Forrest General Hospital
Hattiesburg , MS
drdeepakkhemka@gmail.com

Dear Senator and House Representatives,

I am US Trained and triple board certified physician working on Visa since 2007. I specialize in Psychiatry, Addiction Medicine and Sleep Medicine. I currently work at Pinegrove Behavioral Health, Extension of Forrest General Hospital, Hattiesburg MS and have been serving mentally ill undeserved population of Mississippi since 2007. My wife is a Physician as well working on H1B.

During this pandemic of Covid, I am willing to go beyond and work extra volunteering where needed, but I cannot do, because of visa restrictions which are employer specific. I have been contacted by Jackson VA hospital and several other VA because there is an immense need for Psychiatrist throughout the country.

I am on H1B visa, going through renewal every 3 years with the fear of refusal in mind. If refused my family is at risk for deportation. This would really cripple my family along with the hospital where I work as it has big shortage of physicians.

Hence I would request your support to all US trained healthcare workers on work visas during this pandemic situation by supporting S.1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) and S. 1810 (formerly S.948)/H.R 3541 (formerly H.R.2895).

Thank you for your time and consideration.

Sincerely
Dr. Deepak Khemka, MD
Medical Director Inpatient Services
Pinegrove Behavioral Health
Hattiesburg MS 39401

Lakshmi Ramachandran Nair, MD Pathology
University Of Mississippi Medical Center
Jackson, MS
dr.nair4691@gmail.com

Dear senators and house representatives,

My name is Lakshmi Ramachandran Nair, I completed my medical school in India 2012 and currently training in Department of Pathology at University of Mississippi Medical Center. **There is in general a huge shortage for physicians and pathologists, to serve the underserved population of Mississippi. *But looking at the experiences my fellow physicians are going through in terms of - visa denial, delayed visa renewal process, bottle necks such as amendment, restriction to serve multiple employers (at least in case of emergency) and their families shattered due to a deportation, breaks my heart and makes me feel that all effort we physicians put in terms of our wellbeing and the wellbeing of our communities hangs in the hands of uncertainty and primitive immigration process.***

So I request your whole hearted support the S. 1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) and S. 1810 (formerly S.948)/ HR 3541 (formerly H.R.2895) not just to support the healthcare workers involved but also the wellbeing of the underserved communities of Mississippi.

Thank you !

Sincerely

Lakshmi Ramachandran Nair, MD
Chief Resident, Department of Pathology
University of Mississippi Medical Center
Jackson MS, 39216

Sandhya Bogi, MD Hospital Medicine
St Dominic Hospital
Jackson, MS
sandhyabogi@gmail.com

Vishwa Gajula, MD Pediatric Critical Care
Medicine
UMMC
Jackson, MS
vgajula@umc.edu

Dear Senators and House representatives,

I am Sandhya Bogi, practicing Hospital Medicine at St. Dominic Hospital, Jackson, Mississippi. I was trained in Michigan and started my career in Hospital Medicine. I move to Mississippi along with my husband who is a pediatric intensive care physician at Children's of Mississippi, UMMC. ***We quickly realized the scant medical resources and sub par patient to physician ratio. We both felt honored to serve and give back to the communities where we are needed the most. We both have been on temporary H1- B Visa since the beginning of our career 10 years ago. Since the COVID- 19 pandemic, we both have been serving as the front line providers. Despite the immediate gratification of the services provided to patients in need, pandemic has created an array of challenges to our personal and professional lives with current immigration status.***

I humbly request your support of above mentioned bills which gives all immigrant physicians ability to practice and serve communities without boundaries.

Thank you in anticipation.

Sincerely,
Sandhya Bogi MD
and
Vishwa Gajula, MD

Gaurav Dutta, MD Pulmonary & Critical Care Medicine
Baptist Memorial Hospital Golden Triangle
Columbus, MS
drgauravdutta@gmail.com

Hello,

This is Gaurav Dutta and I am wishing as Pulmonologist and Intensivist at Baptist memorial hospital golden triangle located in Columbus Mississippi. I have been frontline during this pandemic. We are designated tier one facility for treatment for COVID in the state of Mississippi which means that not only do we provide direct patient care but also assist other non tier 1 facilities with management.

This is my fourth year in this community and have been on H1b visa. *Getting more physicians to this area has been a challenge and with the passing of current bills will definitely help in strengthening medical presence in such areas.*

Thank you,

Gaurav Dutta MD
Pulmonary- Critical care
Baptist Memorial hospital
Columbus MS

Gulshan Oberoi, MD Neurology
South Central Regional Medical Center
Laurel, MS
gulshanoberoi1@yahoo.com

Dear Senators and Representatives,

I completed my medical school in India and have been in USA since 2011. I completed my Neurology residency at Wayne state University, Detroit, MI and did a Neurophysiology fellowship at Henry Ford Hospital , MI. I have subspecialty training in Epilepsy and Neuromuscular disorders. I have been working in Laurel, MS since 2016 and it gives me immense pleasure to help and serve the underserved community in need of Neurological support. ***I am willing to work extra shifts and volunteer in other areas of need, however due to visa restrictions, it is not possible.***

I am on H1b, and there is always an uncertainty and a risk of deportation for me and my wife and kid in case I have a serious health condition or a loss of life in this Covid 19 environment.

I humbly request your unconditional support in this matter.

Gulshan Oberoi,M.D.

Pranjal Desai, MD Obstetrics & Gynecology
North Mississippi Medical Clinics
Columbus, MS
desaipranjal@yahoo.com

Dear Senators and House of Representatives,

My name is Pranjal Desai. I am Board certified OBGYN. I finished my training in OBGYN in 2015 from Morristown Medical Center, NJ. Subsequently, I worked two years in Gynecology Oncology and Robotic surgery in Jackson memorial hospital, Miami and pursued Master of Public Health Science in University of Miami. I initially practiced for 2 years in Oklahoma in underserve area and then moved to West Point, MS. Since I started my clinical practice, I served hundreds of thousand women in rural America with evidence-based treatment and offered them robotic surgery which otherwise they would have to travel hours to obtain it.

I have been on visa since last 14 years. During the time of pandemic like COVID, my immigration status prevented me to work in the areas of need which has been severely affected with COVID.

With this letter, I request senators and House of Representatives to vote and pass this bill in the best interest of the country to help Americans, to help doctors like me who are American trained and already serving Americans in the rural areas to secure their immigration status, so they can help when country needs them.

Sincerely,

Pranjal Desai, MD, MSPH
OBGYN
North Mississippi Health Clinics
West Point, MS

Naveen Anantha, MD Hospital Medicine
University Of Mississippi Medical Center- Grenada
Grenada, MS
drnaveen2k@gmail.com

Dear Senators and House representatives,

I am a Hospitalist Physician at UMMC-Grenada, MS. I have been on H1B visa (work visa) since 2015, serving underserved population. I am glad to be the front line provider during Covid pandemic. ***I want to do more and help American people during this crisis time. I get so many calls for hospital coverage from different hospitals, but unfortunately due to my H1B employer restrictions, I can't work in other places.***

I have to renew my work visa (H1B) every 3 years and if it is delayed for any reason, my hospital will lose coverage and it is very hard to recruit physicians, especially in rural places like Grenada, MS where I am working currently. My children are born here in the USA and if I get sick or disabled with Covid 19 while serving American people, my family will be rewarded with deportation with current H1B rules.

I request your support to all immigrant physicians during this pandemic situation by supporting S 1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) and S 1810 (formerly S.948)/HR 3541 (formerly H.R.2895), which will also improve American Health care access.

Thank you

Dr. Naveen Anantha
Assistant Medical Director- Hospitalist Group
UMMC-Grenada, MS

Hamit Kumar, MD Hospitalist
South Central Regional Medical Center
Laurel, MS
dochkt@gmail.com

Dear senators and representatives

I completed my medical school from India and have been in Usa since 2010. I did my Internal medicine residency from university of Miami Miller school of medicine. I finished my residence in 2013 and since then I have been working as a internal medicine hospitalist in S. Central Regional medical Center, Laurel, MS. I'm really proud to be working in this underserved community for past seven years. During this Covid time I have been seeing patients who are sick enough to get admitted in the hospital. I have also been managing critically sick Covid patient in our ICU.

During this Covid pandemic ***I would really like to help other underserved areas who are in need of medical support however being on of H1B visa I cannot work anywhere else.*** I have enough free days that I can really help other hospitals.

Being on H1B visa there is always uncertainty and high risks of deportation for me, my wife and my two daughters in case I have a serious health condition or loss of life.

Me and my family and other physicians like me really like your support during these times.

Hamit kumar, MD

Jyothsna Akam-Venkata, MD Pediatric Cardiology
University Of Mississippi Medical Center
Jackson, MS
jyothsnaav@gmail.com

Dear Senator and congresswomen/congressmen,

My name is Jyothsna Akam-Venkata. I'm a **pediatric cardiologist** who has completed 7 years of post-graduate medical training in the United States. I have **undergone additional training in non-invasive advanced cardiac imaging/fetal cardiology** at University of Texas Southwestern Medical Center. I have been on J1 visa since 2013. I'm honored to provide pediatric cardiology services/prenatal diagnosis of congenital heart disease to the state of Mississippi. ***There is a physician shortage in several areas in Mississippi. The proposed bill S1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) and S.1810 (formerly S.948)/H.R 3541 (formerly H.R.2895) would bring an excellent solution to meet physician shortage, expand the geography of physician services while strengthening the health care work force.*** I request your support towards the above mentioned bills. This truly recognizes the health care heroes who are working tirelessly, risking their lives and the security of their dependent family members during this pandemic.

Thank you for your time and consideration.

Jyothsna Akam-Venkata, MD, FAAP
Assistant Professor of Pediatrics,
University of Mississippi Medical Center.

Krutika P. Chokhawala, MD Psychiatry (Resident)
University of Mississippi Medical Center
Jackson, MS
krutikapandya@gmail.com

Dear Senator and House Representatives,

I have completed my medical education from Mauritius and am currently pursuing Psychiatry Residency Training at The University of Mississippi Medical Center in Jackson, MS. Prior to this I have worked as a Family Medicine provider in India and worked in Clinical Research in Louisiana.

I am honored to provide the mental health services to the people of Mississippi and am willing go beyond my current position to provide much needed service during the COVID Pandemic. I am on J1 Visa which does not allow for such opportunities. During my training I have been on the front lines in the ER and provided care for those admitted to the university hospital.

There is an immense shortage of physicians in the field of Psychiatry. The proposed bill S1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788) and S1810 (formerly S.948)/ HR 3541 (formerly H.R.2895) would be an excellent solution to expand the geography of physician services, strengthen the healthcare workforce and meet the needs of the underserved communities.

Thank you for your time and consideration.

Krutika Pandya Chokhawala, MD
Resident Physician.
Psychiatry
University of Mississippi Medical Center
Jackson, MS

Sneha Desai, MD Obstetrics & Gynecology
North Mississippi Medical Clinic
Columbus, MS
sghesani@yahoo.com

Dear Senators and House of Representatives,

My name is Sneha Desai. I am Board certified OBGYN. I finished my training in OBGYN in 2013 from Morristown Medical Center, NJ. Subsequently, I have been serving for past 5 years in underserved area. I am currently in practice in West Point, MS. Since I started my clinical practice, I served thousands of women in rural America with their pregnancy related issues, delivered hundreds of babies and treated gynecological problems.

I have been on visa since last 14 years. During the time of pandemic like COVID, my immigration status prevented me to work in the areas of need which has been severely affected with COVID. ***In this unprecedented time, physicians like me should be available for the health care force in the area of need. Every single day, when I read that hospitals and especially patient care is suffering due to illness of physicians, I feel that I am not doing enough and unfortunately my visa restrictions does not allow me to do enough.*** Due to visa restriction, I cannot even offer help to another hospital which is 20 mins away from my hospital. I feel that visa restriction should be removed, so we can offer our services when country needs us.

With this letter, I request senators and House of Representatives to vote and pass this bill.

Sincerely,

Sneha Desai, MD
OBGYN
North Mississippi Health Clinics
West Point, MS

Manpreet Khemka, MD Child Psychiatry
Forrest General Hospital
Hattiesburg , MS
manpreet108@gmail.com

Dear Senator and House Representatives,

I am US Trained and board certified physician working on Visa since 2008. I specialize in Child Psychiatry. I currently work at Pinegrove Behavioral Health, Extension of Forrest General Hospital, Hattiesburg MS and have been serving mentally ill undeserved population of Mississippi. My husband is a Physician as well working on H1B. During this pandemic of Covid, I am willing to go beyond and work extra volunteering where needed, but I cannot do, because of visa restrictions which are employer specific.

I am on H1B visa, going through renewal every 3 years with the fear of refusal in mind. If refused my family is at risk for deportation. This would really cripple my family along with the hospital where I work as it has big shortage of physicians.

Hence I would request your support to all US trained healthcare workers on working visas during this pandemic situation by supporting S. 1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) and S. 1810 (formerly S.948)/H.R 3541 (formerly H.R.2895).

Thank you for your time and consideration.

Sincerely
Dr. Manpreet Khemka, MD
Pinegrove Behavioral Health
Forrest General Hospital
Hattiesburg MS 39402

**Shashank Shekhar, MD Neurology
University Of Mississippi Medical Center
Madison**

Drshashankgmch@hotmail.com

I am Shashank Shekhar and work as a Stroke specialist at the University of Mississippi Medical Center. There are less than five vascular trained Neurologists in the entire state of Mississippi who cater to the entire state population. Mississippi like Alabama comes under the stroke belt/buckle. High stroke patients/stroke specialist makes it challenging to provide the best care possible. However, I have been serving the community since 2013. ***Not only I am helping the stroke patients, but I am also helping to change the policy by serving as a member of the Stroke PI committee for the Mississippi Department of Health. I am also co-PI for StrokeNet research representing Mississippi which is NIH funded organization helping improve medical care through research and advancement.***

My temporary visa and the sluggish current immigration policy is challenging and deters me to grow my career in the field and serve the community better. The uncertainty of receiving timely Greencard concerns me and my family alike.

