

Travel ban threatens to worsen access to care

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Editor's note: *In a 5–4 decision issued June 26, the U.S. Supreme Court ruled that President Trump has the authority in an executive order to block entry of noncitizens into the U.S. if he finds their arrival would be detrimental to the nation's interests.*

The Trump administration argues that its executive order severely limiting immigration or business and tourist travel to and from eight countries is necessary to promote national security. The Association of American Medical Colleges, the AMA and 33 other health care professional organizations argue that it will have the opposite effect.

“From a legal standpoint, it’s an issue of health security,” AAMC Executive Vice President Atul Grover, MD, PhD, told *AMA Wire*®. “The premise of the executive order is that we have to keep people out to keep us safe. But you’re keeping people out who are going to take care of us.”

The U.S. Supreme Court is scheduled to hear arguments April 25 in *Trump v. Hawaii*, a case involving a presidential executive order officially known as proclamation No. 9645, prohibiting immigration or limiting business and tourist travel to and from North Korea, Venezuela, and six Muslim-majority nations: Chad, Iran, Libya, Somalia, Syria and Yemen.

The AAMC filed an amicus brief that was joined by the AMA and 33 other professional associations in support of the state of Hawaii and other plaintiffs seeking to block implementation of the president’s order.

Workforce needed to meet new threats

Hawaii argues that the proclamation, also known as the “travel ban,” hinders the University of Hawaii’s retention and recruitment of students and faculty, harms the state’s tourism industry, and impairs the state’s ability to enforce nondiscrimination laws.

The AMA, AAMC and the others argue the ban exacerbates the growing physician shortage, widens

workforce gaps in underserved areas, disrupts U.S. physician-training programs, and impedes the collaboration of scientists and health professionals seeking to prevent, prepare for and manage public health threats.

“Over the next several decades, the percentage of older Americans will increase, with patients needing care for a variety of chronic health conditions such as heart disease, cancer, emphysema, stroke, diabetes, and Alzheimer’s disease,” the brief states. “The risk of a pandemic is also growing, given that infectious diseases can spread around the globe in a matter of days due to increased urbanization and international travel. These conditions pose a threat to America’s health security—the nation’s preparedness and resilience in the face of incidents with health consequences.

To address these threats, highly qualified individuals from other countries are needed in the health workforce to help care for patients and conduct biomedical research, according to the brief.

“That’s what makes us a leader: Our diversity and our ability to attract the best and the brightest from all over the world,” Dr. Grover said. “Anything that would limit our ability to do that doesn’t sit quite right with science and health care professionals.”

He noted how Congress has developed specific programs to create pathways for highly skilled and carefully screened professionals from other countries to immigrate to the U.S. These include the Conrad 30 program, which has resulted in more than 15,000 physicians practicing in underserved areas. The brief tells how the president’s proclamation bars physicians from Iran and Syria from obtaining the work visa needed to participate in the Conrad 30 program.

Care for veterans, rural areas at risk

Most are unaware of the coming doctor shortage and how the travel ban could speed its arrival and worsen its impact, Dr. Grover said.

“I don’t think most people understand the immigration system,” he said. “Or they don’t understand the intricacies of the physician workforce. They just expect someone to be there when they need them.”

The brief notes that, in addition to providing care in underserved areas, physicians from other countries are a significant portion of the U.S. Department of Veterans Affairs workforce.

According to a study cited in the brief, there were an estimated 3,899 physicians in the U.S. in 2015 who had received training in Syria and 3,043 who had trained in Iran. Based on national averages, those two groups of physicians collectively provide care during 14 million patient visits annually.

The brief cites AAMC's figures that the U.S. has a shortage of between 29,500 and 37,800 physicians and projects a shortage of between 42,600 and 121,300 physicians by 2030.

"This would be hurting the most vulnerable people in our society," Dr. Grover said of the travel ban.

The proclamation before the court is the third iteration of an executive order from the administration seeking to implement nationality-based immigration restrictions.

Dr. Grover said a central concern of his organization's members is that they don't want there to be anything that prevents the arrival of "that next doctor or scientist who could be helping patients the most."