Immigrant bashing and healthcare: Have we lost our mind?

Larry Dossey, MD

> "Medicine is a social science, and politics is nothing else but medicine on a large scale."
>
> ~ Rudolf Virchow (1821–1902), German pathologist, statesman, and public health advocate

One of the first books I purchased for my medical library as a young physician was the legendary *Classic Descriptions of Disease* by medical historian Ralph H. Major.[1] First published in 1932, it is a compendium of around 300 accounts of the diseases that are the concerns of clinical medicine. Many of these descriptions are the first recorded reports of the illness. Some of these diseases bear the names of the individual who first reported them—Bright's disease, Graves' disease, Parkinson's disease, Alzheimer's disease, and so on. The contributors are dazzlingly varied. They show that modern medicine evolved from a jigsaw of languages and ethnicities over several millennia.

There is a saying attributed to the French philosopher Louis Claude de Saint-Martin: "All mystics speak the same language, for they come from the same country."[2] He could have been speaking about the motley shamans, healers, and physicians throughout history. "Country" and "language" can be regarded as metaphors, because the common country and language that healers represent is their concern for human health, which is universal.

These commonalities are a reason why being a physician has long been a passport between cultures and countries. And that is why the recurring efforts to bar foreign-born physicians from entering the United States, and to deport them once they are here, is a disservice to our nation and a disgrace to the hallowed traditions of medicine. Let's look closer.

OUR IMMIGRANT HEALTHCARE WORKFORCE

Many Americans are surprised to discover that, although immigrants make up 13 percent of our country's population, they account for a much higher proportion of healthcare workers. In fact, *healthcare currently has the largest proportion of foreign-born and foreign-trained workers of any industry in the country*.[3]

Here's what the immigrant percentages look like: [4]

- 28 percent of physicians and surgeons
- 40 percent of medical scientists in pharmaceutical research and development
- 50 percent + of medical scientists in biotechnology in states with a strong biotech sector
- 22 percent of nursing, psychiatric and home health aides
- 15 percent of registered nurses

What's the breakdown according to medical specialty? Journalists Julia Belluz and Sarah Frostenson report:

> When you look at the numbers by medical specialty, foreign-trained doctors do a disproportionate amount of the work in many areas. They make up more than 50 percent of geriatric medicine doctors, almost half of nephrologists (or kidney doctors), nearly 40 percent of internal medicine doctors, and nearly a quarter of family medicine physicians, according to data from the Association of American Medical Colleges.[3]

These numbers prompted George Mason University's Institute for Immigration Research in Fairfax, Virginia, and The Immigrant Learning Center in Malden, Massachusetts, to declare in 2016 that immigrants "play a disproportionate role in American health care."4 The report further stated:

> [The] continuing dependence on foreign-born health care workers will increase significantly in the future…. Improving the health of all Americans cannot be possible without the vital contributions immigrants provide in the areas of medicine, medical science, [and] long-term care and nursing….The skills and education they bring from their homelands are especially crucial as American society continues to experience an increased aging populace, which also makes up an increasingly diverse patient population….Immigrants touch our lives in many ways, but none so deeply as in the current health care system….From low-skill, entry-level jobs all the way to the leading medical researchers, health care in America is highly dependent on the skill, talents and energy of immigrants.[5]

Where do the immigrant doctors come from? "India, China, Philippines, Korea, and Pakistan are the top five origin groups for physicians and surgeons," says Jeanne Batalova, a senior policy analyst and demographer at the Migration Policy Institute. Iran and Syria are the 6th and 10th largest contributors, respectively. In 2015, 5000 doctors working in the US were Syrian born and 9000 were Iranian born. "So we're talking about substantial representation from these countries [in the doctor workforce] here….The ban on these people will likely be felt at hospitals and clinics across the nation."[3]

It's not just America that benefits from immigrants. International medical graduates also make up a quarter of the physician workforce in the United Kingdom, Canada, and Australia. And, yes, the requirements are rigorous. As Harvard physician-researcher Yusuke

Tsugawa explains, “In the US, students must pass two examinations that test medical knowledge and one examination that assesses clinical skills, and they must complete accredited residency training in the US….”[6]

WHO BENEFITS?

Where do immigrant doctors and nurses work? They frequently settle in rural regions of the country that are chronically underserved. These are some of the toughest jobs in healthcare. Unfortunately, these are also places in which anti-immigrant sentiment often runs deep.

