

Episode 5: COVID-19 Visa Challenges of IMGs

TRANSCRIPT

Co-Hosts: Dr. Maggie Kozman (Maggie), Sarah Takimoto (Sarah)

The DEI Shift Guests: Dr. Ricardo Correa (Ricardo), Dr. Mohit Gupta (Mohit)

[0:00] Intro

Maggie: Welcome to The DEI Shift, a podcast focusing on shifting the way we think and talk about diversity, equity, and inclusion in the medical field. I'm Internal Medicine and Pediatrics physician, Maggie Kozman...

Sarah: ...and I'm soon to be Internal Medicine physician Sarah Takimoto, and we'll be your co-hosts for this episode.

Maggie: Today, we want to highlight an issue which we ourselves were unaware of until the COVID-19 pandemic made it worse. It's a pre-existing issue, or condition, if you will, that COVID-19 has unmasked, triggering an exacerbation with very real and concerning potential consequences.

Sarah: That's right. We've all been hearing more and more in the past few weeks about how COVID-19 is affecting racial and ethnic minorities very disparately, such as the black and Latinx members of the population, who are almost invariably overrepresented in the number of patients dying from SARS-CoV-2. We, at The DEI Shift, have been sending resources, webinars, and updates about this back and forth to each other over the last few weeks. We encourage you to check out some of these resources, which we've listed on our website, and we've been glad that this issue is being recognized and researched so that action can be taken to address it.

Maggie: Absolutely, on top of those glaring disparities, we've also seen that COVID-19 is uncovering a lot of other discordant things about our society, health care system, and nationwide policies that have been there—but that we haven't been seeing or discussing in a very pointed way—including xenophobic anti-Asian sentiments at all levels of society, unequal access to resources like tele-health and distance-learning for low-income minority communities, and our topic for this episode, how the COVID-19 pandemic is affecting international medical graduates (IMGs), who are putting themselves at risk on the front lines to care for patients in the US. As the daughter of two international medical graduates, this issue particularly resonates with me, and even though my parents' process of immigrating and pursuing medical careers in the US 30 years ago was different in many ways from the process that international medical graduates, or IMGs, are experiencing now, it has always been a challenging (and usually frustrating) process with often unpredictable outcomes.

Transition

[2:32] Maggie: This episode was recorded on April 20, 2020, the day before President Trump announced he would be signing an Executive Order to temporarily suspend immigration into the US to protect jobs for Americans as we and the economy emerge from the COVID-19 pandemic. On April 22nd, the order was signed, stating that beginning April 23rd, immigrants located outside the U.S. who did not have a valid immigrant visa or other official travel document, would not be allowed entry into the US for the next 60 days, with several categories of exceptions. At the time of this episode's release, the suspension of entry does not currently apply to healthcare workers, but the president has left open the possibility that this latest order could change in the future, leaving much uncertainty for IMGs and many others.

Transition

[3:28] Sarah: We have two fantastic guests who will be helping us learn more about this topic. The first is Dr. Ricardo Correa, who's an endocrinologist at the University of Arizona College of Medicine in Phoenix. He's a graduate of the University of Panama Medical School and serves as a member of the American Medical Association's International Medical Graduate Section Governing Council. Our second guest is Dr. Mohit Gupta, who's an Internal Medicine Hospitalist at the Cleveland Clinic in Ohio. He completed his medical school training at the University of Mumbai, Seth G.S. Medical College and his internal medicine residency at Hahnemann University Hospital in Philadelphia.

Maggie: Thank you both so much for joining us for this episode and highlighting such an important topic even in the middle of your clinical demands in this busy and stressful time.

Mohit: Thanks for having us.

Ricardo: Thank you so much for having us.

Maggie: Before we dive in, we'd love to get to know each of you a little better, so it's time for our *A Step in Their Shoes* segment, where each of our guests shares an element of their background or culture that has been important in their life, and we, as listeners, flex our muscles in the realms of cultural competency and humility.

Transition

[4:41] Maggie: Dr. Correa, would you start us off?

Ricardo: Yes. Thank you so much for this invitation. It's a real pleasure to be here and address such an important topic as this one. Something from my life that I miss is the Christmas and New Year's Eve. So a little bit different from the US. In Panama, and in the rest of Latin America, we really celebrate our Christmas and New Year doing, with more Christmas in the Eve. Midnight with the family and everybody comes to your house and share experiences. A little bit different from the US, that is, the Christmas Day, the thing that you celebrate. So every time that a 24th of December comes, and I don't see that everybody's in the street, or celebrating at midnight, it's a little bit of sadness, but you have to get used to a different culture. So that's something that reminds me every time what happens in my own culture.