I, therefore, encourage the lawmakers and positive thinkers to improve the immigration policy in favor of skilled labor like us who is helping the community by providing the best care and through education and research.

Naganath Thota, MD Hospital Medicine
Baptist Desoto
Southave, MS
drnagz@live.com

Dear senators and House representatives,

My name is Naganath Thota and currently practicing Internal Medicine as a hospitalist physician in an underserved area, Southaven Mississippi. **My team and I have been working hard every day to serve the local community and take care of their health needs.** Needless to mention the amount of stress it has put on our lives during this covid pandemic. But we the physicians have been selflessly working to help them recover and heal. ***The visa issue is definitely restricting our abilities to reach larger population and the ones who really need medical care. We feel helpless in those situations. Shutting down ERs and primary care settings has become a new norm and the patients are suffering due to delayed care and unavailability of hospitals.*** My fellow friends and physicians have come up with great solutions that would help the community at every level and in-turn make a prosperous and healthy Nation.

I therefore kindly request you to consider and support S1024 (formerly S.3599)/HR 2255

(formerly H.R.6788) and S1810 (formerly S.948)/HR3541 (formerly H.R.2895) bills.Sincerely,

Naganath Thota.

Vikram Beemidi, MD Nephrology
NorthWest Mississippi Regional Medical Center
Clarksdale, MS
vikrambeemidi@yahoo.com

I am a Nephrologist on staff at Norwest Mississippi Medical center, Clarksdale, MS, for the last eight years. I have completed my Internal Medicine residency at the University of Connecticut Health Center, Farmington, CT & then *moved to Jackson to do my Nephrology fellowship at the University Of Mississippi medical center, Jackson, MS. After completing my fellowship, I stayed back in Mississippi to work in the Health Professional shortage area/underserved region of Mississippi.* I am thankful for the opportunities this country has given me so far. I am currently on H1-B visa with an approved EB 2 petition & I have been waiting for permanent resident status for the last several years. I am working as a frontline healthcare worker taking care of patients with COVID -19 infection. As you are aware of the current pandemic situation that we are dealing with, we are exposed to high-risk situations. I would *request our lawmakers pass the legislation mentioned above so that I would not have to worry about my visa status while I continue to take care of my patients here in my community.*

Sandeep Arya, MD Pediatric Critical Care Medicine
University Of Mississippi Medical Center
Jackson, MS
docsandeeparya@gmail.com

After finishing medical school in India, I came to the United States for further education and have been here for the last ten years. I have been working as a pediatric cardiac critical care specialist in Mississippi for the previous three years. I have appreciated all the opportunities I have received and will forever be grateful for that. My mission has been to work in underserved areas and provide the best care available to those who need it. At present, I am on H1B visa with an approved EB2 petition and need to renew my H1B Every three years.

In the current environment that creates uncertainty for the future of my family as they are dependent on my visa status, and If anything happens to me, then they will have to move back to India.

I humbly request lawmakers to consider passing abovementioned legislation so we can continue to provide the best care to people in underserved areas without worrying about future.

Shirisha Kamidi, MD Internal Medicine & Pediatrics
Baptist Desoto Hospital
Southaven, MS
shirishakamidi@gmail.com

I am Hospitalist working at Baptist Desoto Hospital, Mississippi. COVID 19 has affected everyone's life. Life has become more stressful and unpredictable for everyone. Every day the number of COVID 19 patients I am taking care of is increasing . I take care of my patients irrespective of how much PPE was provided to me, despite knowing the fact that I am putting my family at risk along with me. If something happens to me my family will have to leave the country.

Please support S1024 (formerly S.3599) / HR2255 (formerly H.R.6788). It will let me take care of patients without restrictions. I could work at different hospitals and places which desperately need help in this pandemic situation.

**Roopsi Bassi, MD Adult psychiatrist
Forrest General Hospital
Hattiesburg , MS
drroopsi@gmail.com**

Dear Senator and House Representatives,

I am US Trained board certified physician working on Visa since 2011. I specialize in Psychiatry, Adult psychiatry. I currently work at Pinegrove Behavioral Health, Extension of Forrest General Hospital, Hattiesburg MS and have been serving mentally ill under-served population of Mississippi since 2011.

During current coronavirus pandemic, I am still providing mental health services to indigenous population and have noticed significant increase in depression, anxiety and drug problems--pointing towards "sharp decline in mental health of community" and expect it to worsen in near future. I am on H1B visa, **going through renewal every 3 years with the fear of refusal in mind.** If refused my family is at risk for deportation. **This would really cripple my family along with the hospital where I work as it has big shortage of physicians.**

Hence I would request your support to all immigrant healthcare workers during this pandemic situation by supporting S. 1024 (formerly S.3599)/HR 2255 (formerly H.R.6788) and S. 1810 (formerly S.948)/H.R 3541 (formerly H.R.2895). Thank you for your time and consideration.

Saurabh Bhardwaj, MD Psychiatry, Addiction Psychiatry
University Of Mississippi Medical Center
Jackson, MS
drsaurabh9@gmail.com

I graduated medical school from India and did my residency in psychiatry and further fellowship in addiction psychiatry in the US. I have been practicing in Mississippi since 2018 and currently serving the under-served population in the State. My EB-2 NIW petition has been submitted for processing while I am currently practicing on a H-1B visa. ***This visa has several restrictions including renewal every 3 years and does not allow me flexibility to serve the community mental health centers and other medical facilities in MS in this time of crises from COVID-19 where I could help with my credentials.*** I urge the senators to consider passing the legislation above which will allow me to serve the under-served in this community which is desperately in need for more physicians.

Venkat Baskararajan, MD Psychiatry
PineBelt Mental Health
Hattiesburg , MS
dr_venkat@mac.com

Respected Senators and representatives,

We urge to help us physicians get green card quickly. **I am the medical director of the community mental health system in South Mississippi (we serve 10 counties and I supervise 7 nurse practitioners) and I have been in USA for 15 years** and had applied for my green card 10 years ago without any change in status. Please do the needful to speed up the process for us physicians.

Thank you.

Sincerely,

Venkat Baskararajan, MD

**Chandru Krishna, MD Hospital Medicine
Baptist North MS
Oxford, MS**

chandrukrishna08@gmail.com

Dear Senators and House Representatives,

I am Chandra Krishna, MD Board certified Internal medicine physician, working as Hospitalist at Baptist memorial hospital North MS on H1B visa since 2016. During this current COVID 19 pandemic I have been tirelessly serving this community and have treated hundreds of COVID patients. Even though I love serving this community, I am afraid I and my family would be deported if I were to get sick or die from the disease.

Also due to visa restrictions I am unable to work at other hospitals where they need me during these testing times.

I hereby request your support to immigrant healthcare workers during this pandemic by supporting S1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788). Thank you

Sincerely,

Chandra Krishna MD,

Baptist memorial hospital North MS

Oxford MS.

Omprakash Ahuja, MD Pulmonary & Critical Care Medicine
Ascension St Joseph Hospital
Milwaukee WI
omprakash.ahuja@ascension.org

Dear Senators, Congressmen, and Congresswomen,

I hope this letter finds you well and you conclude this letter with a sense of solemn sympathy and understanding. My name is Om Ahuja and I am a Pulmonary and Critical Care physician. I currently serve the local communities of downtown Milwaukee and Brookfield at St. Joseph's Hospital and Elmbrook Hospital; I have been working at both these hospitals for the last 11 years since July, 2009. I am currently legally on H1B visa through my employer since 2009; in 2011, they filed a green card for me through EB2 category. Also, I have completed the National Interest Waiver (NIW) through my workplace, St. Joseph's Hospital, due to having served (and still serving) underserved inner city Milwaukee communities. **I am the Medical Director for Critical Care Services at St. Joseph's Hospital, as well as Pulmonary Director for Pulmonary services.** With my wife and 3-month-old daughter, I arrived in the United States in 2002 on J-1 visa and completed my Medical Residency, Geriatric and Pulmonary/Critical Care Fellowship at the Medical College of Wisconsin in Milwaukee in 2009. After finishing my U.S. residency and fellowship, I continued to serve the Greater Milwaukee and inner-city communities and have been. **I take pride in delivering medical care and serving these underserved communities, especially during these unprecedented times where the pandemic has greatly impacted those communities.**

Currently, I am the only Pulmonary and Critical Care physician at St. Joseph's Hospital, located in inner city Milwaukee; clearly, my services ought to be deemed necessary for these economically dis-advantaged communities as many physicians opt out of working in these areas. **Furthermore, within the last few months of this pandemic that has impacted us all, I am the only Intensivist and Pulmonologist in our hospital making me a frontline worker as I treat patients and battle this pandemic**. My current visa status restricts me from using my services for other communities beyond Milwaukee. During troubled times as these, I know as an adept physician, I have the ability to help and serve others, yet I have visa restrictions prohibiting me from that opportunity.

At the mention of this pandemic, I cannot neglect the risk that poses my family and I. **Given I treat COVID-19 patients regularly, I am at a high risk of contracting this virus which would not only impact my job, my life, but also my family's living. My daughter who came to the United States with me in 2002 was only 3 months old and came on a visa and still remains on a visa as an 18-year-old who will be attending a U.S. institution** to continue her studies, which have all been in the United States. Regardless of being born in India, this is the country she has been raised in and this is the country she recognizes. **If anything were to happen to me amidst this pandemic, that puts her at risk for deportation, as well as my wife who cares for our other two kids who were born in Milwaukee.** For law-abiding residents who consider this country home, this ought not to be such a prevalent concern.

Please thoughtfully consider my experiences and I urge you Senators, Congressmen, and Congresswoman to support and cosponsor HWRA. The Healthcare Workforce Resilience Act; S.1024 (formerly S.3599) and H.R. 2255 (formerly H.R.6788) takes care of many worries that my family and I have, and more importantly protects many physicians in situations similar to mine while also ensuring that the healthcare needs and demands of the United States are met during these unprecedented times by guaranteeing our presence in the United States.

Thank you,

Dr. Om Ahuja M.D., FACC
Pulmonary Critical Care

Suhas Channappa, MD Emergency Medicine
Marshfield Medical Center
Marshfield, WI
sihys_smg@yahoo.com

Dear Senators and House Representatives,

My name is Suhas Channappa. I am a **US trained board-certified Emergency physician serving in a rural underserved community hospital for last 7+ years. I have lived in US on a temporary work visa for 11 years.** I completed my medical school in India and trained in Emergency Medicine in Detroit, MI.

Currently I practice in a tertiary healthcare facility in Central Wisconsin providing care for patients from multiple underserved counties. I evaluate and treat anywhere between 350 to 500 patients every month providing acute care for patients by treating acutely life-threatening illnesses like stroke, heart attacks, trauma, cancer, mental illness and every other medical & surgical disease in patients of any age ranging from birth till death in a 24/7 365 days operational department. **I take pride in my job and continue my job irrespective of the patient's ability to pay or any discrimination.** We follow EMTALA, never turn away any patient who present to our Emergency room. **I think we make a difference for anyone who comes through our front door and save many lives during our everyday life. During this process we place ourselves at risk of exposure to communicable diseases as well as violence. We work relentlessly to save lives and serve our communities.** In addition, we also teach and train future physicians as well as nurses. *We do many COVID tests. Let me put it in simple words, I work in frontline in our fight against this COVID pandemic*

Healthcare workforce resilience act Bill number S1024 (formerly S.3599) Introduced by Sen. Perdue In the US Senate and Bill number HR 2255 (formerly H.R.6788) Introduced in the US house of representatives By Rep. Schneider aim to strengthen our healthcare workforce Which is essential for Fighting this coronavirus pandemic that started in December 19 and has been continuing its run nonstop causing significant co-morbidities and loss of lives all over the world with United States being the most affected nation even though it has one of the world's best health systems which is regretful. *People in our communities lack access to quality healthcare and rural hospitals are closing down. Projected shortage of healthcare providers and nurses is mind boggling and projects a bleak future. We can prevent this by passing the ZERO cost widely bipartisan harmless HWRA bill which is an immediate option at this time to strengthen our healthcare workforce.* It takes years and sometimes decades to make an efficient physician, why not help the ones who are currently ready and trained in the United states.

There will be no excuse to the congress for not passing these bills and truly helping our communities, any further delay in passing this common sense bill will only increase the intensity of this disaster. I am still on a temporary work visa with work restrictions. **Since joining my residency in Emergency Medicine, I have been required to renew my visa 7 times in last 10 years! Not sure how many more times we have to go through this rigorous complex process which continues to restrict our ability to be of help where there is a need.** If this bill becomes a law, many like me will be able to serve in places of need not for just now but for many years to come. **Provide peace and security for us while we continue do our job by providing care for our communities in a timely manner. PASS S1024 (formerly S.3599) - HR 2255 (formerly H.R.6788) now and be proud of doing something that's a benefit for people.**

May God give us strength to survive this pandemic. Do it right for the sake of health of underserved rural & urban population. Hope you consider our plea and help us serve in our communities and beyond with peace and security before tsunami of Coronavirus and other infections burden our health systems.

