

# REFUGEE PHYSICIANS: AN UNTAPPED RESOURCE

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**THEIR STORY  
IS OUR STORY**

The U.S. does not have enough doctors to meet the needs of its citizens<sup>1</sup>.

At the same time, there are many qualified, award-winning, philanthropist, refugee doctors that are anxious to return to work in the medical field but are unable to overcome the financial and time barriers to accomplish that goal.

Recently, Their Story is Our Story partnered with Georgetown University Medical Students to interview seven refugee doctors, in order to understand the doctors' backgrounds, their goals, and the barriers they face in becoming licensed to practice in their new home.

“I struggled a lot to become a doctor in Afghanistan. As a woman, I faced a lot of difficulties, but I didn't stop. I studied to become a doctor to serve the people, especially for my Afghanistan families. And now that I'm in America, I want to serve and cooperate with medical doctors here. I studied medicine for seven years, and did 3.5 years of practical work in a private hospital. I work[ed] in different departments with surgeons, midwives, emergency, ICU, NICU...Before we came to the United States, I also worked with women recovering from addiction.”

- Dr. Tela Afridi\*

“I graduated from medical school in Afghanistan. After that, I did my masters degree in Healthcare Administration and Public Health in Japan - it was a scholarship - back in 2015. I love to continue my studies. I got my Epidemiology diploma in 2019-20. Now, I am a PhD candidate in Japan at Nagoya University in Japan. This is a prestigious university with more than 10 Nobel prizes, mostly in physics, chemistry, and medicine.

After my Master's degree I joined the Ministry of Health and started to work as a Technical Consultant in the Policy and Planning General Department. Later on, I joined the National Polio Program of Afghanistan. I was promoted to Operations Manager for the program and so I was taking care of campaigns throughout the country...In 2020, the pandemic was serious in Afghanistan. So our program, as an emergency program, helped fight COVID-19. Our team was making policies focused on COVID-19 almost until I came to the United States. At this time, the government collapsed. Yes, unfortunately, the government collapse destroyed everything - our achievements, goals, and hopes to build a strong mission with a lot of potential in Afghanistan. We wanted Afghanistan to essentially be a productive and fruitful part of this global world. We shouldn't be the asking hands but instead should be the giving hands for other nations. Unfortunately, this just didn't happen.”

- Dr. Aslan Turan\*

“I got [a full] scholarship in medical school, and I studied [at] my medical school in Bursa, Turkey...I finished my school, and then I work[ed] in the ER for four years.”

- Dr. Jameela Saiyid\*

“I was trying to work a lot in Afghanistan, even more than 16 hours a day. That was unbelievable. And that was the reason I could almost be successful with two, three fields of work. I love to be a doctor and started my career working as a resident in the surgery department. Then I started my affiliation with Herat University. At that time there was no official position, so I was a volunteer and started teaching pathology. That was my favorite subject, because that is the fundamental basis of medicine.

Also, early in my career I established the first sonography ultrasound clinic in my province. At that time there was a very huge need. I decided to go to Pakistan and got that ultrasonic training for 23 months and then returned. At that time I was very young, I think it was 1998 or 99. So that was the first training. Fortunately, the number of sonographic clinics are increasing and now we have more than 500 facilities.

Beside that, because of my profession I founded one private hospital, using a sharing model.”  
- Dr. Gul Kahlil\*

Medicine for these physicians is more than just an occupation. Most made a minimal wage around \$200/month. They were not motivated by the money. Instead, they were motivated by the desire to help.

“When I was 12 or 13 years old, I went with my grandmother to the clinic. My grandmother was sick. At the clinic there was a patient without much money. She told the doctor she didn’t have enough money for the test the doctor had ordered. She asked the doctor if he could prescribe some medication without the test because she didn’t have enough money to get both. The doctor told her, no, you have to do this test. She was quiet and really worried and so I cried a lot and I turned to my grandmother. Do you have extra money? This lady needs the money. She told me she didn’t have money for the patient. So I told the patient, when I got home, I would get money from my mom. She was so happy and she prayed a lot and told me she wanted success for me in my life. I told my mom when I finished school I want to become a doctor and when the patient don't have money, I want to help them with them always, so I will not take the money from them.”

- Dr. Tela Afridi\*

These physicians have dedicated their lives to improve the quality of healthcare.

“Some German colleagues encouraged me to establish the Surgeon Society which was another non profit effort for myself and my colleagues. Under the umbrella of the Society, we found that there is a very huge need for a facility for the diagnosis and treatment of women suffering breast cancer.”

- Dr. Gul Kahlil\*

Later in his career Dr. Kahlil\* realized the need for more advanced cardiac care and founded a hospital that offered cardiac catheterization. His experience in advocating for those in need led him to found a nonprofit that works to supply shelter and other necessities for low income individuals.

“In 2002, I decided with some friends to start doing some social work and social services. We founded one nonprofit organization which is almost 20 years old. They are serving and providing humanitarian responses for many people in the villages in the remote areas. And I really enjoyed that. When I left, when so many other colleagues left, the sustainability had already been ensured, and I'm so happy that they are functioning and operating very smoothly.

“I was just inspired by the people's needs... I like to be a leader”

- Dr. Gul Kahlil\*

Dr. Saiyid\* volunteered her services as an experienced physician even when the hospital would not pay her. She underwent numerous counts of gender discrimination and disrespect while never losing her commitment to her patients.

“Because I am a woman some people don't accept me when I am using my knowledge and directing them. [when treating a patient in cardiac arrest] I said I have to start CPR but they wouldn't let me do CPR. I can't forget these patients who died. They wouldn't have died in another country.”

