Alien J-1 Physicians in a Pandemic

**Every time I arrive** at John F. Kennedy airport after what always feels like a short vacation home, I share a laugh with the border protection officer reviewing my paperwork at how my name includes almost all the letters of the alphabet, and how my job description reads “alien physician.” “Like I’m from outer space!” I say. In 2020, however, like so many other foreign medical graduates (FMGs) who are alien (non-US citizen) physicians, I was not able to joke about my extraterrestrial status—I was warned not to travel outside of the US, as it might jeopardize my residency.

The US Code of Federal Regulations defines “alien” physician as a non-US citizen medical graduate pursuing training at an accredited school or medical institution in the US. The Educational Commission for Foreign Medical Graduates (ECFMG) is the J-1 visa sponsor for alien physicians—a nonimmigrant visa category for individuals approved to participate in work-based and study-based exchange visitor programs, such as residency or fellowship training.

The J-1 visa is the most common visa used by FMGs.\(^1\) Over the last decade, the number of J-1 physicians has increased by 62% such that in 2019, a total of 12,046 FMGs worked in nearly 750 teaching hospitals across the US.\(^2\) This increase over time underscores the growing reliance of the health care system on J-1 physicians and the integral role they play in taking care of US patients.

Currently, under the Duration of Status provision, a J-1 physician’s authorized stay in the US is extended automatically each year for subsequent training years when the J-1 sponsorship extension is approved by the ECFMG, after a rigorous review is conducted to ensure that J-1 physicians are compliant with visa requirements and are progressing through their training programs as planned.

In September 2020, the US Immigration and Customs Enforcement proposed a rule change regarding how all J-1 visa holders, including physicians, extend their period of authorized stay in the US, the goal being to reduce visa overstays.\(^3\) Despite no evidence that J-1 physicians overstayed their visas, the proposed rule would require extending the visa either while the physician is in the US through United States Citizenship and Immigration Services, which is reported to take up to 19 months, or at a US consulate in the physician’s home country.\(^4\) If adopted, this rule will create difficult timelines and may force J-1 physicians to travel internationally, disrupting training and further stretching an already overburdened health care system during a pandemic. It will also add another major source of stress for J-1 physicians.

It is no secret that residency takes a toll on one’s personal life, requiring many sacrifices that residents and their loved ones must endure. And for FMGs, the toll might be heavier as we adjust to a different culture and health care system and, for some, even learn to speak a new language. Training in New York City in the spring of 2020, the epicenter of the global COVID-19 pandemic, was a challenge beyond what any resident would have imagined.

Perhaps what gave me, and others, some sense of comfort during the difficult times that followed was that as residents—irrespective of specialty, gender, race, or citizenship—we shared the same experiences and emotions. We all were redeployed into various medical teams, picking up intensive care unit shifts and, as visitation was prohibited,\(^5\) calling to update families of patients every afternoon. We all attended mandatory virtual meetings and anxiously texted each other whenever the limited supply of personal protective equipment was being discussed. On days off, we would listen to Governor Cuomo’s briefings and fill in those who were working with the latest updates. And in June, all of us stood together in silence for 8 minutes and 46 seconds to honor the life of George Floyd and joined marches against racial injustice.

As months passed and the curve started to flatten, things became less hectic, redeployment ended, and it was time for many to seize the opportunity to visit their families. I could not help but notice how overjoyed and relieved many of the residents were after reuniting with their families for the first time since the pandemic started. For me, however, visiting home had become dangerous, contributing to a growing sense of distress: homesickness.

Given the unstable travel restrictions, a slew of emails sent by the ECFMG throughout the pandemic to J-1 physicians warned against international travel, with bolded phrases such as: “strongly recommend that you do not attempt to travel outside the US,” “re-entry would not be guaranteed,” and “jeopardize your exchange visitor physician experience.” But what if my parents, who live in Jordan, a country with limited resources to combat COVID-19, get sick or even worse?

“Are you crazy? Do you want to risk it all?” My co-resident, who is also an alien physician, would argue every time we discussed the possibility of visiting home. “What are you going to do if you get stuck and can’t come back?” The truth is that every J-1 physician knows that there is too much at stake for a short trip home, and some go for years without visiting their home country. But this time things felt different—a break from this war fought away from home seemed warranted.

As I approach the end of my chief resident year and prepare for fellowship, the final 2 years of training in the US, I cannot help but consider how the requirements of the ill-timed proposed renewal rule may negatively affect me. The potential delay in training accompanied by the inconvenience and danger of traveling internationally will cast a shadow over the remainder of my J-1 experience. Therefore, it seems only logical for FMGs to consider...
other, more complicated and less feasible visa categories such as H-1B and O-1 visas, or even to contemplate training elsewhere.

So, how can we help J-1 physicians cope? First, training programs must acknowledge that J-1 physicians are subject to the unique challenge of fighting a pandemic away from home. Second, while many hospitals offer mental health and emotional support to their frontline workers, they should proactively seek out FMGs and offer expert support. Third, when appropriate, programs should be flexible with their trainees in allowing for longer-than-usual vacations, possibly on short notice, to provide J-1 physicians sufficient time to travel home safely, renew their visas, and quarantine. Fourth, while the public comment period has closed for the proposed change to the J-1 renewal rule, health care workers can continue to oppose it by raising concerns to their leaders, administrators, and local lawmakers. If the visa renewal proposal is adopted, one solution would be to shorten the process for extending the visa while in the US through United States Citizenship and Immigration Services to 1 or 2 months.

In similar circumstances, the applications of foreign frontline workers for citizenship in France are being fast-tracked as a token of appreciation by the government. Perhaps US legislators can take steps in a similar direction to alleviate some of the anxiety that stems from immigration policies and reward J-1 physicians as we brace for a second wave of patients with COVID-19. Finally, we should divorce the word alien from physician—because nowadays being a physician has never felt more human.

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