

Greetings Senators,

I would like to take the opportunity to provide you with my testimony for S.263. I would also like this to be entered for consideration in the discussion amongst the committee. My name is Candice Taylor-Diallo, and I am an immigrant physician currently working with United Way of Windham County as a Community Health Equity grant Coordinator. I am also a part of the NAACP group that has provided some support to Sen Wendy Harrison in this bill. I had the opportunity to listen to the testimonies given so far and I would like to raise a few points that I thought would be important for you to understand.

David Herlihy, the executive of the Medical Board, mentioned that 23% of the entire physician workforce in the USA are made up of IMGs. He did not mention that IMGs are of 2 categories and, I am unsure of any statistic that separates the 2. For context there are medical schools that exist outside of USA that do the same exams as those within the USA therefore their programs directly prepare them for matriculation into an American residency program. They would not have to do any additional pre-clinical and clinical exams such as the USMLEs since this is the method of evaluation at these schools. This is different for other IMGs who attend other programs that are structured a bit differently and do not do the USMLE exams. The latter cohort are the ones who have to, after completing their medical program, then have to do the USMLE exams as part of the criteria to get into a residency spot.

Mr. Herlihy affirms that UVM is the only place in Vermont where one can do a residency, and a residency has to be done in order for someone to practice or alternatively have at least 3 years of practical experience within a hospital setting to be considered for licensing. The fact that UVM is the ONLY place a residency can be obtained in Vermont, it means that clearly it is insufficient to sustain the population, especially the rural population of Vermont. It's unfortunate that he did not see this perspective and was not open to further discussion on expansion of residency openings whether at UVM or other facilities.

As it pertains to his point around medical facilities, being unable to facilitate an observership type of training (similar to what Tennessee proposed) since they are already at capacity. I do believe other opportunities can and should be explored, especially since Chris Doherty in his testimony welcomes this study group proposal since there are obvious workforce shortages. It would definitely be important to hear their perspectives on this.

I would also like to encourage you to have a look at [this study](#) by Cureus 2022 that speaks to some of the challenges faced and the effects of having IMG graduates in the workforce.

Certainly, there is room for discussion on ways we can meet the needs of our communities, which is the essence of the workgroup proposed in S.263.

Thank you,

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