



Travel Bans: What Effect Does It Have on Graduate Medical Education?

By Maria V. Gomez, MD, Cook County Stroger Hospital, Chicago

Ongoing news events, including the repeated attempts to implement a travel ban, have initiated a sense of uncertainty amongst medical residents in the U.S. An initial executive order banning entry into the U.S. of foreign citizens from seven predominantly Muslim countries resulted in thwarting physician international travel and provoked confusion nationwide.^{1,2} The precursory order was blocked by a federal appeals court³ and precipitated a revised travel ban that has also been diverted by a U.S. district judge in Hawaii. Sixteen other states have sided with Hawaii as well as the American Bar Association, former national security officials, technology companies, religious organizations, and 165 members of congress. Fourteen states, along with nonprofit gun groups, advocates of English first language policies and border control foundations are urging the enforcement of the revised travel ban.⁴ The redacted order entails a 90-day ban on travelers from six predominantly Muslim countries. Notable changes in the executive order include: Iraqi citizens are no longer barred from travel, exemptions exist for permanent residents and current visa holders, a 120-day freeze instead of an indefinite ban on refugees from Syria, and abdicated language offering preferential status to persecuted religious minorities.⁵ The revised ban was recently considered to be discriminatory and continues to be blocked, the final fate of this travel order will likely be decided by the Supreme Court.⁶

Although both travel ban orders are currently in respite, incertitude for many, especially future foreign graduates, remains. In 2015, international medical graduates were reported to make up 24 percent of practicing physicians in the U.S.⁷ In 2016, 21 percent of all active applicants in the Main Residency Match were not U.S. Citizens, that number dropped to 20 percent in 2017.^{8,9} Although the number of U.S. citizen

and non-U.S. citizen international medical school students and graduates declined, their match rates increased and were at the highest in more than a decade, according to a National Resident Matching Program press release.¹⁰ Despite the increase in matching rates, the number of active applicants that are non-U.S. citizen medical students and international medical graduates is at its lowest since 2012 with only 7,284 active applicants in 2017.^{11,12} Foreigners, as future physicians and as patients, add to the breadth of education that only a diverse health care system can provide. As Dr. Grover, executive vice president of the AAMC (Association of the American Medical Colleges) states, "usually the US gets the pick of the crop—the best doctors in training from around the world. But that situation might not continue if some IMGs think they are not welcome".¹²

It is impossible to know if these numbers are by virtue of these travel ban orders, or if they are in any way corresponding. Only time will tell if this declining number of active international medical graduate applicants will continue.

It is evident that immigrants are making significant contributions to the U.S. health system and anything that would negate this formulary would be detrimental to both patients and physicians alike. Many medical associations^{13,14,15,16} and institutions of higher education¹⁷ have issued statements in an unprecedented show of solidarity expressing concern for the implication that these new policies may have for the future of medicine, science, and education.

By the time this article is submitted, this travel ban may or may not have had its day with the Supreme Court. What will remain nebulous are the future of foreigners in the U.S., and the impact any changes to immigration policies will have on the health care field. These uncertainties can

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Cook County Stroger Emergency Medicine Residents and Attendings, Internal Medicine Chief Residents, Pediatric Medicine Residents

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lead to feelings of isolation, frustration, and fear. Considering the diversity of our country, departmental staff, and patient population, it is important that we foster broad and inclusive practices to continue to show support and solidarity for our colleagues and patients that are being directly affected by this ordeal. It is arguably more imperative now than ever to promote tolerance, celebrate our global communities, and to show our advocacy in the emergency medicine field.

Tasks such as coordinating opportunities in which residents may express their concerns, and providing resources to

help manage new hurdles, can make an immense difference during these tenuous moments. As an immigrant, a U.S. combat veteran, mother, and Mexican-American emergency medicine physician, I invite all residency programs to accept these precarious times as an opportunity to improve on their approach and fulfillment of diversity and inclusion. ▶

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ABOUT THE AUTHOR: Maria V. Gomez, MD, is an emergency medicine resident physician at Cook County Stroger Hospital in Chicago.