Maggie: That's really unique. I like that way of celebrating and timing of celebration. Have you been able to do that at all with friends in the US who maybe have similar practices and the culture that they come from?

Ricardo: When I was in residency, that I was doing my residency really in Miami, it was easier, and we were able to celebrate that. But then after that, I moved to different places that there is not a lot of Latinos in the staff. So yes, we moved to celebrate on Christmas Day.

Maggie: Interesting. My Egyptian family also will celebrate on Christmas Eve and stay up late that night, too, and then our individual families will then celebrate Christmas Day together, but the big extended family celebrates the night before. So that's cool to hear that you did that growing up as well.

[6:44] Sarah: And Dr. Gupta, how about you?

Mohit: Hi Sarah, and thanks for having us and asking this very personal question. So you know how you mentioned I graduated in Mumbai. I'm from India, and in between coming from India to the US, I also spent a few years training in the UK before coming to the US in 2008. So, being from India, I'm a huge fan of Indian music, especially Bhangra, and the Indian movie industry Bollywood. I still keep following Bollywood. I've been very lucky that there are movie theaters, even in Cleveland, that play some of the Indian movies. And there is an Indian - the most famous sport in India is cricket. I still get to catch up on some games even though with the time zone, it's a little bit different. And as my friends say, I'm a big time foodie, and I get, I kind of like most other cuisines, but Indian food is still my favorite. If I have to name one dish, that would be butter chicken. That's my #1 dish from India. And, as Dr. Correa mentioned, you know, one thing that I miss is during the festivity times. We have different festival kinds: to name them, Diwali and Holi. Holi is the Festival of Colors,

and Diwali is the Festival of Lights. I miss not being with the family, especially for being able to celebrate it.

[8:21] Sarah: Thank you both for sharing that. I think especially in light of what we're experiencing right now, there are some things that remind us of home that we can still access even though we're far apart from our loved ones and our families. But there are always these reminders that tend to happen around holidays and celebrations, where not being in-person and not being able to celebrate with those people, become more apparent. And I think that there's a lot of parallels to what people are experiencing now as we shelter-in-place.

Maggie: I agree. I think it's both helpful to remember these things, and also kind of, just reiterates the importance of remembering our roots and the things that we value and so, thank you both for sharing.

Transition

[9:18] Sarah: I'd like to start our discussion about how COVID-19 is impacting international medical graduates by asking Dr Correa: can you give us a brief rundown of the process that IMGs have to go through in order to even practice in the United States?

Ricardo: Yes, this is a very important question, so complicated into certain points to understand deep of this, and I know that Dr. Gupta will help me a little bit here. So, the process is a long process, but it starts with your arrival to residency on a different kind of visa. So it can be a J-1 training visa, or it can be an H-1B working visa. After this, if you came with an H-1B visa, that is, a working visa, you can apply after the five years; and being on the H-1 visa, you can apply for a green card. And we will talk a little bit more about that. If you came with a J-1 visa, then you have to—after you finish your training, if you want to stay in the US—something that we will call the J-1 waiver, meaning that you, as per the rule of your visa, you have to go back to your country for two years. If you are on a J-1 visa, you can also get a waiver, meaning that you stay in the US and you practice in an underserved area for three years. During that time, you change from a J-1 visa status to an H-1 visa. So, that is the process of the waiver: you have to change from one visa to another.

[11:03] Maggie: Thank you for describing that process. That's a lot of new information for many of us who aren't familiar with the process, so just to summarize: for IMGs coming to the US, there are different types of visas that they can acquire, work visas, in order to practice medicine here, including the most common H-1 and J-1. And where they're able to apply for a green card, there are different types of green cards they can apply for.