Sincerely,
Suhas Channappa MD FACEP FAAEM

Mihir Shah, MD Critical care/Neurology Critical care Aurora

St Lukes medical Center

Milwaukee

Mihir.shah253@gmail.com

I have been practicing after completing my fellowship in Critical care medicine and Neuro-Critical care from Medical College of Wisconsin and affiliated hospitals for 3 years.

On H1B Visa: 09/2011

Currently in my hospital I am actively involved in managing critical COVID-19 patients who require advance mechanical ventilation or Extra-corporeal membrane oxygenation (ECMO) since the COVID-19 crisis has dawned upon our country. Our hospital has been called upon by many other hospitals from the system to transfer medically complicated patients. I have been involved in caring for the most critically ill patients of the COVID-19 infection in the hospital. **If this bill passes, I will be able to staff other ICUs in our system throughout the state of Wisconsin which currently because of my visa restrictions I am unable to contribute.**

Aditya Rangbulla, MD Internal Medicine/Obesity Medicine
Ascension Medical Group/St Elizabeth Hospital
Appleton, WI
adityarangbulla@gmail.com

I am an internist and obesity medicine specialist at Ascension's St Elizabeth Hospital in Appleton Wisconsin since 2010. I have been in the US since 2007 and waiting for a permanent residency for more than 10 years now.

I have my wife and a 16-year-old son who was 3 years old when he came to United States.

I am an asset to my organization in a way that **I am the only Obesity Medicine trained physician in my community and organization.**

I have been taking care of the sickest patient population in my community since 2010

My patients trust me for their care and don't want me to leave this clinic as it's a very hard place to recruit primary care physicians in Appleton Wisconsin.

If I get my permanent residency then I can serve the community better without the fear of deportation if my visa is rejected due to reasons beyond my control.

My son on attaining the age of 21 can be deported from this country due to no fault of his.

USA is the only country he knows as his home. He is a brilliant kid who works hard to get good grades and tries to play the best music on a violin and also tries to be the best swimmer for his high school team.

He will not be able to bear this deportation if this happens.

I sincerely hope that this situation doesn't happen and request the Congress to pass this bill at the earliest for thousands of physicians and the dependent families who are living their life on the edge for these endless years waiting for permanent residency.

Praveen Errabelli, MD Nephrology
Hospital: Luther hospital
Eau Claire, WI
errabellip@gmail.com

I work as a Nephrologist in a very remote place, Barron, Wisconsin. This place has a very small dialysis center. **It did not have a full time Nephrologist until I took up the Job there. In fact, the dialysis nursing staff were concerned at one point that they might lose their job if they won't be able to find a full time Nephrologist soon. They are much relieved now and they are focused on their work without having to worry about job security.**

I also run Nephrology clinic there once a week. Many patients were waiting for a year to see a Nephrologist prior to my joining. They would travel to different locations and see different providers for various kidney related issues. Now they all are happy to see a kidney doctor finally in their home town. This gives me immense satisfaction.

But because I am on H1B visa, when any one patient asks me if I am going to stay there permanently, I cannot tell them that I will continue to take care of them for long period with confidence. This upsets the people in the community. This really puts a break to physician patient relationship. I cannot explain them about H1B, green card backlog when they question me as to why I cannot stay forever in their home town.

Hopefully when HWRA act passes, I can tell all my patients that I will stay with them and continue my care for them indefinitely.

Thank you

Dr.Errabelli

Vijay Bandhakavi, MD Pulmonary & Critical Care Medicine
Gundersen health system
La Crosse, WI
vijaybandhakavi@gmail.com

Dear Senator,

I am a Pulmonary critical care physician, practicing in La Crosse, Wisconsin. I have moved to the US in 2006. I completed my residency in Internal Medicine in 2006 and Fellowship in Pulmonary critical care in 2012. I have been on H1 visa since 2006. *Over the last 14 years, it has been a struggle visiting my family in India. Every time I go to spend time with my family, majority of my time is spent in getting my Visa stamped.*

In 2015, my father was sick in the ICU and I could not visit him because my Visa was being extended and I could not leave the country. Then a month later my father passed away. This time my visa was extended but when I visited India, I had to spend more than a week to get my visa stamped. I am at the front line in managing COVID patients in the ICU and putting my own life at risk. My main source of support is my Mother in India, who I talk over phone every day. With visa restrictions, it has been extremely difficult to visit my family in India.

I work at Gundersen Health System in La Crosse, Wisconsin. **Our hospital has a referral base of areas around 2 hours away. I cater to many undeserved areas of need. My services have a direct impact to the local communities.**

I humbly request to do whatever possible to expedite Green Card processing for immigrant doctors.

Vineet Hansaria, MD, FACP, FHM Internal Medicine/Hospitalist
Medical Director, Department of Hospital Medicine
Ascension St Francis, SE Wisconsin Hospital – Franklin Campus, Wheaton Franciscan Healthcare, Milwaukee, WI
V5hansaria@gmail.com

Dear Senator and House of Representatives,

My name is Vineet Hansaria and I have been living and working as a Physician in the United States of America for the past 14 years. As a doctor, I treat every patient I come across with the most compassionate and sincere care possible. However, to stay in this country, **I have had to renew my Visa every 3 years for the past 14 years.** The relentless Green Card backlog has taken an enormous emotional toll on me and my family. **The uncertainty of our future has kept me awake for many nights and prevents my children from pursuing their goals. At the moment, I am the most concerned about my two daughters, who are currently juniors and seniors in high school, and will be going to college soon. After they have spent twelve dedicated years to their education in the United States of America, they must still apply as international students in college and are denied privileges** such as scholarships that their classmates, who are citizens, are eligible for receiving instead. My family appreciates what they have and have made many sacrifices to live in this amazing country. More noticeable, my wife, upon arrival to the United States, sacrificed her career as a Physician to take care of our kids and raise them as responsible citizens. **We have lived in fear these past fourteen years, like a boat stranded in the middle of the ocean, unable to go back to shore. We cannot move back to India after we and our kids have spent the past fourteen years calling this country home, and there does not seem to be hope of receiving our Green Cards.** Therefore, **as a front-line worker Hospitalist during the COVID 19 Pandemic, I fear for the future of my family if something were to happen to me.** I am very fortunate and grateful for the opportunities the United States has given me, although, if something were to happen to me during this COVID-19 crisis, my family's immigration status would be in danger.

I urgently request you to allow immigrant doctors helping fight the Coronavirus pandemic to be allowed Green Cards, so that families such as mine are guaranteed security during these difficult times. As a physician we are doing everything we can to give back to the community, even to the extent of risking our lives.

Sowmya Puvvada, MD Psychiatry
Marshfield Medical Center
Marshfield, WI
sowmya0510@gmail.com

Dear Senators and Members of the Congress,

My name is Sowmya Puvvada and I am a Psychiatrist working in Marshfield, WI. I am sending this letter regarding mental health coverage in the United States with an emphasis on rural areas. In the context of recent efforts by the Trump administration to improve mental health access, I would like to bring a few challenges Psychiatrists have been facing all along, but are more prevalent in these stressful times of COVID-19.

According to the US Census Bureau, one out of every four veterans (25%) live in rural areas which are mostly labeled as HPSA/underserved areas. That is a significantly higher number of veterans per capita living in rural America, while 19% of total population lives in rural America. VA's own research shows that veterans are 1.5 times more likely to commit suicide compared to non-veteran population and as per National Institute of Mental Health (NIMH) and JAMA, one in five US adults live with a mental illness (46.6 million in 2017). According to Dept. of Health and Human Services, 111 million people live in mental health professional shortage areas. To cap all these numbers, as per Health Affairs report, more than half of US counties do not have any psychiatrists and according to AAMC, about 60% of Psychiatrists in the US are over 55 years of age. Coming to the financials, biggest driver of unnecessary ED use is mental health care. Eliminating unwanted ED use for mental illness could save about \$4.6 billion annually. Having a psychiatrist in an accessible distance, would help manage the symptoms of these patients in outpatient clinics and prevent ED visits.

With pandemics like COVID-19, mental health impact is on the rise in medical professionals as well, which would potentially worsen the existing shortages in health care available to the American population.

I have been working here for 2 years now and I see patients with mental health disorders including substance use. My panel of patients also includes Geriatric population which include a significant portion of population in this area. As part of my work, I also teach medical students and train Nurse Practitioners. I also extend my services to more remote areas, via telehealth and integrated care, where patients do not have access to mental health care at all.

As you can understand, **my contribution to the community is quite significant and it would be hard to find someone who can fill my position if I were to leave my job due to any hardships.** *My husband and I are expecting a baby soon* and with the current Visa restrictions/the pandemic, *it has been very challenging to find help or for my husband to find a job in my current location.* Having a Green Card would make it easier for us by increasing the work options.

Healthcare workforce Resilience act bills s1024 (formerly S.3599) and HR 2255 (formerly H.R.6788) would help open an avenue to improve access to psychiatrists by increasing the number in rural communities and also our flexibility.

So, I urge you to support these bills. Regards

Sowmya Puvvada, M.D.

Harpreet Kaur, MD Internal Medicine
Aurora Memorial Medical Center
Sheboygan, WI
hkrx@outlook.com

Dear Senators and members of conference,

I have been practicing Internal Medicine in Sheboygan, WI for the last 5 years. I first came to USA in 2011 to pursue medical training. After completing my training in 2015, I started my first job in the medically underserved area of Sheboygan, WI as a Primary Care Provider. **I was the first and only Internal Medicine provider who was hired in over 5 years to fill an open Primary Care position. I was hired at the time when 2 Internal Medicine doctors retired from their 20+ years of practice.** I enjoy what I do and have had immense pleasure taking care of wonderful, under discovered rural community. However, my current immigration status discourages me to fully serve the community I live in. I have an immigration petition approved but due to current wait times in green card processing, I am still stuck in visa processing every few years. It comes along with uncertainty of my presence in USA, uncertainty of my family's future as well as lack of continuity of my current practice which seems extremely unfair to all my patients, especially the elderly patients, who are most vulnerable and will be left without a provider putting them at higher risk of decompensation of their chronic medical condition in the interim. Also, *my visa is tied to a work location and in the worst-case scenario of possible COVID related staffing shortage at the hospital, I might be asked to take a back seat secondary to visa needs, which seems unfair* to my own patients who might need care in the hospital.

I hope the Senate and House strongly considers this bill for significant enhancement of our physician and nursing workforce, especially given current COVID-19 pandemic and helps us provide the best care for our most vulnerable population, while keeping the health and future of our own families safe.

Stay Safe,

Regards,

Harpreet Kaur, MD

Internal Medicine,

Sheboygan, WI

Subhadeep Barman, MD Addiction Medicine/Psychiatry
Waukesha Memorial Hospital/ProHealth Care
Waukesha, WI
subhadeepbarman@yahoo.com

I am currently the Medical Director of Addiction Medicine at ProHealth Care based in Waukesha. I have been in this community since 2016 and serve people affected with various substance use disorders (addictions) such as alcohol use, opioid use, tobacco use and cocaine use and mental health disorders such as depression, anxiety, bipolar disorders, schizophrenia, post-traumatic stress disorders.

I have been in the US since 2007 and have also lived in Vermont and Maine, prior to my move to this state. I have been waiting for my Green Card since 2015 despite having an approved immigration petition (I-140) since 2016. This is due to the current per country limit on the number of Green Cards issued. **I am restricted in my practice to only seeing patients who are currently connected to primary care providers in our organization and unable to serve more in critical need of services. Unfortunately, the pandemic has taken a heavy toll as far as addiction and mental health is concerned and can be referred to as the 'silent' epidemic.** There has already been a surge of drug overdoses since the beginning of the pandemic in March. Passing the bills mentioned above will help me in serving more people in need in the community. It will also help me feel less anxious about my own future in practicing medicine in the United States.

In addition to my clinical practice I have also been very active in serving people of Wisconsin (which I call home now). *I serve on the Controlled Substances Board of Wisconsin helping draft recommendations in safeguarding prescribing practices in the state. In addition, I am also a member of SCAODA (State Council on Alcohol and Drug Abuse), an advisory body to the Governor, helping to formulate strategies for addiction treatment and its delivery across the state. I also serve on the Board of Wisconsin Society of Addiction Medicine.* I have also been very active in training other physicians in addiction medicine and psychiatry across the country thereby helping in improving our workforce. I really look forward to your help and support.

Dhanvendran Ramar, MD Child & Adolescent Psychiatrist
Bellin Health
Green Bay, WI
Dhanvendran@gmail.com

Dear Senator/Congressman,

I am a Child and Adolescent psychiatrist currently working in Bellin psychiatric Center. I have been in practice for more than 20 years in this field of psychiatry. I am a practicing physician for the past 12 years in the United States. I have been living in Wisconsin for the past 3 1/2 years. **Although I am a Child and Adolescent Psychiatrist, client group involves kids with the age of four going all the way up to geriatric population.** My oldest a patient is 93 years old. **I'm writing this email I am on the fourth or fifth day after contracting COVID-19. The entire family has tested positive.** I have nearly 8 years of experience in the United Kingdom in the field of psychiatry. **My wife is also a child and adolescent psychiatrist. We have both contributed to this field of mental health in this country for the past 12 years and are still waiting for a green card. I have written to your office multiple times in the past.** I hope the Senate and House pass legislation to help people who are stuck in the screen card back log.

Stay safe and well

Dr Dhanvendran Ramar MD ,MrcPsych
Green Bay
Wisconsin

Anterpreet Singh, MD Physical Medicine and Rehabilitation
Prevea Clinic
Green Bay, WI
dranterpreet@gmail.com

Dear Senators and Members of the Congress,

I have been present in the USA legally since 2007. After finishing my training in New York City, I moved to the city of Green Bay, Wisconsin in 2012; allured by the vast green fields, blue skies, and warm hearts. My employer filed for an EB2 Green Card at the same time.

