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Is There A Doctor in the House? The Role of Immigrant Physicians in the U.S. Healthcare System

Hearing Before the
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U.S. Judiciary Committee
Subcommittee on Immigration and Citizenship

My name is Dr. Raghuveer Kura. I am a Nephrologist in Poplar Bluff, Missouri, and one of the founders of Physicians for American Healthcare Access (PAHA). Chair Lofgren, Ranking Member McClintock, and Honorable Members of the Committee, thank you for the opportunity to share my experience as an immigrant physician in the United States.

The United States is in the midst of a health care workforce crisis. We are facing an ever-growing shortage of doctors, exacerbated by the COVID-19 pandemic. The reality is this health care worker shortage existed before the pandemic, and will continue to harm communities, particularly rural communities, absent action from Congress.

I came to the United States in 2001 to complete my residency and fellowship in Nephrology on a J-1 visa at Penn State Health Milton S. Hershey Medical Center. As a condition of my visa, after completing my residency, I either had to return to India for two years before applying for a new visa, or apply for the Conrad 30 J-1 Visa Waiver Program, which waives the two-year home residency requirement if I would practice in a designated underserved area or health professional shortage area for a minimum of three years. Upon arriving in Missouri, I learned of patients traveling 80 miles to see the nearest Nephrologist. In fact, I was the only nephrologist serving the Poplar Bluff community, on call virtually 24/7 to serve my new community I called home.

Despite the visa rules and restrictions, serving in Southeast Missouri for the last 20 years has been an incredibly fulfilling mission. I supported building a new dialysis unit in 2015 which now has about 90 dialysis patients receiving dialysis every other day, along with 18 staff members. Currently, I'm the Medical Director of one inpatient and three outpatient dialysis units across southeast Missouri. I am proud to support my patients, their families, my staff, and the local economy in southeast Missouri.

But these visa restrictions have greatly impacted many physicians like me and the communities we serve. For many international physicians, the pathway to permanent residency will take decades, spanning one's career, limiting our career mobility, and jeopardizing the immigrant status of our children. Doctors on the temporary H-1B visa may only work for their visa sponsors

and not allowed to start their own practices, work outside their specific practice area or even volunteer.

These restrictions are not hidden from international physicians like me when we embark on our careers in the United States, but they inevitably impact our patients with sometimes life and death consequences. The COVID-19 pandemic complicated these issues when highly skilled physicians could not lend support to hospitals in need due to their visa restrictions. Unfortunately, legislation to confront this challenge did not pass Congress when it could have saved a lot of American lives.

I would like to share how these issues personally affected me, my family, and my patients prior to the pandemic. The H1-B visa mandates every physician to apply for a renewal every three years, leaving the country for a stamp on their passport in order to freely move across the border. In 2019, I chose to go to Canada as it was closer and would allow me to quickly return to my patients, who must have a supervising physician on site to receive their care. Unfortunately, my renewal was delayed due to an unforeseen administrative processing issue, even though I had been in the country for 16 years and was pre-approved for a green card. The added stress of finding a physician to cover for me while dealing with the complicated immigration process and an unknown wait time took a toll on me and my family. The uncertainty was so stressful that I began applying for jobs in Canada, and received several offers of employment. But I didn't want to leave my patients, so I reached out to my representatives to help. Thanks to Senator Blunt's casework team, who worked with the White House and State Department to expedite the process, I was able to get my visa and return, helping to ensure my patients had the care they desperately needed.

I co-founded PAHA in the hopes of addressing the difficulties physicians like me face in providing care to our patients due to our outdated immigration laws. It is a major milestone for PAHA that I am testifying today on this important issue that touches every district across the country. For nearly five years, PAHA and its members have been working tirelessly to call attention to health care workforce issues, and explain how our immigration system makes it harder for highly skilled international physicians to practice in this country that desperately needs them. Through this work, we have met with countless dedicated staff in the House and Senate, medical associations, and immigration organizations, identifying several issues contributing to our health care workforce shortages, and a handful of solutions to begin addressing them.

