Caught in the Middle; Foreign-Born Doctors Are Recruited For Jobs That Others Don't Want. But American Physicians Worry That Too Many Are Coming Here.

The Washington Post

March 19, 1996, Tuesday, Final Edition

Section: HEALTH; Pg. Z10

Length: 1963 words

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Body

At the Max Robinson AIDS clinic in Anacostia, the patients are mostly poor, mostly uninsured and often very ill.

The clinic's only ***doctor***, Shukdeo Sankar, sees between six and eight patients a day, taking care of a variety of their needs -- from making sure they see a dentist or eye ***doctor*** to helping them deal with the inevitability of death. It's a demanding ***job***, Sankar said after examining one man, who at age 22 already had an advanced stage of AIDS. "It's supposed to take 10 years to get to this stage . . . ," he said. "It's very, very sad and upsetting and . . . when I go home, I take this home with me at night."

Under immigration law, Sankar should have returned to his native Guyana two years ago, but because he agreed to practice medicine in one of Washington's poorest communities -- one that most ***American*** ***doctors*** shun -- he was allowed to stay.

Foreign-born ***doctors***, he said, take ***jobs*** "where Americans won't go without a bulletproof vest."

Now, some influential health experts say ***physicians*** like Sankar are a big part of the reason why the United States may soon have too ***many*** ***doctors***. As a result, ***foreign-born***, foreign-trained ***doctors*** are ***caught*** in a politically charged debate that involves not only immigration laws but also fundamental health care issues, such as the shift toward managed care and the unequal distribution of specialists and primary care ***doctors***.

Some professionals have argued that because managed care has changed the way ***doctors*** practice by keeping patients under the care of primary care ***doctors***, limiting patients' access to specialists and often closely scrutinizing what services patients receive, the country faces an oversupply of ***doctors***. Several panels of health experts have said in recent months that graduates of foreign medical schools, like Sankar, are adding to an impending national surplus of ***doctors*** because too ***many*** are ***coming*** to the United States for federally subsidized residency training in hospitals and then staying to practice medicine.

Foreign-educated, ***foreign-born*** ***doctors*** make up about 20 percent of the country's 620,000 practicing ***physicians***, according to the ***American*** Medical Association. Some ***come*** from schools in countries that experts say are on a par with U.S. medical training, such as Great Britain and other European countries. But the majority ***come*** from less prestigious schools.

Critics say these ***doctors*** -- as well as the more than 10,000 Americans who go overseas for medical school each year -- often have a basic education less rigorous than that of U.S. medical graduates and the foreigners must overcome cultural and language differences in treating patients ***here***.

Foreign-born ***doctors*** and some U.S. officials say these characterizations are wrong and stem from fear of competition and rising xenophobia.

Contrary to claims by health experts that most ***foreign-born*** ***doctors*** stay in the country to practice medicine, statistics from the State Department show most ***foreign-born*** ***doctors*** return home after their training. Last year, more than 9,000 ***foreign-born*** ***doctors*** were in residencies ***here***, but only 1,550 were allowed to stay after their training was over. Virtually all who stay, U.S. officials who run the program for foreign ***doctors*** say, do like Sankar: agree to work in communities that desperately need ***doctors***.

Steve Reiner, a hospital administrator in rural Kearny County, in southwestern Kansas's beef-packing belt, tried for eight years to keep two ***doctors*** on staff at the 20-bed hospital and clinic that serve the county's 4,000 residents.

"We ***don't*** have a movie theater. We ***don't*** have shopping malls. We ***don't*** have department stores . . . " he said. "We're four hours drive from Colorado Springs, a seven-hour drive from the University of Kansas Medical Center. We're out there."

Now he has two full-time internists and a part-time pediatrician, all from the Philippines. He doesn't know if they will stay after their two- and three-year contracts are completed.

"But getting a three-year commitment is better than not having a ***physician*** at all," he said.

'As Good as Anybody Else'

On a chilly winter morning, Sankar, 32, a tall bearded man who speaks with a West Indian accent, chats with patients as they squeeze into a tiny waiting area near the back of the Max Robinson clinic. He barely glances through the pale green medical folders; he sees the patients often, calls them by their first names, knows their case histories.

Sankar chides one woman for not ***coming*** sooner. He asks after another patient's supply of medicine. He tells another patient to return the following week to get the results of a blood test to check her T-cells, the key immune cells that are targeted by the HIV virus that causes AIDS.

"Will I ***want*** to know what my T-cells are?" asks the woman, 42, anxiety tinging her voice. They confer for a few minutes, and the woman looks visibly relieved.

"I hope Dr. Sankar ***don't*** ever leave because I ***don't*** know what I would do," said the woman. "He listens to me. A lot of ***doctors***, they put on airs, they ***don't*** listen to you. . . . I got a lot of other problems, and he knows about that too."