Ricardo: So when you are on H-1 visa, now you have to—a certain amount of time, every three years—you have to renew your visa. And what happened is that people will apply for a permanent residency or a green card in the US, and this will be different from country to country, basically because of the amount of percentage that is attributed to certain populations or certain countries for applying for a green card. So, for example, for the Latin American countries, when you have to apply from an H-1 visa to a green card, it probably will take you between 2-3 years to get it because the amount of population applying for the green card in that country is not as big as other countries. But if we talk about the Indian problem, there is a lot of population applying for green cards. So there is a certain amount of green cards that are distributed per year. So you will have a backlog that happened to the people from India. So what happened is that this backlog started getting bigger and bigger and bigger, and up to last year, probably the waiting time to get a green card from an H-1B applying for this was approximately 50 years. It's absurd to hear a big number of 50 years because of all of the unintended consequences - that means that you are staying in a country with your family racing here, and you have to still wait to get a permanent status. There are certain things that are happening right now to decrease this gap and to increase the percentage of permanent green cards that are given to the IMGs. There's a bill that is right now in the Senate that tried to increase from 7% to 15%, or a decrease in the cap that exists so more people that are really working in, serving in underserved areas in health today, helping to assist them, can get more green cards.

[13:56] Maggie: Well, thank you Dr Correa for catching us up to some of the basics of the legislation that dictates what many IMGs must go through to move to the US and continue working in their chosen field of medicine here. Can you tell us a little bit about your personal story as you've gone through this process?

Ricardo: Yes. I will tell you a little bit about my personal story. As you mentioned, I'm from the University of Panama in Panama City. So I came to the US with a J-1 visa, and with that J-1 visa, was able to do my residency and my fellowship, and after I finished my fellowship, then I applied for a J-1 waiver. I wanted to stay in academia. J-1 waivers limited to academia are a little bit more difficult, so I was able to get a spot at Brown University in Rhode Island, so I was able to do my J-1 waiver. This was the transition, as I mentioned from a J-1 visa to really an H-1 visa. And then from there, apply for a green card. So, that was my pathway. After I got my green card, I was able to move to University of Arizona to practice more academics and do more research and teaching.

[15:20] Maggie: Okay. And how many years total did that process take you?

Ricardo: So it took me four years after I finished my fellowship. I started applying for my green card year #2 of my waiver, and then the process took approximately two more years. So four years in total.

Maggie: Okay. Wow. Definitely a process requiring a lot of patience. And I know the process has been even longer for many people, too. Do the same processes as apply to other healthcare workers, like nurses, pharmacists and other healthcare professionals that come from other countries?

[16:04] Ricardo: Yeah. So, there's a different process for other health workers depending on the visa that they come. If they come with an H-1 visa, then it is the same tedious process. There's a lot more limited to the J-1 visa and other healthcare workers. Sometimes they come from, depending, as I mentioned, the country of origin that will limit more the process or not.

[16:31] Maggie: And so obviously they're, these are very nuanced processes with different changes even just in a matter of the past year. And there's a lot of details about the visas and the legislation and different political views about them as well. Our goal here on this podcast in this episode isn't to fall on one side, or the other, of a political debate about these issues, but to learn about the issues and to hear the stories of those who are directly impacted by them. Dr. Gupta, are you willing to share about your personal experience, and how your stories may be similar to or different from Dr Correa's?

[17:06] Mohit: Yeah, absolutely. You know, it is a little bit different and it is a topic that, you know, is very dear to me in a way that I didn't want things to fold out the way they have folded over the period of years. So, as I mentioned, I came to the US back in 2008 and I finished my residency in 2011, and that is when I filed for my green card. And would you believe I'm still waiting to get my permanent residency, that is a green card in the US, to date? So let me give you a little bit of background about this. So Congress enacted a 7% per-country cap back in the 1950s. They did not consider the population of the country. For example, Luxembourg has a population of 50,000, and India has a population of 1.3 billion. Invariably, the number of green cards available to IMGs, or immigrants from any country, remains the same. So what it has led to, is over the period of time, because there are more Indians coming as compared to people from other countries, so over the period of time it led to a huge backlog of 100+ years for Indians. So what that means is if you apply for the green card or permanent residency card today, you are not going to get it in your lifetime. To dig more into it...so there are three different categories of green card you can apply to. So that you can better understand this, there is EB-1, EB-2 and EB-3. I would also like to elaborate on how it affects some professional level. You know, when you're on visa, there are less opportunities available to you, so you are limited by who you can work with, who can apply for your H-1B visa. Switching the jobs is very difficult. Getting into competitive fellowships like cardiology, gastroenterology, oncology - you are very limited in getting onto these fellowships as well. So, in a way you are not able to, you know, realize the top of your potential, which, at a personal level is very, very demoralizing. I will give you my personal example. Like my wife, she is a trained dentist. She came from University of Pennsylvania, one of the top dental schools in the country. But when it was time to apply for her job, her visa did not get picked up in the lottery system, and she could not work for

one entire year just because she could not get a visa and our green card did not come through by 2015. And then when she did the residency training for another year, there were many places that were limited by the visa, and other places, they would not give her that option. So she finally got the residency, but not her first choice, even though proving herself that at most of the steps.

