



South Asians and the Globalization of the U.S. Healthcare System

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APM Research Project




WILLIAM & MARY

CHARTERED 1693





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History of the First South Asians at William & Mary

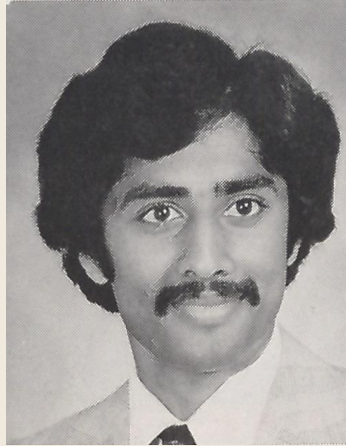
- 1921- P. K. Chen became the first student of Asian ancestry to attend William & Mary (Asian Centennial).
- 1952- Asghar Ali became the first South Asian to study at W&M. (Knowledgebase)
- 1970's- a slightly larger influx of South Asians began.
 - Most South Asian ancestry students were foreign born, with 7 of 9 being international students, and 2 of 9 U.S.-born.
 - Many of the students studied at W&M for only 2 years before transferring to other universities on the East Coast
 - 4 out of 9 of the first South Asians went on to careers in healthcare

First South Asian Healthcare Professionals of William & Mary



Colonial Echo, 1968
W&M Libraries Digital Collections

Dr. Veena Kapur
1966-1968



Colonial Echo, 1979
W&M Libraries Digital Collections

Dr. Machia Uthappa
1977-1979



Churchill High School yearbook, 1976
Ancestry.com

Dr. Pradeep Gupta
1978-1980



Healthcare Students at William and Mary

Dr. Kapur

- Immigrated from India to Virginia
- Masters in psychology at W&M
- Ph.D at American University

Dr. Uthappa

- Immigrated from India to Virginia
- B.S. in biology from W&M
- Medical school at Kempe Gowda Institute

Dr. Gupta

- From Maryland,
- B.S. in biology at W&M and American University
- Medical school at Howard University

Research Questions

- 1) Why and how did South Asian ancestry students come to W&M starting in the late 1960s?
- 2) What was the global context of health-care systems in South Asia and the U.S. shaping South Asian students' enrollment to W&M?
- 3) How did these students navigate their careers, and contextualize their transnational experiences?

01

The Globalization of Healthcare



The Globalization of Healthcare

- Early 1960's: Doctor "Shortages" in Western Industrialized Countries (Wright et al., 2008)
 - Increased demand for health-care professionals due to rising affluence & technological advances in medicine
 - Failure of national education systems to supply needed medical professionals

The Globalization of Healthcare

England (Wright et al., 2008)

- Doctor shortage post-WWII
 - Doctors from Scotland & Wales → England/US 50s-60s
 - “Brain Drain”- Term coined by Royal Society to describe outflow of medical professionals from England to North America.
- Use of foreign doctors
 - Between 1966 and 1974, England licensed over 12,000 foreign-trained physicians.

The Globalization of Healthcare

United States (Wright et al., 2008)

- Growing concern about doctor shortages late 60s
 - U.S. accepted 60,000 foreign medical graduates (FMGs) between 1963 and 1979.
 - Mixed opinions including worries about over-reliance on foreign trained doctors

Globalization of Healthcare

- Oscar Gish economist theorist (1971-77):
 - Developed countries benefited from transnational migration helps lower costs
 - Which led to foreign physicians treated as commodities, more easily dispensed with if not needed.
- Nearly 90% of world's migrant physicians absorbed by developed countries (1979)
 - lack of infrastructure in poor countries, low incomes
 - Underserved rural areas

(Wright et al., 2008)

Globalization of Healthcare

Evolving Conversations around Ethics (Wright et al., 2008)

- Lack of ethical debate in 60s/70s (individualism, racism, lack of data, etc)
- 90s reframing Global Health Ethics