Since 2012, I have served the community of Green Bay to help fight Chronic Pain, and Opioid Overuse. Before I joined this practice, the wait time for a patient to be evaluated by a specialist of Physical Medicine / Rehabilitation (with focus on Acute / Chronic Pain, Spine Disorders) was about 90 days. Now that period has been reduced to less than 7 days.

At the same time, I have taken substantial steps to cut down over-reliance on Opioid Medicines for the Physician group as a whole, by offering cutting edge Spinal Interventional treatments, and putting efforts towards peer education and patient safety. I also pioneered Ultrasound guided procedures in our department which provides treatment options for pain related to multiple joints / nerves outside the spine.

I have seen adult patients walk into my office in utter distress, but leave smiling. This is probably the best example of "Instant Gratification" in the field of medicine. The community I serve in, is very thankful for my services; and would greatly benefit if I continue to be part of their healthcare team. Without these procedural skills, there is going to be increased usage of Opioids for pain control, which we all know is not the safest treatment option.

My Physician peers who weren't born in India, and who joined the same medical group in 2012 have moved up the immigration ladder and are now American Citizens. Whereas I am still playing the game of Russian Roulette with the risk of Deportation.

Another critical facet of the situation is that *my limited immigration status prohibits me to change my roll and serve in any crisis. During the lockdown in April, I could not volunteer to work at any other site / location / capacity, because I was tied down by my Immigration status. This applies to all other Healthcare workers on an Immigrant Visas. A Green Card **will make this existing workforce flexible enough to deal with an upcoming Tsunami of COVID-19 in the fall.***

The Healthcare Workforce Resilience Act; S.1024 (formerly S.3599), and H.R.2255 (formerly H.R.6788); has a bipartisan support and helps address all the issues mentioned above. I hope to have gained your support for the bill.

Thank you for your time.

Anterpreet Singh, MD

Meera Mohan, MD Hematology & Oncology / BMT
Froedtert and Medical college of Wisconsin
Milwaukee, WI
meeramohanmd@gmail.com

Dear Senator and Congress members

I am Meera Mohan MD, a **practicing academic medical oncology in the field of bone marrow transplantation** in Medical college of Wisconsin. **This is my 10th year on my visa** in the US, during this course I finished 4 years of medical residency and 3 years of fellowship in medical oncology and worked as assistant professor at University of Arkansas for Medical Science. Cancer is a major public health problem worldwide and is the second leading cause of death in the United States. The U.S. national health expenditure (NHE) in 2015 was \$3.2 trillion and accounted for 17.8% of gross domestic product (GDP). The NHE is projected to grow at an average rate of 5.6% per year in 2016–2025. Cancer care is projected to account for up to \$177 billion in 2017, or nearly 1% of GDP. **The American Cancer Society estimated 1.7 million new cases of cancer and 600 thousand deaths in 2017. Thus, experts such as I am crucially important to the United States.** In addition to my clinical expertise, *I have proven myself as an elite researcher, with 21 peer reviewed publication and 30 presentations in various international and national conference. Recent I was awarded the Conquer Cancer Merit Award at American Society of Clinical Oncology 2020 meeting for my work on multiple myeloma.* Being on a visa limits my employment and research opportunities thus restrict my abilities to serve our cancer patients. This bill will ensure that I could serve the citizen of United states of America better and make impact advancement in the field of cancer. Overall, I like my other medical oncology colleagues take care of the most vulnerable population in this country. In the current SAR COV2 pandemic, service like ours is vital to the society. A green card could expand my scope of practice especially in the current pandemic where there is a dire need for a flexible healthcare workers workforce.

I support this bill and this is undoubtedly a step forward in helping our patients get the service they need.

Thanks
Meera Mohan MD, MS, FACP

Sushma Bangalore Raju, MD Internal medicine/Hospitalist
Froedtert and Medical college of Wisconsin
Milwaukee
drsushmaraju@gmail.com

Dear Senators and Members of the Congress

I have been in the USA since 2007. I am currently working as a hospitalist at Froedtert and Medical College of Wisconsin since 2012.

I have been in the frontline taking care of COVID patients since the time this pandemic started and so is my husband who is also a hospitalist. I am involved with teaching medical students and residents as well. I am an active member of multiple committee's and involved in a number of quality improvement and patient safety projects in the hospital.

Our older son was 5 months old when we moved to the US and although he has lived and studied in America his entire life, he is now 14 years old but will still be considered as an international student when applying for colleges as he is currently on a dependent Visa. Since, both me and my husband are hospitalists and have been caring for COVID patients, we worry about the risk of exposure our kids face at home every day. God forbid if anything happens to us, then our son will have to be deported back to India. **Being on temporary visa does not help us as we are not able to travel to India even in case of emergencies involving close family members without having the necessary documents and VISA extension paperwork which needs to be done every 3 years.**

Another fact is that with me being on temporary visa, **I cannot volunteer to work at other sites/locations due to VISA restrictions even if there will be a surge of new COVID cases at various places especially with the flu season being just around the corner.**

The Healthcare Workforce Resilience Act will help clear the green card back log and help us serve the community and care for our patients without having to worry about our families. I hope to have your support for this bill.

Thank you

Sincerely

Sushma Bangalore Raju MD

**Sonal Chandratre, MD Pediatric
Endocrinology Ascension St. Michaels
Hospital, Stevens Point, WI
Medical College of Wisconsin Central Wisconsin campus,
Wausau, WI
schandratre@mcw.edu**

I am Sonal Chandratre, MD, double board certified in Pediatric Endocrinology Diabetes Metabolism and in General Pediatrics. I work as a Pediatric Endocrinologist at Ascension Saint Michael's Hospital in Stevens Point WI and as the Course Director for several clinical courses at Medical College of Wisconsin Central Wisconsin Regional Medical campus. I have been on a temporary work visa for the last 14 years and have been dedicatedly working in United States caring for the health of children in United States.

Role and Contributions: Ascension Saint Michael's Hospital: I am the founding pediatric endocrinologist at this hospital and have developed this pediatric endocrinology outpatient service from ground up. Prior to my practice, pediatric patients from the community had to travel anywhere from 1 to 3 hours to seek pediatric endocrinology diabetes and metabolism service which I'm currently providing serving a rural population of 29,000. I will soon be starting additional community-specific programs to support the health of my rural population patients.

Medical College of Wisconsin Central Wisconsin Regional Medical campus: Since the last 4 years, I'm also working at Medical College of Wisconsin Central Wisconsin Regional Medical campus as an Assistant Professor of Pediatrics serving in the role of Site Course Director, Foundations of Clinical Medicine (First year medical students), Founding Director, Specialty Longitudinal Integrated Clinical Experience (second year medical students), Founding Director, Acting Internships (3rd and 4th year medical students), Founding Director, Medical Writing Elective (all students across a total of three campuses of Medical College of Wisconsin in Milwaukee, Green Bay and Central Wisconsin).

As described, in my role as course director for these courses, **I'm dedicated toward shaping future physicians.** I have founded a total of four courses which are required for medical student education and have worked diligently in the planning, the development and the execution of the same. **As a faculty, medical students have recognized my teaching expertise by awarding me the coveted MCW Outstanding Medical Student Teacher Pin, MCW, Wisconsin in 2017-18 and 2018-19.**

I have been **actively involved in several research activities.** I have had a total of **6 publications so far with another 6 publications in review and 1 scientific medical book in the process of publication.** Earlier this year, I have received funding of \$10,000 for a project involving supporting underrepresented minority in medicine. I'm a local, regional and a national speaker at several medical conferences.

I also contribute toward community service within MCW, as well as in the local community. I also serve nationally in American Board of Pediatrics as an invited member representing 150,000 pediatricians.

Prior to COVID-19, besides my work, I have also served as a volunteer at McDill Elementary School for 4 years in teaching elementary students.

In my role as a physician in United States, I have had a positive impact in medical field, in United States healthcare and also in the community. Challenges that my family and I face, being on a temporary work visa, is no different than those of my colleagues sharing this visa. I have discussed and shared the details of my challenges and also those of my colleagues in my recent publication in Wisconsin Medical Journal <https://wmjonline.org/119no2/chandratre/> and in Radio interviews at National Public Radio (<https://www.wuwm.com/post/how-restrictions-international-medical-graduates-are-making-it-harder-treat-covid-19#stream/0>), Wisconsin Public Radio (<https://www.wpr.org/immigrant-doctors-fight-contribute-us-covid-19-response>) and Local Public Radio (<https://www.whby.com/2020/07/08/cancel-culture-foreign-born-physicians-dan-davies/>) **The health care resilience workforce act, if passed, allows me to legally serve a wider range of community and also provides a safety net for my dependents.**

Harsha Poola, MD Hematology / Oncology
ThedaCare Health systems
Appleton and Neenah (outreach)
harshavpoola@gmail.com

20th June 2020

Dear Officer,

I am Dr. Harsha Vardhan Poola, M.D, attending physician, Hematology/ oncology practicing in the towns of Appleton, Neenah and surrounding communities in North-East Wisconsin. I work for the ThedaCare health systems and have been employed with them since Jan of 2020. **I have an approved I 140, NIW in EB 2 category for my work in a designated medically underserved area.** Prior to my current employment, I worked in a small town in a very rural part of northern Wisconsin called Rhinelander. During my time there, I served as a Hematologist/ Oncologist and chair of medicine for Ascension St. Mary's Hospital from July 2017 to January 2020.

I have always been passionate about practicing medicine in medically underserved areas, helping the most vulnerable patient populations. My training/ formative years have been in a medically underserved, safety net hospital in the city of Chicago. Since graduation, I have continued to serve and work in medically underserved areas and upon graduation, my first job as an attending physician was in Rhinelander, WI, a small town of a population of 7500 with a larger service area population of around 50,000, most of which fell under the category Health Professional shortage area. In January of 2000, I followed my Wife, Dr. Venkata Sravani Udayagiri to Appleton/ Neenah, WI so that we could stay together as a family. Half of my working days are spent at my outreach cancer center/clinic in Neenah, which is a designated medically underserved area.

My Wife Dr. Venkata Sravani Udayagiri, shares my passion and enthusiasm to serve and work with medically underserved and vulnerable patient population. She trained at an inner-city hospital in the city of Flint, MI and then accepted a job with Thedacare, in Neenah, WI, which also happens to be a medically unreserved area.

We are very fortunate to have had the privilege to receive a world class education and training here in the U.S. We want to continue to work here in the US and give back to this great country and society through our medical service. Although I have an approved I 140 dating back to March of 2015, we are subject to long wait times due to our country of birth.

Once we receive our permanent residency, we can continue to contribute in positive ways that we are unable to at this point due to our H1B visa restrictions. COVID-19 pandemic has affected this country and all of our communities and demanded the medical professional community to step up to the challenge. We have answered this call and have made personal, financial and mental sacrifices to help our fellow human beings and serve the communities we live in. **We are doing everything we can to contribute in the fight against the COVID-19 pandemic, within the limitations of our current non immigration status.**

EAD would give us more flexibility and we would be able to volunteer and or pick up additional shifts to help with COVID-19 coverage and or general medical oncology / family medicine coverage.

Both of us are working on the front lines during this pandemic and would like to help in areas that are experiencing significant shortages for both COVID and non COVID needs, however we are currently limited by our H1B restrictions. I am currently being considered for Medical Director role of one of the largest community oncology programs in the state (12 MDs and 15 APCs). My wife works at least 8-10, 12 hr COVID respiratory hub shifts and is on the front lines of the pandemic response. We have a 3-year-old, who has been going to day care for 10-12 hrs a day when the rest of the state had stay at home orders as we were needed on the front lines. we continue to work every day to positively impact the health of our community. Both of us have faculty positions in Medical College of WI, Central and Greenbay campus and **we continue to train the next generation of physicians with the goal of interest in practicing in rural, underserved communities, like ours.**

Thank you

Harsimran Sekhon, MD Internal Medicine/ Hospitalist
Ascension Columbia Saint Mary's Hospital
Milwaukee, WI
sekhon89@gmail.com

Dear Senators and Members of the Congress,

I have been present in the USA legally since 2014 when I moved to the city of Evanston, Illinois and completed my residency in Internal Medicine at Presence Saint Francis Hospital. I started my first job post residency as a Hospitalist at Ascension Columbia St Mary's Hospital, Milwaukee, Wisconsin in July, 2017. My Eb2 green card application was applied in 2017 along with my peer group doctors from other countries.

Since this pandemic started, I have been seeing corona patients every day. **The hospital I am providing my services is located in downtown Milwaukee and has a high number of COVID-19 patients as well as underserved patients with multiple medical and social problems.** I am also teaching Physician Assistant students from Marquette University voluntarily as their clinical instructor in my hospital and contributing to their education. Since 2017, I have served the community of Milwaukee with full dedication towards my work. The community I serve in, is very thankful for my services; and would greatly benefit if I continue to be part of their healthcare team. My Physician peers who filled their green card at the same time as mine and who joined the same medical group in 2017 and are now American Citizens. I feel left out in this immigration ladder just because of my Country of birth.