An example is an Iranian family who fled their home in early 2001 and landed in Texas as political refugees. (They asked that their names be withheld. Think about that.) The mother went to medical school in Iran and passed her boards in the United States. She now works as a psychiatrist, serving mainly children in poverty. Her son, who was 15 when the family came from Iran, is now in his final year of residency training. He treats cancer patients, also in an underserved area. Both physicians were shocked when President Trump signed his first executive order in March 2017 banning people from seven Muslim countries, including Iran. “How come we are the enemies?” asked the mother. “This is a population that I enjoy working with. I see ourselves as very useful for the community.” Her son said, “The irony of it is: We work in a red state, so the majority of our patients probably voted for Trump.” Patients served by these physicians often reflect the president’s hostile attitude toward immigrants. Just the other day, the son said, a patient told him she wanted an “American” doctor.[7]

A similar example is Dr. Hassan Albeige, who earned his medical degree in Syria before coming to New York for a residency program. When he finished it, he decided to practice in a rural community in East Texas and was given a J-1 visa waiver. He never left. Now he works as an emergency physician at several rural hospitals outside Tyler, where he lives with his family. Dr. Albeige says that most people who come to the emergency rooms don’t usually ask where he’s from. But when they do, “I usually tell them I’m from the Bronx.” (One wonders how many of those who question his ethnicity know where the Bronx is.) He adds, “I don’t make assumptions about my patients, and I’d rather they don’t make assumptions about me.”[9]

THE IMPACT OF TRAVEL BANS

Currently there are more than 8000 physicians who trained in the countries upon which President Trump has repeatedly attempted to impose travel bans. An analysis by researchers at Harvard University and Massachusetts Institute of Technology finds that these physicians provide 14 million appointments to patients annually, 2.3 million of which are in areas with doctor shortages.[8]

It is ironic that many communities that rely on these foreign-trained physicians are those who favored Trump during the 2016 presidential election—swaths in the Rust Belt, Midwest, and Deep South. The cities with the highest share of doctors from the countries Trump has targeted are Detroit, Michigan; Toledo, Ohio; Los Angeles, California; Cleveland, Ohio; and Dayton, Ohio.

The doctor-shortage problem, however, is national. Consider Texas. Thirty-five of the 254 counties in Texas have no doctors at all. Around 150 Texas counties have no general surgeons, psychiatrists or gynecologists.

Travis Singleton, senior vice president of Merritt Hawkins, a Dallas-based medical recruiting firm that helps place foreign doctors in rural outposts across the country, says that an additional 13,000 physicians are needed to bring Texas in line with the national average of physicians per resident. Singleton says that Trump's attempts to ban travel “could prevent dozens of new international medical graduates from being accepted into hospital residency programs in the U.S….[T]he United States cannot afford to seem unwelcoming…. We’re already in a maxed-out health system that cannot meet demand. Should we not have that 25 percent of physicians who are international medical graduates, I can’t imagine how much worse it would be.”[9]

WHO IS BEST?

How good are immigrant doctors? Who provides the best care—American physicians who trained here, or immigrant physicians who were educated in their native homeland?

A study published by Harvard researchers in the *British Medical Journal* in 2017 suggests that if you are sick, you have a somewhat lower chance of dying if you are treated by doctors from foreign medical schools than if you are treated by US medical graduates.[10] (These findings apply for physicians born in other countries, not American-born doctors who studied in medical schools abroad.) The researchers found also that the international medical school graduates spend a little more money on their patients than do their US physician counterparts, but these differences were not statistically significant. These findings in patient outcomes are statistical, however, and are not invariable. In other words, just because you were born in the US and attended an American medical school doesn’t necessarily mean you are a worse doctor; and just because you are an immigrant and went to a foreign medical school doesn’t mean that you are a superior physician. What the study does show is that the stereotype of immigrant physicians as invariably inferior, and American born-and-educated physicians as always superior, is likely to be wrong.

Harvard’s Tsugawa, who led the study, is good at fracturing stereotypes. He and his team also published a study in *JAMA Internal Medicine* in 2016 that showed that Medicare patients treated by female doctors were less likely to die than those cared for by male physicians.[11]

Many Americans are surprised that the skills of foreign-born, immigrant physicians compare, and in many instances are superior, to those of US-born doctors. How could this be? Bruce Y. Lee, Associate Professor of International Health at the Johns Hopkins Bloomberg School of Public Health, wrote in 2017, following President Trump’s first executive order banning foreigners from several countries, “Immigrants are often among the best and brightest in the U.S. They have had to go through a lot to get to the U.S., and the process and obstacles already weeded out the ‘weaker’ and less capable

Download English Version:

https://daneshyari.com/en/article/8588270

Download Persian Version:

https://daneshyari.com/article/8588270

Daneshyari.com