

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

– Testimony of Kevin Lynn, Founder of Doctors Without Jobs –

Chairwoman Lofgren, ranking member McClintock, distinguished members of the subcommittee, thank you for allowing me the opportunity to discuss the consequences of immigrant physicians in the U.S. healthcare system.

The United States is facing a doctor shortage.¹ However, it is a shortage of our own making. In recent years, thousands of American medical doctors – U.S. physicians – have been denied the right to practice medicine. This is one of the most unreported stories, and one of the most ignored situations by our elected officials and medical community leadership in America, including our medical schools and the various governing bodies who purport to represent physicians.

In 2018, Progressives for Immigration Reform (PFIR) started the Doctors Without Jobs (DWJ) project to build awareness of the number of U.S. citizen doctors graduating from medical schools who were not “matching” to residency positions each year, while foreign-trained physicians were. This encouraged more doctors to advocate for themselves and push back against graduate medical education profiteers.

The “match” is the mechanism by which medical school graduates move into medical residencies at teaching hospitals. It is a process managed by the NRMP – the National Resident Matching Program.

Please understand that without a medical residency a doctor cannot practice medicine. And a residency may require three to seven years to complete, depending on the medical specialty.

Each year, over 7,000 U.S. citizens and lawful permanent resident medical graduate physicians which includes seniors and prior-year graduates do not match for a medical residency.²

All of whom are qualified, ready and willing doctors who have been sidelined and are waiting to serve their communities now, a situation we worked to draw attention to at the start of the pandemic so that they might be deployed. Our call went unanswered.

There is much more to this story that should concern this subcommittee. In 2021, 4,356 noncitizen foreign-trained physicians received residencies in the U.S. This is an enormous increase from ten years prior when 2,721 foreign trained physicians received residencies.³

Between 2011 and 2021, more than 40,000 non-U.S. citizens/foreign-trained physicians were given U.S.-taxpayer-funded residencies. This is all data from the NRMP.

Each residency costs taxpayers about \$150,000 a year, so we are subsidizing foreign doctors. Many foreign-trained physicians arrive in the U.S. for residency training via the J-1 visa, a cultural exchange visa.

In addition, foreign trained physicians arrive via the H-1B visa program to work directly in hospitals. In 2020, 3,508 labor condition applications (LCAs) were filed for 4,252 workers for the occupation of

medical doctor of those, 3,004 were approved. In addition, another 5,232 applications to extend from prior years were approved.⁴

Every other country prioritizes its citizens. Canada, the last holdout, has changed its policy to prioritize Canadian citizens and permanent legal residents.⁵

Failure to prioritize Americans is emblematic of our medical establishment preferring to import foreign healthcare workers instead of making the necessary investments that would broaden medical education and improve our healthcare delivery infrastructure.

This doesn't just cause problems here at home. A 2020 Migration Policy Institute article, "Global Demand for Medical Professionals Drives Indians Abroad despite Acute Domestic Healthcare Worker Shortages," describes the brain drain and the harm it does to India's healthcare system.⁶ The same can be said for countries in Sub-Saharan Africa where healthcare professionals also are lured to the U.S., UK and Canada.

A poor country's loss is a rich country's gain. The estimated financial benefit to the United States from luring physicians from Sub-Saharan Africa is \$846 million. The sending countries lose about \$2.1 billion from the investments made in their doctors who leave.⁷

According to American Communities Survey data, in 2020, roughly 70 percent of doctors in the U.S. were born here. About 20 percent were naturalized. Some 7 percent are noncitizens. These percentages have remained fairly consistent for the past 10 years.⁸

Every area of American endeavor has been impacted by the relentless importation of foreign workers. Starting with lower-paying work, seasonal hospitality workers, and then on to manufacturing jobs, to technology workers and now to our doctors, who have spent at least eight years and hundreds of thousands of dollars to practice the healing arts, a very specialized profession, only to be sidelined and saddled with debt they are unlikely to be able to pay off if they can't practice medicine.⁹

The demand and enthusiasm to enter the medical profession is there. Applications to medical schools are at an all-time high,¹⁰ as are enrollments in the nation's nursing programs.¹¹

In closing, we have thousands of physicians in the line waiting for residency training. We need more residency positions and we must prioritize U.S. citizens and lawful permanent residents.

Thank you for your time.