I have a dependent wife and daughter. My daughter is 3-year-old. *As doctors and nurses are at frontline of this COVID-19 pandemic, I am scared god forbidden something happens to me then my wife and daughter will be deported back to my home country India. The future of my daughter who is US citizen will be at risk as well.* As she might miss best education, lifestyle etc. if she is sent back to India with her mother. Also, since *the present immigration status prohibits me to offer my services at any other hospitals, especially ones in the epicenter of this crisis, I could not volunteer to work at any other site / location / capacity.* **This applies to all other Healthcare workers on a Non-Immigrant Visa.** A Green Card will make this existing workforce flexible enough to deal with the pandemic of COVID-19. The Healthcare Workforce Resilience Act; S.1024 (formerly S.3599), and H.R.2255 (formerly H.R.6788) is a very good initiative. It has bipartisan support and helps address all the issues mentioned above. I hope to have gained your support for the bill. Thank you

Regards
Harsimran Sekhon, MD

Vamsi Kodumuri MD Interventional Cardiology
Ascension All Saints
Racine, WI
vamsi.kodumuri@ascension.org

Distinguished Senators, Congressmen and Congresswomen,

How are you? Hope you and family are doing well.

I am Dr. Vamsi Kodumuri, an interventional cardiologist working in Racine, WI. I have been working as a cardiologist for past 7 years. I want to urge your support for Health Care Work Force Resilience Act.

My wife and I came to United States in 2004; I finished my residency in 2007 and since then I have been on H1B visa. My visa has to be renewed every three years. I applied for my permanent residency and green card in 2010 and its been pending since 2010 due to lack of visa numbers. It had gotten mired in the green card backlog every year. **Lack of green card used to put brakes on what I could offer to the organization and to the community. I could not go work at other locations in the organization where my services are needed. It was a constant day to day battle trying to help out the community and also, there was uncertainty and apprehension for me and my employer every three years as we used to await visa renewal papers.**

While I got used to visa hurdles, covid crisis hit us. **I have been on the frontlines of covid epidemic- caring for cardiovascular patients hit with the virus.** As the crisis worsened, we realized - although I could offer more- my hands are tied due to visa restrictions. I feel that this bill would help solve many of immigrant physicians and help expand our services to the needy. There are lot of physicians in the country who are currently working on visas, including me. Because of visa restrictions, physicians cannot be deployed to areas of need for covid crisis, as we are restricted to only one employer. I have a family - my wife and two kids. If I succumb to this unpredictable disease, my whole family will be deported out of the country. ***While I am proud to work on the front lines of covid crisis saving lives, these uncertainties fill the back of mind and I live in a constant state of fear. There are a lot of physicians in my situation, stuck in decade long visa backlog with uncertainty about future of the family, as we fight the covid crisis.***

This bill (S.1024 (formerly S.3599)) will alleviate visa-based restrictions for US trained and licensed international physicians so that the white coat warriors and nurses can be deployed whenever and where ever they are needed, to fight COVID 19 pandemic now and in future. It is a onetime solution offered in light of pandemic; this bill allows recapturing of unused immigrant visas (green cards) from previous years. There are no extra green cards issued as a result of the bill as it just recaptures existing, unused green cards. **No American jobs are lost as the bill mandates that employers prove no American jobs are lost or displaced by these workers.**

I would request your support and co-sponsor this bill that will greatly help American health care.

Regards

Vamsi Kodumuri MD Interventional
Cardiologist All Saints Hospital
Racine WI

Manpreet Sethi, MD Rheumatology
Advocate Aurora
Sheboygan, WI
sethi_manpreet@yahoo.com

Dear Senators and members of the Congress

My name is Manpreet Sethi, and I am the **solo rheumatologist in Advocate Aurora Sheboygan location and cater to several nearby counties and upper part of Michigan as well**. I have been in US since 2010 when I started my residency.

We have a nice clinic and hospital system in Sheboygan but it has been hard to find specialty services and many departments have to suffice with locum coverage. Rheumatology is a specialty that's requires long term relationship between patient and physician based on trust and comfort as the diseases are chronic and take extra toll on morbidity with arthritis and pain, or other chronic conditions like lupus. *Since, I joined the clinic many of the patients found the services for which they were previously traveling to cities like Milwaukee. We have been able to recruit more nurses and scribe for the team personally and I offer infusions for which patients have not needed to travel farther.*

Despite being part of the community and providing certainty in service, I do not have the same certainty regarding my own place and safety, because I remain on temporary visa despite fulfilling my end of the bargain by doing service in national interest (waiver). As, I volunteered for providing extra shifts in hospital, Urgent care as needed during any emergency situation: I realized where I stood with my visa. **I could not expand my role despite being board certified in Internal medicine and fully capable of doing so, because of the restriction on visa. And, the worry hit home because getting sick, disabled or dead meant that surviving members of my family in any bad situation get days to pack their bags and leave.** They do not deserve this just because I want to serve my community! This is not a fair choice!

This bill supports me by giving me the stability needed to a pillar of the society, to serve my community without the fear; at my full scope. I would be able to provide more services and open satellite locations covering bigger geographical areas.

When I get my permanent place in society, I have plans to open a business with my husband which can further bring revenue to the community and employ more people. And I would like to foster kids that has been a promise that I made to myself which I can afford with both time and money but I need a secure future before I can promise that to someone else.

I would like you to support my dreams and future by signing on the bill. The single most important reason why I need this, is to fulfill my role as a physician like I should (keeping my patients' interests and well-being before mine without my personal fears and anxiety related to my own situation).

Thank you
Sincerely
Manpreet Sethi

Alok Arora, MD Hospital Medicine
Advocate Aurora Health
Marinette, WI
alokjarora@hotmail.com

Dear Senators and members of Congress,

Hope you are keeping safe

I am Alok Arora, a Hospitalist working in Northeast Wisconsin Healthcare Provider Shortage Area (HPSA) on a J1 waiver

I have been in this remote area more than 3 years which traditionally **has problem recruiting doctors to serve in rural Wisconsin, J 1 service are critical in providing healthcare to this population**

All US trained Indian physicians *face an uncertain future in US due to Green card backlog due to the country quotas, despite contributing to the US economy and bring a special skill set to remote areas of US in providing healthcare, we live in fear of deportation due to our temporary migration status purely because we were born in India.*

Immigration system in the US has not reformed itself over the years with the changing dynamics/ needs of healthcare workforce more so in COVID times, **I see COVID patients daily and *if I die in the line of work my family would face immediate deportation as they are still my dependent and no one would spare a thought for my work and contributions to the American population, I am not even eligible for disability benefits on my temporary immigration status.***

When my children reach the age of 21, I cannot support them in the absence of a 'settled status' subjecting the whole family to emotional grief and trauma of separation despite being a law abiding, tax paying resident in the US for years.

My limited immigration status does not allow me to change jobs/ do volunteer work and contribute where I am needed the most

Proposed immigration reforms would allow US to continue benefiting from a qualified, skilled immigrant workforce, time has come to include #HWRA S 3588 and HR 2255 (formerly H.R.6788) which enjoys bipartisan support in the next COVID relief bill

It is time for the congress to rectify the injustice happening to 'legal migrants' in the US and end years of green card backlog and include doctors in mainstream

Regards and thanks,

Alok Arora

Anjum Dalvi MD Hospital Medicine
Aurora St Luke's Medical Center
Milwaukee WI
anjumdalvi@gmail.com

Dear Senators and members of Congress,

I am Anjum Dalvi, hospitalist physician at Aurora St. Luke's Medical Center in Milwaukee. **I have been living in the U.S. on an H-1b visa since June 2006**, when I started internal residency in New York. Upon completion of my residency program, I moved to Milwaukee in July 2009 to work as a hospital-based internal medicine physician.

Aurora St. Luke's Medical Center is a tertiary care center and one of the largest hospitals in Wisconsin. **Some of the sickest and most complex patients in the state of Wisconsin are transferred to our hospital for tertiary care.** Along with my colleagues, I am at the frontline in treating patients during the ongoing coronavirus pandemic. Taking care of critically ill patients has been a challenging, but satisfying experience for me. My colleagues and I have always been at risk of falling sick ourselves, especially with limited PPE supplies. **The possibility of my family facing deportation if I were to die or get disabled from coronavirus while caring for patients, has been giving me sleepless nights.**

My employer filed for my immigration in 2009, but because of the immigration backlog and country quotas, I still do not have a permanent residency card, even after 11 years. My physician colleagues who were born in other countries have already become U.S. citizens in the meantime. This is very disappointing for me and my family. Several thousand physicians of Indian origin are in a similar situation, for no fault of ours.

The coronavirus pandemic has stretched our healthcare system to the limits and there is a shortage of physicians in rural Wisconsin. I would like to work at other facilities in rural areas, that need physicians to treat coronavirus patients, but because of my limited immigration status, I am unable to do so. If the Healthcare Workforce Resilience Act is passed, it would give physicians like me a chance to work at other facilities and greater flexibility. This will add many more frontline physicians in the battle against coronavirus, in places they are needed most.

I sincerely request your support for this bill, which would help physicians and nurses and help us serve our community and country better at this difficult time.

Sincerely
Anjum Dalvi MD
Hospitalist Physician
Aurora St. Luke's Medical Center

Sriram Darisetty, MD Internal Medicine
Ascension St Joseph
Milwaukee, WI
sriram.darisetty@ascension.org

I serve in many roles working for Ascension Wisconsin. I am **primarily an Internal Medicine Hospitalist, on the frontline, caring for the most vulnerable COVID19 patients** in inner city Milwaukee, at St Joseph Hospital. **I am also the Chief of Staff Elect, St Joseph Hospital, involved on a daily basis, in various roles, developing policy to combat the pandemic.**

Wearing my other hat, **I am the program Director of the Transitional Year/ Internal Medicine Residency Program**, MCWAH- St Joseph, Milwaukee. My residents are on the frontline, fighting this pandemic. I am also the **Academic Chairman of Medicine**, St Joseph Hospital, teaching and co-ordinating hundreds of medical students and Physician Assistant students every year, even in these difficult and unprecedented times.

I completed my residency in June 2012, and have been working with Ascension since then. Although I have been successful in my field, contributing to the internal medicine community in multiple ways as outlined above, I continue to be on a temporary Visa, with the "Priority date" in December 2012, not having become current for 8 years and counting.

During the Covid 19 crisis, I chose to serve in various other Wisconsin communities, often times driving an hour south to Racine County, where an Ascension facility was hit hard by the virus. All this while, I was taking a massive risk, and putting my wife and 2 young kids at risk as well. **However, I was limited by a restricted VISA, which did not allow me to serve in other communities in need.** Also, if I were to fall sick, my future would be uncertain, with no federal benefits, as I am a "non-immigrant alien", in spite of spending over a decade in this country, which is my home, and where my children were born.

I urge the Senate and Congress to kindly pass the Healthcare Workforce Resilience Act/ HR2255 (formerly H.R.6788) ASAP, so that **physicians such as myself (and our families), who have been contributing heavily to this country's medical fraternity for decades, do NOT go "OUT OF STATUS" if we were to contract the virus while fighting this pandemic.**

Sincerely,
Sriram darisetty, MD, FACP.

Shalini Ravi, MD Internal Medicine -Pediatrics
Marshfield Medical Center
Marshfield, WI
docshaliniravi@gmail.com

Dear Senators and House Representatives,

My name is Shalini Ravi. I am a US trained dual board-certified Internal Medicine and Pediatrics physician serving in a rural underserved community hospital for last 7 years. I have lived in US for 9 years. I completed my medical school in India and trained in combined internal medicine and pediatrics program in WI.

Currently, for last 3+ years I have practiced in a tertiary healthcare facility in Central Wisconsin providing care for patients from multiple underserved counties.

I provide primary care for patients in any age group with chronic illness as well as offer annual checks, well child visits, preventative care, hospital and ED follow up visits, mental illness treatment as well as provide medical care in our county mental health facility,

Working at frontline, we place ourselves at risk of exposure to many communicable diseases lately COVID. We work persistently to keep our communities healthy and happy. We teach and train future physicians. We also provide COVID testing and follow up. Telehealth requires service of many physicians like me. Physician shortage has affected primary care immensely. We need a solution as soon as possible!

Healthcare workforce resilience act Bill number S1024 (formerly S.3599) Introduced by Sen. Perdue In the US Senate and Bill number HR 2255 (formerly H.R.6788) Introduced in the US house of representatives By Rep. Schneider aim to strengthen our healthcare workforce which is essential for Fighting this coronavirus pandemic. People in our communities lack access to quality healthcare and rural hospitals are closing down. **Projected shortage of healthcare providers and nurses needs an answer and there is no other answer other than the HWRA at this time.**

Pass HWRA soon to avoid any further loss of lives and help us serve without having to worry about our families while we care for our patients.

Thank you

Sincerely,

Shalini Ravi MD FAAP

Swapna Narayana, MD Hematology & Oncology
Gundersen Health System
La Crosse, WI
nswapna97@yahoo.com

Dear Senator/ members of congress,

I am currently a fellow in hematology oncology. I have lived in USA since 2004. **I have taken care of innumerable number of US patients with cancer, more recently with COVID.**

I have been on a Visa over the last 16 years.

I work in an area which caters for underserved communities.

It has been a struggle getting my Visa extended every 3 years despite having an extensive need for physicians in my area.

My daughter is in the middle school and was born in the US. She had her entire schooling in the US. **It would be very difficult for her to move back to India to pursue schooling, if my visa does not get extended**

I sincerely request you to urgently pass the bill which will enable us to work without having the fear of Visa issues .

Amit Aneja, MD Internal medicine- Hospitalist
St. Lukes Hospital
Milwaukee, WI
amit.aneja@aah.org

Respected Senators and Members of congress,

Thank you for listening to our voice.

I am an internal medicine physician who has been legally in the United states since July 2001. I *obtained my Master's in Public health* at Wichita State University and then went on to get *my residency in Internal medicine* in Chicago.