First, there are simply not enough residency programs and clinical training sites for American medical students to complete their training. While interest in pursuing medical school has grown in the last two decades, the number of residency slots has not kept pace, making it difficult for students to find residency positions and appropriate clinical training sites. And those who do rarely settle down in rural communities like mine. ⁱ

Longstanding staffing shortages continue to put pressure on hospitals bottom lines. If hospitals do not have the staff, some beds and wards cannot be used. In Missouri, staffing shortages have been a contributing factor in causing nine acute hospitals in rural Missouri to close since 2014, leaving 44 counties with no hospital. This means that many of my patients lack meaningful access to specialized care, and must travel hours to receive care if they are able.

Because of severe staffing shortages in my state, I travel nearly 160 miles by car every day to take care of my patients. Every week, I find myself calling around, looking for someone qualified to help. I have been taking care of COVID-19 patients in the intensive care unit, providing emergent dialysis and slow dialysis. My presence is required to keep the services going, and a backup plan for my absence due to COVID-19 is not in place.

For many physicians like me, the prospect of coming to the U.S. and enduring the long wait for a green card while working and raising a family is not practical. According to the Cato Institute, there are more than 1 million petitions for working immigrants and their families approved and they are waiting for their green cards.ⁱⁱ Cato estimates that more than 200,000 Indians who have petitions approved could die of old age before they receive that permanent legal status.

The green card backlog for physicians is a burden we live with because our mission and training centers on our patients. But this situation keeps immigrant physicians, their families and ultimately their patients in limbo. Throughout the COVID-19 pandemic, this situation placed great strain on our communities when we could not lend our expertise to other communities in need. Because of the restrictions on H-1B employment described above, physicians in H-1B status could not travel, work or volunteer in the areas that needed the most support if they were not already sponsored to work in those areas. Doing so would risk violating one's visa which could result in deportation.

Unfortunately, many of these challenges are not easily solvable and will take time and federal investment. But we must try. There are a number of bipartisan solutions that would make it easier for American physicians to pursue their residencies, as well as improve our immigration system to incentivize international physicians to practice in underserved areas long-term.

The Conrad 30 J-1 Visa Waiver Program provides each state with up to 30 slots for international medical graduates completing their residencies. In exchange for waiving the J-1 two-year home residency requirement, these physicians must practice in a federally-designated health professional shortage area or underserved area. Bipartisan legislation would improve this long-standing program, clarifying the pathway to a green card for eligible physicians and allowing states to expand their program if certain conditions are met.ⁱⁱⁱ This is meant to further incentivize highly-trained physicians to practice in areas that struggle to recruit American physicians.

To address the green card backlog, the Healthcare Workforce Resilience Act is bipartisan legislation which would help clear this longstanding backlog for physicians who have been serving on the frontlines of a pandemic for over two years.^{iv}

These two bills are small steps that would make a significant difference in communities that lack access to meaningful health care services, and ensure that the pipeline of future physicians remains robust as we seek to strengthen our health care system after a grueling two years.

In 2020, after applying for the EB-1 extraordinary ability visa, I was fortunate enough to receive my green card. I am grateful that my family no longer has to deal with the uncertainty of my H-1B status, but there are many physicians just like me who are not so lucky. Thank you again for the opportunity to testify on their behalf today.

ⁱ <https://www.aamc.org/news-insights/medical-school-enrollments-grow-residency-slots-haven-t-kept-pace>

ⁱⁱ <https://www.cato.org/publications/immigration-research-policy-brief/backlog-skilled-immigrants-tops-1-million-over>

ⁱⁱⁱ <https://www.congress.gov/bill/117th-congress/house-bill/3541?q=%7B%22search%22%3A%5B%22hr3541%22%2C%22hr3541%22%5D%7D&s=1&r=1>

^{iv} <https://www.congress.gov/bill/117th-congress/house-bill/2255?s=5&r=2>