Footnotes

¹ U.S. physician shortage growing, AAMC, 26 June 2020
<https://www.aamc.org/news-insights/us-physician-shortage-growing>

² NRMP
<https://www.nrmp.org/match-data-analytics/residency-data-reports/>

³ ibid

⁴ H-1B LCA Data on U.S. Physicians: 2011-2021
<https://econdatus.com/physician20data.htm#lca>

⁵ CMA Policy on Equity and Diversity in Medicine Encouraging for International Medical Graduates
<https://cmajblogs.com/cma-policy-on-equity-and-diversity-in-medicine-encouraging-for-international-medical-graduates/>

⁶ Global Demand for Medical Professionals Drives Indians Abroad Despite Acute Domestic Health-Care Worker Shortages, Migration Policy Institute, 23 January 2020
<https://www.migrationpolicy.org/article/global-demand-medical-professionals-drives-indians-abroad>

⁷ Diagnosing Africa's medical brain drain, Africa Renewal, December 2016 to March 2017
<https://www.un.org/africarenewal/magazine/december-2016-march-2017/diagnosing-africa's-medical-brain-drain>

⁸ Census Data on U.S. Physicians: 2011-2020
<https://econdatus.com/physician20data.htm#census>

⁹ Medical school graduate sees nearly all of his \$440,000 in student loans discharged
<https://finance.yahoo.com/news/medical-school-graduate-440000-student-loans-discharged-151422886.html>

¹⁰ Applications to medical school are at an all-time high. What does this mean for applicants and schools? AAMC, 22 October 2020
<https://www.aamc.org/news-insights/applications-medical-school-are-all-time-high-what-does-mean-applicants-and-schools>

¹¹ Student Enrollment Surged in U.S. Schools of Nursing in 2020 Despite Challenges Presented by the Pandemic, American Association of Colleges of Nursing, 1 April 2021
<https://www.aacnnursing.org/News-Information/Press-Releases/View/ArticleId/24802/2020-survey-data-student-enrollment>

‘I Am Worth It’: Why Thousands of Doctors in America Can’t Get a Job

Medical schools are producing more graduates, but residency programs haven’t kept up, leaving thousands of young doctors “chronically unmatched” and deep in debt.

<https://www.nytimes.com/2021/02/19/health/medical-school-residency-doctors.html>

Rich Countries Lure Health Workers From Low-Income Nations to Fight Shortages

Huge pay incentives and immigration fast-tracks are leading many to leave countries whose health systems urgently need their expertise.

<https://www.nytimes.com/2022/01/24/health/covid-health-worker-immigration.html?searchResultPosition=1>

For committee members interested in connecting with the following doctors who are listed below without contact information, please reach out to Kevin Lynn.

One Doctor's Quest for Residency

Many assume that a U.S. medical school graduate will have a rewarding future as a doctor. But for Dr. Doug Medina, a 2011 Georgetown University School of Medicine graduate with a doctorate in allopathic medicine, the outcome was starkly different.

Dr. Medina hasn't been chosen for a medical residency. Without residency training, he can't work as a doctor licensed to practice. In their personal lives, non-practicing doctors such as Dr. Medina struggle to pay back the student loans for a medical education that carries a steep price tag.

According to data from the National Resident Matching Program ([NRMP](#)), about 94 percent of U.S. medical school graduates do place in residencies each year. That number may sound good, but it means the remaining 6 percent of doctors are in professional limbo after committing years of their lives to a very specialized education.

"The problem is a serious flaw in policy that is not protecting U.S. citizen medical students," says Dr. Medina, who never failed any clinical training or any course work during medical school, earned honors in five Acting Internship clinical rotations in his final year of medical school, passed the United States Medical Licensing Exam (USMLE) Step 1, 2 and 3, and has published research at the Research Institute on Addictions.

According to NRMP statistics, in the last ten years thousands of U.S. citizens graduating from U.S. medical schools – up to 2,000 each year – and more from medical schools outside of the U.S. didn't receive medical residencies.

For the same ten-year period though, more than 36,000 foreign-trained physicians (FTP, non-U.S. international medical graduates) on H-1B and J-1 visas have been given U.S. residencies. Looking just at 2020, federal Medicare dollars funded residency training positions for about 4,200 non-U.S. international medical graduates (IMGs).

There's increasing anecdotal evidence that the profession is showing the same trend lines as with technology workers being displaced by H-1Bs over the last 20 years. The 4,200 IMGs given taxpayer-funded residencies in 2020 is up from 2,700 in 2011, edging up each year since then, per NRMP data. There are a number of residency training programs that select a high number of non-U.S. citizen IMGs over U.S. medical students. According to a story in *Time*, one internal medicine program reported that [60 percent](#) of its incoming residents are on, or are to be on, H-1B visas.