I started my first job after residency as a physician in rural Wisconsin serving a population of people who had not seen and internal Medicine physician for years. Worked at Gundersen Health system and the Mayo clinic Health system. *Practiced Urgent care, Emergency services and traditional Internal medicine.*

Worked in an undeserved area for almost 6 years with intense dedication. I am considered family to many locals when I go back to visit the area. Wisconsin is home now and my Son Arin was born in Lacrosse, WI. Proud to be a Green bay packers fan.

I live in the city of Milwaukee, WI now working at St. Luke's Hospital (Advocate Aurora Health system) which is a 850 bed high end cardiac center and offers all specialties. **We treat patients from all over the world.**

I currently serve as **an Associate Medical director of 40 physician Hospitalist program.**

There is no other country in the world which gives everyone and opportunity like United States to learn medicine. **In this time of COVID pandemic we have been in the front lines managing COVID patients with every possible available treatment and best possible outcomes. We have come a long way as Providers learning the disease and continue to learn.**

I would appreciate all the help from our esteemed senators and congressmen to help us expand our realm so we can serve more patients and help our communities which we are all sworn to serve. We are all one big family.

Amit Aneja
Associate Medical Director
ASLMC Hospitalist Program
St. Luke's Hospital
Milwaukee, WI.

Farzana Quraishi, MD Family medicine
Marshfield
Rice Lake, WI
farzanaqmd@gmail.com

Dear Senator and members of Congress

I am practicing Family Medicine physician in Rice Lake, WI from past 5 years. Immigrated to USA in 2009 to pursue my medical education. After finishing my residency training in Virginia moved to Rural Wisconsin to serve the community.

During this COVID pandemic, I have tried to be involved and help patients in every possible way. It includes face to face visits in clinic, telehealth and phone visits etc. Serving rural communities where the demand for healthcare is so high provides immense satisfaction and happiness as a physician. **I truly want to dedicate my career towards rural communities. But current wait time for green card makes me discouraged and be uncertain of my future. My patients do verbalize their fear of my leaving due this fact. They truly appreciate the care and pray I don't leave because of huge turnover of doctors in rural towns.**

But my fellow immigrant physicians from other countries are able to get citizenship in less than 3 years. I really hope senate and members of Congress help us get our green cards without years of wait time.

Kiran Chandrashekarappa, MD Anesthesiology
Medical College of Wisconsin, Froedtert Hospital
Milwaukee, WI
kchandra@mcw.edu

Dear Senators and Members of Congress,

My name is Kiran Chandrashekarappa, M.D and work as Assistant Professor in the Department of Anesthesiology at the Medical College of Wisconsin and Froedtert Hospital, Milwaukee. I work as Cardiac Anesthesiologist and provide anesthesia for complex cases including Heart, Lung and Liver transplants. With regards to treatment of COVID-19 patients, the last option of saving patients who are not responding to ventilator is to put them on Extracorporeal Membrane Oxygenator (ECMO). **We are one of the centers in US that can place patients on ECMO. I provide anesthesia for these patients and we have saved many lives.**

I have been in US since July 2009 and working in Milwaukee since 2014. I have been waiting for green card since December 2014. Like many others, I have a complex family situation with my son born here and rest of us are Indian citizens. Losing job, getting disabled will have devastating effect on kids.

Healthcare workforce resilience act bill number s1024 (formerly S.3599) introduced by Sen. Perdue in the US Senate and Bill number HR 2255 (formerly H.R.6788) introduced in the US house of representative by Rep. Schneider is aimed at strengthening the healthcare workforce to fight against COVID-19. These bills not only improve the workforce but also gives strength and peace of mind for healthcare workers and their families. I request your kind attention regarding these important issues.

Sincerely,

Kiran Chandrashekarappa, M.D

Bhagath Siripurapu, MD Internal Medicine/ Hospitalist
Ascension St. Francis and Franklin
Milwaukee, WI
bhagath.siripurapu@ascension.org

Dear Senators and Members of Congress,

I have been in the US since 2010, I completed my residency and moved to Milwaukee where my employer filed a H1B visa with EB2 green card in 2016. Since my employment in 2016 as a hospital medicine physician, I have been actively involved in various hospital committees- i.e, stroke committee to improve outcomes in otherwise disabling disease, Hospitalist-Nursing committee to improve safety, patient understanding of their disease process and management of their acute and chronic problems, I have also been involved in credentialing committee for newly employed physicians. I have tried to put myself in varied roles as a physician and will continue to do so.

In the past 6 months **I have been involved with our incident command for managing COVID-19 patients along with administration, pharmacists, nursing leaders and other physicians in providing the best care possible to COVID-19 patients**. Although the last 6 months during the pandemic have been challenging, seeing the sickest and gravely ill patients who are hospitalized and eventually succumb to the disease, on the other end I have also seen patients who have fought this disease and recover to be back with their loved ones. I have been at bedside with these COVID patients treating them to the best of my abilities, reassuring them when they are in the darkest time of their lives.

I am certain in my dedication to my job as a physician and feel blessed to be part of the community in Milwaukee. *But the uncertainty in regards to my visa status and constant fear of losing everything I have worked for the past 10 years due to my immigration status is an immense burden for which I see no solution ahead.* The S.1024 (formerly S.3599) - Healthcare Workforce Resilience Act sponsored by Sen Perdue, David with bipartisan support would help physicians like me to continue to be part of the community we serve. Multiple physicians from other countries who I have worked with have been able to be part of USA and feel belonged in the communities they now call home, as they have been able to secure their green card and have stability in regards to their immigration status. I request that you strongly consider this bill enhance our Nation's nurse and physician workforce during the COVID-19 crisis by recapturing unused immigrant visas.

Best Regards,
Bhagath C. Siripurapu, MD
Ascension Medical Group.

Sharath Kommu, MD Hospitalist
Marshfield Medical Center
Rice Lake, WI
sharathkommu@gmail.com

Dear Senators and Members of the Congress,

I am Dr. Sharath Kommu, MD, trained in Internal Medicine and working as Hospitalist at Marshfield Medical Center, Rice Lake, WI. I am also the Lead Hospitalist for the Department of Hospital Medicine. We offer services to the rural and under-served communities in North-West Wisconsin. I have been working here for the past 7 years and have been in the US for the past 10 years. **I am involved in treating and taking care of critically ill patients admitted to the hospital with various conditions including COVID. As the Lead Hospitalist, I am involved in formulating guidelines and addressing various issues in our Department. I am also involved in training medical students who rotate in our facility. I am proud of what I do in helping the under-served communities in North-West Wisconsin.**

With the pandemic taking its toll and the number of cases increasing, these are testing times for everyone, particularly for front-line providers like us. **However, as I am on a visa, and in spite of having an approved immigration petition (I-140), I am unable to work to the best of my potential due to various work restrictions. I cannot offer services outside the place of my work though there is a need.**

I live with my family- wife, and two sons. We call Wisconsin our home. While taking care of COVID patients, if I get infected and get disabled, my family and I will be deported. **While I am proud of what I do and contribute to our community in this time of crisis, there is this constant fear of what would happen to my family if something happens to me while working on the front lines.**

I request the Senators and the Congressmen to act now and support these legislations, so that we, the physicians helping to fight this pandemic can work to our fullest potential, continue to contribute to our communities, be able to extend our help where there is more need and work with a sense of security for us and our families.

Vidyasagar R Cirra, MD Hospitalist
Marshfield Clinic
Rice lake, Wisconsin
cirravidyasagar@gmail.com

Dear Senator/ Congressman/ Congresswoman,

I am a physician, did my Medical school and Residency in India. I came to the USA 10 years ago after I was selected for Internal Medicine Residency at RFUMS, Chicago. As you know, getting into Residency for International Medical Graduates like me is highly competitive as positions are very limited for International Medical Graduates, and those limited positions will be given to International Medical Graduates only if there are no qualified Citizens of USA competing for that.

After completion of my training in Chicago, I have been working as a Hospitalist physician taking care of patients in a small community Hospital in Wisconsin for the last 7 years. The place where I work is classified as a Health Professional Shortage Area (HPSA). This is one of the few Hospitals serving an Underserved population, and I did not replace any American physician with my appointment. **My duties include managing sick adults and elderly people who get admitted to the Hospital for their illness. Some of the people who get admitted are generally sicker and I take care of them in ICU.** My Hospital provides significant employment for people in the city and nearby places. I contribute to the economy directly and indirectly by paying taxes, investing, and by creating employment opportunities locally being a physician.

I have a daughter 11 yrs old who is on a dependent visa, and Son of 5 yrs old who is a Citizen of the USA. I am on a H1 B visa, applied for a Green card and it got approved, but because of a big backlog, it is not issued and I am still on visa renewing it every 3 years. This makes travel difficult as I might be held back in another country due to delays in Visa processing jeopardizing my patient care. We made the USA our Country and are bonded with the local community. I am on frontline taking care of sick patients with COVID-19 infection. With COVID-19 situation, we feel very uncertain of our near future as I am at very risk of contracting infection taking care of patients with COVID-19 infection. If God forbid, I contract infection and become temporarily disabled or die, my family will be at risk of deportation as my wife and daughter are on dependent visas. I cannot even claim disability benefits due to my visa status.

With my Visa status, I am restricted to one employer, and so cannot work or volunteer even during my free time in areas of hot spots with COVID-19 infection. ***I believe expediting Green cards for International Medical Graduates like me on Visa will solve these problems and I can also help with fighting COVID-19 infection in hotspot areas.***

Bills in the Congress “Healthcare Workforce Resilience Act” S 1024 (formerly S.3599)/ HR 2255 (formerly H.R.6788) and “Conrad 30 Program and Physician Re-authorization Act” S 1810 (formerly S.948)/ HR 3541 (formerly H.R.2895) are the need of the hour, and passing them will help to improve American Health care for this pandemic situation and also for the future.

Thank you

Vidyasagar Cirra MD
Hospitalist Physician
Marshfield Medical Center
Rice lake, WI

Sree Punukollu, MD Internal Medicine
Advocate aurora health
Sheboygan, WI
ramyapunukollu@gmail.com

I am currently working as a hospitalist in Sheboygan. I am one of the physicians who got the opportunity to provide care in an underserved community using Conrad 30 waiver program. **It's unfortunate that our hospital site has failed to fulfill multiple physician positions for years and rely on temporary physician coverage most of the time.** *My work routinely includes taking care of the sickest ones in intensive care units that has complex health issues and need multiple specialist services that may not be available at times.* I have become part of this community now by living here and serving people around keeping in mind their immediate health care needs and limitations.

We are now facing increased challenges to meet health care demands with current COVID crisis to provide best care possible and to keep everyone in our community safe. Even though I am serving this community beyond three years of waiver commitment and willing to offer more if needed during COVID crisis, my hands are tied with visa restrictions! My expertise and eagerness to help doesn't seem to suffice to extend my services to other geographic locations, to go above and beyond to serve in this pandemic! Your support to healthcare work force resilience act bill addresses all these concerns and gives physicians like me the opportunity to do the best we can to the society.

On personal front, it is extremely stressful to me and my family. **My safety and future are questionable being on temporary visa. It limits my ability to travel outside country which makes it impossible to visit immediate family in a short time which in return can also affect my work schedule and patient care.** This bill can help people like me to travel and be with family once this pandemic is over. I sincerely request your consideration to support this bill.

Thank you
Sree Punukollu.

Tarun Kaura, MD Gastroenterology
St Lukes medical center
Clinical Adjunct Asst Professor, University of Wisconsin
Milwaukee
tkaura@gmail.com

Honorable Senator/Representative

I am a double board-certified Gastroenterologist providing tertiary level referral care to the people of South East Wisconsin. I completed Medical school in India and Internal Medicine residency in United Kingdom before coming to the USA 15 years ago. I also serve as adjunct professor for GI fellowship and actively teach residents and nursing students. I work for one of the largest integrated healthcare organizations in the country and have been spear heading the tele health services for my specialty during the Covid-19 pandemic to ensure adequate healthcare access for our patients. I also provide inpatient GI care in one of the largest tertiary care hospitals in the state of Wisconsin and have been taking care of several Covid-19 patients as part of multi-disciplinary team. My wife is also a board-certified internist providing inpatient care for Covid-19 patients.

Both of us started our journeys in this country on H1b visas and during my stay here I have provided care to underserved communities and hence qualified for National Interest waiver petition for permanent residency. *While we go above and beyond to provide for our patients and support our colleagues, we are both under significant stress due to never ending wait for our green cards and mounting restrictions on travel for people on H1 visas. We have a US citizen child and we are afraid to be separated from each other in case one of us has to travel back home in an emergency.*

We and several colleagues like us also face significant risk of death/disability from this crisis and would greatly appreciate if we could achieve some form of normalcy and safety with regards to our immigration status in this country. *We have all followed the law and frequently plug critical healthcare gaps across the nation in different settings. I have accepted this country as my own and my patients have accepted me as their doctor but my efforts will be futile and are at the mercy of current immigration logjam. **I am one visa interview/executive order away from completely losing my life and passion and I am sure you will agree that this is not fair.***

I would kindly request you to consider the above-mentioned legislations as critical, timely, targeted remedy to provide relief to doctors serving Americans.

Thank you for considering

Yours sincerely

Tarun Kaura MD

Aasim Mohammed, MD Pulmonary and Critical Care
Aurora St Luke's
Milwaukee, WI
mohammedaasim.md@gmail.com

Hi. I Aasim Mohammed, have been on the front-line taking care of Covid 19 pts. If something happens to me, my visa will expire and I will be deported along with my family. If I get my permanent residence, I can serve the community better without the fear of deportation.

