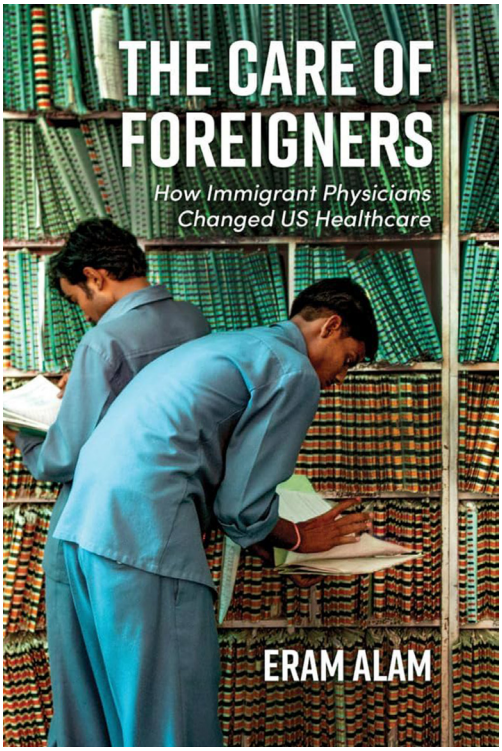
Sarah B. Rodriguez, PhD



BOOK REVIEW

The Care of Foreigners:

How Immigrant Physicians Changed US Healthcare

Eram Alam

Johns Hopkins University Press, 2025

The United States has a shortage of physicians. According to the Association of American Medical Colleges (AAMC), the US is facing a current shortage of 65,000 physicians.[1] They project this physician shortage to be 86,000 by 2036.[2] American medical schools are not graduating enough physicians to fill the demand. One means of reducing this shortage is to recruit physicians not trained in the US or Canada; the *Journal of Medical Regulation* in early 2026 published a news item about Kentucky creating a pathway for "experienced physicians who trained outside the US or Canada to practice" in Kentucky.[3] Under the bill that passed in that state's senate, "qualified physicians who have completed residency or comparable postgraduate training, practiced medicine for at least five years, and secured employment with a Kentucky health care provider may receive a provisional license. After three years of employment in good standing with the sponsored entity, the provisional license automatically converts to a full medical license." Though legislation such as this is meant to make it easier for foreign medical graduates' pathway to start practicing, currently 25% of practicing physicians in the US are from a foreign country.[1]

As Harvard historian Eram Alam makes clear in her excellent book, *The Care of Foreigners: How Immigrant Physicians Changed US Healthcare*, neither the current shortage, nor the turn to foreign medical graduates (FMGs) as a solution, are new. And nor was the shortage inevitable. Despite the AAMC asserting that the current physician shortage crisis is due to an aging population and a large cohort of physicians nearing retirement age, Alam provides strong evidence to show this crisis was also created by professional medical associations in the US, such as the American Medical Association, who wanted to keep the number of physicians low, to, in part, maintain higher incomes for physicians.

In this short and highly readable book, Alam considers the history of FMGs in the US through an introduction, five chapters, and an epilogue. Most of the FMGs Alam considers in this book came from India, the country of origin for a large percent of the FMG physicians in the US. Starting her history with the passage of the 1965 Immigration and Nationality Act (also known as the Hart-Cellar Act), Alam outlines how this initial recruiting of FMGs was seen as a stop-gap measure by the federal government to provide physicians for underserved areas — largely rural and urban, the same as today — as well as to serve as a Cold War action of diplomacy, an illustration to the world of the openness of the US and its work to remedy past racial discrimination.

In her second chapter, she turns to the "paperwork necessary to transform and translate a physician educated, trained, and socialized elsewhere into a standardized" FMG in the US (p. 51). In her third chapter, Alam considers how "a non-white, medical professional from a postcolonial nation is understood within a US clinical context" (p. 77) given, as she (and others) have argued, professional medical associations in the US engaged in strategies for most of the twentieth century to limit those who could practice medicine in the US to being white, male, and born in the US. In her fourth chapter, Alam examines how, starting in the 1970s and then accelerating in later decades, FMGs organized for more inclusion and representation in US organized medicine. FMGs wanted to take the same "exams and licensure procedures as US graduates in the hopes that this would eliminate the discrimination they faced" (p. 109). The AMA, however, actively opposed these efforts — opposed the concerns of a quarter of the US physician workforce — to alleviate conditions some FMGs described as discriminatory, turning them into "second-class citizens in this country" (p. 110). Alam's final full chapter concerns how FMGs from India, as well as US-educated physicians of Indian heritage, became normalized as "American" physicians in the later part of the twentieth and early-twenty-first centuries. She concludes with a short and thoughtful epilogue, "America's Solvable Crisis," providing a few ideas for how to reduce the physician shortage in the US, a crisis that she so clearly shows was not inevitable.

Alam's book is engaging, and her chapters thoughtfully build upon each other, though I found her final full chapter to be the weakest of the five. The history she discusses is one more people in medicine should know about, especially what she covers in her first two chapters — indeed, I highly recommend these two chapters in particular to those on state medical boards grappling with the current physician shortage for a better understanding of how this crisis was not an inevitable one but instead was the result of very specific decisions. Reading these two chapters also provides a clear understanding of how the US has, since the 1960s, sent FMGs to areas federally designated as underserved and that since that time FMGs have also often filled primary care roles, "fields that Americans often shun because of punishing workloads and lower pay compared to other specialties", per a recent *New York Times* article.[1]

But this is not just a US problem, for there is a shortage of health care workers globally, with the World Health Organization estimating a global gap of 11 million health care workers by 2030, with low- and middle-income countries most effected.[4] And as Alam pointedly and importantly informs us in her book, the US has sought to solve its shortage crisis by relying on the "economically expedient option of recruiting foreign physicians trained at the expense of their countries," making routine the "movement of physicians from resource-poor countries to the United States during times of crisis" (p. 4). This can, and should, she argues, be seen as "reminiscent of colonial value extraction" (p. 22). Indeed, this was a point made by Senator Walter Mondale in 1967, shortly after the passage of the Hart-Cellar Act: "That we should ... need doctors from other countries where thousands die daily of disease to alleviate our shortage of medical manpower is inexcusable" (p. 46). Alam emphasizes that she has framed her examination of the 'inexcusable' US physician shortage crisis as not about the decisions of individual doctors to migrate to a new country but, rather, as a problem regarding health care systems. She has written a book that should be read by those looking to solve this global crisis in a historically informed way.

References

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About the Author

Sarah B. Rodriguez, PhD, is a historian who teaches in the Global Health Studies Program in the Weinberg College of Arts and Sciences as well as in the Feinberg School of Medicine, Northwestern University.

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