With a 6.7 percent interest rate, Dr. Medina's original \$300,000 in student loans have expanded to more than \$400,000. Dr. Medina has filed formal grievances with the Association of American Medical Colleges and the Liaison Committee on Medical Education. But to date, Dr. Medina's complaint hasn't been acknowledged.

After a part-time, graveyard shift working as a patient intake specialist in Las Vegas, where he earned \$30/hr., Dr. Medina was laid off during the pandemic. He landed in Southern California working as a clinical documentation specialist at a lower pay rate. He continues to persist in his pursuit to obtain a medical residency.

“I haven’t given up,” Dr. Medina says. “If I continue to address the immigration policy issues, maybe this will help other students as well.”

Dr. Medina offers several solutions, including:

- The State Department should reduce to 2,000 annually the total IMGs who receive residencies. This would keep the pipeline for foreign doctors open, but create more opportunities for U.S. graduates.
- Medical schools should provide greater assistance to graduates so they can find residency training or alternative careers.
- Make [ERAS](#) application fees affordable. It shouldn’t cost more than \$8,000 to apply for a job in the U.S.
- Prioritize Preliminary Years at Affiliate Training Hospitals for U.S. medical students.
- Prioritize Preliminary Years in the Supplemental Offer Acceptance Program (SOAP) for U.S. medical students. Every U.S. medical student should have a one-year Preliminary Year position before the Association of American Medical Colleges allows non-U.S. citizen IMGs to be hired for these positions.

How and Why to Pay for more Residency Positions

By Dr. Mimi Oo

Medicare funds residency positions and US citizens/ LPRs have contributed to the funds since they started working. Therefore, the residency positions should be prioritized for those US Citizen/LPR medical graduates regardless of whether they attended American Medical Schools or International Medical Schools.

During or before the 1990s there weren't enough applicants to residency positions and legislators had innovative ideas and came up with J1 and H1B visas to bring in physicians from all over the world to assist with the shortage. Now that we have more than enough US Citizen/LPR medical graduates we need to rethink how we are recruiting physicians for the US.

Medical Residency is Graduate Medical Education. The government gave out federal loans to the US Citizens to attend medical schools, be it American or International and these medical graduates are burdened with huge loans. They should be able to finish their graduate medical education and should have secure spots for them to finish the education.

Since unmatched doctors cannot practice as medical doctors America is losing more than 1.4 billion a year (7409 unmatched US citizen/LPR medical graduates potential earnings of \$200,000x7000).

As Medicare funds for residency were capped since 1997, we should find alternative solutions to expand the pot of funds. We could add more Non discretionary funds

-from Dept of Labor as this is a workforce issue

-from Dept of Education as this is Graduate Medical Education

- and from Dept of Health as this concerns America's Health.

Additional funds from all 3 depts will ease the burden on Medicare and we will be able to expand residency positions. This can happen only at Congressional level.

In other countries, a student attends medical school straight after high school for 6 to 7 and a half years including residency. After that, you graduate and are licensed to practice. In America, a student attends undergraduate for 4 years, after passing MCAT, attends medical school for 4 years, passes the USMLEs and graduates. Even as a medical graduate, his/her education is deemed unfinished until one finishes the 3 to 5 years of residency training (Graduate Medical Education). Thus, the US government has an obligation to train these medical graduates as the loans came from the federal

government and the MDs should not have to repay them until they are fully trained or obtain a license.

Residency positions should be reserved for those who have not gone through residency and should not be given away to those who have gone through residency in other countries. These full fledged physicians from other parts of the world could be hired as physicians by the hospitals themselves directly (as in Mayo clinic and other hospitals in the US) and not encroach upon Medicare funds contributed by US Citizens and LPRs.

I am unaware of other countries allowing US unmatched medical graduates to come and train in their medical residencies.

America is the richest country/ leader in the world and it is such a shame to see that it ranks at 52 in the world's patient population ratio (2.59:1000)

Be it traditional residency or collaborative practices, we need more medical doctors to practice/be licensed and it is the Congress's responsibility to make it happen.

Stuck in the Middle

An American doctor who fell through cultural cracks on the way to residency becomes a strong advocate for change.