Thank you

Aby Pynadath, MD Anesthesia, Regional Anesthesia, Acute Pain
Marshfield Medical Center
Marshfield, WI
abypynadath@gmail.com

I am an anesthesiologist, and I work in Marshfield, Wisconsin. I have been legally in the US for the past 5 years. I am also sub specialized in the field of regional anesthesiology and acute pain. As a physician here I provide services to many patients in the community, especially in the field of acute pain. ***With the covid crisis, as anesthesiologists we are in the forefront of treating patients, both in the operating room as well as in the ICU. If HWRA is passed, that would give me more flexibility in treating patients wherever there is a need, without any limitations to the geographical area.***

Neha Gupta, MD Internal Medicine
Ascension St Joseph Hospital
Milwaukee, WI
Neha.gupta@ascension.org

I am a US trained physician, working as a hospitalist at the St Joseph Hospital in Milwaukee for close to seven years. The hospital is located in an underserved area in Milwaukee, and I've been fortunate enough to have been able to help the community with my services. **I treat hundreds of patients in this community every year, and most recently have admitted and managed patients infected with COVID-19 in both the ICU and the medical unit.**

However, I am also amongst the 15000 physicians of Indian origin who are waiting for their green cards. The wait has been long (7 years since I filed), and is expected to be close to 150 years. The situation not only causes great hardship to me and my family, it also imposes restrictions and prevents me in helping out in places where there is a need due to COVID surge. I'm grateful that The Healthcare Workforce Resilience Act was introduced in the Congress. It would not only help physicians like me clear the backlog, but also help the community by overcoming the shortage of health care workforce.

Ravi Mareedu, MD Interventional Cardiology
Ascension All Saints
Racine, WI
Ravi.mareedu@ascension.org

I am an Interventional Cardiologist practicing in Racine, trained in multiple academic institutions in the US. I am have approved EB2 category application since 2010 and have been awaiting for Green Card since then. I am current cardiology department chair in the only hospital in Racine County. **We have the highest per capita incidence of COVID in state of Wisconsin. I have been in taking care of COVID patients with cardiac issues over the last several months including recent stent placement for a 41 yr old COVID patient at 4 AM with complex coronary interventional procedure.** I have been in country legally since 2004. I have a dependent wife and 2 small kids. **If I get COVID because of high risk essential work that I do, my family will loose status and will have to leave the country.** I urge the senators and congressmen to kindly pass the Health Care Workforce Resilience Act that provides support to front line essential physicians taking care of patients, and will allow us more flexibility in volunteering in COVID "hotspots".

Pankaj Bansal, MD Rheumatology
Mayo Clinic Health System
Eau Claire, WI
bansal.pankaj@mayo.edu

I am a rheumatologist serving in an area with only 3 rheumatologists serving a population of more than 100,000. I serve as department chairman of my department and have played crucial role in establishing safe practices for my rheumatology patients who are immunocompromised and at high risk of severe COVID19. I serve as a backup for my hospital team if they are overwhelmed with COVID19 cases. My green card EB1 petition was approved in 2014. However, I will not get a green card for several decades due to current country cap limitations. Due to my visa limitations, I cannot go and help other areas and hospitals who are harder hit with COVID19.

Ravi Kishore Narra, MD Hematology & Oncology
Froedtert and Medical college of Wisconsin
Milwaukee, WI
dockishore@gmail.com

HWRA addresses an important immigration issue and can solve shortage of health care professionals particularly in underserved area. Because of visa restrictions, people like me are not allowed provide health care service at more than one place. COVID death toll crossed 100,000, this is high time to accumulate all the resources and prevent further casualties. One important step is passing HWRA, which can address shortage of doctors.

Raghu Chandra Gowda Hanumaiah, MD
Internal Medicine/Hospitalist
Froedert Menomonee Falls Hospital, Menomonee Falls
drghrc@gmail.com

I have been in the US since 2007 i.e 13 years on H1B visa,I work as a Hospitalist physician taking care of patients who are admitted/hospitalized. I have taken care of a significant number of COVID-19 patients and continue to do so.

Although I have been working **as a physician for 13 years** serving the community, I am faced with many challenges given temporary visa status. **Uncertainty regarding travel to home country in case of family emergency. My son who is my dependent, having studied since pre-K and currently in 8th grade, will be considered a foreign student when he applies for college. My other son was born here is a US citizen. In case of visa related issue, he may have to leave his country of citizenship and travel back to India with us.**

Satya Varre, MD Hospital Medicine
Marshfield Clinic
Marshfield, WI
satyadr@gmail.com

I am a hospital Medicine Physician working at Marshfield Clinic, Marshfield, Wisconsin. I was trained in Internal Medicine at the same institution from 2009 to 2012. I have been practicing since 2012. My wife Akanksha Joshi, did her residency at Marshfield Clinic and later trained in Rheumatology. She is a practicing Rheumatologist at the same institute. We have been serving the community in the undeserved area. I have been taking care of COVID 19 patients.

We sincerely request the Senators, Congressmen and Congresswomen to support and Congresswoman to support and Cosponsor HWRA.

Thank You

Satya Varre

Vimarsh Raina, MD Internal Medicine/Hospitalist
Ascension St. Michaels Hospital
Stevens Point
dr.raina@gmail.com

I've lived in the US for more than 11 years and have assimilated in the society and culture completely. My colleagues and community consider me as one of them and when I tell them that I still can't do things like every other American they are surprised to hear that. I work as a Hospitalist in a small town in Stevens Point, WI.

During the pandemic, I am part of a larger group in our efforts to promote telemedicine in all of our hospitals. All of us tried to put in as much as possible during the pandemic however I still feel that I could not contribute enough because of visa & green card restrictions. I could not go and help my colleagues in the rest of Wisconsin due to visa restrictions. I feel so helpless that I the talent and knowledge to save lives but am not able to apply it only because of restrictions due to visa and green card.

Healthcare Workforce Resilience Act (S.1024/ H.R. 2255; formerly S.3599/ H.R. 6788)

Support Letters

(Available at <https://paha.us/policy-advocacy/>)

National Medical Organizations

1. American Academy of Family Physicians (Senate) Support Letter
2. American Academy of Neurology (House) Support Letter
3. American Academy of Neurology (Senate) Support Letter
4. American academy of Pediatrics (House) Support Letter
5. American academy of Pediatrics (Senate) Support Letter
6. American Academy of Physical Medicine and Rehabilitation Support Letter
7. American Academy of Psychiatry and the Law (Senate) Support Letter
8. American Association of Physician Leadership Support Letter
9. American College of Cardiology (House) Support Letter
10. American College of Physicians (Senate) support letter
11. American College of Rheumatology Support Letter
12. American Geriatrics Society (Congress) Support Letter
13. American Hospital Association (Senate) Support Letter
14. American Medical Association (House) Support Letter
15. American Medical Association (Senate) Support Letter
16. American Psychiatric Association (Senate) S1810 (formerly S.948) Support Letter
17. American Psychiatric Association S1024 (formerly S.3599) Support Letter
18. American Psychiatry Association (House) Support Letter
19. American Psychiatry Association (Senate) Support Letter
20. American Society of Anesthesiologists Endorsement
21. American Society of Hematology Senate Support Letter
22. American Thoracic Society (Senate) Support letter
23. American Society for Gastrointestinal Endoscopy (ASGE) Support Letter 07-13/2020
24. AJC Global Jewish Advocacy Support Letter
25. Commonwealth Neurological Society (Senate) Support Letter
26. Infectious Diseases Society of America (IDSA) and its HIV Medicine Association (HIVMA) Senate Support Letter
27. Jewish Federations of North America Support Letter

Healthcare Workforce Resilience Act (S.1024 / H.R. 2255; formerly S.3599/ H.R. 6788)

Support Letters

(Available at <https://paha.us/policy-advocacy/>)

28. NASPGHAN (North American Society for Pediatric Gastroenterology, Hepatology and Nutrition) Support S. 3599
29. National Kidney Foundation (House) Support Letter
30. National Kidney Foundation (Senate) Support Letter
31. Renal Physicians Association (Senate) Support Letter
32. Society of Critical Care Medicine Support Letter
33. Society of General Internal Medicine (Senate) Support Letter
34. Society of Hospital Medicine (Senate) Support Letter
35. Society of Hospital Medicine Senate Support Letter
36. The Society for Post Acute and Long term Care Medicine Support Letter

State Medical Societies

1. American College of Physicians Virginia Chapter (House) Support Letter
2. American College of Physicians Virginia Chapter (Senate) Support Letter
3. Arizona Academy of Family Physicians Support Letter
4. Arizona Medical Association Support Letter – Senator Kyrsten Sinema
5. Arizona Medical Association Support Letter – Senator Martha McSally
6. Arkansas Hospital Association Support Letter – Senator John Boozman
7. Arkansas Hospital Association Support Letter – Senator Tom Cotton
8. Capital Region Medical Center Support Letter
9. Catholic Health Association of the USA (Senate) Support Letter
10. Central Michigan University College of Medicine Senate Support Letter
11. Commonwealth of Virginia Support Letter
12. Community Medical Center Support Letter – Hon Dianne Feinstein
13. Community Medical Center Support Letter – Hon Kamala Harris
14. Community Medical Center Support Letter – Hon Nancy Pelosi
15. Florida Academy of Family Physicians House Support Letter
16. Florida Academy of Family Physicians Senate Support Letter
17. Florida Medical Association Support Letter
18. Florida Rural Health Association – Senate Support Letter

**Healthcare Workforce Resilience Act (S.1024 / H.R. 2255; formerly
S.3599/ H.R. 6788)
Support Letters**

(Available at <https://paha.us/policy-advocacy/>)

19. General Louisville Medical Society Support Letter
20. Illinois Rural Health Association Support Letter
21. Iowa Academy of Family Physicians – Support Letter
22. Kansas Medical Society (House) Support Letter
23. Kansas Medical Society (Senate) Support Letter
24. Kentucky Hospital Association Senate Letter
25. Kentucky Rural Health Association Support Letter
26. Maine Medical Association Support Letter
27. Medical Association of State of Alabama
28. Medical Society of New Jersey Support Letter – Senator Booker
29. Medical Society of New Jersey Support Letter – Senator Menendez
30. Michigan Medical Society Support Letter
31. Minnesota Medical Association (House) Support Letter
32. Minnesota Medical Association (Senate) Support Letter
33. Missouri State Medical Association Support Letter
34. Missouri State Medical Association Support Letter
35. Nebraska Medical Association Support Letter – Senator Ben Sasse
36. Nebraska Medical Association Support Letter – Senator Deb Fisher
37. Nebraska Rural Health Association Support Letter
38. New Jersey Hospital Association House Support Letter
39. North Carolina Society of Anesthesiologists
40. NY State Association for Rural health Support Letter
41. Ohio Academy of Family Physicians Support Letter
42. Ohio Rural Health Association House Support Letter
43. Ohio Rural Health Association Senate Support Letter
44. Oklahoma State Medical Association (Senate) Support letter
45. South Carolina Primary Healthcare Support Letter
46. Tennessee Academy of Family Physicians Senate Support Letter
47. Utah Academy of Family Physicians Support Letter
48. Virginia Hospital & Healthcare Association Support Letter

Healthcare Workforce Resilience Act (S.1024 / H.R. 2255; formerly S.3599/ H.R. 6788)

Support Letters

(Available at <https://paha.us/policy-advocacy/>)

50. Virginia Rural Health Association (Senate) Support Letter
51. West Virginia Academy of Family Physicians Support Letter
52. WSMA (Washington State Medical Association) IMG Legislation Letter
53. Mississippi State Medical Association Support Letters

- Hon Senator Cindy Hyde-Smith
- Hon Senator Roger Wicker
- Hon Congressman Trent Kelly – May 2020
- Hon Congressman Michael Guest
- Hon Congressman Steven Palazzo
- Hon Congressman Bennie Thompson

Hospitals and Healthcare Systems

1. Advent Health (Florida) Support Letter
2. Appalachian Regional Healthcare Support Letter
3. Ascension Letter of Support (House)
4. ARH Support Letters
5. BalladHealth Support Letter
6. Baptist Health Physician Cabinet Senate Support Letter
7. Baptist Health Physician Cabinet Senate Support Letter
8. Beaumont (Senate) Support Letter
9. Capital Region Medical Center Support Letter
10. Centra Southside Community Hospital (Virginia) House Support Letter
11. Centra Southside Community Hospital (Virginia) Senate Support Letter
12. Central Michigan University Support Letter
13. CommonSpirit Health Support Letter 1
14. CommonSpirit Health Support Letter 2
15. DMC Sinai-Grace Hospital Support Letter
16. Henry Ford Health System (House) Support Letter
17. Henry Ford Health System (Senate) Support Letter
18. Huntsville Hospital Health System (Alabama) Support letter
19. HWRA Letters June 16 2020
20. Indiana University Health Support Letter

**Healthcare Workforce Resilience Act (S.1024 / H.R. 2255; formerly
S.3599/ H.R. 6788)
Support Letters**

(Available at <https://paha.us/policy-advocacy/>)