The clinic opened in 1992 to better serve residents on the east side of the Anacostia River. The clinic, now housed in a former police precinct office about two blocks from the Anacostia Metro stop, had medical staff but could not ***recruit*** a ***doctor*** until Sankar started working in November 1994.

Although patients can see ***doctors*** at the main Whitman-Walker Clinic in Northwest, ***many*** from the neighborhood are reluctant to cross the river, said clinic administrator Barbara Chinn. Clinic patients tended to rely on hospital emergency rooms for medical care, said Chinn. But in the 15 months that Sankar has been at the clinic, ***many*** patients have ***come*** to trust him, according to staff and administrators.

"He doesn't make them feel inferior, he doesn't put them down," said Mercedes Barrett, the clinic coordinator who schedules Sankar's appointments. "They'll wait all day for him."

Sankar is from a small town in Guyana, in South ***America***, where most people grew up to "cut [sugar] cane, drive a taxi or open up a rum shop." He excelled as a student, graduating from medical school at the University of the West Indies in Jamaica at 22.

Seven years ago, he ***came*** to the United States on a temporary exchange visa to do his residency in internal medicine at Howard University. His fiancee ***came*** with him. Among the top students at Howard, Sankar went on to win a prestigious fellowship in infectious disease at Georgetown University. He passed the same licensing tests as graduates of U.S. medical schools and received his board certification in internal medicine and infectious diseases.

He bristles at the suggestion that because he is ***foreign-born*** and went to medical school abroad that he is less competent than his ***American*** counterparts. He pointed out that like ***many*** foreign ***doctors*** he had already completed a residency overseas before ***coming*** to Howard. His training at U.S. hospitals, he said, makes him "as good as anybody else."

Visas Are Difficult to Obtain

Foreign-educated ***doctors*** long have been part of the U.S. work force. In the past, ***many foreign-born doctors*** were ***recruited*** by U.S. hospitals in need of ***doctors***. ***Many*** stayed to work in this country, becoming U.S. citizens and legal, permanent residents. The Chicago-based ***American*** Association of ***Physicians*** from India, for example, has 26,000 members.

In 1976, however, Congress set new restrictions on non-***American*** medical graduates entering the country for advanced medical training. Under that law, they must enter on temporary exchange visas. After finishing their residencies, they are required to go back to their home countries for two years before attempting to return to the United States.

Only under special circumstances can they waive the return-home requirement to stay in the country. Virtually the only way these ***physicians*** have been allowed to stay is by agreeing to work in medically underserved communities, according to the United States Information Agency, which oversees the exchange program. (Even if ***doctors*** marry U.S. citizens during their training, they must first obtain a waiver before they can change their immigration status.)

The waivers, which allow ***doctors*** to apply for visas to work permanently in this country, are difficult to obtain. ***Many*** clinics and hospitals that apply on behalf of ***doctors*** fail to qualify during the initial screening at the state level, health officials said.

Until recently, few ***doctors*** were allowed to stay after their training -- those facilities applying on behalf of ***doctors*** had to be run by the Department of Veterans Affairs or under the jurisdiction of the Appalachian Regional Commission.

But three years ago, that began to change because of shortages of primary care ***doctors***. The Department of Agriculture and the Department of Housing and Urban Development began working with the U.S. Information Agency to get foreign ***doctors*** to staff rural and inner-city hospitals and clinics. The number of foreign ***doctors*** receiving permission to work in those areas has quintupled in the past five years, from 328 in 1991 to 1,550 last year.

Congress also recently gave states the authority to grant up to 20 waivers a year for ***doctors*** to practice in underserved areas. But because the program began just last year, only a handful of waivers have been issued.

For ***many*** rural hospitals and clinics, foreign ***doctors*** have been a critical source of medical care. Places in West Virginia, Kentucky, Alabama and parts of the Midwest have historically had difficulty ***recruiting American doctors***. Salaries are not competitive. ***Doctors*** are on call much more often than their counterparts in the cities.

With ***foreign-born doctors***, there is sometimes an initial period "for the ***physician*** to adjust and for the community to adjust," said Linda Hutchens, executive director of the Bluestone Health Center, in Matoaka, W.Va. The center's two full-time ***physicians*** -- from Pakistan and the Philippines -- serve 12,000 to 15,000 residents in a poor area where coal was once mined.

When Amar Safdar, a ***physician*** who was born in Karachi, Pakistan, started working there two years ago, some patients had difficulty understanding him when he spoke quickly, Hutchens said. Now that he is about to leave, ***many*** patients are reluctant to see him go. One woman joked that she would have followed him to New York if she could have lived in a trailer park there, he said.