Assistant physician Dr. Faarina Khan is not letting challenging circumstances stop her from paving the way for other doctors in the same boat.

Growing up in a Pakistani-American family in Chicago, Dr. Khan graduated high school and chose to attend Dow International Medical College (DIMC) in Karachi. This decision was influenced by comparatively lower costs than American medical schools, eliminating the burden of student loans. It was also an opportunity to connect with extended family and immerse herself in the culture.

The five-year program is patterned after the India/United Kingdom model and is comparable to a four-year MD degree in the United States. But unlike U.S. medical schools, DIMC does not build the U.S. Medical Licensing Exam (USMLE) into the curriculum. During her year-long post-grad clinical internship at the medical school's hospital, in order to be ready to apply for medical residency immediately upon completion of the internship, Khan also studied for and took the USMLE Steps 1 and 2.

But she has not matched to a residency since graduating from medical school in 2015. Now five years out, she is an "old" graduate in the eyes of residency program directors who favor those within two years of medical school graduation. Cultural factors are at play as well.

"Because international medical graduates are stereotyped as visa-requiring foreigners with limited English proficiency, they overall are assumed to be ignorant of American norms and the usual way of doing things," Khan explains. "But I was born and raised in the U.S. I'm in the middle – an American, but an IMG (international medical graduate)."

Khan chose to channel her frustrations at not landing a residency into keeping her clinical skills current and advocating for unmatched doctors. Since 2018, she has been licensed as an assistant physician in the state of Missouri, and has served as the Chief Assistant Physician for the Medina Clinic in Grandview since March 2020, a role that entails coordinating her assistant physician colleagues in addition to continuing to provide clinical care to the uninsured patients who make up the clinic's core demographic. She also volunteers for the Missouri Disaster Medical Assistance Team as an assistant physician to aid with COVID-19 testing/screening and staffing facilities whose workforce was negatively impacted by the pandemic.

Missouri is one of the few states that licenses assistant physicians, who work under the supervision of a practicing primary care MD in medically underserved areas.

“The state has 360 actively licensed assistant physicians and about 100 of them are actively volunteering or being paid,” explains Khan.

Utah’s licensing program uses the Missouri model, but has stricter criteria; Utah licensees only have six months to find a collaborating physician to work under before their licenses expires. Arkansas and Kansas have used a similar concept, but cater only to graduates from medical colleges in their respective states.

In addition, Khan is serving as interim president of the newly formed nonprofit National Association of Assistant/Associate Physicians (NAAP). The organization’s goal is to bring the group up to the recognition and funding levels of similar groups advocating for other medical professionals, like nurse practitioners and physician assistants.

One important area of focus is improving workforce development and instituting a range of base pay for assistant physicians, some of whom are making minimum wage or nothing at all. A major reason behind this is that Medicare does not yet recognize assistant physicians as billable providers. If an assistant physician is a billable provider, s/he can get paid for services just as physicians and mid-level providers can. NAAP has been working with a Missouri state representative to request that the Centers for Medicare and Medicaid Services (CMS) recognize and subsequently include assistant physicians as billable providers.

Khan is also one of several cofounders of the nonprofit American Society of Physicians (ASP), which is working to empower the unmatched physicians in the U.S. According to data from the [National Resident Matching Program](#), in the last ten years, thousands of U.S. citizens who graduated from medical schools outside of the U.S. did not match to a residency. This is in addition to as many as 2,000 medical school graduates of U.S. medical schools each year who don’t get residencies.

In the last ten years as well, more than 36,000 foreign trained physicians (FTPs, non-U.S. IMGs) on H-1B and J-1 visas have been given U.S. residencies. Looking just at 2020, federal dollars from Medicare underwrote residency training positions for about 4,200 non-U.S. IMGs.

“Unmatched MDs are stuck flipping burgers or driving for Uber just to survive,” Khan said. “This is not why we went to medical school. We want to be able to save lives with our knowledge and training, but we are hampered by a senseless centralized residency matching system with too many middlemen. The U.S. healthcare system has sadly deteriorated into nothing more than another business.”

Given these sobering statistics, a major goal of ASP is to encourage state legislators to support key pieces of legislation (such as the [Resident Physician Shortage Reduction Act](#)) that will

ultimately increase the number of residency training positions. Khan is advocating for assistant physician laws in other states to allow eligible U.S.-based medical graduates to serve in patient care roles under direct supervision.