21. Iowa Hospital System Support Letter
22. Jackson Hospital (Alabama) Support Letter
23. McLeod Health Support Letter
24. Mercy Hospital Fort Smith Communities Support Letter
25. Meridian Medical Associates Support Letter
26. MidMichigan Health Support Letter – House
27. MidMichigan Health Support Letter – Senate
28. National Rural health Association (Senate) Support Letter
29. North Bend Medical Center Oregon Support Letter
30. Peace Health Support Letter
31. Peace Health Support Letter Alaska
32. Peace Health Support Letter Oregon
33. Promedica (Ohio) Support Letter
34. Saint Alphonsus Medical Center Support Letter
35. South Central Regional Medical Center Support Letter
36. South West Medical System (Kansas) Support Letter
37. Texas Academy of Family Physicians Support Letter
38. UnityPoint Health (House) Support Letter – 1
39. UnityPoint Health (House) Support Letter – 2
40. UnityPoint Health (House) Support Letter – 3
41. UnityPoint Health (Senate) Support Letter
42. Univ. Med Assoc, San Antonio, TX – Support Letters to Senators & Congressmen

**Conrad State 30 Program and
Physician Access Reauthorization Act
(S.1810/ H.R.3541; formerly S.948/
H.R. 2895) Support Letters (Available at
<https://paha.us/policy-advocacy/>)**

- **AMA- American Medical Association**
- **AAMC- American Association of Medical Colleges**
- **ACP- American College of Physicians**
- **AAFP- American Academy of Family Physicians**
- **AAP – American Academy of Pediatrics**
- **Louisiana – Conrad Bill (Senate) Support Letter**
- **Louisiana – Conrad Bill (House) Support Letter**
- **American Association for Physician Leadership Support Letter**
- **SHM- Society of Hospital Medicine**
- **NRHA- National Rural Health Association**
- **AAN – American Academy of Neurology**
- **ASA – American Society of Anesthesiologists**
- **Iowa Medical Society**
- **North Bend Medical Center**
- **AKMG-Association of Kerala Medical Graduates**
- **American Society of Nephrology Endorsement Letter**



International Medical Graduate Physician Deaths From COVID-19 in the United States

Deendayal Dinakarbandian, MD, PhD, MS; Katherine J. Sullivan, PhD; Sonoo Thadaney-Israni, MBA; John Norcini, PhD; Abraham Verghese, MD

Introduction

With more than 26 million confirmed cases of COVID-19 and 400 000 deaths by February 2021, the US has the largest reported disease burden in the world.¹ Physicians are among the many who have died of this infection. International medical graduates (IMGs) constitute 25% of practicing physicians in the US and often practice in locations and specialties less preferred by US medical graduates (USMGs).² We report on physician mortality from COVID-19, and on mortality of IMGs in particular.

+ Supplemental content

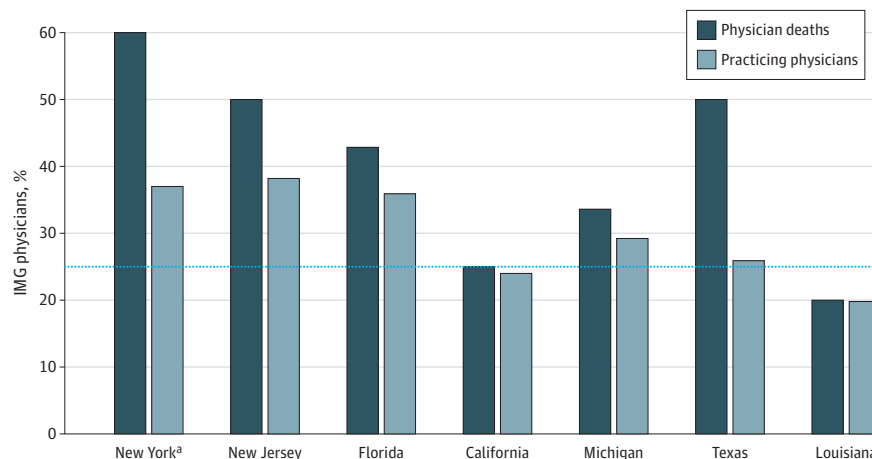
Author affiliations and article information are listed at the end of this article.

Methods

This case series study followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline. All analyses used public information related to deceased physicians. Institutional review board approval was not sought based on federal guideline 46.102 (e) (1), which defines human study participants research as involving living individuals, and in compliance with Stanford University's policy.³

Data on deceased US physicians were downloaded on November 23, 2020, from 3 projects tracking health care worker deaths due to COVID-19: MedPage Today (investigative and voluntary reporting; launched April 8, 2020), Medscape (voluntary reporting requiring verifiable information;

Figure. Proportion of International Medical Graduate (IMG) Physician Deaths Due to COVID-19 by State



States where at least 5 physicians died are shown. The light bars are percentages of practicing physicians who were IMG within each state, as reported by the American Association of Medical Colleges. The dark bars are the proportions of IMGs among the deceased physicians in each state. The horizontal dotted line denotes the national proportion of practicing IMGs. The numbers of deceased IMGs of the total physician deaths were 24 of 40 for New York, 9 of 18 for New Jersey, 6 of 14 for Florida, 2 of 8 for California, 2 of 6 for Michigan, 3 of 6 for Texas, and 1 of 5 for Louisiana. Counts for states not shown include 4 deaths in Pennsylvania; 3 deaths each in Alabama, Connecticut,

Maryland, and Washington; 2 deaths each in Arizona, Illinois, and Indiana; and 1 death each in Arkansas, Georgia, Hawaii, Kentucky, Massachusetts, Minnesota, Missouri, Nevada, Oklahoma, South Carolina, Tennessee, Virginia, and Wisconsin.

^a New York had a statistically significantly higher proportion of IMG deaths compared with the proportion in practice (60% of deaths [24 of 40] were IMGs, 1.6 times higher [95% CI, 1.26 to 2.09; $P = .005$] than the 37% of practicing physicians in New York who are IMGs).

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launched April 1, 2020), and a collaboration between The Guardian and Kaiser Health News (investigation by 70 reporters verifying occupation-related infections; launched April 8, 2020). Obituary and/or news article hyperlinks posted by the 3 projects were researched to verify data (eMethods in the Supplement). Medical school information from DocInfo was used to designate physicians as IMG or USMG.

Data on the numbers of practicing IMGs in different states and specialties published by the American Association of Medical Colleges⁴ were used as a control distribution for comparisons. Risk ratios were calculated to compare observed proportions within the compiled data set with the control distribution. Two-tailed tests were applied to assess the statistical significance of the ratios at a level of $P \leq .05$. Pearson correlation was used to explore whether IMGs were disproportionately exposed to the pandemic by comparing state-specific IMG proportions with cumulative COVID-19 case counts on May 1, 2020, because most of the deaths took place in May or earlier. Data analyses were performed using R statistical software version 4.0.3 (R Project for Statistical Computing) and SAS statistical software version 9.4 (SAS Institute) from December 2020 to March 2021.

Table. Physician Deaths From COVID-19 in the US by Specialty

Specialty	Physicians, No. (%) ^a		
	IMG deaths	USMG deaths	Total
All	59 (100)	73 (100)	132 (100)
Primary care ^b	38 (64)	41 (56)	79 (60)
Internal medicine	11 (19)	20 (27)	31 (24)
Family medicine	10 (17)	14 (19)	24 (18)
Pediatrics	10 (17)	2 (3)	12 (9)
Obstetrics and gynecology	6 (10)	4 (5)	10 (8)
Geriatric medicine	1 (2)	1 (1)	2 (2)
Surgery ^c	4 (7)	5 (7)	9 (7)
General surgery	2 (3)	1 (1)	3 (2)
Orthopedic surgery	2 (3)	0	2 (2)
Neurological surgery	0	2 (3)	2 (2)
Oral maxillofacial surgery	0	1 (1)	1 (1)
Reconstructive surgery	0	1 (1)	1 (1)
Psychiatry	3 (5)	5 (7)	8 (6)
Diagnostic radiology	2 (3)	2 (3)	4 (3)
Emergency medicine	2 (3)	2 (3)	4 (3)
Ophthalmology	0	3 (4)	3 (2)
Anesthesiology	1 (2)	1 (1)	2 (2)
Cardiology	1 (2)	1 (1)	2 (2)
Gastroenterology	2 (3)	0	2 (2)
Neurology	1 (2)	1 (1)	2 (2)
Urology	0	2 (3)	2 (2)
Unknown	2 (4)	3 (4)	2 (2)
Critical care	0	1 (1)	1 (1)
Dermatology	0	1 (1)	1 (1)
Infectious disease ^d	0	1 (1)	1 (1)
Hematology	1 (2)	0	1 (1)
Neonatology	1 (2)	0	1 (1)
Nephrology	0	1 (1)	1 (1)
Optometry	0	1 (1)	1 (1)
Pathology	0	1 (1)	1 (1)
Podiatry	0	1 (1)	1 (1)
Pulmonology	0	1 (1)	1 (1)
Urgent care	1 (2)	0	1 (1)

Abbreviations: IMG, international medical graduate physician; USMG, US medical graduate physician.

^a Percentages may not add to 100% for each column due to rounding.

^b Primary care includes internal medicine, family medicine, pediatrics, geriatrics, and obstetrics and gynecology as defined in the American Association of Medical Colleges 2019 State Physician Workforce Data Report.

^c Surgery includes general, orthopedic, neurological, oral maxillofacial, and reconstructive surgery.

^d Listed as a secondary specialty for a single physician whose primary specialty was internal medicine.

Results

There was a nonredundant total of 132 physician deaths due to COVID-19 from 28 states; of these physicians, 122 (92%) were male; 33 deaths were reported by The Guardian, 84 deaths were reported by Medscape, and 101 deaths were reported by MedPage Today. IMGs constituted 45% (59 of 132) of the deceased, 1.80 times higher (95% CI, 1.51 to 2.21; $P < .001$) than the 25% national average² of IMGs among practicing physicians. New York, New Jersey, and Florida accounted for 66% of IMG deaths (39 of 59) vs 45% of USMG physician deaths (33 of 73) (**Figure**). The proportion of IMG deaths within each state was statistically indistinguishable from the corresponding proportion of practicing IMGs, except for New York. However, 67% (89 of 132) of physician deaths occurred in states where the proportion of practicing IMG physicians is greater than the national proportion of 25%. In New York, 60% (24 of 40) of deaths were IMGs, 1.62 times higher (95% CI, 1.26 to 2.09; $P = .005$) than the 37% of practicing physicians in New York who are IMGs.

Among the deceased physicians, 60% (79 of 132) worked in primary care (**Table**), 1.62 times higher (95% CI, 1.39 to 1.84; $P < .001$) than the national average⁴ of 37% primary care specialists among practicing physicians. Regarding IMGs, 29% (38 of 132) of the deceased physicians were IMGs in primary care, 2.90 times higher (95% CI, 2.13 to 3.65; $P < .001$) than the 10% of all practicing physicians in the US who are primary care IMGs. In contrast, 31% (41 of 132) of the deceased physicians were USMGs who worked in primary care, statistically indistinguishable from the 27% (risk ratio, 1.15; 95% CI, 0.89 to 1.48]; $P = .33$) of all practicing physicians in the US who are primary care USMGs.

New York and New Jersey accounted for 39% of US cumulative COVID-19 patient cases on May 1, 2020.⁵ These 2 states had the highest proportions of IMGs among practicing physicians (**Figure**). There was a statistically significant correlation ($\rho = 0.66$, $P < .001$) between state-specific cumulative COVID-19 cases representing the initial surge in April 2020 and the corresponding state-specific proportions of practicing IMGs,⁴ which persisted even after excluding New York, New Jersey, and Florida ($\rho = 0.62$, $P < .001$, for 25 remaining states accounting for 45% [60 of 132] of deaths).

Discussion

In this case series, the proportion of IMGs among physicians (many of whom worked in primary care) who died from COVID-19 was higher than their national proportion among practicing US physicians. A possible reason for this is the observation that the majority of physician deaths occurred in states with relatively larger proportions of IMGs, which were also the states with higher incidence of COVID-19 at the onset of the pandemic. It is also possible that IMGs in a few states (eg, New York) had higher exposure to COVID-19 because of their practice settings; 40% of IMGs work in primary care.⁴ These findings mirror a report from the UK on the high proportion of immigrants among 18 physicians who died of COVID-19.⁶

This study also had some limitations. No definitive or causal conclusions can be reached because of the small numbers, the observational nature of the data set, and the possibility of infections contracted outside clinical practice. The results may not be generalizable to data sets from later stages of the pandemic because of the use of telemedicine and improved measures for physician safety.

The larger number of deaths among IMGs highlights their important contribution to patient care. More research is needed to assess the outcomes for IMGs and USMGs during the COVID-19 pandemic.

ARTICLE INFORMATION

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Corresponding Author: Abraham Verghese, MD, Department of Medicine, Stanford University, 300 Pasteur Dr, S-102, Stanford, CA 94305-5110 (abrahamv@stanford.edu).

Author Affiliations: Department of Medicine, Stanford University, Stanford, California (Dinakarbandian, Thadanev-Israni, Verghese); Department of Medicine, University of Colorado School of Medicine Anschutz Medical Campus, Aurora (Sullivan); Foundation for Advancement of International Medical Education and Research (FAIMER), Philadelphia, Pennsylvania (Norcini).

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Concept and design: Dinakarbandian, Sullivan, Thadanev-Israni, Verghese.

Acquisition, analysis, or interpretation of data: Dinakarbandian, Sullivan, Thadanev-Israni, Norcini.

Drafting of the manuscript: Dinakarbandian, Sullivan, Thadanev-Israni, Verghese.

Critical revision of the manuscript for important intellectual content: All authors.

Statistical analysis: Dinakarbandian, Sullivan.

Administrative, technical, or material support: Sullivan.

Supervision: Dinakarbandian, Thadanev-Israni, Verghese.

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SUPPLEMENT.

eMethods. Data sources