



Mahendr S. Kochar, MD, MS

Editorial

The J-1 Visa Waiver Program for rural Wisconsin

Mahendr S. Kochar, MD, MS

This issue of the *Wisconsin Medical Journal* features Crouse and Munson's study on the retention and acceptance of the J-1 visa waiver physicians (J-1 physicians) in rural Wisconsin.¹ Foreign or international medical graduates (IMGs) who enter the United States on a J-1 visa are required to return to their home country for 2 years before they can come back to the United States to work again. This provision was put in place to encourage IMGs to return to their home countries and utilize their US-acquired knowledge and skills to serve their own populations.

The J-1 visa waiver was introduced to address the physician shortages in underserved areas of the United States. Currently in Wisconsin, it is possible to grant a J-1 visa waiver to 30 IMGs annually to practice primary care in the designated health professional shortage areas (HPSA) that comprise inner city Milwaukee and many rural areas.

Crouse and Munson identified sites in Wisconsin at which J-1

physicians practiced between 1996 and 2002. A 12-item survey that assessed the acceptance and retention of 104 physicians was sent to 18 hospitals and 19 clinics located in rural areas of Wisconsin with a population of less than 20,000. Responses were received on 72 J-1 physicians. Similar data was also obtained on 58 physicians placed in similar locations through the Wisconsin Office of Rural Health's physician recruitment program (WORH physicians). Data from the 2 programs was compared. Almost 60% of the J-1 physicians were internists, compared to only 10% of the WORH physicians, 80% of whom were family physicians. There was no significant difference between the 2 groups relating to patient satisfaction or physician integration into the medical community. More than 80% J-1 physicians and nearly 90% WORH physicians stayed in the same community for 3 years, after which there was a precipitous decline in the number of J-1 physicians, with less than 50% staying longer than 4 years.

The J-1 physicians chose to serve in rural Wisconsin to fulfill the visa waiver requirement and probably moved to receive further training in a subspecialty of internal medicine or located to a metropolitan area to practice. It is obvious that most J-1 physicians did not intend to settle in rural Wisconsin.

In the last 10 years, there has

been a decreasing interest among the US medical school graduates (USMGs) to enter family medicine and general internal medicine. In the 2006 National Residency Program Match almost 59% of family medicine and almost 38% of general medicine residency positions were filled by IMGs. In the last 5 years, the income for specialists has continued to rise, while the income for primary care physicians has not.² Some specialists now earn 3 times more than primary care physicians. Unless the income disparity is addressed, it is very unlikely that USMGs will be attracted to primary care, particularly when the debt of medical students continues to rise. Currently, the average debt is \$120,000 for graduates of state medical schools and nearly \$200,000 for graduates of private schools.

The J-1 visa waiver program is a good interim solution to address the primary care physician shortage in the underserved areas. Although these physicians don't settle in rural communities of Wisconsin, while they practice there, they provide good medical care and are well liked by their patients and co-workers.

References

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Doctor Kochar is professor of Medicine and of Pharmacology & Toxicology and senior associate dean for Graduate Medical Education at the Medical College of Wisconsin. He is also a member of the Wisconsin Medical Journal Editorial Board. Please address correspondence to: Mahendr S. Kochar, MD, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, WI 53226; phone 414.456.4575; fax 414.456.6528; e-mail kochar@mcw.edu.

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