[20:30] Sarah: Thank you for sharing your wife's story with us. It's incredible to hear how she has overcome all of these obstacles, and yet it is also frustrating she had to overcome them in the first place, and that visa-related issues really impacted her career.

Transition

[20:58] Mohit: I would also like to share a sad story of my friend. A brilliant guy, he was one year senior to me in my medical school. He came to the US, he finished his training in pediatrics and then pediatric oncology, and he was practicing, and he was also the residency program director at one of the hospitals in the US in Cleveland. But again, this visa backlog was limiting his future and limiting his career, his wife's career, who also happens to be a dentist. He just could not take all this pressure, and he could not switch the jobs, and there were many other factors. Unfortunately, he committed suicide last year, and it was very, very disheartening to see what they had to go through. He was also waiting for this green card for, I think, 8-10 years. And guess what, on that day, the first worry of the family, after losing him, was: how are they going to stay in the country? Which to me, was very, very disheartening. Very moving how, because she was on H4 (visa issued to immediate family members of the H-1B visa holders), so the day he died, she loses her status in the country and that means the entire family has to be deported because the kids can't stay with the mother. Thankfully we could figure that out. But those are not that those are the times the family needs the support, not the stress. And I know a few more families who have gone through that. You're the last person who was the H-1B carrier. And the rest of the family had to go through this, where in this period of grief, they had to work on their immigration status instead of being with the family.

[23:00] Maggie: Wow, well, thank you for sharing your personal experience and also bringing light to your colleagues' story. It's terrible to hear the way that some of the systemic institutional ways that trying to obtain a status in this country, to be able to live here and pursue the career that you've chosen, and that you excel at, is so impeded by these outside factors that prevent you from realizing your dreams, and then beyond that, lead to so much frustration and discouragement that many people are experiencing this on a very real, emotional, mental health level. And it obviously impacted your friend very severely, and it's very disheartening to hear that that leads to more stress and concern and inability to grieve the way that people want to grieve. When family members who are IMGs go through difficulty or pass away here in the US, and then the families are left with the political repercussions, not just the emotional grief as well.

Transition

[24:28] Sarah: As someone who is finishing up medical school and about to start residency, I think mental health is something I think about a lot, and I have lost friends to suicide. Deciding to become a physician puts us at higher risk for depression and suicide, and we also know that that risk is not equal, that it is going to affect those most vulnerable among, among us, whether that is being underrepresented in medicine, or an international medical graduate. We need international medical graduates, and we should better support them because they're critical to addressing physician shortages, and getting patients access to care.

[25:15] Ricardo: And if I can mention something adding to the amazing story of the doctor I mentioned is that you have to think that about that these physicians that are on the H1-B visa or are on the J-1 waiver, meaning the same type of visa, are people that are serving underserved communities, are serving rural America, where there's a lot of needs and these people are there in the front line serving these communities. So there should be a way to help, as was mentioned, to help these kinds of physicians just to achieve their goals in their life. There have been some movements from different organizations, and if I can mention, from the American Medical Association standpoint of view, there was a resolution, there was a proof there in the annual meeting about the DACA (Deferred Action for Childhood Arrivals) population, meaning that these are students that are from IMG physicians that are still waiting, that came very early, as Dr Gupta mentioned, to the country. So there was a solution that this population has DACA, and that's what we are addressing right now in Washington DC with the American Medical Association.

[26:42] Maggie: And Dr. Correa, was that prompted by the fact that many IMGs and international students are on the front lines during the COVID-19 pandemic now?