“Contrary to popular belief, we don’t have a physician shortage – what we actually have is a training shortage,” Khan explains. “We are trying to fix a very broken system with education and awareness, and simply bridge the gap between medical school and residency while helping to alleviate the healthcare shortage in areas of greatest need,” she added.

Khan would like to think that her home country would be willing to be supportive in her efforts to help Americans with their healthcare needs. “There are so many MDs who give up, but that is not in me. Even if I can’t implement significant change soon enough to benefit myself or my current colleagues, being able to clean things up long-term and smooth the journey for future U.S. doctors is still worth putting in the effort now.”

*Postscript – Dr. Khan did match for a residency in 2021 and is now working with an underserved community in the state of Oregon

Doctor Open to Serving in Rural America

Dr. Esther Raja

Utica, NY

It is unethical to have citizens from other countries replace American doctors. American physicians who want to be trained in residency programs in the U.S. are sitting on the sidelines. There are simply not enough residency training slots and no alternate pathway or jobs to compensate for a growing population of doctors.

There should be some backup plan to licensing. The U.S. needs more doctors than are being trained. So apprenticeships, more slots or alternate pathways need to be created or developed. Talent is being squandered. Doctors are being prevented from achieving their goals and have the additional burden of medical school loans.

While preparing for my USMLE exams, I attended a one-month pharmacovigilance training program offered by an Indian recruiting company (globalpharmatek.com). They were training Indian citizens with [H-1B](#) visas. After the training, only H-1B visa holders were recruited for jobs with pharmaceutical companies such as Johnson & Johnson, while I and other Indian Americans who were Caribbean medical school grads were denied jobs. I later learned that these visa holders had to sign contracts committing half of their hourly wages to the recruiting company. American citizens were not tied to such a contract, because it is illegal.

It's my understanding that residency programs run by foreign program directors offer a majority of residency spots to [J-1](#) visa holders from their home countries, while Americans are sidelined. This has to stop. We need American medical grads and American international medical graduates to be prioritized in the residency matching system.

There are many private practice physicians who are open to training medical school graduates, who want to expand residency programs to private practice. The current residency programs, especially for family practice, often focuses on hospital-based medicine, which is not primary care.

I am one of the unmatched ECFMG (Educational Commission for Foreign Medical Graduates) certified graduates with more than \$170,000 in medical school loans, which went into collections. I have completed all of my clinical training in Atlanta in all the required and elective specialties. I am willing to go to any underserved area of the United States for my residency training in primary care or family medicine. I am well versed in the American health care system and have excellent physician-patient and communication skills. I cannot see myself practicing medicine in any country other than this country that I call home.

Florida Med School Grad Ready to Practice Family Medicine

I have not yet been able to match with a residency program. Residency program directors have expressed that I am a “risk” to their passing board rates due to my repeated attempts to pass the USMLE Step 2 CK. I addressed my academic issues with complete transparency and received the needed testing accommodations from the National Board of Medical Examiners (NBME). Unfortunately, my application has been rejected.

Here’s more of my story.

1. U.S. citizen. Born and raised in Florida.
2. Graduated from high school as valedictorian in 2005 with a 4.6 GPA. Also completed my AA degree during high school.
3. Attended Florida State University and majored in Exercise Physiology. Completed the pre-med track. Graduated in 2008, with honors.
4. Gap Year: Taught high school chemistry and physical sciences.
5. Completed the Bridge to Clinical Medicine Program, earning a Master’s Degree in Biomedical Sciences.
6. Graduated medical school in spring 2017, having passed USMLE Step 1 (first attempt), USMLE Step 2 CS (first attempt) and USMLE Step 2 CK (fourth attempt).

My entire life has been dedicated to the pursuit of medicine. Now as a medical graduate with no residency training, I struggle to find career options that are reflective of my knowledge and experience. My total debt is \$430,000. My student loans are currently in deferment. From 2015-2019, I spent thousands of dollars in the residency match process. Due to financial constraints, I did not apply in the 2020 cycle. I am not certain of the best path from here. Returning to school is not a viable option, as I have maxed out my student loan allowances. I continue to apply each cycle and when opportunities become available outside of the application cycle.

Now, I offer success coaching to undergraduate students in an effort to help them enter and complete medical school successfully. I have also been a source of support to medical students who struggle academically or fail to match. I desire the opportunity to fulfill my aspiration of being a board-certified, practicing family medicine physician. In the meantime, I will do everything in my power to help pre-medical and medical students not face a similar path.