Globalization of Healthcare

- Response to continued shortages was to seek foreign doctors in new locales (Asia)
 - Well trained
 - Large numbers
 - Cheaper
 - Younger
- More disposable

02

U.S. Context



Doctor Shortages & Public Policies

- Doctor shortage (Alam, 2018)- High tuition at U.S. medical schools, few spots, racism, Vietnam War, medicaid expansion
 - Health Professions Educational Assistance Act of 1963- AMA lobby against loan forgiveness in rural areas
 - 1964 Department of Labor declares a doctor shortage
-> Foreign Medical Graduates (FMG) fill the need and act as foreign policy strategy


Doctor Shortages & Public Policies

- Encouragement from US government to bring in more students and healthcare professionals in response to Cold War
- Hart-Celler Immigration and Nationality Act 1965 (Alam, 2018): provision for skilled labor shortages
 - Allowed for the use of FMG labor instead of addressing disparities in healthcare infrastructure





J-1 Visa





- Qualifications: exams, funding, adhere to 2 year return policy
- Most accessible waiver at least 3 year service in underserved community 

H-1B Visa




- 
- H-1B visa less used due to limits on patient care and visa caps 
 - Sometimes sought after J-1 visa
 - Available for grads of foreign med schools or US med schools with license

Immigrant Visa (green card)

- 
- 
- Naturalization after 3-5 years
 - Qualify under employer/family sponsorship

(American Medical Association)



Policy Timeline J-1 Visa



**Smith-Mundt Act 1948
Section 201**

**1956 amendment to new
immigration and
nationality act (INA)**

**1961 Fulbright-Hays
Act**

**1976 Health Professional
Education Assistance Act
(HPEA)**

Admit non-immigrant
visitors of specialized
skill

Clarified 2 year
aggregate requirement

Added 2 year
requirement

Foreign physicians use J-1 Visa to
enter US, ending the period of
easy entry

(Cruz, 2005)


3

U.S. Medical Schools





Barriers to Medical/Professional School

- Applying to medical school is an expensive, time consuming, and often confusing process
 - People of color and immigrants are often left behind in this process (restrictions for permanent residents and citizens)
 - Difficulties finding internships/job opportunities
 - Conflicts with US policies of importing foreign healthcare professionals
- 



Barriers to Post Medical School Plans

- Barriers to competitive specialities due to restrictions and discrimination throughout medical school
- Lack of encouragement from superiors
- “BAMBOO CEILING”

International Medical Graduates (IMGs)

IMG (Weiner, 2023)

- Often feel like they have to apply to more programs and have better scores in order to succeed
- 3 month time frame to find a visa (H-1B or J-1) after residency match
 - Conrad 30 waiver (30 per state)
- [Non US] IMGs more likely to serve in rural underserved regions

04

Oral Histories



Dr. Veena Kapur

- Completed her masters in clinical psychology at William & Mary (1966-1968)
- Went on to do her Ph.D at Catholic University
- Currently works as a clinical psychologist specializing in children between the ages of 7-18



Dr. Machia Uthappa

- Began B.S. in Biology at William & Mary (1977-1979)
- Returned to India to complete Medical Education at Kempegowda Institute of Medical Sciences
- Currently works as internal medicine specialist in New Jersey

Major Themes

- Restrictions in finding job opportunities
- Lack of representation
- Discrimination from superiors/attendings
- South Asian healthcare professionals from W&M preferred to stay in the United States following their medical education

Major Themes

- Dr. Kapur, Dr. Uthappa, and Dr. Gupta all work in communities with large South Asian populations.
- Many ethnic patient populations prefer to see providers with whom they identify with in some way either co-ethnics or co-minorities, *but not all*.

Other Interesting Findings

- The first medical students at W&M were international students, something that no longer holds true.
- There is once again a physician shortage in America, yet many medical schools continue to implement barriers for international medical students.
- A recent response to the mass emigration of medical professionals in Asia has been an attempt to disincentivize migration by creating a medical education system increasingly incompatible with the U.S. medical system.



Thank You!



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