

AMA decries impact of travel ban, other immigration barriers

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With universal support in reference-committee testimony at the 2017 AMA Annual Meeting, the House of Delegates took actions firmly opposing President Donald Trump's ban on travel to the U.S. from six Muslim-majority countries.

The new policies offer strong support for international medical graduates (IMGs) and oppose provisions in the ban that create barriers in the visa process. IMGs represent 24 percent of physicians in practice and 25 percent of residents in specialty programs in the US, according to a 2015 analysis by the Association of American Medical Colleges.

"Restricting travel based on where a person is from or the religion they practice goes against the very principles and policies that the AMA has adopted over the years to enhance diversity in the physician workforce and improve patient access to quality care," said AMA Immediate Past President Andrew W. Gurman, MD. "The AMA strongly supports and recognizes the valuable contributions that international medical graduates, students and residents make to American medicine, especially the significant role they play in providing care to patients in rural and underserved communities."

"Given that one out of every four physicians practicing in the United States is an international medical graduate, we strongly urge the federal government to rethink its immigration policies to ensure there are enough available physicians to care for our most vulnerable patients in our most underserved communities," Dr. Gurman added.

Some of the AMA's new policy goes beyond the medical community, stating that the Association opposes "laws and regulations that would broadly deny entry or re-entry to the United States of persons who currently have legal visas, including permanent resident status (green card) and student visas, based on their country of origin and/or religion."

Signed in March, President Trump's executive order is the second iteration of the travel ban. He withdrew his first executive order after a three-judge panel of the 9th U.S. Circuit Court of Appeals ruled unanimously against reinstating the ban.

At the heart of delegates' opposition is the impact the ban has on admitting qualified international physicians—many of whom work with populations in rural and underserved urban regions—into U.S. graduate medical education.

Also affecting IMGs is the suspension of H-1B visa premium processing, under which the wait time for an H-1B visa is cut from several months to as little as 15 days. In response to this delay, the HOD called for the AMA to “advocate for the immediate reinstatement of premium processing of H-1B visas for physicians and trainees to prevent any negative impact on patient care.”

Delegates also adopted policy to “recognize the valuable contributions and affirm our support of international medical students and international medical graduates and their participation in U.S. medical schools, residency and fellowship training programs in the practice of medicine.” In addition, the AMA will “advocate for the timely processing of visas for all physicians, including residents, fellows and physicians in independent practice.”

Effect on underserved communities

Due to policies like the J-1 visa waiver program—under which state departments of public health may recommend up to 30 J-1 visa waivers to physicians to provide care in underserved communities—IMGs are more likely to provide care where it is most needed.

During an AMA Annual Meeting education session about the recent immigration actions, several speakers commented on their wide-reaching ramifications. Noel Deep, MD, a naturalized U.S. citizen who immigrated here to practice medicine in the 1990s, was among them.

Dr. Deep works in Antigo, Wisconsin, a rural community of about 10,000 that is struggling to find physicians to serve its population. As a result, patients have to go to great lengths to receive certain procedures.

“It is very stressful on the smaller communities,” he said. “These are people who work on farms or in blue-collar jobs. For them to take time off—the expenses they have to incur—it is huge.”

A majority of Deep's physician colleagues are IMGs. He believes the ban could have an impact that extends well beyond the six countries it covers.

“Parents who have medical students are coming out and asking us, ‘Do you still advise us to send our kids [to the U.S.]?’” Dr. Deep said. “Because they can still go to England or they can go to Australia and get a good education there.”

Helping address these issues is another goal of the new AMA policy, which calls for an assessment of the travel ban's impact and urges the AMA to “work with other stakeholders to study the current impact



of immigration reform efforts on residency and fellowship programs, physician supply and timely access of patients to health care throughout the U.S.”

Read more news coverage from the 2017 AMA Annual Meeting.

The AMA offers online CME to expand your knowledge of this topic. Explore journal-based CME such as, "How Medicine May Save the Life of US Immigration Policy: From Clinical and Educational Encounters to Ethical Public Policy."