- Dr. Jameela Saiyid\*

Dr. Afridi\* served women in an addiction treatment center.

“I was walking in the streets and I witnessed women sleeping on the streets. I saw kids and other people throwing stones at them because of their involvement with drugs. That is a very difficult thing to solve so that's why I made the decision to go into this field. When I saw this situation, I thought, ‘this is my family member. They are women. I am also a woman.’

There was one woman in a bad situation. She didn't wash her face for one or two weeks and she didn't do her hair. You couldn't sit close to her.

So first, I said, “Hello. How are you? Where are you from?”

When she looked at me she fought me and there was something like a weapon by her. ‘Why are you here? What do you want from me?’

I told her she was like my sister. I wanted to help her. I was a doctor...I told her about the clinic and that if she had kids, we had food for them, and that they could go to school.

And this lady, on that day, she was fighting me at first, and then she said she would go. She was very nice after that. We took her to our clinic and we showed her her bed and toys for her kids. So, she accepted this help and she said okay, I have a lot of friends, and I will tell them, they will also come with me. So on that day, I was very happy and I rushed to share my story with my boss. He was also happy and said we would try to do it that way with other patients.”

- Dr. Tela Afridi\*

Despite the need, there are many barriers for refugee physicians to push through in order to become licensed in America, and support in surmounting these obstacles is almost nonexistent. Upon arrival to America, the physicians’ 10+ years of education and years of experience practicing medicine are disregarded. They are required to take the same USMLE step exams as medical students and residents. Additionally they must complete an accredited residency program. This equates to hundreds of hours of studying and 3+ years of grueling hours with minimum pay. The inefficiency of retraining competent doctors not only drains American resources but deters talented physicians from serving US patients.

“For now I have to work a lot. But if there is any source of income that I could find or you guys can provide for us, I would love to learn, because the time will never come back. So that's why I love to work and I love to study. We also have to send some money back to our family because there is nobody else to work for them and they need money for food.”

- Dr. Jameela Saiyid\*

Almost all are trying to find ways to work in the medical field even if it’s not as a licensed doctor.

An OB-GYN intensivist physician explains that in America she works long hours every day at an urgent care. She chose the job to be closer to patients but is not satisfied working as a medical assistant for \$18/hour. She is still learning English but her coworkers attest to her diligent work ethic. After her shifts she is exhausted and returns home to care for her young brother-in-laws. She is adjusting to a new country and rebuilding her life that was destroyed almost overnight.

“This is my favorite job, to help people...I have learned I will never stop my education...I need to study for my future.”

- Dr. Jameela Saiyid\*

Dr. Forzanfar was told he was qualified for a position at the FDA, but hadn’t lived in the country long enough. He had started working as a translator for the American military when he was still in high school.

“I applied for a position in the FDA. Everything went well. I waited almost five months for that position with all of the documents and interviews. I did several interviews, and it was with the Office of Nutrition because some of my research is on nutrition. I had three years of nutrition

experience. So, everything went well until it came time to do the security/background check. They said that I had to be in the United States for almost three years to get this job. I said, 'Come on!' I have been here for one year, but you have to look at my background. I served this nation in Afghanistan. I fought next to American soldiers for more than two years. If I wasn't cleared, how could I be next to the United States Special Forces?"

- Dr. Aslan Turan\*

Dr. Kahlil\* has decades of experience in surgery and government leadership and has a deep desire to complete the licensure process. However, the reality of dedicating hundreds of hours to study is almost impossible to achieve.

"I purchased one textbook, it's called first aid. And I subscribed to one training platform which is called Borden Bound. I started with biochemistry, and I'm in the middle of that but it took four months and my progress is very slow, because I don't have enough time to allocate for that. If I get a source of income, a secure source for my financial sustainability, and that of my wife and four children, of course, I can promise that in one and a half years I can pursue both the exam and then we'll look for our blue catheter residency. However, most of my colleagues don't encourage me. They said you're 50 years old, there is less of a chance to get a residency but I'm not listening to them because I believe that everyone can achieve anything, anytime. It depends how you're making your plan."

- Dr. Gul Kahlil\*

Notwithstanding the hardships, refugee physicians are dedicated to serve through practicing medicine.

"I really want to continue to work in the medical field. At first people were saying why don't you work at Marshalls? Why not work at Amazon? I said that I do not want to work somewhere where I do not use my training. I didn't study for more than two decades to not work in my field."

- Dr. Aslan Turan\*

"For two years I haven't touched a patient. I feel very bad. Without practicing medicine who am I? Every day I feel like my medical skill is dying. I'm not happy. I want to touch the patient. I feel joy when I help the patient, when I solve the issue, when I do something for a human being. It gives me a lot of joy."

- Dr. Jameela Saiyid\*

## Informed Consent

Our team members obtain informed consent from each individual before an interview takes place. Individuals dictate where their stories may be shared and what personal information they wish to keep private. In situations where the individual is at risk and/or wishes to remain anonymous, alias names are used and other identifying information is removed from interviews immediately after they are received by TSOS. We have also committed not to use refugee images or stories for fundraising purposes without explicit permission. Our top priority is to protect and honor the wishes of our interview subjects.

\*Name has been changed to an alias

## Works Cited

1 Doctor shortages are here—and they’ll get worse if we don’t act fast. (2022, April 13). American Medical Association;  
<https://www.ama-assn.org/practice-management/sustainability/doctor-shortages-are-here-and-they-ll-get-worse-if-we-don-t-act>