The United States is not lacking in American medical graduates. Some of us are simply not granted the opportunity to enter residency training and have a medical career.

War, Refugee Camp Survivor Wants Opportunity to Give Back

I am one of the thousands of American doctors who is unemployed.

As a first-generation immigrant who survived the Gulf War in 1991, I lived through the prosecution of Saddam's regime and escaped the second war in 1998. My family and I immigrated from one country to the next. Eventually, we ended up living in a refugee camp in North Africa, waiting for salvation, not knowing where we would end up next. After three years of waiting and following every legal channel, we were finally granted resettlement to the United States.

The U.S. was the only country that offered me the right to be acknowledged as a sovereign individual and citizen. Hearing the success stories of many other immigrants, I was restless to be part of the American dream. I wanted to give back to my community, state and country. I was more than eager to start my journey. I started my five-year journey, between working different jobs and spending hundreds of hours in libraries, sleeping in my car, building up my resume and finishing my medical boards – all of this to be able to apply for residency training. But the reality was that I wasn't able to work as a medical doctor in the country that welcomed me.

I blamed myself until I started doing some research. I went through the National Residency Matching Program (NRMP) statistics, and to my astonishment I discovered I wasn't alone. There are thousands of American doctors suffering the same fate.

Encountering persecution and living in refugee camps taught me to be grateful for what I have, to work hard and to not to be afraid of censorship. But the policies and the large numbers of applicants for residency versus the actual number of residency slots have pushed me to be an advocate for the large number of unmatched MDs. This situation requires immediate surgical intervention!

OBGYN Denied Residency Opportunities Because of Graduation Year?

Iman Khalil

Sterling, VA

I was a professor of OBGYN in medicine at Cairo University, the first and largest medical school and teaching hospital in the Middle East. I finished my residency, master's degree and Ph.D. of OBGYN at Cairo University (Egypt) and completed a fellowship in reproductive endocrinology at Cochin Hospital in Paris, France.

I married an American citizen and was planning to move to live with him in the United States. But faced with the fact that I could not practice medicine before passing the USMLE exams, I stayed in my home country and studied for the USMLE, while working a full-time job as a physician and caring for my child and ill father.

I passed all the USMLE steps and then decided to move to the U.S. after nine years of marriage. I applied for [The Match](#) three successive years, paying more the \$3,000 each year, without a single interview. Why? I believe it's because the programs filtered my application by year of graduation.

I tried to search for a health care job. I emailed hospitals and universities, often more than 100 emails per day, Either I received no reply, or was told I had to be licensed to work in the position, even as a medical assistant.

I am thinking about going home to practice my profession in my birth country and leaving everything in the U.S.

U.S. Doctor Asks for Residency, Employment and Dignity

I am a U.S. citizen and graduated from a well-known medical program, UAG School of Medicine (UAG SOM). To date, I have not been given the opportunity to enter into a federally funded residency program in the United States. Without a residency training position, I'm not able to practice medicine and obtain a health care provider license number, nor can I pay back my federal government loans.

I passed the United States Medical Licensing Exams (USMLE) in order to become eligible to enter a federally funded residency training program. I've spent more than \$10,000 applying to residency programs in order to get a job, post medical school, so I can provide for my family and pay my federal loans. Today, I owe approximately \$400,000 in federal loans. Every year federal loan interest piles on due to me being jobless/left without a federal residency training position.

I am just one of the thousands of American doctors who has not been accepted into federal training positions, while foreign doctors have been given residency positions over Americans. In other nations, native doctors are given preference. But in 2020 alone, more than 4,000 doctors were issued visas to begin federal residency training positions.

Meanwhile, just shy of 6,000 Americans were denied federal training positions. There are many downsides to this situation. Other countries lose on their investment of their medical graduates, and many of the sending countries have doctor shortages. American medical graduate are left jobless. From the standpoint of patients, many American patients prefer a native medical doctor for a variety of sound reasons.

The [ECFMG](#) says there is a doctor shortage in the U.S. when there is no doctor shortage. They do this because they make millions of dollars every year from foreign doctors through fees to the ECFMG.

We need to give American doctors a fighting chance at residency, employment and dignity. I want to provide my daughter and family a decent future.

Hire American Doctors First

Since graduating from a medical academy in Ukraine with a pediatric surgery residency, I have spent thousands of hours in the OR working overtime.