Ricardo: Well, this was before the COVID-19 pandemic. This started many years ago, uh, realizing that the physicians that are in the front line in rural America, sometimes they don't get the permanent residency, so they need to achieve because they are serving the Americans. But now that you mentioned about the COVID-19, this is a totally important point because as I mentioned, they are in the frontlines in rural America, they're in the frontlines in underserved populations, and we now know that this underserved population are the ones that are suffering the most in COVID-19. So who is seeing those patients with COVID-19? It's those IMGs that dedicate their life to serve others, that dedicate their life to serve the underserved communities, and they don't have a status if something happens to them. And just to add a little bit more to the story of Dr. Gupta, there is an IMG that died from COVID-19 in New York and has a family behind him. So the same problem that Dr. Gupta mentioned about what is going to happen with the spouse and kids. It's the same thing that comes to your mind everyday when you're seeing that these IMGs are in the

frontlines without a permanent status. So we have to realize, and I think that, thank you for this podcast, because we have to realize that these are people that are working on the frontlines during multiple difficult times, not just the COVID-19. In the past, it has been the H1N1 and multiple other crises. These are people that don't have a permanent status, and there are risks of the deportation to the family if something happened to them. So there's also fear from that community to help. It's just because they don't know what is going to happen with the rest of their families. So, it's a big problem that needs to be addressed. It has been addressed by certain organizations, but there needs to be a change from the central Federal government.

[29:13] Mohit: Yeah, absolutely. I would like to echo the sentiments of Dr. Ricardo Correa. You know, 25% of the workforce in the US from physicians' standpoint is made up of IMGs, and as you mentioned in the COVID time, we need more physicians than ever. And now with the COVID, physicians are at the forefront, and they can fall sick as well, which will lead to further shortage of the physicians. And, at this time, IMGs are coming at the forefront. And again, as I mentioned, you know, COVID, you know that mortality with COVID and even the physicians can die as Dr. Correa mentioned in New York, IMGs have died. So that leaves their family in a big despair. It is one of my biggest worries. Something happens to me, what happens to my family?

[30:09] Maggie: Well, thank you both for sharing those vulnerable stories, and the kind of ongoing story that you're living right now. It's important for us all to hear and learn about your experience even though it's discouraging and kind of eye-opening. Will you talk to us about maybe how some legislation or efforts/advocacy that are in process may be helping or trying to address some of this difficulty that IMGs are facing at this point, specifically in the COVID-19 pandemic?

[30:54] Mohit: One of the biggest culprits about this backlog is this per-country cap,, which has led to such a huge backlog. There has been a lot of effort in the Congress to remove this per-country cap and make it drop. I would say, rather than make it transition, which it didn't do over that period of years, is to have a first-come, first-serve basis so that the other countries don't go into a backlog either. There is a bill named S for sugar, 386 in the Senate. The sister bill of this had already passed the House with an overwhelming majority, I think it was about 360+ votes that the bill got. And this bill is stuck in the Senate. And if the Senate clears this bill, which would help in removing this per-country cap, it will help in removing this decades-long backlog to at least shorten that period.

[32:04] Ricardo: Yeah, so I think that the most important thing right now is what Dr. Gupta mentioned about the bill that is in the Senate, but all of this also is in accordance with multiple organizations that have been working and advocating for IMGs. One of those organizations has been the American Medical Association coming from the American Medical Association IMG section, that is, all of these issues that are raised by our IMG community, bringing in to create some resolutions from the backlog that we were talking

about, but also resolutions for the DACA populations that we mentioned—so children from the IMGs that came very early, or even based on when they were born and have been living in the US for a long time. During this COVID time, there has been a lot of communication from the AMA to the different organizations like the ACP IMG, that is the Accreditation Council of International Medical Graduates, to put it in a name. So this communication has been a way to protect the IMGs. And the other big part of this is people that are coming to the US to train—so, they are not here, they match already—they have to get a visa to start on July 1st of this year. So due to all of these problems, there have been a lot of problems because the embassies in other countries are closed. So, they wait to get a visa, as in the past. Some programs will not wait more than 30 days. So, talking to the programs directly and trying to address this issue because it's something that is totally different from all other years has been important. Another issue is that people that are here already are on a visa. Sometimes, if they have to change from visa, for example, if you were a spouse of an H-1B visa, and you want to change, or you're a spouse of a J-1 visa and you want to change, you have to go outside the country, and then return. And at this time it is impossible to do that, and you have to start your residency or fellowship on July 1st...so all of these kinds of things are now on the plate and to see the best way up to now. The US CIS (Customs and Immigration Service) has not issued any statement about how they will help these people. So there's a lot of pressure from organizations to make this happen. There's express—there was something that they called premium express, like it makes this thing happen faster—and it's not happening right now. So, their organization is pressuring a lot. And the last thing that I want to talk about is another group, it's the IMGs that were doctors in their own countries, and they want to come to the US to become a doctor in the US. They pass all the steps to become a doctor. The only last step is that they are not in a residency, they didn't match or they are from countries where they seek asylum, like a lot of people from Venezuela right now. And they don't have a way of practicing. So, now with the COVID-19, the healthcare system realized the need of more physicians. There has been some state laws, that has opened a little bit of a license to practice, a temporary practice license, to physicians. The first one was New York, then New Jersey, Virginia, California...but really, all of them are a little bit vague because you are being put on the frontline as a physician, and you are not guaranteed anything after this. So all of them have just opened, sometimes, some licensed, for them. One of them is very restrictive. The New York one who has to have some experience and GME in the US, so that's usually a person that already has done some residency, or something like that. The New Jersey one that was just published last week is a little bit more open. You don't have to have prior training in the US, but the characteristic is that after the pandemic ends, then you lose your license, and then there's no guarantee of further training. So you are putting the life at risk of these physicians, but then, you are not guaranteed anything after. So you have to balance both things. And I know that these people are people that want to help, but the caveat is that if something happens to them, then it's over.