Safdar said he found more resistance from his patients because he urged them to change poor dietary and health habits than because he ***came*** from a foreign country. "If you were born in New York, you would have faced the same problems," he said.

'Much Less Choice'

After Sankar finished his medical training at Howard and Georgetown universities, he ***wanted*** to remain in the country. He and his fiancee, a nurse at Howard University, had married and had an infant daughter. Through the Department of Housing and Urban Development program for foreign ***doctors***, he agreed to work at the Anacostia branch of the Whitman-Walker Clinic and was allowed to stay in the country.

His two-year contract ends in November. He has since become a legal permanent resident and is not sure what he will do next. He would like to continue at the clinic, he said, but also is interested in earning more money. He will not disclose his salary, but generally ***doctors*** with his board qualifications would be better compensated elsewhere.

"***Foreign-born*** ***doctors*** have so much less choice than ***American*** ***doctors***," he said. "But we are providing service where it's needed, and I think that's a good thing for the country."

Graphic

Photo, keith jenkins; Illustration, Practicing ***Physicians*** in the United States Total Number Of Active ***Doctors*** In The U.S. 1970 316,000 1980 436,000 1993 620,000 Non-Citizen ***Doctors*** Permitted To Stay After Training 1991 328 1992 486 1993 669 1994 803 1995 1,550 A COMMON PATH TO PRACTICING IN THE U.S. * A foreign ***doctor*** in the United States may ***come*** ***here*** under an exchange visitor visa. * A ***doctor*** must gain certification by the Educational Commission for Foreign Medical Graduates by passing licensing exams, an English competency test and other requirements. * A ***doctor*** spends at least one year in graduate medical education, usually a residency program. Often this lasts more than one year. * A ***doctor*** may secure an unrestricted state license to practice by taking further exams, depending on the rules of the individual states. * A ***doctor*** is required to return to his or her home country for two years before attempting to return to the United States permanently. * Foreign ***doctors*** can request a waiver that allows them to stay in the United States if they agree to work in areas short of ***physicians***. The waivers allow ***doctors*** to apply for visas to work permanently in this country. ***Physician*** Shukdeo Sankar should have returned to Guyana two years ago, but because he agreed to practice in one of Washington's poorest communities he was allowed to stay. Shukdeo Sankar

Classification

Language: ENGLISH

Subject: ***PHYSICIANS*** & SURGEONS (91%); MEDICAL EDUCATION (90%); GOVERNMENT GRANTS & SUBSIDIES (89%); HEALTH CARE ACCESS (78%); AIDS & HIV (78%); IMMIGRATION (74%); US FEDERAL GOVERNMENT (74%); HEALTH CARE POLICY (74%); RACISM & XENOPHOBIA (72%); IMMIGRATION LAW (69%); ASSOCIATIONS & ORGANIZATIONS (68%); GRADUATE & PROFESSIONAL SCHOOLS (66%); BUSINESS & PROFESSIONAL ASSOCIATIONS (64%)

Company: u.s. information agency; ***american*** medical association; UNITED STATES INFORMATION AGENCY (59%); ***american*** medical association; UNITED STATES INFORMATION AGENCY (59%); UNITED STATES INFORMATION AGENCY (59%); EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (59%); ***AMERICAN*** MEDICAL ASSOCIATION (59%); UNITED STATES INFORMATION AGENCY (59%); ***AMERICAN*** MEDICAL ASSOCIATION (59%)

Organization: UNITED STATES INFORMATION AGENCY (59%); EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (59%); ***AMERICAN*** MEDICAL ASSOCIATION (59%); UNITED STATES INFORMATION AGENCY (59%); ***AMERICAN*** MEDICAL ASSOCIATION (59%); u.s. information agency; ***american*** medical association; UNITED STATES INFORMATION AGENCY (59%); ***american*** medical association; UNITED STATES INFORMATION AGENCY (59%); UNITED STATES INFORMATION AGENCY (59%); EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (59%); ***AMERICAN*** MEDICAL ASSOCIATION (59%); UNITED STATES INFORMATION AGENCY (59%); ***AMERICAN*** MEDICAL ASSOCIATION (59%)

Industry: ***PHYSICIANS*** & SURGEONS (91%); MANAGED CARE ORGANIZATIONS (89%); HEALTH CARE ACCESS (78%); CLINICS & OUTPATIENT SERVICES (78%); UNDERINSURED & UNINSURED PATIENTS (78%); ***PHYSICIAN*** PRACTICES (78%); HEALTH CARE POLICY (74%); GRADUATE & PROFESSIONAL SCHOOLS (66%)

Geographic: UNITED STATES (97%); UNITED KINGDOM (79%); EUROPE (79%)

Load-Date: March 19, 1996

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