In the U.S., I passed all the required exams to become ECFMG certified, worked as a surgical assistant where I assisted with all types of surgeries. I also now work as a GI assistant in the digestive health department in the Chicago Advocate Medical system, where I assist with regular basic and interventional procedures. I've also participated in a research study with colorectal surgeons which will be part of an international study guide.

With all this, I still have not matched to a residency position at a teaching hospital. I want to be a practicing doctor in the United States, a country that has a tremendous shortage of doctors in multiple communities. I – and many like me – am ready and willing to help. We must put our own citizen doctors to work first, and then supplement any unfilled residency spots with [J-1](#) and [H-1B](#) visa holders – not the opposite which is the current situation.

U.S. Medical School Grad is Unmatched with \$475k in Debt, and Growing

I graduated from a U.S. medical school five years ago, but remain unmatched and with \$475,000 in student loan debt for which interest is capitalizing at around \$50K per year. These loans are currently in hardship deferral for which time is running out.

As far as finding a “job” while reapplying for residency, it has been extremely difficult. Temporary contract work in the gig economy offers no benefits and is basically minimum wage. For other jobs, recruiters either provide no response or say that I am overqualified, refusing to believe that I have difficulty getting into a residency program as an American graduate. Under these circumstances, it’s challenging to raise funds to apply to hundreds of residency programs, while also trying to take care of the everyday costs of living.

At the medical school I attended, about 80 percent of the internal medicine residency program is comprised of non-U.S. citizen graduates from foreign medical schools. It is a large medical center in the middle of a predominantly African-American city, yet the medical trainees are not concerned about the patient population, based on the complaints patients commonly make.

As a rotating third-year student, many patients have expressed excitement in seeing me care for them as a U.S. citizen who is more culturally attuned to their issues. They have numerous times in direct comparison complimented me for offering more empathetic care. In general, the patients have little trust that many of the foreign-trained medical residents care for the health of their patients.

The resident class is so skewed toward foreign medical graduates that U.S. graduates are often the “loners” at academic meetings and clinical rounds. Many foreign medical graduates as senior residents and program directors advocate for other foreign medical residents on admission committees over U.S. graduates. The policies concerning who gets admitted to a program are therefore clearly “lax” and lacking any structure that aligns with the priorities and interests of the United States of America and American citizens whose tax dollars fund residency programs.

American citizens live among the patients they care for and can better relate to the cultural and socio-economic factors impacting their care. Studies have shown that patients fare better when their caregiver is reflective of the population they serve. U.S. graduates also have a massive burden of federal and private student loans that is not shared by foreign medical graduates. No other country has a system whereby it is possible to prioritize other countries’ medical graduates over its own.

This selection system for residents is critically broken and is causing undue suffering to American graduates and, as such, long-term damage to critical U.S. interests. There are thousands of American graduates on the sidelines waiting for residency positions, but they are overlooked in preference for foreign medical graduates.

This problem can be corrected by a system whereby medical residency programs must give priority to U.S. graduates. In particular, a medical residency position should not be filled by a foreign medical graduate if there is a qualified U.S. medical graduate in the applicant pool. This is not radical, anti-immigration solution, it is simply about taking care of American interests first.

One of the most fundamental problems leading to unmatched U.S. graduates is that a U.S. medical education is based on an abridged model where medical students graduate but need to “match” into a residency in order to be a license-eligible independent practitioner. Imagine having a party at your house but allowing the neighbor’s children to eat all the prepared food while your own children starve! These facts concerning this critical capstone phase – especially making it open to the entire world without any sort of explicit prioritization – sets up many U.S. graduates for years – or a lifetime – of misery from lost time, wages and general progress in their lives and careers. It is virtually a career death sentence not to match into a residency.

No other profession in America gives degrees to people who are not license-eligible, and then they have to compete with the world for a chance to finish their training as an independent professional!

We must stop wasting the lives of intelligent, educated American citizens. We must stop stealing physicians from other less developed countries and act responsibly. We must finally take care of our own and put Americans first.

A Doctor who was Homeless

I was only five when I first said I wanted to be a doctor, and my passion for becoming a physician has not wavered since. I earned a bachelor's degree from the University of California Davis and a medical degree from Ross School of Medicine.

I worked full-time to pay for college and volunteered in different health care settings before entering medical school. However, my dream of being a practicing physician has been crushed after earning a medical degree in 2009. After a thousand job applications, excluding residency applications, I only had one job interview for a research assistant at the Stanford School of Medicine, one week before I became homeless.