[37:36] Maggie: Yeah, I'm glad you brought that up. I was gonna ask you about situations, like as in New York, as it was the first state where early on, because of the demand of the need for providers to care for COVID-19 patients, they took several measures, including

this one, to try to get some international medical graduates privileges to be able to work—those that wanted to. It's interesting to learn and think about how each different level of IMG is impacted, whether they're already licensed physicians in their home country coming to the US, or it's someone who's grown up here, trained here and is still considered an international student and is trying to obtain a standing here to be able to serve patients in the country that is their home where they've grown up. And obviously there are many nuances and it's a very tricky process even for people in the process to navigate, of course. So, as people who, the majority of whom are not IMGs, our listeners, it's really helpful to hear from your personal stories. So, I just want to thank you again for sharing your experience on a personal level and on a policy level for the work that you've both been doing to advocate for IMGs in this country.

Mohit: Yeah, my own visa is going to expire on June 14th, so I hope it gets renewed.

Maggie: Yeah, I do too!

Sarah: I hope so too!

[39:06] Sarah: I want to acknowledge how hearing about this can be really overwhelming. And I think the word Maggie used earlier, it can be really discouraging hearing about how IMGs are on the frontline of our fight against COVID-19, how they are often caring for our vulnerable patients in rural communities and how they're separated from their families, or waiting 100+ years to get permanent residency status. And I think it's really encouraging to know that they are not alone, and that they have people like Dr. Gupta and Dr. Correa, who are working with different organizations to continue to advocate for IMGs. And I want to sort of end us with: what message would you like to share for the IMGs in the US who may be listening right now, and many of whom are in a very similar situation to what both of you described?

[40:08] Mohit: Let me say, during this COVID time, it's a very nervous thought, you know, when you're not able to see your family, and you are sitting thousands of miles apart from your family and not being able to help them. But at the same time, it's fulfilling to take care of the patients and serve them. That's the life of a doctor. In the beginning, everything feels way better. You know, you're in a new country, a country that is so resourceful. But after that certain time, especially after having the kids, you know, you start, you start feeling that you're missing the family. Your kids are not able to see their own family. But having said that, I would encourage the IMGs to walk the path and explore it. The US is a land of opportunities with a tremendous amount of resources. The medical capabilities, the training here is like nowhere else in the world. So I would still encourage everyone to, you know, gather their courage, try it out, and learn from the best in the world.

[41:20] Sarah: Thank you, Dr. Gupta; and Dr. Correa, do you have any last thoughts?

Ricardo: Yes. Two things that I would like to share for the IMG communities. One is that we really need to get together for getting better things for our community. As Dr. Gupta mentioned, we are 25% of the healthcare workforce in this country. But what I have seen is that we are very dispersed; we are not together. So when we have to fight for something, it's very difficult to do it because everybody's fighting their own fight, so we need to come together. And how to do this, I think there are multiple ways to do it. Get involved with your state or ethnic society if they have an IMG section. If not, just get a group of people and try to make your state and ethnic society make an IMG section. At the national level, get involved with national organizations. For example, for medicine, I can tell you the ACP is a good resource, and the American Medical Association—that will be the biggest at this point organization for physicians that can address some of these issues, and they can fight at the level of Washington for things that are important to us. But if we don't show them how much we represent and how much we are doing, these organizations will not work for our cause. So we need to get together. The second is that there are multiple resources out there to help IMGs at different levels. As I mentioned, again, multiple of these organizations and the ACP IMG have been doing great work to help on this. And I would highly recommend to go and see that webpage or that resources so you can be informed of what is happening. And if you have something different to say, just contact the leadership. From the American Medical Association IMG section standpoint of view, I can tell you that every time that somebody contacts the section, they get their answers. So I think that the best thing that we can do as an IMG community is everybody—facing the problem or not, being 20 years in the country or being one year in the country, being a senior physician or being an early career physician-in-training—all of us need to get together and fight for our community.