With research, publication and volunteering in clinics, I still had no residency and more than \$300K in student loans. Again, I was unemployed for two years, but did not let residency program rejections crush my passion. After thousands of job applications, and just before my last unemployment check, in December 2013, I received one interview for a medical assistant (MA) teacher assistant. Yes, only one interview and for a teacher assistant position, while holding a medical degree. Now I am working as an assistant professor for basic science.

For several years, we have been told there is a "shortage of doctors" in the U.S. and yet there are thousands of American doctors who are unemployed or barely making it through life. Holding a medical degree without a license has negatively affected many of us and our loved ones – socially, emotionally, mentally and financially.

You Can't Go Home Again

I am a graduate of the University College Dublin (Ireland) School of Medicine. Although I was born and raised in Massachusetts, I went to medical school in Ireland where I had extended family. I stayed to complete a residency in family medicine. I worked full time in that specialty for more than 10 years. I owned and operated a thriving practice of 2,500 patients. I always maintained a good standing within the Irish medical community, with the highest level of commitment to my patients and further education.

Due to unforeseen family circumstances, I had to return permanently to Massachusetts a few years ago. I am fully prepared and committed to the hard work of repeating a residency in this country; however, the barriers that I face in the U.S. are almost insurmountable.

Apart from passing several exams to get an ECFMG certificate, the requirement to begin practicing here, I am expected to gain U.S. experience through clinical externships for a number of months. These externships often cost thousands of dollars per month. I am also strongly advised to obtain research experience and volunteer. The match process only happens once per year at the cost of thousands of dollars, and often needs to be repeated year after year. I would be happy to do all of these things; however, the stark reality for me is that, according to all of the residency programs I have contacted and from examining previous residency match data, my chances of matching to a residency program are slim.

It is difficult to justify spending a large sum of money, effort, time and, most importantly, emotional investment when I know that there are so many U.S. citizen medical graduates that are unable to practice medicine here due to intense global competition.

When I hear of the worsening physician shortage in this country, which was highlighted with the 2020-2021 pandemic, I am saddened by the fact that so many other U.S. physicians with vast experience from around the world are repeatedly passed over year after year.

I am asking for a reasonable chance to gain a residency position in my own country. Please prioritize U.S. citizen physicians for these Medicare-funded positions.

U.S. Doctor Washes Dishes, Works at Fast Food Restaurants

I am a foreign graduate physician and naturalized U.S. citizen who has had difficulties for the past few years securing a residency spot in my desired specialty, which is internal medicine.

Soon after I came to this beautiful country, I started looking for a job, like many other migrants. I was naïve enough to believe that my skillset as a physician would secure me a job in a hospital or outpatient facility.

I was forced to apply for other jobs. After numerous unsuccessful attempts, I decided to work in hospitality (washing dishes, Papa John's, Jimmy John's, WaitersToGo and many others).

Years passed, and I completed all my U.S. Medical Licensing Exams to get closer to the ultimate goal that is more aligned with my skills, working as a physician.

But [ECFMG certification](#) wasn't the whole requirement to be able to apply for residency programs. I needed recommendation letters. Unfortunately, most hospitals charge applicants who want to observe an attending physician for a month or two. There is a fee of at least \$500/week, and few hospitals offer free observance, unless you have a relationship with the attending you want to observe.

This highlights that whoever has the financial support wins the game, which is matching into a residency program.

I worked nearly a year in one of Harvard's affiliated hospitals and around the same time in one of Florida's well-known university hospitals. During this time, I got to know many foreign graduates, like myself, who were working hard for little money, and among them were many on [J-1](#) visas.

They were fine working without compensation since their visa extensions are in the hands of faculty physicians who want them as free laborers in the research sector. The ridiculous fact about these volunteer research positions is that they are in high demand among J-1 visa applicants. Many of these individuals each year match into residency programs where they have friends and connections.

I've known many who had failed attempts on their step 1 or clinical skill exam make it to residency. Dr. William Pinsky, President and CEO of the Educational Commission for Foreign Medical Graduates (ECFMG), stated that we need these talented individuals who happened to be IMGs (international medical graduates) on [J-1/H-1B](#) visas and are well-deserved for residency positions.

My question to Dr. Pinsky is why not ask the program directors of community and university

affiliated hospitals to be a little transparent about their selection criteria. Let's see how many of these future physicians met program requirements fair and square!

I hope that U.S. citizens and Green Card holders come together to break this chain of corruption in the residency match.