[44:07] Mohit: Yeah, Dr Correa touched on a very important point: to get involved. And I personally realize the grassroots advocacy has tremendous potential and tremendous value to it. We all should not be looking at the others to do work for us. Instead, we all should step up and get involved in this. One call, one letter, one e-mail to your Senator and your Congressman goes a long way. That way, they get to collect that data: how many people, how many of their constituents are suffering from this problem? And that leads to a change in their mind. They are there to help us, but they need to know the problem. So I would encourage you to pick up the phone and call your Senator and Congressman's office to make them aware of your ongoing problems.

[45:09] Sarah: And how can non-IMGs support our IMG colleagues?

Ricardo: Oh, that's a great question. And I think that non-IMGs are usually a friend, or has a colleague who is an IMG. One is learning more about the IMG process—I think that that will help a lot. And, second, is supporting the cause if you feel you identify with it and supporting the IMGs. So as I mentioned, we are the ones that are in the frontline in certain areas of the country, not just for the COVID, but for many issues. There's IMGs leading many academic centers that are doing great things in research and great things in education. So if

you are a non-IMG, just look at that—probably it is your mentor, your mentee, your friend, your colleague—and just try to understand a little bit by talking to that person and then just join with the rest of the IMGs' cause to decrease the gap and decrease the bias that exist.

Mohit: Yeah, absolutely. Even the local graduates, they can pick up the phone and call their Congressman and Senator to make them aware of this situation and how to support this cause, and that will even be more effective.

[46:48] Maggie: Wonderful. Well, thank you both so much for sharing your stories, your wisdom and the practical takeaways that we can take with us along with our listeners.

Ricardo: Thank you so much for the invitation. It has been a real pleasure to share my experience and to talk to all of you and Dr. Gupta about this issue. I think that with your podcasts, we will make more people realize what we are suffering and what we are going through, and hopefully, more people join the cause.

Mohit: Thank you. I can't thank you enough to pick out a topic that's very dear to me, and you know, how you guys have done a great job in addressing the suffering of IMGs.

[47:35] Maggie: Thank you for that. It's so powerful to hear directly from some of the people who are impacted by the many disparities that COVID-19 is highlighting in our society and learn from you, what strategies we can implement, so we greatly appreciate it. We invite our listeners to continue this discussion online on our website, thedeishift.com—that's the [\(DEI\)shift.com](http://(DEI)shift.com). We'd love to hear your stories to do with this topic—whether you're IMG or not. Some of the specific barriers and challenges that you've faced and ideas that you may have about how we can all address these barriers.

[48:09] Sarah: Also, remember to go to our website for episode show notes and additional resources, and follow us on Instagram and Twitter @thedeishift. Thank you for tuning in, and we hope you join us next time.

[48:22] Outro

Disclaimer: The DEI Shift podcast and its guest provide general information and entertainment, but not medical advice. Before making any changes to your medical treatment or execution of your treatment plan, please consult with your doctor or personal medical team. Reference to any specific product or entity does not constitute an endorsement or recommendation by The DEI Shift. The views expressed by guests are their own, and their appearance on the podcast does not imply an endorsement of them or any entity they represent. Views and opinions expressed by The DEI Shift team are those of

each individual, and do not necessarily reflect the views or opinions of The DEI Shift team and its guests, employers, sponsors, or organizations we are affiliated with.

Season 1 of The DEI Shift podcast is proudly sponsored by the American Medical Association's [Joan F. Giambalvo Fund for the Advancement of Women](#) and the [American College of Physicians Southern California Region III Chapter](#).

Our theme music is brought to you by Chris Dingman. Learn more at www.chrisdingman.com.

Contact us: thedeishift@gmail.com, [@thedeishift](#), thedeishift.com